



INTERNATIONAL FEDERATION
FOR THERAPEUTIC AND
COUNSELLING CHOICE

RESPONDING TO THE OZANNE FOUNDATION

A critical analysis of the *Faith and Sexuality Survey 2018*

Science and Research Council, *International Federation for Therapeutic and Counselling Choice*
with **Professors Walter R. Schumm** and **John Nolland**



“...an honest scientist has to be willing to see at least some of his or her most cherished scientific (even religious) theories or beliefs (or other assumptions) be falsified through careful research.”

Walter Schumm

Developing accountable practise for pastoral and clinical support of those choosing to leave unwanted sexual and gender feelings and identities using standard counselling approaches

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It would be unjust to change the law or the church on the basis of the *Faith and Sexuality Survey 2018* because **its claims and demands are not supported by its data.**

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”

... we have to say that **all five reports from the various press outlets on the *Faith and Sexuality Survey 2018* fell short of the standards we would expect from professional journalists.**

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Preamble

Several unsuccessful attempts have been made to engage with the Ozanne Foundation by those who support change-allowing therapies and pastoral counselling which respects the goals of individuals to reduce or change unwanted same-sex attractions and feelings. We have not been successful in our request to engage with the Foundation. Neither were we successful in our requests to engage with those responsible for crafting the UK's Memorandum of Understanding on "Conversion Therapy".


I am grateful for those moments when, facilitated by the media, I have been given the opportunity to interact with Jayne Ozanne herself, but these are inadequate fora in which to dialogue meaningfully or in depth.

The Science and Research Council of the IFTCC has taken the opportunity to examine the Ozanne Foundation's Faith and Sexuality Survey (FSS), 2018. This response presents its considerable work and conclusions, with the request once again, that the criticisms raised in the Executive Summary that follows, will be responded to.

In addition to a critique of the FSS, attention has also been given to how the UK Media reported the survey without, it seems, any critical understanding of the population sampling presented, survey design, nor the particular weaknesses of the conclusions derived. Dr. Moseley's analysis of these matters also invites a response from those who appear to have promoted a remarkably poor survey report, with only the most superficial understanding of the research issues involved. Professor Schumm's foreword contextualises the FSS in the global context of research worthy of changing public policy. His observations likewise call for a response from the Ozanne Foundation's advisors.

Once gay, ex-gay or post gay lives matter. Their right to access, and the right of change-allowing therapists and counsellors to provide professional and pastoral help that reflects a clients' own worldview, is a reasonable goal. Respectful listening to the views of the training and professional association of such practitioners is likewise a worthy endeavour, if we are to break free from the mono-cultural view-point discrimination that hinders the proper pursuance of genuine scientific debate.

On behalf of the IFTCC Executive Board, I have pleasure in recommending this critical analysis of the Ozanne Foundation's Faith and Sexuality Survey. It is offered with the recognition that "as iron strikes iron" the best scientific understanding will be achieved.



Mike Davidson, PhD - Chairman IFTCC, CEO Core Issues Trust
Belfast, June 2019



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A Response to the Ozanne Foundation's Faith and Sexuality Survey (FSS)¹

International Federation for Therapeutic and Counselling Choice (IFTCC)²



FOREWORD: PROFESSOR WALTER R. SCHUMM

The FSS needs to be interpreted in a larger, historical context of the “weaponization” of science conducted in order to promote certain political or legal objectives. Science, per se, should ideally be neutral, an attempt to determine facts, including how concepts are related to each other. But to serve policy interests, science needs to be of the highest quality. What makes for high quality?

First, data should be made freely available to the general public so results can be independently replicated, as Professor Regnerus (2012) did with his controversial data set. Second, data should be derived from random samples whose results can be compared to known population parameters. Non-random data may provide interesting results or suggest ideas for future research with random samples but, in my opinion, is so subject to selection bias, if not confirmation bias, that it should seldom be used to inform public policy or law. Another way of looking at that problem is that if you want to apply law or policy to all citizens, then the research should be representative of all citizens, not an unknown select few who most likely hold some strong pre-existing biases that may have inspired them, in the first place, to participate in a survey. Survey design should be strong so that skip patterns are clear and so that respondents answer all the questions with high completion rates for all questions that are applicable. Solicitation of respondents should not be designed to encourage those who will be most likely to support the political goals of the research. Research results should include standard deviations and effect sizes, without which trivial differences (in large samples) may be found to be statistically significant or strong effects (in small samples) may be found non-significant statistically. Questions should be symmetric. That is, if you want to ask about criminalizing change from gay to straight, what about change from straight to gay? Asking questions about only one direction of change, when there are at least two, suggests implicit bias. Statistical analyses should consider intersectionality, that is how various combinations of factors predict outcome variables rather than relying upon simplistic analyses. As this report will explain in much more detail, such requirements were not met with the FSS. Furthermore, basing changes in public or church policy on one study (equally valid argument with respect to the Regnerus study) is very risky as initial studies are often found to be incorrect (Ioannidis, 2005). For example, a great deal of early research indicated that same-sex parents were not more likely to raise children who would grow up to become lesbian, gay, or bisexual; however, more recent research contradicts that conclusion (Schumm, 2018).

Sadly, there has been far too little pushback by scientists with respect to LGBT-related research. Pushback is a good thing, as occurred, for example, with Regnerus's research, which was criticized extensively (Adams & Light, 2015; Anderson, 2013; Cheng & Powell, 2015; Herek, 2014; Manning, Fetto, & Lamidi, 2014; Perrin, Cohen, & Caren, 2013; Rosenfeld, 2015; Schumm, 2012a). A lack of pushback unfortunately means that few people are aware that there exists a great deal of scientific evidence that has contradicted many oft-cited articles that have been used to promote certain political or judicial objectives regarding LGBT issues. As recently as January 2019, the Atlantic magazine on its website discussed the research of Dr. Evelyn Hooker (for pushback, see Schumm, 2012b) and other more recent research on transgender children, where, contrary to the content of the Atlantic article, the data actually contradict the conclusions often made (Schumm et al., 2019). Without adequate pushback, premature applications of early research can lead to results opposite to those intended (Schumm, 2015).

Many people objected to the criminalization of homosexuality. Now we have “progressed” to where we want to criminalize non-homosexuality – or at least any discussion of changing sexual orientation. It is as if the pendulum has swung all the way to the other side. The survey should have defined criminalization in more detail. Specifically, what should happen to someone “convicted” of violating a ban on discussing change in sexual orientation? How many years in prison would be appropriate for a first offence? A second offence? A third offence? Would you want your 80-year old sweet grandmother to be sent to prison, if found “guilty”? If the consequences are not specified, then I would argue that you really don't know what is meant by criminalisation and the study's

conclusions would be limited to a note that some select, likely biased group of citizens think something ought to be made against the law.

It is remarkable to me that a report emerging from within the Church of England shows so little understanding of Christianity (in my “humble” opinion, of course!). First, its apparent concept of sin and virtue is very limited, sin apparently being a violation of what some people think is a social norm; elsewhere I have provided a discussion of sin and virtue that is based on social exchange theory and time (Schumm, 2014: 40-42). In our analysis, sin is a label attached to intentions and behaviours that feel good in the short run but generally involve harm to oneself and others in the long run (Schumm, 2013). An interesting follow-on sin is when those consequences occur, the temptation is to avoid responsibility and to blame others for them, not oneself (sexual minority stress theory, anyone?). The story of the Garden of Eden involves these things, as if they have been common from the beginning of human existence (the fruit looked good to eat in the short run but involved long-term adverse consequences; each main character tried to blame someone else for the bad decision rather than assuming responsibility for their own part in the process).

Second, it overlooks the Christian concept of hope, that God can change almost anything in the human experience. For a neutral example, there is nothing morally wrong with being an introvert, but that doesn't mean that God can't help an introvert become more sociable than they might otherwise be. If sexual orientation is morally neutral, then by criminalizing change, would we not be guilty of limiting the power of the Holy Spirit, just as if we were to criminalize attempts to help introverts become more effective at listening to people at large social events? If both introversion and homosexuality are morally neutral, why should changing one be a criminal offense but not the other? Third, it was only a matter of degree when it came to making a person “hate” themselves. The survey found that some, even heterosexual, respondents came to hate themselves, presumably from going to church. But if the survey had asked deeper questions, it might have asked about which self was “hated” – the old self or the new self in Christ? Should we therefore outlaw religion in the UK and elsewhere because it “inflicts” mental health harm on some people, apparently? If we want to criminalize anything that may lead to some people “hating” themselves, why not ban both the Anglican church and conversion therapy, as it was only a matter of degree in their “hating self” effects on some people? I do agree that there is a great deal of toxic religion in this world (even Jesus said that some religions make people twice as fit for hell as they were without any religion), just in case you're wondering about my own view point. But my view is that Jesus indicated that using worldly force to weed out sources of toxic religion would do more harm than good.

My view is that the quality of the research, the theology, and the assumptions about homosexuality that make up the reports to date on the FSS are all very limited and do not warrant any serious application to social policy or changing law. However, I encourage readers to continue reading to gain an appreciation for more of the details about how the FSS falls short of being the sort of high-quality research needed by the public and policymakers in the UK. If the data were to be released to independent researchers, even opposition researchers, that would bode well for science in general and for the usefulness of the data from the FSS.

Walter R. Schumm, PhD

Walter Schumm is a professor of Applied Family Science in the College of Health and Human Sciences at Kansas State University. He is a retired colonel (U.S. Army) and a recipient of the Legion of Merit. His most recent book was *Same-Sex Parenting Research: A Critical Assessment* by Wilberforce Press.

[1] Faith and Sexuality Survey 2018. Ozanne foundation <https://ozanne.foundation/faith-sexuality-survey-2018/>

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EXECUTIVE SUMMARY

IFTCC Critique of the Faith and Sexuality Survey

Steph James and Dermot O'Callaghan

The National Faith and Sexuality Survey 2018¹ (FSS) is intended to influence church and public policy. It was a volunteer web-based survey open to all individuals living in the UK who were over 16. The sample is around 4% of the size of the National LGBT Survey² and is not representative of the UK or the LGBT population, limiting its usefulness for statistical analysis. Ostensibly to examine the role religious belief has on people's understanding and acceptance of their sexual orientation in the UK, it seems its real aim was to end religious support for change in sexual orientation, to which end it calls for safeguarding. It also aims to gain support for the criminalising of 'sexual orientation change therapy'. Points of criticism include:

1. **The ONS⁵ estimates LGB are 2% of the UK population - an estimated 1,100,000 people aged 16+. In stark contrast, the FSS found 52% of its sample was LGBTQ+.** In Q23 11.37% (458 people) said yes, they had actual experience of attempting to change their sexual orientation. Yet only 368 people gave any evidence of this experience in the subsequent branch of questions: too few to adequately examine something that could affect the lives of 1.1 million people⁴.
2. **The sample was also over-represented by a third in the age group 35-64 compared to the 2017 Office for National Statistics³ estimates of the UK population** and it was heavily biased towards Anglican Christians (41%). Taken together, these factors suggest that there is an 'Ozanne brand' which attracts a certain type of person who is motivated to respond in a particular way.
3. **FSS is partisan, and has errors in its design, with the effect that some key claims were not proven by the data.** Question 1 allowed 18 year olds to put themselves into either category of 16-18 or 18-24. This limited the examination of data by age. Some data items are listed twice in one table - with different values. There were significant issues of missing data and data integrity: the FSS appears to have used both complete and incomplete survey responses and data are presented as a % of those answering each question, with a different denominator for each question. This means that, as presented, data from different tables cannot be accurately compared to each other. The possible routes through the survey seem to have had failures. Key questions were missed by most participants (Q27, Q29 - 'How long ago was this?') People were routed into questions without explanation, swelling numbers (Q21, Q22, Q33).
4. **Most respondents were teenagers last century: 72.08% of the respondents were over 35 years old.** 511 respondents were aged 16-25. Just 67 people were 16-18 years old.
5. **Data from Q20-22 are the basis of a serious allegation – that religious leaders forced people to attempt to change their sexual orientation.**^{6,7} FSS fails to clarify when this happened, not even if this is a current problem or one of last century. The responses from Q22 contradict Q20 indicating a problem in data collection. It would be unjust to change church and society based on these flawed data.
6. **No data were presented to indicate the chronological year, decade or century wherein any attempt to change sexual orientation occurred, or the form of attempt used, or its impact - not even for teenage respondents.** Therefore current harm and the need for more safeguarding are not proven.
7. **Some of the 16 cited 'forms of attempt' to change sexual orientation used to be practised by the NHS.**^{8,9,10,11,12,13,34} Some of these practices – abandoned for this purpose last century as unethical - could only ever have been practised by a registered doctor or psychiatrist.¹³ Professional psychotherapy with the goal of sexual orientation change was banned in 2014 by public policy^{14,15}, so the youngest are unlikely to have experienced this either. Also cited was forced sex – which is already addressed by the laws on rape.

Other 'forms of attempt' included spiritual practices such as prayer, fasting, and healing with religious ministry, family or friends. To conflate all these 16 together was misleading and unhelpful. The implication that prayer and personal relationships should be controlled raises serious issues of religious and personal freedom.

8. **The reported figures for mental health are within the range seen in similar volunteer online LGBQ surveys not predicated on therapy.**^{20, 21} Degrees of self-harm, eating disorders, and suicidal thoughts/actions are comparable to the survey 'Life in Scotland for LGBT Young People' 2018²⁰. Owing to survey design, the FSS fails to show an exclusive link between attempts to change sexual orientation and suicidal ideation and self-harm. Representative studies have shown that all LGB are at increased risk of poor mental health and low wellbeing.^{16, 17, 19, 22, 23, 24} Several studies in several countries show that for some, sexuality can change with or without therapeutic help.^{23, 24, 27, 28, 29, 30, 31, 32, 33}

9. **FSS Q31 (answered by 361 respondents) reports 13 people who said their attempt to change sexual orientation worked completely, and another 60 who said 'It seemed to work for a while'.** Bisexuals were the second largest sexual minority in the FSS and yet they were ignored in the analysis of results. FSS fails to address the conflict between banning therapy to support LGB people's heterosexual capacities,^{22, 35} and the heterosexual relationships of bisexually attracted people²⁵ – despite public data showing that when bisexuals marry, it is almost always to the opposite sex.⁵

10. **That the majority (51.1%) of respondents to the FSS were in favour of criminalising therapy is a weak result for such a biased sample.** It was the youngest - who were the least likely to have experienced any therapy - who were the most likely to want it banned. This therefore is a prevailing point of view irrespective of experience. The FSS is demanding criminalisation and additional safeguarding, and implicitly seeks an end to religious ministry or even prayer in support of opposite sex marriage and attraction. Yet counter to the claims made, no harm was been demonstrated to be happening now. The FSS demands are not supported by its data as presented. It would be a seriously retrograde step if science were to be decided by majority vote.

Press Reporting on the FSS results – assessing the quality of journalism

Dr. Carys Moseley

The Faith and Sexuality Survey results were featured by several prominent press outlets in the United Kingdom and internationally, thanks to a press release made by the Ozanne Foundation and media interviews by Jayne Ozanne herself. The evident aim here was to influence the press in order to discredit all attempts at changing sexual orientation away from homosexuality as not only harmful but wicked. In this section the focus will be on how the various press outlets reported on the FSS results, and then to assess these reports for the quality of journalism.

What the press outlets said about the Faith and Sexuality Survey

The main press outlets that reported on the Faith and Sexuality Survey when it came out were Channel 4 News, the Guardian, the Express, the Daily Mail and Reuters. The reportage by each one of them will be analysed below.

Channel 4 News

Channel News ran a 4-minute television clip on 20 February 2019 on the Survey. The reporter was Minnie Stephenson.¹ Jayne Ozanne is interviewed at the beginning of the news clip, saying she went through 'conversion therapy'. She said she was involved in exorcisms. The interviewer then asked her 'Did you feel you could be gay and religious?' The answer given was 'At the time it felt like a death sentence'. The reporter says of Ozanne that 'she is now behind the first major study of its kind on faith and sexuality'. This is a claim that is hard to substantiate given the existence of academic peer-reviewed studies on precisely this topic.

The reporter then singles out 'religious leaders' as follows:

'In many cases religious leaders were instrumental in forcing [hundreds of people] to go through the process [of 'gay conversion therapy'].'

'Significant harm' is said to have been experienced by many people according to the study.

'Over half were teenagers at the time'. On the screen the figure 53.3% is projected with the words 'under 18'.

'Sixty percent suffered mental health issues as a consequence'. On the screen the figure 58.6% is projected with the words 'suffered mental health issues.'

'A third saying they had attempted suicide'. On the screen the figure 32.4% is projected with the words 'attempted suicide'.

The reporter then interviewed Paul Bayes, the Anglican Bishop of Liverpool, and started by saying this:

'Hundreds of people have been through gay conversion therapy. Some of them have felt suicidal. Will the church apologise?'

This is shoddy journalism as it uses the classic tactic of emotional manipulation, the threat of suicide. Of course it is perfectly possible that the question was agreed between the reported and the Bishop beforehand as is often the case with news interviews. The Bishop said that if people 'bring their pain' (he didn't say where to) 'we have to apologise for it and make sure it doesn't happen again'.

The reporter then interviews Teddy Prout, a member of the Advisory Board for this survey, who as a young evangelical Christian 'was offered gay conversion therapy'. Eventually he is said to have left the church and now 'offers support for those struggling with their sexuality from different faiths'. The interview caption then introduces him as representing Humanists UK, which is not a group that helps people from different faiths to stay

^[1] <https://www.channel4.com/news/the-impact-of-gay-conversion-therapy-on-mental-health-in-uk>

within their faith traditions. Humanists UK is an anti-religious campaign group that aims for society to be secular and atheistic. In his interview Prout starts by speaking of ‘people who are subject to beatings and hours and hours of ritualised practices in order to drive out the gay demons that have infested the person’. He speaks about very little else. Indeed he does not speak about actual counselling or psychotherapy at all.

The question in all of this is how did Channel 4 News make its editorial decisions on the topic? Why did it not interview anybody who had been involved in actual counselling or psychotherapy? And why did it not acknowledge what even the Faith and Sexuality Survey itself admitted, that some people did experience change in sexual orientation?

The Guardian

The Guardian ran a story on 20 February 2019 by its Religion correspondent Harriet Sherwood, with the tag ‘Anglicanism’.² She made the claim that ‘conversion therapy can result in mental illness.’ Like all other journalists she reported individual findings from the Faith and Sexuality Survey uncritically, as shown by the following extracts:

‘Attempts to change a person’s sexual orientation result in high levels of mental health problems including suicide attempts, self-harm and eating disorders, according to a survey.

Some respondents said they had been forced to undergo “conversion therapy”, and a handful said they had been compelled to take part in sexual activity with someone of the opposite gender.

The survey on faith and sexuality, conducted by the Ozanne Foundation, which campaigns for LGBT+ equality, will be presented to members of the Church of England’s synod, the C of E governing body, which is meeting in London this week.’

It is possible that the Guardian treated the survey as only relevant to the Church of England in order to minimise its importance, i.e. to give the impression that the subject of therapy to help people who want to move away from homosexuality is only of interest to Anglicans. In fact the government LGBT Survey results clearly show people from all faiths and none have tried to change their sexual orientation.³

Last but not least, the Guardian article did acknowledge that the FSS found that thirteen people who responded said that attempts to change their sexual orientation ‘said it had worked completely.’ This is a crucial fact because it undermines the entire argument made by the Ozanne Foundation that all attempts at change should be banned on the grounds that they are harmful. The question to ask here is why did the Guardian not inquire further about this discrepancy? Would not the duty to provide unbiased journalism require this?

The Express

The Express carried a story on the Faith and Sexuality Survey on 21 February 2019 by a young journalist called Latifa Yedroudj.⁴ Perhaps the most misleading news headline in relation to the FSS was that by the Express: ‘Gay Christians in the UK ‘forced to have straight sex in gay cure therapies’ – shock survey’. The subtitle ran as follows: ‘HUNDREDS of gay Christians in the UK are being forced to deny their homosexuality in gay therapy rituals, with some being made to have straight sex, a shock report has revealed.’

This makes it sound as if attempts at change in sexual orientation typically involve some sort of occult sex-magic ritual of the kind featured in The Da Vinci Code. I say this because no Christian organisation involved in ex-gay ministry or counselling for sexuality has ever recommended such occultism. Indeed such organisations would tend to be close to those who strongly disapprove of such matters as diabolical. There is no such thing as ‘gay therapy rituals’, but that didn’t stop this journalist from inventing the concept. Likewise the article focuses on Christians, ignoring the fact that people of any faith could respond, and that the government LGBT Survey has found that people of all faiths and none have had therapy to try to change sexual orientation. The article finishes by making the following claim: ‘The study looked at 4,600 individuals who identified as gay, lesbian or bisexual in the UK.’ This

^[2] <https://www.theguardian.com/world/2019/feb/20/conversion-therapy-can-result-in-mental-illness-poll-finds>

^[3] <https://government-equalities-office.shinyapps.io/lgbt-survey-2017/>

^[4] <https://www.express.co.uk/news/uk/1090401/gay-christians-christianity-conversion-therapy-survey-poll>

is completely untrue. Above we saw that around 52% of the sample of over 4600 respondents were non-heterosexual, which means the rest were heterosexual.

In conclusion then, the only 'shock' here is the shockingly poor quality of journalism displayed by the reporter and published by the Express.

Daily Mail

The Daily Mail ran a story on 21 February 2019 by reporter Steve Doughty.⁵ The Mail report was slightly less hysterical than that of the Express. However its report too regurgitated vague and potentially misleading soundbites: 'Gay people have been forced to have heterosexual sex as part of conversion therapy requested by religious leaders, a Church of England campaign group claims. Its survey on gay conversion therapy found 22 people 'had been forced to undergo sexual activity with someone of the opposite gender'. The report then veered off into brief discussion over transgender liturgies in the Church of England.

Reuters

The international news agency Reuters also covered the Faith and Sexuality Survey on 20 February 2019 in an article by Rachel Savage from Thomson Reuters Foundation.⁶ The headline ran 'Fifth of gay Brits who try to change sexuality attempt suicide, survey says'. The article omitted to say that the sample was not representative of the UK population. Reuters used the following definition of 'conversion therapy':

'Conversion therapy, which can include hypnosis, electric shocks and fasting, is based on the belief, common in conservative religious communities, that being lesbian, gay, bisexual or transgender is a mental illness that can be cured.'

This 'definition' instantly discredits Reuters as a serious source of journalism on the subject, as it does not even include normal talking therapy as part of 'conversion therapy'. It really does let the cat out of the bag as to the fact that the term is made up to discredit all attempts at change. 'Not only that but it shows the ignorance of the journalist in that electroconvulsive treatment was practised between the 1960s and 1970s by some psychiatrists espousing a behaviourist approach to mental health problems. But it could never have been practised by the psychotherapists as they are not doctors.'

Assessing the quality of journalism concerning the FSS

The foregoing analysis of press reportage on the Faith and Sexuality Survey shows that the quality of journalism in each case was exceptionally poor. Journalists failed to identify basic problems with the Survey. The following are the most important faults that emerge:

- Press outlets failed to state that the FSS sample was unrepresentative of the UK population. This is a basic failure of statistical literacy. There are guidelines for journalists on how to report on statistics. They were clearly not followed here. This suggests a basic laziness and disrespect for the topic and the people involved.
- Press outlets failed to note that the FSS questionnaire asked for respondents' sex and gender but then used the same terms to mean both.
- Press outlets failed to notice that the questionnaire never actually asks whether respondents underwent something called 'conversion therapy'.
- Press outlets failed to note that no option was given for respondents to identify either counsellors or therapists as people who advised them to change sexual orientation in question 21. This makes complete nonsense of the claim to be studying a type of therapy!
- Likewise press outlets failed to note that for question 22 no option was given for respondents to identify **either counsellors or therapists as people who forced them to change sexual orientation. This makes complete nonsense of the claim to be studying situations where 'conversion therapy' was forced onto individuals.**

^[5] <https://www.dailymail.co.uk/news/article-6726761/Gay-people-forced-straight-sex-religious-conversion-therapy.html>

^[6] <https://uk.reuters.com/article/britain-lgbt-religion/fifth-of-gay-brits-who-try-to-change-sexuality-attempt-suicide-survey-says-idUSL1N20F1HZ>

Journalists lacked curiosity

What this amounts to is a serious lack of curiosity and critical questioning on the part of the journalists reporting on the Faith and Sexuality Survey. This is a real problem given that these are key qualities required of journalists if they are to excel in their profession. No alternative or critical viewpoint is sought out on the Survey. It is noteworthy that not one single news item cited an alternative or critical viewpoint on the survey and its subject matter. No further inquiry was made about the thirteen people who reported a complete change in sexual orientation. This shows a clear journalistic bias against these people. The press need to be reminded that under Article 14 of the European Convention on Human Rights people have the right to determine their sexual orientation.

Conclusion: *biased and poor-quality journalism*

In conclusion, we have to say that all five reports from the various press outlets on the *Faith and Sexuality Survey* fell short of the standards we would expect from professional journalists.

Dr Carys Moseley

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Critique of the 2018 Faith & Sexuality Survey (FSS)

2018 National Faith and Sexuality Survey¹ (FSS) was an anonymous, volunteer web-based survey conducted by the Ozanne Foundation. It was open to anyone in the UK over 16 and conducted in December 2018. FSS was ostensibly designed to examine the role religious belief has on people's understanding and acceptance of their sexual orientation in the UK. The preamble to the Questionnaire reads:

'This survey is designed to explore the impact of religious belief on your understanding and development of your sexual orientation and identity. It is as such not designed to understand in any depth your gender identity.'

However its Executive Report makes clear that its aim was to establish a basis to ban religious support for change in sexual orientation and get the Church of England to support the criminalising of therapy. For example, Q35 asks, "Why do you believe that it should be made a criminal offence?" There is no balancing question asking why participants believe that it should *not* be made a criminal offence. Further, the results of the survey are not representative of the UK population, and have been widely misquoted.

'Those of us who have been through such therapy know that it is not primarily an issue that affects the medical profession, but rather is one practised amongst faith communities. This survey therefore looked to understand the extent of this practice' J. Ozanne, Director's Report, FSS 2018.

Method

There was no method section in any of the FSS reports on the Ozanne Foundation webpage, but the following may be learned from that website:

- The 2018 National Faith and Sexuality Survey¹ can be found on the Ozanne Foundation website <https://ozanne.foundation/faith-sexuality-survey-2018/>
As noted above, it is not representative of the UK population.
- FSS was designed using 'SurveyMonkey'³ online survey building software at: <https://www.surveymonkey.com/>

In this paper, this survey is referred to as the *Faith and Sexuality Survey* (FSS). The name of the survey varies slightly on the website, being written as:

- Faith & Sexuality Survey 2018
- 2018 National Faith & Sexuality Survey
- National Faith & Sexuality Survey
- Religious Belief & Sexuality Survey (see Questionnaire and Full Response pdf).

The missing Method section was needed to discuss: survey design and purpose; how the survey was promoted and to whom; mode of reporting; FSS sample characteristics; denominators and weightings; skip logic (the different routes through the questionnaire) and definition of key data items.

The Questionnaire

The Questionnaire as published on the Ozanne Foundation website looks like a standard pdf, not a collection of screen prints. If the respondents saw onscreen any less or more information, it may at times have influenced the answers given. In the pdf, some pages have a note describing a section number and title which bear no relation to the Executive Report or NFSS Sections. Did that get included in the screens? The questions are replicated in the Full Responses pdf without such details.

Despite the preamble's reference to gender identity, the questionnaire focusses on sexual orientation. Gender issues are barely referred to.

How the survey was promoted and to whom

The FSS Director's report says of the FSS: *'It was promoted through a range of social media platforms and national newspapers and ran from 9th to 31st December 2018. It attracted 4613 eligible responses, of which 3908 were completed.'* Ostensibly the purpose was *'to explore the impact of religious belief on your understanding and development of your sexual orientation and identity.'*

It seems clear FSS was promoted primarily amongst Christian and LGBT circles in England, as they are represented in the FSS at very elevated levels by comparison to the general population. Ethnically, most respondents were white.

However it is possible that knowledge of the brand identity of the Ozanne Foundation, or of its director, or of the members of its Advisory Board, influenced both the participants' choice to do the survey and the answers they gave. If, despite the introductory paragraphs of the questionnaire, respondents knew that the survey was really an attempt to discredit therapy to change orientation and indicate support to criminalise it, then this will have increased the proportion of activist responses.

FSS asked that respondents be UK residents, but not that they report only what happened in this country. Particularly harsh unethical or criminal experiences possibly occurred overseas.¹¹

Reporting

The data and discussion of the results for the FSS were not given in a single paper, but via a website with a variety of pdfs, Powerpoint and google-drive documents on it, some of which had component documents. This made finding information difficult, made worse by some information being given in narrative form without clear headings or indexing. Occasionally there are discrepancies between those documents, leading to the potential for data integrity discontinuity.

Results for every question are online via the box entitled 'National Faith and Sexuality Survey Full Set of Results', which leads to a Google drive pdf called 'National Faith & Sexuality Survey Responses – Full'. This is referred to here as 'Full Responses' pdf.

A discussion and some analysis of the data is given via the box marked 'National Faith and Sexuality Survey Executive Report' (ER). That box allows the downloading of a similarly named pdf from google drive. It is a document compiled from several other documents.

FSS was also reported in NFSS Section reports 1-6, which access 'SurveyMonkey'. These could not be downloaded properly as a pdf, which was restricting. These sections are also covered in the Executive Report, though the section names and content are not identical. Usefully, the Section Reports show denominators, unlike the ER.

These six NFSS Section reports do not correspond to the sections in the questionnaire (eg NFSS Section 1 covers Section 1-12 of the questionnaire) and they don't consistently give question numbers - which gives rise to some confusion.

FSS SAMPLE CHARACTERISTICS

Type of sample

The FSS was a web-based survey resulting in a volunteer sample. A web-based volunteer sample is not representative of a population, and can only describe itself. Web based surveys tend to attract – and are used to examine - respondents from special interest groups, and are prone to bias. Hence 52% of the FSS respondents were non-heterosexuals and 41% of the respondents were Anglicans (Church of England). This is in sharp contrast

to the general British population. The three largest sexual minorities in the FSS were gays, bisexuals and lesbians – in that size order.

In contrast, the Office for National Statistics (ONS)⁴ do accurate statistical estimates which are representative of Britain, and which are not web based surveys. In 2017, ONS estimated that Britain's population was 2.0% lesbian, gay or bisexual (LGB) plus a further 0.6% 'Other' sexual minorities, with lesbians and gays outnumbering the bisexuals. 2.6% 'LGB + 'Other'' in the ONS contrasts sharply with 52% LGBTQ+ in the FSS!

Data Integrity

The FSS gave no statement about how it eliminated multiple responses from single individuals. Usefully, the Full Responses pdf shows null values to confirm that no respondents under 16, nor outside UK, participated. It also shows the question asked, exactly how many people answered each question, and each component response. That information indicates that FSS used incomplete responses, had mixed denominators, poor definitions, and questionable conditional branching, which will be discussed later. All this compromised its data integrity.

The Dataset

Results for every question are given in the Full Responses pdf. However a usable matrix of data that would enable results to be checked is not available online.

Sample Size

The FSS Director's Report says the FSS '*attracted 4613 eligible responses, of which 3908 were completed.*' 'Eligible' was not explained: there was no mention of responses screened out.

As SurveyMonkey says: '*Sample size is the number of completed responses your survey receives.*' However the Full Responses pdf stated the number who skipped or answered each question, adding up to 4613 for each question. So we may infer that:

- FSS based itself on the number of surveys started, not on the number finished
- FSS used data from incomplete responses
- This had an impact on data integrity.

Beyond a threshold size for statistical significance, a larger sample makes for greater accuracy.

ONS bulletin Sexual Orientation 2017⁴ estimates there are 1.1 million LGB aged 16 and over in the UK.

SurveyMonkey says that for market research on a group that size, a sample needs to be at least 385 assuming a confidence level of 95% and a margin of error of 5%. This is not market research, but assuming that figure as an arbitrary minimum, the FSS easily achieved enough responses to conduct some analysis.

The exception to this was the conditional branch subject to Question 23. Although 458 answered Question 23 to say they had experienced an attempt to change sexual orientation, the Full Responses pdf shows a maximum of 368 people answered the conditional branch Questions 24-33 about what that attempt involved. That is slightly too few to meet SurveyMonkey's minimum recommendations.

Screen print from SurveyMonkey³

Calculate your sample size

Population size	Confidence level (%)	Margin of error (%)
1,100,000	95	5
Sample size		
385		

<https://www.surveymonkey.com/mp/sample-size-calculator/>

However NFSS Section 6 report showed that 398 LGBTQ+ people with experience of attempting to change sexuality answered Q 36 about Wellbeing. This was the penultimate default question. That indicates that at least 30 of those 90 people who skipped Q24-Q33 did not quit the survey after Question 23. Had they answered Q24-33, the

results would have been more significant. The absence of details of the experiences of those 90 leaves their claim that it happened unsubstantiated. This issue is not addressed in either the Executive Report (ER) or the NFSS Section 6 report 'Well-being – Physical, Mental, Emotional & Spiritual'.

All 4613 respondents completed questions 1- 5 inclusive (ie: age, location, gender, sex, ethnicity). Thereafter numbers dropped, and only 3908 respondents got as far as Q38, the last default question. In total 705 dropped out. The reasons for the dropping numbers of responses were not explained or discussed in the narrative.

Respondents were asked if they would volunteer their contact details, so perhaps some future research will be based on those respondents as a survey panel, resulting in more complete data.

Denominators and weightings

A web-based volunteer sample tends to suffer from incomplete data because respondents skip questions or quit part way through. A web-based survey cannot weight the sample to make up missing data unless completed questions reliably supply enough data to impute values. That was not possible in the FSS. Nonetheless, weights were applied to the results of FSS Questions 8,11,12,19,30,36, and 37, but the weighting is not explained.

Denominators (totals) were not displayed in the NFSS Executive Report, but they were put in the section reports and the Full Responses pdf. Since the % is calculated on a different basis in almost every question, the data are not comparable within the survey. For example: in Q29 60% means just 6 people; in Q22, 60% means just over 948 people.

FSS showed results to each question in their Full Responses pdf, expressed as both percentage and number of respondents who answered each question, but not as a percent of the whole sample. This can lead to misinterpretation. When the FSS Executive Report says that 51.1% were in favour of making sexual orientation change therapy criminal (Q34), the Full Responses pdf makes it clear that this means 2020 respondents out of 3955 respondents - 51.07% - who answered Q34. Expressed as a % of 3908 *completed* FSS surveys, 51.69% were in favour of making therapy criminal.

By comparison, another web-based survey that expresses percentages as a proportion of the response to a question is the National LGBT Survey. Here, results were analysed as 'all responses', 'cisgender' or 'trans' (the latter including non-binary) – and by different variables, giving several views of the same data. Statements were made for each table and chart about exclusions.

The narrative of the National LGBT Survey Research Report² said: *'Two per cent of all respondents reported having undergone conversion therapy in an attempt to 'cure' them of being LGBT, and a further 5% reported having been offered it (Annex 5, Q142-143).'* The corresponding National LGBT Survey Research Report Figure 5.33 therefore shows 2% of the cisgender respondents who answered that question, and had experienced 'conversion therapy'. However the corresponding Annex then clarified by showing 'conversion therapy' results for 'all respondents', cisgender, and trans, and by stating that 'Prefer not to say' in Q142 and Q143 were excluded from these results. It still takes a careful reading of the annexes to see this '2% had conversion therapy' is not a proportion of the whole sample.

In both these surveys, care must be taken when comparing and discussing the results, since not all results were expressed as a % of the whole sample. The difference is that in the National LGBT Survey, the components of the data are much more traceable. In the FSS they have to be inferred, and that is no basis for policy.

Skip Logic (Conditional Branching): the different routes through the questionnaire

The Executive Report does not describe the different routes through the questionnaire. Unlike the National LGBT Survey, it does not show any 'GO TO' statements to help us see the conditional branching.

FSS used Survey Monkey, whose website describes how their Skip logic lets a survey designer direct respondents through different paths in a survey based on one or multiple conditions. SurveyMonkey says *'By default, required questions are marked by an asterisk (*)'*. The FSS questionnaire, marked with asterisks, is on the Ozanne Foundation website, so we may infer that those asterisks mark the FSS default questions. However the screens are

not shown. There seems to have been one major subroutine (conditional branching) confined to those who answered 'Yes' to Q23: 'Have you had actual experience of attempting to change your sexual orientation?' The next question open to all was Q34: 'Which of these comes closest to your attitude towards sexual orientation change therapy?'

We can infer that respondents were offered an option 'Next' or 'Done' or – after Q5 – both, since 4,613 respondents answered every question up to Q5 (Ethnicity). Thereafter the number of people falls throughout the survey. (See Full Responses pdf) This may explain why the focal Q34 was not answered by everyone. Perhaps this could have been avoided by requiring key questions to be answered before the respondent could hit 'Done', or by discarding incomplete responses.

Participation in a few questions such as Q33 (forms of mental health issues experienced), may have been predicated on some previous answers, but exactly which is not clear. Without that clarity, cause and effect is not demonstrated. For example, we cannot say that the reported mental health issues in Q33 can be traced to those who reported in Q32 mental health problems specifically as a result of an attempt to change sexuality - because the skip logic proving that is not described in words, and because more people answered Q33 than reported mental health problems in Q32! Where did the other respondents come from? Another box in Q32? Or another question? This illustrates why a written indication of skip logic was needed.

Q27 and Q29 were answered by 5 and 10 people respectively. The tiny number of these responses indicate there were unexplained problems with the Skip logic, which bring the data into question, and prevent inferences. Despite such issues, much of the questionnaire seems to have been sequential.

Terms and Totals

In places, the terminology used at the point of data collection is muddled, and this undermines the data integrity and comparability.

Question 1: Age

The FSS shows some issues with data integrity right from the first question where for some reason the two youngest age groups overlapped, allowing 18 year olds to put themselves in either of two groups: 16-18, or 18-24. That meant that only some of the teenagers could be focussed on without including non-adolescents, and no group contained only minors. To get every 18 year old, all the under 25s would have to be considered together.

Question 3: Gender and Question 4: Sex

There is a data integrity issue regarding sex and gender which means we cannot be sure when biological sex or gender is being referred to. As expected, Q4 (What was your assigned sex at birth?) uses the biological sex nouns: Male; Female, and gave one other category: 'Prefer not to say'. Unfortunately, so does Q3.

Q3 (Which of these best describes your gender?) presents four categories: Male, Female, 'Prefer not to say' and 'Other'. So the terms male and female cannot be used without a confusion as to whether sex or gender is the subject.

The Executive Report (ER) has a table entitled '*Gender Assigned at Birth vs Actual Gender*' – and uses the biological sex terms Male, Female, and Prefer Not to Say. For clarity and consistency, it should have been called '*Sex Assigned at Birth vs Preferred Gender*'.

The discussion about Q13 (Sexual Orientation) in the Executive Report refers to 'Men, Women', and not 'Male, Female'. We could assume it means gender, but when it discusses the Same-Sex Attracted, it refers to male, female, and 'prefer not to say'... leaving the issue confused.

Q3 had 'Prefer Not To Say' (19 people) plus 'Other'(155 people) whilst Q4 (Sex) had 'Prefer Not To Say' (31 people). They are excluded from analysis on some occasions, eg: Q13, Q14, Q18, Q19, Q33 are examined by Men / Women (presumably meaning gender). However the bar chart showing Q17 by Q3 reads 'Q3: Male' and 'Q3: Female' – but not the other criteria. This might lead a reader to suppose that this referred to sex, not gender.

There are similar questions regarding the 138 who ticked 'Prefer not to say' or 'None of the above' in Q13 (Sexual Orientation). Instead of the usual abbreviation LGBT, the FSS uses the acronym LGBTQ+ and makes clear in the

Executive Report (Page 9) that this means asexual, bisexual, gay, lesbian, pansexual, queer, and same-sex attracted. 'Prefer not to say' (45 respondents) is distinct from this – and presumably so is 'None of the above' (93 respondents) – but FSS omits these 138 people when tabulating eg Q23 (Actual experience of attempt) by Q13(Sexual Orientation). Yet if the 67 '16-18' year olds were crucial to this survey, it is hard to see how twice that number can get dismissed.

Confusion over gender and sex resulted in data integrity issues in the discussion of sexual orientation. Different totals of lesbians and bisexuals are given in Full Responses Q13, the Executive Report, and NFSS Section 2, depending on whether they were all being counted, or just the men and women.

The discussion of orientation in the Executive Report (ER) does not clarify if it is referring to sex or gender. We are left to suppose that the 511 bisexual men and women (ER) or 510 bisexual men and women (NFSS Section 2) were joined by 26 or 27 more bisexuals of other genders to make the 537 cited in the Full Responses Q13. We are also left to suppose that 353 lesbian women (ER and NFSS Section 2) were joined by a further 16 lesbians who were neither men nor women to make up the 369 lesbians identified in Full Responses Q13. (ER indicates no men identified as lesbians.) Then again, these discrepancies might simply be errors.

COMPARISONS

Comparative data: Gay; Lesbian; and Same-Sex Attracted (SSA) vs Gay, Bisexual and Lesbian.

The Executive Report tabulated the results of Q14, Q15, Q34 and Q37 for three sexual orientations: Gay; Lesbian; and Same-Sex Attracted (SSA). The public is accustomed to the LGB description, so, just as we read LGBTQ+ instead of LGB or LGBT, it is easy to think SSA meant the traditional third largest minority. But it didn't. The SSA were the smallest named minority group, a tenth the number of bisexuals, which were the second largest sexual minority in the survey. No description of the sexual orientation SSA was given, nor for any other of the less usual orientations.

*'Over two-thirds of **the two main** sexual minority groups, "gay" (66.8%) or "lesbian" (68.3%), agreed that sexual orientation change therapy "should be made a criminal offence". This was significantly higher than any other group.'* NFSS Section 5. (emphasis added)

In contrast, SSAs were several times more likely than lesbians and gays to say therapy should stay legal with consent (Q34).

The Executive Report goes on to say:

'In all a total of 458 respondents (11.4%) said they had actual experience of attempting to change their sexual orientation. This was most common amongst those who defined themselves as "lesbian" (25.1%), "gay" (21.4%) and "same-sex attracted" (SSA) (23.2%).'

'Most common'? The 12.6 % (68) bisexuals who had experience of attempting to change outnumbered the entire group of 57 SSA people – of whom just 13 people had experience of an attempt to change sexuality. So it is hard to see why the FSS focused on them.

The basis for determining which sexual minorities were 'main' is not explained. It does not appear to have been based on number, as the second largest sexual minority in this Survey's results were the bisexuals. If 'Main' is a pre-conception derived outside this survey, then it could be described as bias.

More usually, comparisons distinguish between bisexuals and gay/lesbian as bisexuals often have many more problems. ONS Digital 5 July 2017⁴ wrote that people who identified as bisexual had the biggest well-being gap, reporting significantly higher levels of anxiety than any other group, as well as reporting lower levels of life satisfaction and happiness.^{4,20} Since this survey records but does not "see" bisexuals, then it is not surprising that its recommendations don't reflect bisexual interests.

COMPARISON WITH OTHER WEB SURVEYS

Life In Scotland For LGBT Young People 2018⁵

Below we compare FSS with a 2017 survey by LGBT Youth Scotland - an online survey where *no attempted change in sexuality was implied*. The levels of mental health are about the same. In the table below, the biggest difference is in the age: LGBT Youth Scotland was limited to 25 years and under, whereas FSS was over 16 – and over half were over 45.

As described in the paragraph on Skip Logic, Q33 was answered by MORE people than said they had mental health issues as a result of trying to change sexual orientation. Without further information about which responses directed people to this page, we have to conclude that no exclusive link is proven. Therefore this comparison can illustrate only what many studies show – that poor mental health is associated with being LGBT. ^{4,6,26,27}

Comparison FSS 2018 and Life in Scotland for LGBT Young People 2018

FSS 2018 (Q33 Mental Health Issues) 281 people	%	Life In Scotland For LGBT Young People 2018 684 people LGBT figures only (no change in sexuality implied)	%
Age	16 to 65+		13 to 25
Anxiety, Depression (no medication)	41.28	Anxiety	78
Anxiety, Depression (medication)	59.79		
		Stress	72
		Depression	63
Self-harm	40.21	Self-harm	43
Eating disorder	24.56	Eating disorder	18
Suicidal thoughts	68.68	Suicidal thoughts, actions	50
Attempted suicide	32.38		
Prefer not say	1.78	Bipolar	7
		Schizophrenia	1
Other	12.46	Other	15
Total Respondents:	281 [4613]		684

⁵ <https://www.lgbtyouth.org.uk/media/1354/life-in-scotland-for-lgbt-young-people.pdf>

A crucial error apparently made by the FSS is to imply that the levels of ill health experienced ‘following’ therapy are attributable to the therapy itself - the classic *post hoc propter hoc* error. This is of immense importance; the media and the Church have been given the impression that LGBTQ+ people who have not received therapy enjoy the same level of mental health experienced by the population in general, and so any elevation in ill health must be caused by their therapeutic experience. This is faulty reasoning.

The Bishop of Liverpool states that the survey shows that:

- ‘More than half of those who had attempted to change their sexual orientation reported mental health issues and less than a third said that they “have gone on to lead a happy and fulfilled life”. Nearly half stated they had “found it hard to accept myself for who I am” and that they had “had to leave or change” their faith group.
- Of those who suffered mental health issues (281 people), nearly a third (91 people) said they had attempted suicide while over two-thirds (193 people) said they had had suicidal thoughts.

These numbers may be right, but they are not attributable to therapy.

National LGBT Survey 2017²

The FSS Director’s Report suggests the FSS was inspired by the results of the National LGBT Survey 2018, which examined respondents who had experienced so called ‘conversion therapy’ by sexual orientation, age, ethnicity and religion.

However neither survey allows us to infer anything about the general population as both surveys were unrepresentative web based surveys using volunteer samples.

The FSS claims: *‘Those of us who have been through such therapy know that it is not primarily an issue that affects the medical profession, but rather is one practised amongst faith communities.’*

‘Not primarily’? The 2014 ‘Memorandum of Understanding on Conversion Therapy in the UK’⁷ reads: *‘NHS England does not endorse or support conversion therapy and will make this clear to Clinical Commissioning Groups.’* This MoU effectively banned so called ‘conversion therapy’ from being practised by any member of any of the counselling/therapy organisations that signed it – including the medical professionals of the National Health Service (NHS). This was FIVE YEARS before the FSS was published. The only people left to turn to since then were the faith organisations.

Calculating from the results below, the National LGBT Survey found that of ‘cisgender’ *Christian* respondents, 4% – about 683 people - claimed to have had ‘conversion therapy’, though about 637 with *no faith* made the same claim.

Screen Print of Table 5.6 from the National LGBT Survey Research Report July 2018 Government Equalities Office (GEO)

Table 5.6: Whether cisgender respondents had undergone or been offered conversion therapy, by religion/belief

	None	Christian	Buddhist	Pagan	Agnostic	Jewish	Spiritualist	Muslim	Atheist	Humanist	Hindu	Wiccan	Sikh*	Other	Total
Had conversion therapy	1%	4%	3%	2%	x	3%	2%	10%	x	x	8%	x	-	5%	2%
Have been offered conversion therapy	4%	6%	7%	7%	6%	10%	6%	10%	7%	6%	x	8%	x	8%	5%
Neither had nor have been offered	93%	89%	88%	89%	89%	86%	90%	77%	87%	91%	84%	89%	87%	85%	92%
Don't know	1%	1%	2%	1%	x	1%	2%	4%	x	x	x	x	x	3%	1%
Respondents (rounded)	63,690	17,070	1,150	940	770	720	700	450	380	270	230	220	90	1,240	87,900

Respondents: Cisgender respondents.
Excluded: ‘Prefer not to say’ (Q142-143, Q147).
See Annex 5 (Q142-143) for data.

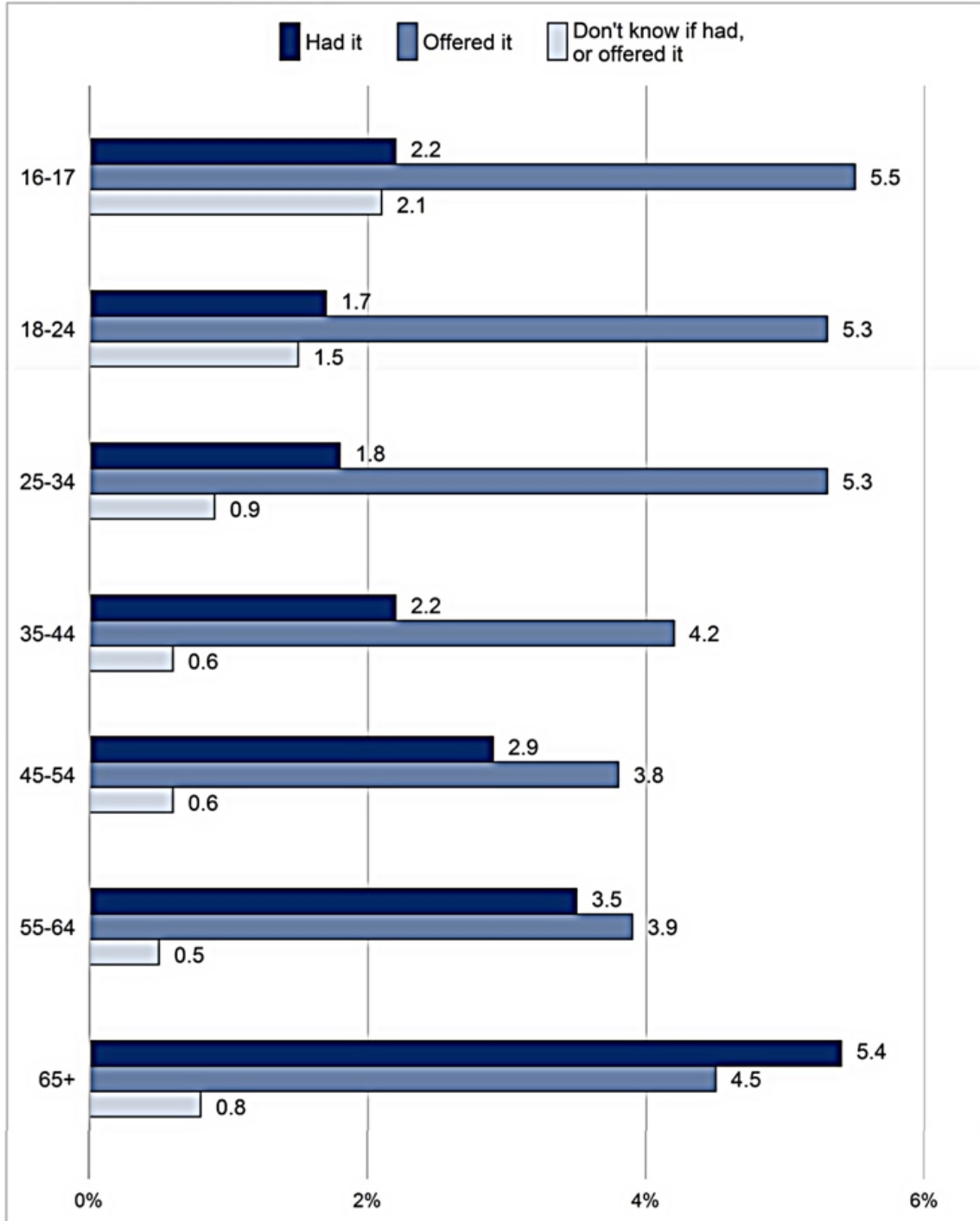
FSS aimed to link faith with attempts to change sexuality. However the stronger association may be with age. National LGBT Survey *Figure 5.33: ‘Whether cisgender respondents had undergone or been offered conversion therapy, by age’* indicates that significantly more people who were over the age of 45 [in 2017] had experienced ‘conversion therapy’. Perhaps the same pattern exists in the FSS – however we cannot tell because the FSS did not tabulate experiences with age or chronological year.

The FSS sample was overrepresented by a third in the age group 35-64 compared to the 2017 ONS estimates of the UK population.⁴ 52.16% of FSS respondents were over 45, and 72.08% of them were born before 1984

Unlike the National LGBT Survey, the FSS was open to heterosexuals. Hence the paradox: despite its aims, FSS supplies evidence of people who said their attempt to change sexual orientation worked completely.

Screen Print of Fig. 5.33 National LGBT Survey Research Report July 2018 GEO

Figure 5.33: Whether cisgender respondents had undergone or been offered conversion therapy, by age



Note: 'Neither had nor offered' not shown.
Base (rounded): 91,370 respondents.
Respondents: Cisgender respondents.
Excluded: 'Prefer not to say' (Q142-143).
See Annex 5 (Q142-143) for data.

Faith and Sexuality Survey Sections 1-6

SECTION 1 - NATIONAL FAITH & SEXUALITY SURVEY

Demographic & Religious Belief Profile of Respondents

The sample was overrepresented by a third in the age group 35-64 compared to the 201 ONS estimates of the UK population, but the FSS inaccurately dismisses this over-representation as slight. Overall, about 52% of the sample were non-heterosexual (Q13). 63% were practising Christians (Q9). 34.8% of the 'LGBQ+' were Christians of the Anglican denomination. 50.3% of the women and 42% of the men respondents were heterosexual, and 42.4% of the men were gay. By contrast ONS says in UK, the proportion of LGB was 2.0% in 2017. This demonstrates that the sample is not representative of the UK population, and it should not be quoted as though it were.

The survey asked about gender and sex in Questions 3 and 4 but does not focus on transgender issues. However those not identifying as men or women had an impact in the discussion of comparative data.

Comparison of age proportions in ONS⁴ and FSS¹

	ONS % of total pop Eng and Wales (66,040,229)	FSS % Sample Size 4613
16-17 (FSS 16-18)	2.2	1.45
18-24 (FSS 18-24)	8.71	9.62
25-34	13.57	16.84
35-44	12.63	19.92
45-54	14.00	24.00
55-64	11.79	18.01
65+	18.16	10.15

ONS: Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2017

The FSS authors used the survey as a basis to comment on 'LGBQ+ teenagers' issues (FSS 2018 Executive Report). That is inappropriate since 72.08% of the respondents were born before 1984. Out of a total sample of 4613 (Question 1), only 511 were 16-25; a ninth of the sample – meaning that this sample is not about youth.

Only 67 people ticked the 16-18 year old category, but the questionnaire allowed 18 year olds to put themselves into either category of 16-18 or 18-24. To account for every 18 year old, all the 16-25 year olds need to be treated as one group, and that fails to keep teenagers distinct. The FSS does not tabulate the different forms of attempts to change sexuality by the age of respondents. The response options included practices discontinued before the youngest respondents were teenagers – or even born. Curiously, only ten respondents gave any indication of the chronological year when they attempted to change their sexuality: the FSS did not explain why this vital detail was omitted by so many. One consequence is that the data shown do not support the conclusion that children are at risk from these practices now.

SECTION 2 - NATIONAL FAITH & SEXUALITY SURVEY SEXUAL ORIENTATION AND RELATIONSHIP STATUS

The Questionnaire listed a range of sexual orientations, but defined none of them. Neither were they defined in the Executive Report (ER) nor the corresponding NFSS Section 2 report. This assumes that those reading the report (and those taking part in it) know the difference between bisexual and pansexual, or same sex attracted (SSA) and gay/ lesbian.

The Executive Report (ER) tabulated Q14 Marital Status by gay, lesbian and SSA – but no other sexual orientations featured in Q13. In ignoring the bisexuals, it ignored a much-overlooked reason why someone with same sex attraction might seek support in a church for their heterosexual attractions: They might be married to, or intending to marry, a person of the opposite sex.

The Executive Report wrote:

“The survey shows that at least 32 respondents (2.4%) who defined themselves as either "gay", "lesbian" or "same-sex attracted" are currently married to someone of the opposite gender.”

By contrast the definitive ONS Sexual orientation, UK: 2017⁴ found 12.7% LGB are in opposite sex marriages, including 27% of bisexuals. The ONS statistics have consistently shown that a quarter or more of bisexuals marry, almost always to the opposite sex – far more than observed by the FSS. The difference between FSS and ONS is probably because the former is a volunteer sample from a web-based survey, drawing responses from a special interest group whereas the ONS data is definitively representative of the UK.

It is entirely legal for people of bisexual attraction to marry the opposite sex – whatever their sexual identity. Is the church that married them to refuse to support them or pray with them regarding that marriage, for fear of being accused of assisting an attempt to change sexuality? Wouldn't that discriminate between different sexualities of opposite sex marriages? Is the church to be pressured to refuse to marry people of opposite sex where either party is bisexual?

SECTION 3 - NATIONAL FAITH & SEXUALITY SURVEY EXPERIENCE OF ATTEMPTING TO CHANGE SEXUAL ORIENTATION

This section addresses attempts to change sexual orientation. None of it supports the questionnaire's opening sentence, which indicates that sexual orientation can develop. Instead Questions 20-35 indicated a belief that people are 'born gay', and that attempts to change were bad (*forced attempt... aversion ...forced sex*) and unsuccessful. No pre-set answer indicated any concept that change can happen authentically and happily. Yet we know from population studies across the world that for some people, change does happen naturally. (Diamond and Rosky 2016)⁸

Questions 20-35 were introduced with the following statement:

The following questions address any attempts you may have made, been advised to make or been forced to make to change your sexual orientation. These include attempts through a range of religious practises (eg. prayer, deliverance, emotional healing and fasting) through to counselling, aversion therapy and sexual activity.

This preamble does not define what is meant by any of those terms.

Force vs Actual Experience: Questions 20 – 23

Q20 Have you ever considered, been advised or been forced to go through attempts to change your sexual orientation (please tick all that apply)?

Question 21 asked about who had advised them; Question 22 asked who had forced them to make an attempt to change sexual orientation.

The Full Responses pdf showed that in Q20, 82 out of 4028 respondents stated they had been “forced to go through attempts to change” their sexual orientation. NFSS Section 3 and the Executive Report show these were mostly LGBTQ - though the former says this is 76 LGBTQ and the ER says this was 77 LGBTQ – a small data integrity issue.

However there are huge differences between the results for Q21 and Q22 in the Full Responses pdf and the ER and NFSS. In the latter two, they appear to resolve this by reporting only on the data from those who answered YES in Q20. Which they needed to – because the responses for Q21 and Q22 indicate that the ‘NO’ responses were not filtered out by the skip logic.

In Q20 only 82 people said they had been forced. In Q22 respondents were *nineteen* times the number who said they had been forced. 142 (9%) said it was a religious leader. 948 (60.6%) said ‘Other?’ Q21 was answered by over three times the number who had been advised in Q20. These huge discrepancies probably arose out of a failure of the conditional branching, but it casts doubt on the motives of respondents and the quality of the data in the survey.

In the next question, Q23, only 458 people reported actual experience of an attempt to change sexuality, of whom only 43 people claimed in Q24 that the reason for their attempt was ‘Because I was given no choice and had to undergo it.’

‘Forced to go through attempts’ sounds sinister if not criminal. There were no questions to clarify what that meant. Was the respondent menaced? Beaten? pressured by their own priorities, or by their communities? Or some other circumstance? How old were these 82 people? Did this happen this century? Are we being asked to respond to something that no longer happens?

Data from Q20-22 are the basis of a serious allegation^{12, 13} – that religious leaders forced people to attempt to change their sexual orientation. However the data presented do not indicate that this happens now. The data presented and indicated are too flawed to rely on. It would be wrong to change church and society based on these data.

Q23 Have you had actual experience of attempting to change your sexual orientation?

Q23 is a pivotal point in the survey. 4028 answered, 3570 said no – and 458 said yes. Deducing from the pattern of asterisked questions and the numbers of people responding, the 458 respondents who answered ‘Yes’ to Q23: were offered Questions 24-33.

No explanation or comment is given in the Executive Report regarding the 90 that answered ‘Yes’ to Question 23, but none of Questions 24-33. However we may deduce that some of these skipped the questions but did not quit the survey, since NFSS Section 6 report showed that a greater number – ‘398 LGBTQ+ people with experience of attempting to change sexuality’ - answered Q36 about Wellbeing. This was the penultimate default question. That indicates that at least 30 of those 90 people who skipped Q24-Q33 stayed in the survey to the end.

Curiously, the Executive Report chart Q23 by Q13 Sexual Orientation entitled ‘Actual Experience of Attempting to Change Sexual Orientation’ shows that 1.9% (37) Heterosexuals had experienced an attempt to change sexuality. NFSS Section 3 shows a similar bar chart, where a bar indicating 1.9% is left unlabelled – another data discontinuity.

In contrast Q31 reports 13 people who said their attempt to change sexual orientation worked completely, and another 60 who said ‘It seemed to work for a while but then wore off’.

However neither the ER nor NFSS Section 3 specifically address this particular result. It is not unusual for clients to attend therapy sessions for other reasons (eg marriage counselling) for several months in order to achieve lasting benefits. It would seem reasonable to allow the same for therapy for unwanted same-sex attraction. This category would comprise 73 people, or some 20% of those who had therapy.

SECTION 4 - NATIONAL FAITH & SEXUALITY SURVEY EXPERIENCE OF ATTEMPTS TO CHANGE SEXUAL ORIENTATION

The main subroutine: Questions 24 – 33

This is the major subroutine (conditional branch) of the FSS. Yet Questions 24-33 were answered by only 368 people - about four fifths of the 458 who said they had experience of therapy in Q23, and less than 10% of the sample. The Executive Report and NFSS Section 4 had no tabulations showing eg Q28 (Forms of Attempt) by Q1 (Age), an omission which left unproven their claims about LGBTQ youth experiences of attempted change of sexual orientation.

Q24-28

Q24. Why did you try and change your sexual orientation?

None of the permitted responses was about health or happiness or preference – and none of them recognised that a person may have more than one sexual attraction. People could add a text response, but none was discussed or quoted. This question shows confirmation bias – criteria that respondents could choose from were dismissed as religious belief or ‘internalised homophobia’ in the Executive Summary. Attractions, fluidity, dissatisfaction, fulfilment, - could all have been mentioned as criteria, but were not.

Q25. How old were you when you first tried to change your sexual orientation?

The Executive Report said over a half of those who had attempted to change their sexual orientation had done so whilst 18 or under and 11 respondents stated they had been “Under 12”. This may be a motivating factor behind the demand in the Executive Report that ‘safeguarding’ is put into churches – to prevent anyone from talking about unwanted same sex attraction, unless it is to embrace it.

The age bands in Q25 did not match Q1, but ranged from age 12 up. The absence of comparison with age in the FSS and the ambiguities of Q1 complicate even this comparison. Almost all *first* reported attempts to change sexuality were said to have happened between 12 and 34 years old. More than half ‘first attempts’ were made between the age of 16 and 24. However only 11% of the FSS were aged 16-24, (born 1994 or after): these could have made such first attempts this century. That includes 67 respondents known to be 16-18 years old which could have definitively represented current experience of children - yet FSS did not demonstrate that they were experiencing an attempt to change sexuality, let alone harm.

Some of the 25-34 year olds may also have made a debut attempt at changing sexuality this century since those born in 1988 were 12 in the year 2000.

Since 72% of the FSS were born BEFORE 1984, there is a strong chance that most of the experiences recorded in Q24-Q33 *first* happened *last* century. The timing of the debut attempt has a major bearing on what practices they may have encountered.

However Q28 is not limited to first attempts, and – except all the discontinued practices cited - could potentially refer to the present.

Natsal data demonstrate that the young are often sexually fluid, their sexual identity, attraction and behaviours mixed. (Lewis et al 2017³⁰) Natsal shows that, over time, some people do change in their sexual behaviour. They may stop having same sex, and have exclusively opposite sex. (Geary et al 2018³⁹). This is an established pattern in Natsal and other population studies, so why should the church try to prevent it by making it church policy to not allow prayer with that change in mind?

Today’s youth are bombarded with sexualised images: sexting, porn, sexualized marketing, games, and film. These exist exactly because they can influence teen desires. Their resulting temptations may have nothing to do with their true character. *They should not be denied a chance to talk and pray through these issues in the context of their faith without a counselling goal set by public policy.* Similarly, priests and lay people must be free to talk and pray with others according to their faith and conscience without fear of surveillance and censorship.

Q26: Who (if anyone) did you talk to for advice (please tick all that apply)?

Disingenuously, the Executive Report said:

'Only a small minority sought advice from actual NHS or private medical professionals, such as their NHS GP (4.9%), a NHS Psychiatrist (2.7%) or a NHS Psychotherapist (3.3%).'

In 2014, a Memorandum Of Understanding (MoU) was signed between the professional counselling bodies which effectively banned each other from what they termed 'Conversion Therapy'⁷. Therefore those who did receive advice from a medical professional about changing their sexuality, probably experienced it at least five years ago.⁷
9b

The FSS Director's Report failed to explain this context when it said that 'such therapy' 'is not primarily an issue that affects the medical profession but is rather one practised amongst faith communities'.

The youngest respondents had been deprived of access to professional counsellors due to the MoU – so all they could turn to was their faith. Of all ages, people looked for advice from their faith leader (46.87%), faith healing ministries (19.62%), and their youth group leader (14.44%). The Executive Report claimed 'The most likely "other" people sought for advice that were mentioned in the optional text box were "Christian Counsellors"'. These questions frame faith communities as the main source of help regarding attempts to change sexuality. Likewise tabulations of faith vs 'conversion therapy' experience in the National LGBT Survey. Faith communities may therefore be the main target of Q34 about whether it should be made a criminal offence. If so, that would be a **huge overreach of the state** into private lives, and against freedom of religion. Could family and friends in the same faith community fall within the reach of such a law if they helped – or even listened to – someone struggling with sexuality?

Chillingly, 32.70% of respondents in Q26 turned to no one for advice. Is this to be the only option left for people who want to prefer their heterosexual attractions to their same sex attractions?

Q27 and Q29 (How long ago was this?)

Q27 was answered by just 5 people. Q29 was answered by 10 people.

This surprising result is not explained in the reports. It means the data cannot tell us what happened when - or even in which century. Neither is there any display of Q1 Age by Q25 'How old were you when you first tried to change your sexual orientation?'

The absence of any data which can tell us when the experiences happened completely undermines the FSS claim that their data describe what children experience now.

Q28 What form(s) did this attempt to change your sexual orientation take (please tick all that apply)?

Only 367 people responded to Q28.

The list of possible responses to Question 28 is very similar to this section of an article in 2004 by Glenn Smith, Annie Bartlett, Michael King^{9a}. It suggests the thinking behind Q28 was fixated on these past, abandoned therapies, rather than the use of standard modern, compassionate, therapies for those seeking change in sexuality.

Smith^{9a} et al's article indicated that behavioural aversion therapy fell into disuse during the late 1970s:

*"The age at which people received treatment ranged from 13 to 40 years, with most being in their late adolescence and early 20s. Treatments described were mainly administered in NHS hospitals throughout Britain and in one case a military hospital. Those treated privately usually underwent psychoanalysis. The most common treatment (from the early 1960s to early 1970s, with one case in 1980) was behavioural aversion therapy with **electric shocks** (11 participants). **Nausea** induced by apomorphine as the aversive stimulus was reported less often (four participants in the early 1960s) **Oestrogen** treatment to reduce libido (two participants in the 1950s), **psychoanalysis** (three private participants and one NHS participant in the 1970s), and **religious counselling** (two participants in the 1990s) were also reported. Other forms of treatment were **electroconvulsive therapy**, discussion of the evils of homosexuality, desensitisation of an assumed phobia of the opposite sex, hypnosis, psychodrama, and abreaction. Dating skills were sometimes taught, and occasionally men were encouraged to find a prostitute or female friend with whom*

to try sexual intercourse Homosexuality was removed from ICD-10 (international classification of diseases, 10th revision) only in 1992."

(Treatments of homosexuality in Britain since the 1950s—an oral history: the experience of patients - Glenn Smith, Annie Bartlett, Michael King^{9a}. Emphasis added)

Of these, electric shocks, electroconvulsive therapy¹⁰, pharmaceutically induced nausea, and hormones, were last used to treat homosexuality in the past century and were already history by the time this article was written/published in 2004. It may be noted that psychoanalysis is still commonly used to treat depression and anxiety disorders, and religious counselling should always remain the prerogative of an individual under their freedom of religious belief and practice.

Data Integrity Issues with Question 28

There were 16 permitted responses to Question 28 plus a text box for 'Other'. The Full Responses pdf shows that five answer choices have TWO entries in the results for Q28. They are:

1. Professional Psychotherapy (private)
2. Electroconvulsive Treatment^{9a,10}
3. Sexual Stimulation
4. Voluntary sexual activity
5. Forced Sexual Activity

The five extra entries each had different values. The Executive Report resolved this by combining values. NFSS Section 4 omitted the results to Q28. This lack of data integrity undermines the results.

Screen print of Answer Choices from Question 28, FSS. (Full Responses pdf), showing duplications.

ANSWER CHOICES	RESPONSES	
Private prayer to change my sexual orientation	75.20%	276
Prayer with close friends to change my sexual orientation	28.61%	105
Fasting	20.16%	74
Plea bargaining with God	45.50%	167
Deliverance ministry - informal with friends	15.80%	58
Deliverance ministry - formal with official religious ministry	28.61%	105
Emotional healing - informal with friends	16.62%	61
Emotional healing - formal with official religious ministry	26.43%	97
Counselling with official religious ministry	28.61%	105
Professional psychotherapy (NHS)	5.72%	21
Professional psychotherapy (private)	7.36%	27
Professional psychotherapy (private)	0.54%	2
Hormone Treatment	1.09%	4
Electroconvulsive Treatment	0.54%	2
Sexual stimulation (ie pornography) involving someone of the opposite gender	15.26%	56
Voluntary sexual activity involving someone of the opposite gender	20.98%	77
Electroconvulsive treatment	0.27%	1
Forced sexual activity involving someone of the opposite gender	5.45%	20
Voluntary sexual activity with someone of the opposite gender	2.72%	10
Sexual stimulation (ie pornography) involving someone of the opposite sex	0.82%	3
Forced sexual activity with someone of the opposite gender	0.54%	2
Other (please specify)	13.08%	48
Total Respondents: 367		

Controversial Practices and Co-morbidities

Q28 listed private prayer, religious ministry, secular counselling and forced sexual activity¹¹ together with hormone therapy and electroconvulsive therapy (ECT)^{9a,10}.

Some of these practices are discontinued but not illegal. The last two are medical practices which only a medical professional could have prescribed and which have long been abandoned in the context of changing sexuality. Hormone treatment and electroconvulsive therapy^{9a,10} were historic components to aversion therapy: ALL such physical treatments could only be prescribed or undertaken by a doctor or psychiatrist.

Question 28 did not make clear which forms pertained to aversion therapy, and this may well have led to misreporting. For example, an LGBT person might have had ECT for their depression and hormones for issues which they felt were related, eg treatment for Polycystic Ovary Syndrome, thyroid, or fertility. In this way the FSS failed to consider co-morbidities. Had they asked about 'aversion therapy', then directed respondents to a screen showing possible responses, then the terminology used at the point of data collection would have had more integrity.

Q28 listed two ethically dubious sexual activities and a third which is illegal. All three have no place in faith based counselling. Sexual stimulation (pornography)^{16,9a} and voluntary sexual activity^{9a} are ethically dubious. 'Forced sexual activity with someone of the opposite gender' suggests the crime of rape or assault, but since it doesn't say so, it is open to interpretation. Outside the UK, forced sexual activity ranges from forced arranged marriage to the rape of lesbians in South Africa (Action Aid 2009)¹¹.

The phrasing of Q28 was inflammatory and may have suggested to some that ECT and hormones are still used to treat homosexuality, and that priests and religious counsellors are somehow prescribing or conducting it. That may in turn have led to some exaggerated responses in subsequent questions.

To fail to distinguish between unethical medical procedures, issues of sexual abuse, and private prayer with friends is outrageous and sinister. It suggests that even private prayer alone is considered 'sexual orientation change therapy' by the FSS.

Confirmation bias in the FSS

The survey promoters want to criminalise therapy to change sexuality. They aimed to reach faith communities – especially Anglicans or LGBT networks. They found an older, mostly LGBQ and somewhat Anglican sample. They did not elicit positive, happy reasons for wanting to attempt a change in sexuality, but likely drew a horrified response by telling participants about people forced and abhorrent practices (Q20, Q22, Q28) – without telling them that these are already abandoned. Then they ask if the respondent wants all this made illegal. The combined effect is **confirmation bias**. This was admitted in the Director's Report: *"For many, much of this report will confirm what they already know regarding the dangers of "conversion therapy"*.

Registered Medical Professionals and controversial therapies

It may be reiterated that ordinary priests, counsellors and psychologists cannot prescribe medical interventions.

FSS specified 'Electroconvulsive Therapy' (ECT)¹⁰. Historically, ECT was used in aversion therapy in attempts to change sexuality. Today, ECT is still used, but for other purposes. It is done under general anaesthetic and is never done for sexual orientation. It involves 2 doctors – a psychiatrist and an anaesthetist - a team of nurses and hospital premises. Often all these are NHS. All these professionals are regulated, so unethical use of ECT is therefore already addressed and needs no further legislation. Attempts to ban ECT should address ECT specifically and should not involve a therapy which does not use it.

Aversion therapy¹⁵ is not used in the UK today in the context of sexuality, and is not like the horrific applications of the 1960s and 1970s.^{14,16}

The use of electricity in therapy has not been made illegal, and it is used for new applications that are not horrific.

Recent dementia research uses weak electric shocks to boost memory! (Reinhart and Nguyen 2019¹⁷). Had electricity in therapy been banned due to its historic misuse, those benefits would not have been discovered. This illustrates the risks of banning anything, as opposed to discontinuing it.

Change, therapy and bisexual attractions

Psychiatrists of the 60s and 70s thought imposing a procedure aimed at creating a revulsion for the same sex would somehow encourage an attraction for the opposite sex. By 2004, the concept that people are born gay had taken hold. Ten years further on, people began to talk about gender fluidity and sexual fluidity. Population studies had demonstrated consistent evidence that some people experience a natural change in their sexuality, and that people are not born gay. (Grossman 2015¹⁸, Diamond and Rosky 2016⁸). Today there is a fresh appreciation that many people are bisexually attracted, whatever their sexual identity. The largest group of people showing any level of same sex attraction are 'mostly heterosexuals'. (Diamond and Rosky 2016⁸, Geary et al 2018, S1 Table¹⁹, Savin-Williams 2017³²)

'... arguments based on the immutability of sexual orientation are unscientific, given what we now know from longitudinal, population-based studies of naturally occurring changes in the same-sex attractions of some individuals over time.' Diamond and Rosky (2016)⁸

There is intense resistance to returning to the idea that people can change, and even more resistance to the idea of therapy, especially in those who experienced the horrors of the past which, in Britain, was likely experienced within the NHS. However now the risk of enforcing a sexuality is coming from another direction as LGBT campaigners seek to criminalise anyone who might help a same sex attracted person who prefers their opposite sex attractions. Stonewall (2017)²⁰ identifies that bisexuals receive prejudice from both homosexuals and heterosexuals. Any criminalisation of therapy could be severely prejudicial against them.

Mental Health Issues: Questions 31-33

These questions are the basis on which it is claimed that there are a 'high level of reports of attempted suicide and suicidal thoughts amongst those who have attempted to change their sexual orientation' They were answered by people who answered Yes, they had experienced such an attempt. But they were also asked to answer the questions they faced, and where these questions - or the survey logic that selected the questions - were ambiguous, then ambiguous answers resulted.

Q31 What, if anything, was the result of your attempts to change your sexual orientation?

Q31 was answered by 361 people. 60 people indicated that it worked at least for a while.

13 people (3.60%) said, of their attempts to change sexual orientation, 'It worked completely'.

This indicates that about 20% of those answering this question found some desired effect - at least for a while.

The survey gives no indication of what methods these people used, and did not ask for how long they used what method, or whether they were isolated or had supportive relationships, all of which could have affected the outcome.

If that attempt were part of an attempt to keep an opposite sex marriage working, 'for a while' may have meant the difference between dependent children losing a parent, and a marriage lasting until the children had grown up – so it may have been perceived as worthwhile. By the same token, if the church or state forbids prayer and counselling for the heterosexual relationships of the same sex attracted, then they forbid the support of some opposite sex marriages. That would be discriminatory, anti – equality, and a gross intrusion into the private lives of citizens.

Given the motivation of the survey and its respondents, it should be noted that Question 28 would, for example, allow someone to report a single occasion of private prayer as their attempt to change, and then, in response to this Question 31, report that it didn't work. The survey is not in depth enough to distinguish serious attempts from the half-hearted or fictional.

Q32 What has been the impact on you personally following your attempts to change your sexual orientation (please tick all that apply)?

In the results table for Question 32, 'I have suffered from mental health issues' appeared twice: one value saying 0.00% and the other 58.84% (213/362 people). 'None of the above' also turns up twice, and with different values. These discontinuities in the data integrity undermine the credibility of the survey, particularly with regard to this key question. Q28 above showed the same problem.

Yet Q32 is badly worded. The wording above is ambiguous. Is the impact understood to be caused by the attempted change, or is simply where the individual got to after the attempt? The factors that led the person to seek change could be the reason for the impact reported.

Q 32 also found 30.11% respondents said 'I have gone on to live a happy and fulfilled life', despite 46.13% saying 'I have found it hard to accept myself for who I am'.

Q33 If you have experienced mental health issues, what form(s) have these taken (please tick all that apply)?

Q33 wording did not specify that this meant 'mental health issues *as a result of your attempts to change your sexual orientation*'. The questionnaire as published does not say it replicates the SurveyMonkey screens as seen. Whilst the questions were the same – did anything on screen confirm the context?

The high level of suicidal thoughts and suicide attempts in Q33 is discussed below in comparison with the Adult Psychiatric Morbidity Survey (APMS) 2007.⁶

Suicide and Skip logic failure

The Executive Report says 'Those who had suffered from mental health issues (281) were asked what forms this had taken.' However, on the page before, the ER says only 213 people had 'suffered from mental health issues' – as shown for Q32 in the Full Responses pdf. So which is right? Are the data incorrect?

Are Q32 and Q33 simply sequential? Or did nearly a quarter (68) of the 281 who answered Q33 get branched there predicated on something that was not 'mental health issues' in Q32? Perhaps some other criteria in Q32? Perhaps they were branched there from answers in some other question in the survey? Did the branching affect the high level of those reporting suicidal thoughts?

Unless Q33 is a conditional branch question subject to relevant criteria, then no exclusive link can be proven between 'attempt to change sexuality' to 'mental health issues' to 'suicidal thoughts'.

Since Q32 and Q33 occur within a larger conditional branch, there are no asterisks to indicate if the questions are sequential or not. Without written clarification, we cannot be sure if Q33 is or is not a conditional branch question predicated on criteria in Q32 or other questions. This is where the absence of a written explanation of the skip logic affects the understanding of the data.

If Q33 were *sequential* to Q32, and NOT conditional, then the phrasing of Question 33 may mean respondent's reported attempts at suicide were not solely due to an attempt to change sexuality. Those respondents may have had poor mental health and/or suicidal ideation *irrespective* of their attempts to change sexuality.^{4,6,20}

Much relies on honesty here: those who reported mental health problems could easily decide to blame it on attempted change, whether there was any serious link or not. Given the claims made by the FSS, it is a little surprising that FSS did not: ensure greater accuracy; or ask more questions; or do a better analysis of data; or do a breakdown of Q33 by Q1 (Age) or Q28.

Statistics on suicide attempts: Comparison of online volunteer vs representative surveys

LGBT think tank Movement Advancement Project (MAP)³¹ writes:

'A suicide attempt is not a strong predictor of completed suicide..... be careful not to misrepresent data on suicide attempts by LGBT people as indicative of LGBT suicide deaths. The two are not the same.'

Adult Psychiatric Morbidity Survey (APMS)⁶ is a series of surveys of the mental health of people living in England. It is run every 7 years, producing interview based, non-volunteer and representative samples of the population living

in private UK households. The FSS is a web based, disproportionate volunteer survey which can tell us only about its sample. Comparison of the two surveys illustrates the dangers of using an online volunteer survey to inform public policy.

Chakraborty et al 2011⁶ 'Mental health of the non-heterosexual population of England' is a study of mental health outcomes for all age groups by sexual orientation and partnership status based on the APMS 2007. Non-heterosexuals reporting suicidal thoughts (20.6%) were **a little over double** the non-heterosexuals reporting suicide attempts (8.9%).

These levels are far lower than the FSS, in which those reporting suicidal thoughts (68.88%) were also **a little over double** those reporting suicidal attempts (32.38%). However the *ratio* of suicidal thoughts to suicide attempts is similar in both FSS and APMS 2007. Since these ratios are similar, only the levels need explaining.

The FSS' high level of suicidal thoughts and attempts were proportions of the 281 people answering reporting (Q33) mental health issues – three fifths of all those who said they had attempted to change their sexual orientation. The higher levels in the FSS may be due to the overrepresentation of activist non-heterosexuals in the sample; overrepresentation of mid-life and older people who may have encountered harsh attitudes and practices; possible inclusion of suicide attempts made for other reasons. Note that it represents attempted suicide in a lifetime - not just attempts in one particular year.

Suicide by children and young people. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH).²¹

NCISH University of Manchester, 2017 studied 440 out of the 922 suicides by people aged under 25 in England and Wales during 2014 and 2015. This included all 316 deaths of people aged 10-19. Their information came mainly from coroners, who take evidence from families and professionals.

The proportion of LGB suicides by people 20-24 mirrored that in the living population. In the 10-19 year olds, the figures look at first sight double the proportion of living LGB – but they may reflect the increase to 4.2% in living young LGB that showed two years later in the ONS 16-24 year olds. However these small proportions do not compare to the antecedents to suicide. Unsurprisingly, the most significant antecedents to suicide were: suicidal ideas, self-harm, illicit drugs, and excessive alcohol (up to 42% of 20-24 year olds). Sexual orientation change did not get a mention.

Shockingly, academic pressures were antecedent in up to 43% of suicides of under 20s. Bereavement was antecedent in 25% of suicides of under 20s and 28% of 20-24 year olds. Suicide-related internet use was antecedent in 26% of deaths in under 20s. Bullying was a factor in 20% of under 20 year olds. These NCISH statistics, and not the FSS, should influence what goes on in church, especially given its role in funerals and schools.

Children

The *home page* and press release "Launch of 2018 National Faith & Sexuality Survey Results Feb 20, 2019 " claims:

'SURVEY HIGHLIGHTS REPORTS OF SIGNIFICANT HARM EXPERIENCED BY LGBQ+ CHILDREN OF FAITH WHO ARE SUBJECT TO "CONVERSION THERAPY"'

"However, it is the scale and severity of the problems experienced and the age at which children are said to be exposed to these practices that are of the gravest concern..... These are serious safeguarding issues which require urgent action."

The Executive Report said *"The level of harm is clear – the need for safeguarding is urgent"*

'Children'? ... 'Are'? ... 'Is' ???

The FSS excluded those under 16. Only 67 minors aged 16-18 responded. The low number of youth is made smaller by the way 18 year olds could alternatively mark themselves in the 18-25 year old box. The simple error in Q1 (Age), and the skip logic errors concerning Q27 and Q29 (When), means that this survey did not show conclusively that any harmful practice was currently or recently experienced by *any* age group. The age profile of the sample means that most respondents were children or youth in the last century. Their experiences then may not reflect

any current practice now.

There is no table of data showing Q1 'Age' by Q28 'Forms of attempts to change sexuality' - not even for the youngest age group, the 16-18 year olds. They were the only ones guaranteed to have been born this century, and - had they actually answered Q27 and Q29 - the only age group who had the potential to identify clearly when this attempt happened.

The FSS claim that children are currently experiencing harm is not evidenced by the data as presented. FSS has not proven the basis for the safeguarding measures it hopes to implement.

Q18 "At what age did you become aware of what you understand your sexual orientation to be?" is a reflective question which does not indicate the age of the respondents at the time of the survey. On its own, it is no indication of the chronological year. Question 25 "How old were you when you first tried to change your sexual orientation?" indicates that most were very young when they tried to change sexuality. Almost all who had tried to change sexual orientation were under 35, and most of those said they did so between the age of 12 and 24. However when asked how long ago this was, in the context of under or over 5 years ago, (Q27 and Q29) - only 5-10 people responded. This undermines their claim, even if it was due to failed skip logic.

However we can still make some deductions. Only 10 respondents attempted to change their sexuality aged 35 and over. 356 respondents making that attempt were under 35 at the time. Suppose a respondent was 34 years old when they completed the FSS. They were therefore born 1984. The likely age when they attempted to change sexuality was 12-24 – ie: 1996 to 2008 – after the time when aversion therapy is thought to have been abandoned, and after homosexuality was removed from ICD-10 (international classification of diseases, 10th revision) in 1992. (Smith 2004)^{9a} However, as mentioned already, 72.08% of the respondents were born before 1984, making it much more likely that the few who received aversion therapy were all older respondents – back then in the care of state registered doctors and psychiatrists, quite possibly in NHS hospitals. ^{[9a] [16]} This could go a long way to explain the levels of suicidal ideation reported in the survey. By the time the youngest respondents were 12, counselling was banned and the only people they could turn to about wanting to change their sexuality were friends, family, and people of faith.

Population studies show that the young are particularly sexually fluid. Banning counselling is predicated on the belief that sexuality cannot change, despite evidence in population studies and twin studies that sexuality is not immutable and can change (Diamond and Rosky 2016)⁸. What happens naturally can be beneficially assisted. Talking therapies used in this regard are often the same as used to support same sex attraction: the difference is in the goal.

SECTION 5 - NATIONAL FAITH & SEXUALITY SURVEY ATTITUDES TOWARDS CRIMINALISING SEXUAL ORIENTATION CHANGE THERAPY

Q34 'Which of these comes closest to your attitude towards sexual orientation change therapy?'

3955 respondents answered Q34, 658 people having skipped the question or dropped out. Only 51.07% (2020) thought 'sexual orientation change therapy' should be made a criminal offence. Expressed as a % of 3908 completed FSS surveys, that rose only to 51.69% were in favour of making therapy criminal.

Despite the similarity of proportions, the Executive Report demonstrates that this does not exactly match the 52% LGBTQ+ respondents: 9% of gays thought it should be allowed - and there was a further association with age: the younger the age, the more likely respondents were to want it criminalised. In all but the youngest, nearly 20% felt therapy should be allowed. Bisexual attitudes to this critical issue were not demonstrated, focus was given to the same sex attracted, gays and lesbians. This is a major lack as bisexuals are the most likely to be adversely affected by a ban.

FSS Q34 compares sharply to a 2014 ComRes³⁵ survey for Core Issues Trust, which is discussed below. ComRes found the public to be in favour of talking therapies for those who want to reduce their same sex attraction.

Q35. Why do you believe that it should be made a criminal offence (please tick all that apply)?

Of those who had said it should be criminalised, 98% said it is damaging to a person's mental health. 88.52% said it causes self-hate. This may reflect "received wisdom" and not experience. Tabulated results in NFSS Section 5 on Survey Monkey indicate that the youngest people were most likely to believe that therapy should be criminalised, yet they could not have experienced any of the abandoned practices nor could they have received help to change in sexuality from a registered counsellor due to it being banned. Nor was data presented to show what they had experienced. They were born long after the aversion methods of the 1960s and 1970s were ended.

Due to the motivation and promotion of the survey, there were probably a high proportion of activist respondents. It is surprising that such a highly motivated, idiosyncratic volunteer sample produced such a weak majority in favour of criminalisation.

Contrast: ComRes Core Issues Trust – Talking Therapy Poll²²

In 2014, Core Issues Trust commissioned an online ComRes Poll in a sample that was nearly half the size of the FSS. ComRes²² interviewed 2,003 British adults online between 9th and 10th April 2014. The results are a sharp contrast to the FSS Question 34, and have a bearing on bisexual issues. ComRes²² has robust methodologies, and is known for polls to inform public and corporate policy. ComRes were able to weight this data to be representative of all GB adults aged 18+. The validity of this ComRes data therefore challenges that of FSS, especially Q34. ComRes found the public to be in favour of talking therapies for those who want to reduce their same sex attraction.

From the ComRes Core Issues Trust – Talking Therapy Poll:

ComRes Q1 - 42% said they would oppose a ban on talking therapy to reduce same sex attraction. 24% would support a ban.

ComRes Q2 - 64% of respondent said talking therapy to reduce SSA and keep a family together should be allowed.

Significantly, 43% of the 18-24 year olds in this ComRes study said they would oppose a ban – a stark contrast to the responses of the same age group in the FSS regarding Q34.

NHS England reported 1.44 million referrals to talking therapy in 2016-2017,²³ for a wide variety of goals including depression or anxiety.^{24,25} It can include the acceptance of same sex attraction but NOT a goal to change sexuality towards heterosexuality since NHS signed the Memorandum of Understanding⁷ in 2014.

SECTION 6 - NATIONAL FAITH & SEXUALITY SURVEY WELL-BEING – PHYSICAL, MENTAL, EMOTIONAL & SPIRITUAL.

Questions 36 and 37

All respondents were asked to rate aspects of their well-being using a scale from 1 = very poor to 5 = very good. The mean scores were then compared. Unsurprisingly, non-heterosexuals were shown to have poorer mental health than heterosexuals, as is demonstrated by most other studies. It is hard to agree that any of the differences in well-being are significant, since all but one cited in the Executive Report are different by less than 0.4 of a score point. The FSS gave no explanation for its choice of method, and did not compare its results to other surveys.

Semlyen et al (2016)²⁶ conducted meta-analysis of 12 UK population health surveys. They found a clear association of poor mental health not only with LGB identity, but with age: *'The association varies across the life course, with the lowest relative risks seen in midlife and the highest among older adults.'*²⁶ Possibly the FSS results reflect not only the effects of an attempt at change, but also age and the methods experienced. The older respondents might have experienced the worst therapeutic methods of the twentieth century. Semlyen et al 2016²⁶ was a British study, and it recognised that sexual orientation identity can change over time. It cited a study on the USA National Longitudinal Study of Adolescent to Adult Health by Everett (2015)²⁷ which found that *'only changes in sexual identity toward more same-sex-oriented identities are associated with increases in depressive symptoms!'*

Missing Data indicated by Q36

Survey Monkey report indicates that 398 LGBTQ+ people with 'experience of attempting to change sexuality' answered Q36. But only 368 of them answered branch questions Q24-Q33. Had they all answered those questions, FSS would have met SurveyMonkey's minimum recommended number for examining 1.1 million people. Presumably 60 quit after Q23.

The question of change

The term Sexual Orientation Change Therapy as used in the FSS suggests taking one thing and making it into another. But sexuality is not just one thing. It is generally described as a combination of identity, attraction and behaviour – and people often have more than one attraction^{4,8,19,29,30,33}, regardless of their identity.^{8,19,29} From the Kinsey scale to modern population studies, there is evidence that bisexual attractions are more common than bisexual identity: exclusively homosexual attraction is rare.⁸

In the UK, the Royal College of Psychiatrists have acknowledged that sexuality is 'not immutable'.²⁸ In the USA Diamond and Rosky (2016)⁸ demonstrated from population studies from across the world that some people do change in their sexuality - occasionally even from exclusive homosexuality – and that the biggest group of people with any same sex attraction are the 'Mostly heterosexuals'.³² They also concluded that sexual orientation is NOT immutable: people are NOT 'born that way'.¹⁸ Everett (2015)²⁷ even studied aspects of the process of change. In Britain, representative Natsal research since the 1990s shows that consistently, a proportion of the population stops having homosexual sex.²⁹ Natsal-3 research shows how most of those who stopped are sexually active with the opposite sex, and that for some, sexual behaviour, identity and attraction can be utterly mixed^{19, 30}. The capacity for change may be referred to as sexual fluidity.⁸ The state should not dictate that must be towards homosexuality only. The proposed ban would pathologize any heterosexual relationship of a person who also has same sex attraction - regardless of their sexual identity - and that is unjust.

CONCLUSION

It would be unjust to change the law or the church on the basis of the National Faith and Sexuality Survey 2018 because its claims and demands are not supported by its data. FSS results are misleading because of the non-representative volunteer sample characteristics, partisan survey design, the errors in its documents, the lack of data integrity, problems with its conditional branching and the selective focus of its discussion. It is heavily biased towards non-heterosexuals and Anglicans. Ironically FSS bears witness to the very thing it aims to combat: people whose attempts to change their sexuality worked completely.

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