Association of Religiosity With Sexual Minority Suicide Ideation and Attempt

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Introduction: The purpose of this study is to explore how the associations between importance of religion and recent suicide ideation, recent suicide attempt, and lifetime suicide attempt vary by sexual orientation.

Methods: Survey data were collected from the 2011 University of Texas at Austin’s Research Consortium data from 21,247 college-enrolled young adults aged 18–30 years. Respondents reported sexual identity as heterosexual, gay/lesbian, bisexual, or questioning. Two sets of multivariable models were conducted to explore the relations of religious importance and sexual orientation with the prevalence of suicidal behavior. The first model was stratified by sexual orientation and the second model was stratified by importance of religion. To explore potential gender differences in self-directed violence, the models were also stratified by gender identity. The main outcome measures were recent suicidal ideation, recent suicide attempt, and lifetime suicide attempt.

Results: Overall, increased importance of religion was associated with higher odds of recent suicide ideation for both gay/lesbian and questioning students. The association between sexual orientation and self-directed violence were mixed and varied by strata. Lesbian/gay students who viewed religion as very important had greater odds for recent suicidal ideation and lifetime suicide attempt compared with heterosexual individuals. Bisexual and questioning sexual orientations were significantly associated with recent suicide ideation, recent attempt, and lifetime attempt across all strata of religious importance, but the strongest effects were among those who reported that religion was very important.

Conclusions: Religion-based services for mental health and suicide prevention may not benefit gay/lesbian, bisexual, or questioning individuals. Religion-based service providers should actively assure their services are open and supportive of gay/lesbian, bisexual, or questioning individuals.

INTRODUCTION

The crude suicide rate for individuals aged 18–30 years has increased, and in 2015 the rate was 14.87 suicides per 100,000 people.1 Although the suicide rate among sexual minority young adults is unknown, suicide ideation and attempt occur more frequently among lesbian, gay, bisexual, and questioning (LGBQ or sexual minority) individuals than heterosexual people.2–7 Specifically, gay men, bisexual men, and lesbian women have a greater risk for suicide attempts than heterosexual adults.8 In general, religiosity is regarded as protective against suicidal thoughts and behaviors; yet, religion can be either a source of support or stress for LGBQ individuals.4,5,9–12 Consequently, it is...
unclear whether religiosity is protective against suicide ideation and attempt among LGBQ individuals. The mechanisms through which religiosity diminishes suicide risk are unclear. Particularly, moral objections (e.g., that suicide is an unforgivable sin) may protect against suicidal behaviors, and religion may serve as a proxy for connections to community or social support. Thus, scholars have started differentiating among religious importance, seeking spiritual guidance, and religious attendance to determine whether these factors may serve as mechanisms of suicide prevention. Among the few longitudinal studies examining religion and suicidal behaviors, adults who attended religious worship at least once a month had lower odds of attempting suicide over the next 10 years compared with those who did not attend, and individuals who sought spiritual comfort had lower odds of suicide ideation for 10 years compared with people who were not spiritual. Similarly, there are inverse relationships between suicide ideation and religious attendance, religious well-being, and spiritual well-being among college students.

Religious groups’ perceptions vary about LGBQ individuals. High levels of individual religiousness are often associated with negative attitudes towards LGBQ people, and the link between internalized homonegativity and religiously based stigma is well documented, especially among non-affirming religious environments. Despite the fraught relations between religion and sexual orientation, many LGBQ individuals are religious, view religion as important, or have sought religious support after attempting suicide. Thus, the association between religion and suicidal behavior among LGBQ individuals have been mixed.

Religiosity among LGBQ individuals and their parents have direct relationships to suicide attempts. For example, a study of LGB individuals in Austria with a religious affiliation had lower odds of attempting suicide than LGB adults who were not affiliated, and those who felt a greater sense of belongingness to their religious organization were less likely to endorse suicide ideation. Within a religiously diverse sample, the prevalence of passive (e.g., wish life would end) and active (e.g., considered suicide attempt) suicide ideation was greater among atheist/agnostic, Christian, non-religious, and other religiously affiliated LGB students than heterosexual students. Relatedly, LGB individuals who left their religion to resolve the conflict between their sexual orientation and religious affiliation had greater odds of attempting suicide than those with unresolved conflict. LGBQ individuals may experience alienation and distress from religion or attempt to negotiate their intersecting religious and sexual identities. Consequently, the association between religiosity and suicidal behaviors is complicated for LGBQ individuals. Religion may not confer protection against suicidal behaviors or may be positively associated with suicidal thoughts and behaviors. Because few data sets contain information about sexual orientation, religiosity, and suicide ideation and attempt, there is a paucity of studies examining the association between religiosity and suicidal behavior among LGBQ individuals. The present hypothesis is that religiosity is negatively associated with suicide ideation and attempt among heterosexual individuals, but positively associated with suicide ideation and attempt among LGBQ individuals. Further, LGBQ status is associated with greater odds of suicide ideation and attempt among individuals endorsing greater religiosity.

METHODS

Study Sample
Data are from the National Research Consortium of Counseling Center in Higher Education at the University of Texas at Austin. The Consortium conducts national studies on mental health among college students. In 2011, the Survey of Distress, Suicidality, Student Coping was conducted among probability-based samples from 74 higher education institutions and aggregated into a national data set made available to researchers. This survey was self-administered through a web-based questionnaire, the combined response rate between the undergraduate and graduate students was 26.3% and 26,292 students completed the survey. Because this study focused on young adulthood, the sample was restricted to individuals aged 18–30 years (n=21,247). Approximately 2.1% (n=550) were excluded for missing data about age, along with 4,495 individuals (17.1%) who were aged >30 years. Additional information about the methodology have been published. This study was approved by the University of Texas at Austin’s IRB.

Measures

The main outcome measures were suicide ideation in the past year, suicide attempt in the past year, and lifetime suicide attempt. Respondents were asked: Have you ever seriously considered attempting suicide at some point in your life? Individuals who answered yes were presented questions about suicidal behaviors. Those who answered no did not receive follow-up inquiries and were recoded as no on further suicide ideation and attempt questions. People who indicated lifetime suicide ideation were asked: During the past 12 months, have you seriously considered attempting suicide? Affirmative responses were defined as recent suicide ideation.

People who indicated lifetime suicide ideation were asked: How many times in your life have you attempted suicide? Response options ranged from zero to five or more. All non-zero responses were defined as lifetime suicide attempt. Those who indicated a non-zero response were asked: How many of those attempts occurred in the past 12 months? Response options ranged from zero to five or more. All non-zero responses were defined as recent suicide attempt.

Religiosity was operationalized as: How important are your religious or spiritual beliefs to your personal identity? Individuals responded on a Likert-type scale ranging from 1 (not at all important) to 5 (very important). Although the survey included a
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