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The Relationship between Social Support and Suicide Risk in a National Sample of Ethnically Diverse Sexual Minority Women

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Abstract

This study examined the relationship between three types of social support and suicidal ideation and lifetime attempts among a national sample of ethnically diverse sexual minority women (SMW). Participants ($N = 150$) completed measures of social support and suicidal ideation/attempts. After controlling for socioeconomic status, social support explained 12.3% of the variance in past suicidal ideation and 10.7% in lifetime suicide attempts. Social support from family and significant other were both inversely associated with suicidal ideation, and social support from family inversely with lifetime attempts. Interventions that strengthen family relationships could be a buffer of suicidality in this population.

Keywords

suicide; lesbian; bisexual; family

Sexual minority women (SMW) are three times more likely to report suicidal ideation than heterosexual women (Kerr, Santurri, & Peters, 2013; Lee & Hahm, 2012; Gilman et al., 2001) and twice as likely to attempt suicide (King et al., 2008). Because different pathways to suicide risk may exist for men and women who are sexual minorities (Bostwick et al., 2010; King et al., 2008), examining suicide risk specifically in SMW is critical. SMW face unique combinations of stressors as both women and sexual minorities, and the minority stress model suggests the interaction of these identities can lead to different experienced stressors and risk behaviors (Meyer, 2003). Research has found that experiencing both heterosexist and sexist events among lesbian women predicts psychological distress beyond the effects of either form of discrimination alone (Szymanski, 2005). Identity conflict, religious background (Gibbs & Goldbach, 2015), minority sexual orientation (Kerr, Santurri, & Peters, 2013; Lee & Hahm, 2012; Gilman et al., 2001), younger age (Hillier et al., 2010), and gender (Bostwick et al., 2010; King et al., 2008) have all been associated with high rates of suicidality, and contribute to the multiple identities SMW must navigate that may influence their suicide risk.

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Because of the unique experiences of SMW, identifying protective factors in this community that might reduce suicidal ideation or attempts is critical. Family- and peer-related social support networks that are developmentally congruent have been theorized to enhance the ability to cope with sexual-orientation barriers and obstacles in young lesbians (Cohn & Hastings, 2010) as well as in LGB individuals more generally (Kwon, 2013). Indeed, qualitative findings have identified social support as a central component of resilience in LGB individuals (Harper et al, 2014). In quantitative research, higher social support has been associated with greater wellbeing and reduced mental health symptoms in LGB individuals (Burns, Kamen, Lehman, & Beach, 2012; Berghe, Dewaele, Cox, & Vincke, 2010; Beals & Peplau, 2009; Grossman, D'Augelli, & Hershberger, 2000).

More specifically, greater social support in LGB samples has been associated with higher levels of self-esteem (Keleher, Wei, & Lao, 2010; Beals, Peplau, & Gable, 2009), and lower depression and anxiety (Keleher, Wei, & Liao, 2010; Ayala & Coleman, 2008). In studies of LGBT youth, school safety, perceived care from adults (Eisenberg & Resnick, 2006), perceived social supports (Mustanski & Liu, 2013; Liu & Mustanski, 2012; Reisner et al., 2014), and supportive social environments (Hatzenbuehler, 2011) have been associated with decreased suicidal ideation or attempts. In the only empirical study uncovered in this literature review on social support and suicide in adult SMW, Irwin and Austin (2013) found that social support from family and friends was associated with decreased suicide risk in their sample of southern, White lesbians. However, this study examined only one form of social support and did so in a homogenous lesbian sample.

Despite the theoretical and qualitative work in this area, and the single quantitative study, knowledge gaps exist in the relationship between multiple aspects of social support and suicide risk among diverse SMW. As a result, the purpose of the current study is to examine the relationship between three types of social support and suicidal ideation and attempts among a national sample of ethnically diverse SMW. Based on the previous theory and research, it is hypothesized that increased social support will be associated with reduced suicidal ideation and attempts.

Methods

Participants

Participants (N=150) consisted of cis-gender women who identified as lesbian, bisexual, queer, or other non-heterosexual identities and were recruited through a national online survey. The survey software removed data automatically if the data gave any indication of computer-generated, automated, or false responses (i.e., completion time of less than 20 minutes), improbable response patterns (e.g., selection of the last response for each item on a scale), or if participants failed to correctly respond to a majority (4 out of 6) of the random accuracy checks (e.g., "Please select *agree* for this item"). This process was implemented due to the high probability of obtaining false responses in online research that utilizes monetary incentives and the requirement by the host university's information security officer that such a procedure be followed in order to reduce the chances of fraudulent use of state funds. As a result, the exact number of deleted responses is unknown. Eligibility criteria

required participants to be 18 years of age, identify as a cis-gender woman, and identify as a non-heterosexual sexual orientation.

Participants were between ages 18 to 66 ($M = 31.9$; $SD = 11.95$). Regarding sexual orientation, 38.7% identified as lesbian, 32.7% as bisexual, and 28.6% as queer or “other.” Concerning race, 29.3% of participants were White/European-American (non-Latino), 26.0% Black/African-American (non-Latino), 16.7% Asian/Asian-American/Pacific Islander, 11.3% Latino/Hispanic, 2.7% American-Indian/Native-American, 12.7% Multiracial/Multiethnic, and 1.3% Other. Thirty percent of participants had earned a degree from a four-year college, 30% a graduate degree, 9.3% a degree from a two-year institution, 6% a high school diploma or general education diploma (GED), and 24.7% had attended some college. Socioeconomic status (SES) was determined by the social class of the participant’s family. The majority of participants (41.3%) identified as upper-middle class (\$60,000–199,999), 29.3% lower-middle class (\$30,000–59,999), 14.7% working class (\$15,000 – 29,999), 11.3% lower class (\$7,000–14,999), and 3.3% upper class (\$200,000 & up).

Procedure

Recruitment was conducted via a confidential online survey disseminated through various internet forums, groups, and Listservs based throughout the United States. In order to recruit a diverse sample of SMW, national online organizations and groups were targeted that appeared to draw lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals from racial minority backgrounds. LGBTQ organizations as well as online LGBTQ social and community groups were contacted and provided recruitment information via email. Additionally, this information was posted to online social and community message boards and forums, or was submitted to group moderators in the event a group did not allow posts by non-members. If approved by a group moderator, study and contact information were posted to the community message boards or disseminated through the LISTSERV.

Participants interested in the study were asked to directly email the study coordinator in order to be screened through a subsequent response email involving the study’s eligibility criteria. If considered eligible, individuals were then sent a link for the study and a unique code for participant compensation by the study coordinator. Full informed consent was obtained prior to a participant beginning the survey. After completion, participants submitted an email address where they desired their \$15 Amazon.com electronic gift card to be sent along with their unique compensation code. Within approximately seven days of survey completion, email addresses were forwarded to a financial administrator who did not have participant data access in order to provide compensation. The university’s institutional review board approved the study.

Measures

The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley) is a 12-item self-report measure that was used to assess the degree of social support across three dimensions: Social Support from Family, Social Support from Friends, and Social Support from a Significant Other. Higher scores on each subscale indicate greater

perceived social support. Previous research has shown the MSPSS to have strong internal consistency ($\alpha = .88$) for the overall scale and high subscale alphas (.85–.91), in addition to good construct validity (Zimet, Dahlem, Zimet, & Farley, 1988).

To assess suicidal ideation, the 5-item Suicidal Ideation subscale of the Suicide Behaviors Questionnaire (SBQ-14; Linehan, 1996) was used. This subscale measures suicidal ideation in the past several days, as well as over one's lifetime. Higher scores indicate higher levels of suicidal ideation. Past suicide attempts were assessed by using the researcher-created item: "Over the course of your life, how many times have you attempted suicide?"

Data Analyses

Normality tests were run for all variables in the current study, and means and standard deviations were calculated (Table 1). In order to assess the bivariate relationships among all variables in the current study with the demographics of age, education, and socioeconomic status, a correlation matrix was created. Two hierarchical multiple regressions were run in which the criterion variables were suicidal ideation and lifetime suicide attempts. Step 1 in both models included as predictors any demographics shown in the correlation matrix to be significantly associated with suicidal ideation or lifetime attempts. Step two included the three social support subscales (Family, Friends, Significant Other) as predictors.

Results

All predictor social support variables in the current study had acceptable skewness and kurtosis coefficients, so none were transformed. 72% of participants in the sample reported at least one incidence of past suicidal ideation, and 23.3% reported at least one suicide attempt within their lifetime. In the correlation matrix (Table 2), suicidal ideation was inversely associated with social support from family and significant other, as well as participants' socioeconomic status. The number of lifetime suicide attempts was inversely associated with social support from family, friends, significant other, and socioeconomic status. Additionally, socioeconomic status was positively associated with all three forms of social support.

In the first hierarchical multiple regression (Table 3) with past suicidal ideation as the criterion variable, socioeconomic status was entered into the first step, which was significant, $F(1, 148) = 5.94, p = .016, R^2 = .039$. The amount of variance explained in past suicidal ideation increased significantly in the second step with the three indices of social support, $F(3, 145) = 7.10, p < .001, R^2 = .123$. While originally significant in the first model, socioeconomic status was no longer statistically significant ($\beta = -.12, p = .138$). Social support from family ($\beta = -.19, p = .030$) and social support from significant other ($\beta = -.27, p = .003$) were both uniquely and inversely associated with past suicidal ideation. However, social support from friends was not independently associated with past suicidal ideation ($\beta = .09, p = .299$).

In the second hierarchical multiple regression (Table 4) with lifetime suicide attempts as the criterion variable, socioeconomic status was again entered into the first step, which was significant, $F(1, 148) = 8.49, p = .004, R^2 = .054$. The amount of variance explained in

lifetime suicide attempts increased significantly in the second step including the forms of social support as predictors, $F(3, 145) = 6.17, p = .001, R^2 = .107$. Socioeconomic status was no longer a significant predictor of lifetime suicide attempts ($\beta = -.13, p = .099$). Social support from family ($\beta = -.19, p = .038$) was uniquely and inversely associated with lifetime suicide attempts. However, social support from friends ($\beta = -.09, p = .326$) and from significant other ($\beta = -.17, p = .057$) were not.

Discussion

The purpose of the current study was to examine the relationship between three types of social support and suicidal ideation and attempts among a national sample of ethnically diverse SMW. After controlling for participants' socioeconomic status, social support explained 12.3% of the variance in past suicidal ideation and 10.7% of the variance in lifetime suicide attempts. Within these regressions, social support from family and from significant other were both uniquely and inversely associated with past suicidal ideation, and social support from family was uniquely and inversely associated with lifetime suicide attempts.

In the correlation matrix, the only demographic variable shown to be (inversely) associated with suicidal ideation and attempts was participants' socioeconomic status, and as a result, this was the only demographic variable controlled for in the regressions. Although no previous studies were uncovered documenting this association in SMW, it was consistent with prior research in the general adult population showing that individuals of lower socioeconomic status are at increased risk for suicide (Stack, 2000a). Although it is possible that greater economic resources in part buffer SMW against the negative effects of stressors such as stigma and discrimination, this finding is particularly problematic given that sexual minorities have been shown to have lower average incomes than heterosexuals (Elmslie & Tebaldi, 2007). Future study of multiple indices of socioeconomic status is needed to further reveal how it may interact with other aspects of SMW's minority identity to impact mental health outcomes.

Both regressions and the correlation matrix found that increased social support was fairly robustly and inversely associated with suicidal ideation and attempts in SMW. This study was only the second to examine these relationships in SMW. Irwin and Austin (2013) in a large ($N = 1,141$) sample of White lesbians residing in the southern United States found that social support from both family and friends was associated with diminished suicide risk. The present study's results generally replicate these findings, with some differences, and extend them to encompass bisexual and queer women, racial/ethnic diversity, and national representation. Despite these two studies, there is a profound paucity of research examining how various sources of social support might be more or less impactful for SMW.

In the correlation matrix and regression model, the finding that social support was associated with reduced suicidal ideation for SMW is in line with extant literature indicating that higher social support is associated with greater well-being and fewer mental health issues among sexual minorities (Beals & Peplau, 2009; Berghe, Dewaele, Cox, & Vincke, 2010; Burns, Kamen, Lehman, & Beach, 2012; Grossman, D'Augelli, & Hershberger, 2000), especially

depression (Keleher, Wei, & Liao, 2010; Ayala & Coleman, 2008), which is a prominent risk factor for suicide (Gilman et al., 2001; Kulkin, Chauvin, & Percle, 2000). Given the unique stressors faced by SMW (e.g., heterosexism, sexism; Meyer, 2003), it is possible that strong social networks protect against suicidal ideation for SMW by providing safe social outlets through which SMW may process experiences of discrimination and stigma. Indeed, Lewis and colleagues (2001) found poorer psychological and physical well-being among lesbians reporting social constraint or difficulty discussing sexual-orientation-specific stressors with others.

Within both regressions, social support from family uniquely and inversely predicted suicidal ideation and attempts, but social support from significant other only inversely predicted ideation. Literature has sought to elucidate how social support may enhance individuals' mental health (Cohen, Underwood, & Gottlieb, 2000; Russell & Cutrona, 1991). Garnering the most empirical support is the direct effects model (Burton, Stice, & Seeley, 2004; Russell & Cutrona, 1991; Uchino, Cacioppo, & Kiecolt-Glaser, 1996) which asserts that consistent, ongoing social support confers mental health benefit for individuals regardless of the level of stress a person might be under at a given time. In line with this model, family support likely represents a more long-term and consistent construct relative to support from a significant other, which by contrast may be more fleeting in nature. Similarly, suicidal ideation may represent a more recent variable whereas lifetime suicide attempts by definition may be more of a longer-term variable. Thus, the potentially transient nature of social support from significant others may not be associated with longer-term variables such as past suicide attempts.

Interestingly, social support from friends did not uniquely predict suicidal ideation or attempts, although it was negatively associated with lifetime suicide attempts in the correlation matrix. It is possible that at least for the current sample, friends represent a more distal influence relative to family and significant others in terms of effects of social support on suicidality. Friends may not play as longitudinal a role in providing support as family members, or perhaps as intense and concentrated a role as significant others. This notion is bolstered in part by past literature with adolescent (e.g., Morano, Cisler, & Lemerond, 1993) and older adult (e.g., Vanderhorst & McLaren, 2005) populations that heavily underscore the importance of adequate social support from family in protecting individuals against suicidality, particularly in the wake of stressful life events. Notably, there is a paucity of research examining relationships between different types of social support and suicidality in both nonclinical general adult populations and in sexual minority adults.

Though not specific to suicidality, there is literature examining the impact of perceived support from family and friends on mental health outcomes for sexual minority young adults. For instance, Sheets, Raymond, and Mohr (2009) found that among bisexual young adults, social support from both family and friends was negatively associated with depression and positively associated with life satisfaction. Furthermore, social support from family and friends conferred equal levels of mental health benefits for this population. Likewise, Ayala and Coleman (2008) found that among lesbian adults, social support from family and friends was associated with lower levels of depression. However, support from friends protected lesbians against depression over and above support from family, a finding

that runs somewhat contrary to results from the present study. Thus, results appear mixed with regard to the impact of different sources of social support on mental health for SMW.

Clinical Implications

Results from the present study have several notable clinical implications. Social support from family was a strong predictor of both suicidal ideation and attempts, so it would therefore make sense that increasing this type of support could play a protective role for suicidality in SMW, if shown to be an effective approach in future intervention studies. For example, previous research has suggested that interventions aimed at promoting family acceptance and support for sexual minority adolescents and young adults is crucial for their mental health, as such interventions are associated with lower rates of suicide attempts and depression (Ryan, 2009). Given the connection between social support from families and suicidality in SMW in this study, providing strategies to strengthen family relationships (e.g., successfully navigate conflict) represents an important clinical consideration.

Similarly, couples interventions which attempt to improve social support from significant others could be an important buffer of suicidality. Although many authors have theorized the importance of couples counseling for SMW populations (Bepko & Johnson, 2000; Decker, 1984), no large-scale empirical research has documented effects and would be an extremely important direction for future research. As well, social support interventions created for adults in the general population that attempt to harness spousal/partner support (e.g., Wing & Jeffrey, 1999) or peer support (Rathner, Bonsch, Maurer, Walter, & Sollner) in the face of stressors could be tailored for SMW. Such interventions could assist SMW in developing effective means of communicating psychological distress to important individuals in their lives generally, and family members or significant others specifically, in order to enhance social support.

Limitations and Future Directions

The results should be considered within the context of several limitations. First, the study design is cross-sectional, precluding inference of causal relationships among variables. Social support can influence suicidality, but suicidality or mental health correlates could also influence social support (e.g., by drawing in or distancing social support networks). However there may be other variables that better account for these relationships such as depression or geographical location. Further, given family social support as both a predictor of suicidal ideation and attempts, investigation of family demographics, such as religious background, racial/ethnic minority status, or immigrant status, would also be beneficial. Similarly, no data were collected on the region or U.S. State in which participants lived, which could influence participants' suicide rates and the levels of social support they receive; this would be a ripe area for future research. It is recommended that future research also adopt longitudinal cross-lagged panel designs to tease apart causality in the relationships identified in this study. Although this study's sample had a high prevalence of women of color and sexual orientation diversity, future research should include larger sample sizes in order to examine whether social support varies as a function of these demographic variables in order to assess possible differences.

Finally, although social support from family predicted suicidal ideation and attempts, it is unclear in the present investigation whether a particular facet of family support was associated with these outcomes. Future research should incorporate additional family-related measures (e.g., cohesion, expressed warmth, closeness) to better understand specific qualities of familial social support that may differentially predict suicidality for SMW. Despite these limitations, the current study represents the second investigation to our knowledge examining relationships between social support and suicidality for SMW, adding to the literature in this area by utilizing a highly diverse sample with regard to race/ethnicity and sexual orientation (i.e., lesbian, bisexual, and queer women), as well as testing various forms of social support.

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Table 1

Descriptive Statistics, Skewness, and Kurtosis

	<i>M</i>	<i>SD</i>	Skewness	Kurtosis
Lifetime Suicide Attempts	0.89	3.21	8.47	86.61
Past Suicidal Ideation	8.91	15.39	2.15	4.12
MSPSS Total	44.68	10.01	−0.75	0.68
Family	12.71	4.89	−0.45	−0.82
Friends	15.97	3.51	−1.16	1.37
Significant Other	16	4.54	−1.2	0.59

Note. MSPSS = Multidimensional Scale of Perceived Social Support.

Table 2

Correlation Matrix: Suicide, Social Support, and Demographic Variables.

	1	2	3	4	5	6	7	8
1 Past Suicidal Ideation	-							
2 Lifetime Suicide Attempts	.37**	-						
3 MSPSS Family	-.30**	-.32**	-					
4 MSPSS Friends	-.11	-.25**	.39**	-				
5 MSPSS Significant Other	-.34**	-.30**	.43**	.35**	-			
6 Age	-.06	.14	-.12	-.05	.02	-		
7 Socioeconomic Status	-.20*	-.23**	.24**	.26**	.21*	.01	-	
8 Education Level	-.11	.10	.11	.13	.13	.41**	.24**	-

Note.

* $p < .05$,

** $p < .01$, two-tailed. MSPSS = Multidimensional Scale of Perceived Social Support

Table 3
Summary of Hierarchical Regression Analysis for Variables Predicting Past Suicidal Ideation

Variable	β	t	R	R^2	R^2
Step 1			.196	.039	.039
Social Class	-.20	-2.44*			
Step 2			.402	.162	.123
Social Class	-.12	-1.49			
MSPSS: Family	-.19	-2.19*			
MSPSS: Friends	.09	1.04			
MSPSS: Sig. Other	-.27	-3.06**			

Note. $N = 150$,
* $p < .05$,
** $p < .01$,
*** $p < .001$.

MSPSS = Multidimensional Scale of Perceived Social Support.

Table 4
Summary of Hierarchical Regression Analysis for Variables Predicting Past Lifetime Suicide Attempts

Variable	β	t	R	R^2	R^2
Step 1			.233	.054	.054
Social Class	-.23	-2.91**			
Step 2			.402	.161	.107
Social Class	-.13	-1.66			
MSPSS: Family	-.19	-2.09*			
MSPSS: Friends	-.09	-.99			
MSPSS: Sig. Other	-.17	-1.92			

Note. $N=150$,

* $p < .05$,

**

$p < .01$,

$p < .001$.

MSPSS = Multidimensional Scale of Perceived Social Support.