

Why is the NI Department for Communities using Public Money to Promote the LGBT Agenda?

By Dr Laura Haynes, PhD and Dr Mike Davidson, PhD.

The Department for Communities in Northern Ireland is funding research purporting to want to understand recipients of ‘conversion practices’ which it states includes ‘conversion therapies, reparative therapies, and cure therapies’. A Call for Participants¹ indicates that the research is managed by Northern Ireland’s Rainbow Project and a steering committee composed of prominent LGBT activist organisations, Cara-Friend, HEReNI and Transgender NI. But how can such research meaningfully understand this complex issue, if it fails to include diverse ideological viewpoints and objectivity? This Call to Participants invites those “LGBTQAI+” identified to be interviewed, thereby deselecting any person *formerly* so identified, who might report successful practices and interventions. How is it that a Government Department in Northern Ireland is funding research that is clearly in the interests of only one viewpoint?

Soliciting participants solely or largely from the LGBT+ community is designed to confirm a predetermined conclusion the researchers prefer. It can never discover the truth. This proposed research follows a recipe of activist or advocacy research, not inquiry research. This strategy is fatally flawed for at least two reasons:

First, people who currently identify as LGBT+ are people who did not change through therapy to explore the complexities of their sexuality including its potential for fluidity or change. People who changed are automatically excluded from this research. People who changed will likely report they benefitted. This biased participant selection strategy is like surveying only people who had marriage counselling and subsequently divorced to find out if marriage counselling is safe or effective, as Rosik has pointed out. Soliciting participants solely or largely from the LGBT+ community is designed to confirm a predetermined conclusion the researchers prefer.

Second, it is well documented that the population that predominantly seeks change exploring therapy for undesired sexual attraction feelings, finds it more helpful, and will be most affected by therapy censorship is a subpopulation that rejects an LGB+ identity, finds not identifying as LGB+ helpful, and does not participate in communities of LGB+ identified people. This is the finding of an ideologically diverse research team of researchers variously representing LGB+ affirmation and change exploring therapy affirmation. The non-LGB+ identified sub-population is significantly different from the LGB+ identified population. Non-LGB+ identified consider their sexual attraction feelings to be feelings they have, not who they are. They do not believe these feelings are biologically determined, whereas LGB+ identified believe their same sex sexuality is inborn and central to their identity. Non-LGB+ identified persons engage in greater religious participation and weekly religious services, and, contrary to minority stress theory, for them religion is positively associated with health, while there is almost no such association for the LGB+ identified, and they seldom attend weekly religious services. Non-LGB+ identified prioritize religious identity over sexual feelings and prioritize heterosexual relationships and abstinence. For non-LGB+ identified, responses to “homophobia” questionnaires likely express their agreement with religious beliefs, not beliefs about self or self-hatred. Both groups are equally resolved/unresolved in their integration of sexuality and religion. Non LGB+ identified are no less happy, satisfied with life, mentally health, and flourishing^{2,3,4,5,6,7}.

There are three leading reasons non-LGB+ identified seek therapy to explore their sexuality and its complexities, including its potential for fluidity or change.

- (1) **To protect their marriage** to their opposite sex spouse they love and go on being full time moms and dads more easily and enjoyably. In one study, 41% of the men who were married to an opposite sex spouse, most with children, on average 3 children each. Their same sex behaviour plunged from 71% before therapy to 14% after therapy. Same sex attraction decreased for 69% of all participants. What these changes mean to these men, their wives, and their children can hardly be expressed.
- (2) **To explore their capacity for a procreative relationship** to which they aspire.
- (3) **To be abstinent** in order to live consistently with the beauty of their religion that gives their life meaning and should be respected^{8,9,10}.

The number of same-sex attracted people who may need or want therapy to decrease, manage, or change their sexual attraction or behaviour is not negligible. Abundant rigorous research has established internationally:

- (1) Contrary to conventional wisdom, **most same-sex attracted people are both-sex attracted**, and exclusively same-sex attracted people are the exception¹¹.
- (2) **Most both-sex** attracted people who are **in a relationship are with the opposite sex**^{12,13,14,15,16,17,18}.
- (3) Sexual attraction of both-sex attracted **people commonly changes toward or to heterosexual**^{19,20,21,22,23,24,25}. They should have the legal right to explore options to their same-sex attraction feelings and behaviour.

We suggest that the proposed researchers may not have considered this research. They appear to be attempting to conduct research in an ideological silo that can only produce their preferred conclusions to the potential harm of many individuals, marriages, and families.

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Dr Mike Davidson, PhD, was employed for 25 years by several universities in both student and academic professional development. He led the Academic Development Programme for students at Rhodes University. At the Universities of Nottingham and Surrey, he was Director of the Post Graduate Certificate in Academic Practice for probationary academics. At the University of Ulster, he managed a student development programme for PhD students across four campuses. In 2014, he was refused certification as a Psychodrama Psychotherapist for supporting and promoting therapeutic choice for individuals leaving unwanted same-sex attractions. He is founder and CEO of Core Issues Trust, co-director of X-Out-Loud, and Chairman of the IFTCC, which advocates for both therapeutic choice and pastoral care for those leaving LGBT identities and living.

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- ¹ <https://www.rainbow-project.org/research-participants-required-for-department-for-communities-research-on-conversion-therapy/>
 - ² Lefevor, G., Beckstead, L., Schow, R., Raynes, M., Mansfield, T., Rosik, C. (2019). Satisfaction and health within four sexual identity relationship options. *Journal of Sex and Marital Therapy*. <https://doi.org/10.1080/0092623X.2018.1531333>
 - ³ Lefevor, G., Sorrell, S., Kappers, G., Plunk, A., Schow, R., Rosik, C., & Beckstead, A. (2019). Same-Sex Attracted, Not LGBQ: The associations of sexual identity labeling on religiousness, sexuality, and health among Mormons, *Journal of Homosexuality*, https://www.researchgate.net/publication/331611219_Same-Sex_Attracted_Not_LGBQ_The_Associations_of_Sexual_Identity_Labeling_on_Religiousness_Sexuality_and_Health_Among_Mormons
 - ⁴ Rosik, C.H., Lefevor, G.T., & Beckstead, L.A. (2021). Change and acceptance of minority sexual orientation in psychotherapy: Retrospective perceptions of helpfulness and harmfulness. *Journal of Psychology and Christianity*, *40*(3), 185-203. <https://www.proquest.com/docview/2644086485?fromopenview=true&pq-origsite=gscholar>
 - ⁵ Rosik, C.H., Lefevor, G., & Beckstead, A. (2022). Sexual minorities responding to sexual orientation distress: Examining 33 methods and the effects of sexual identity labeling and theological viewpoint. *Spirituality in Clinical Practice*. Advance online publication. <http://dx.doi.org/10.1037/scp0000295>
 - ⁶ Barringer, M. & Gay, D. (2017). Happily religious: The surprising sources of happiness among lesbian, gay, bisexual, and transgender adults. *Sociological Inquiry*, *87*, 75-96. <https://doi.org/10.1111/soin.12154>
 - ⁷ Cranney, S. (2017). The LGB Mormon paradox: Mental, physical, and self-rated health among Mormon and non-Mormon LGB individuals in the Utah Behavioural Risk Factor Surveillance System, *Journal of Homosexuality*, *64*(6), 731-744. <https://doi.org/10.1080/00918369.2016.1236570>
 - ⁸ Pela, C. & Sutton, P. (2021). Sexual attraction fluidity and well-being in men: A therapeutic outcome study. *Journal of Human Sexuality*, *12*, 61-86. https://df6a7995-c8cd-4a49-bc0d-2ef92e2cf904.filesusr.com/ugd/ec16e9_08ac87b9a4a94711b6b72429723cda6a.pdf

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- ⁹ Sullins, D.P., Rosik, C.H., & Santero, P. (2021). Efficacy and risk of sexual orientation change efforts: A retrospective analysis of 125 exposed men [version 2; peer review:2 approved]. *F1000Research*, 10:222. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8080940/>
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- ¹¹ Diamond, L. (2014). Chapter 20: Gender and same-sex sexuality. In Tolman, D., & Diamond, L., Co-Editors-in-Chief (2014). *APA Handbook of Sexuality and Psychology, Volume 1. Person Based Approaches*. Pp. 629-652. Washington D.C.: American Psychological Association. <https://www.apa.org/pubs/books/4311512> See p. 633.
- ¹² Office for National Statistics (ONS) (2021). Sexual orientation, UK: 2012-2019 edition. Table 5: Legal Marital Status by Sexual Identity, United Kingdom, 2014-2019. Demographic Analysis Unit, ONS. <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/datasets/sexualidentityuk> See Table 5.
- ¹³ Hu, Y. & Denier, N. (2023a). Online appendix for Sexual orientation identity mobility in the United Kingdom: A research note. *Demography*, 60(3), 659-673. <https://doi.org/10.1215/00703370-10769825> See Table A4.
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- ¹⁷ Heslin, K.C. & Alfier, J.M. (May 25, 2022). Sexual orientation differences in access to care and health status, behaviors, and beliefs: Findings from the National Health and Nutrition Examination Survey, National Survey of Family Growth, and National Health Interview Survey. *National Health Statistics Reports*, 171. <https://www.cdc.gov/nchs/data/nhsr/nhsr171.pdf> See Tables 3 and 4.
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- ²¹ Hu, Y. & Denier, N. (2023). (See above.) Ibid
- ²² Hu, Y., Xu, Y., & Tornell, S.L. (2015). Stability of self-reported same-sex and both-sex attraction from adolescence to young adulthood. *Archives of Sexual Behaviour*, 45, 651–659. <https://pubmed.ncbi.nlm.nih.gov/26048483/>
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- ²⁴ Mock, S.E. & Eibach, R.P. (2012). Stability and change in sexual orientation identity over a 10-year period in adulthood. *Archives of Sexual Behaviour*, 41:641-648. <http://midus.wisc.edu/findings/pdfs/1153.pdf>
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