

### 1. General Information

**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. It is open to all individuals living in the UK who are over 16.**

**The survey should take about 15 minutes to complete and your answers will be saved on a page by page basis. Please be assured your responses will be treated in the strictest of confidence.**

**The research is being managed by the Ozanne Foundation and is being overseen by an Advisory Board that consists of:**

**Dr Jamie Harrison, Chair of the House of Laity, Church of England**

**Rabbi Laura Janner-Klausner, Senior Rabbi to Reform Judaism**

**Martin Pollecoff, Chair of UK Council of Psychotherapists**

**Teddy Prout, Director of Community Services Humanists UK**

**Khakan Qureshi, Founder of Birmingham South Asian LGBT+ - Finding a Voice**

**Professor Sir Bernard Silverman, Former President of the Royal Statistical Society**

**Rt Revd Dr David Walker, Bishop of Manchester**

**We would like to start by asking you a bit about your background.**

**\* 1. How old are you?**

- |                                |                             |
|--------------------------------|-----------------------------|
| <input type="radio"/> Under 16 | <input type="radio"/> 35-44 |
| <input type="radio"/> 16-18    | <input type="radio"/> 45-54 |
| <input type="radio"/> 18-24    | <input type="radio"/> 55-64 |
| <input type="radio"/> 25-34    | <input type="radio"/> 65+   |

**\* 2. Where do you live?**

- |                                |  |
|--------------------------------|--|
| <input type="radio"/> England  | <input type="radio"/> Northern Ireland |
| <input type="radio"/> Scotland | <input type="radio"/> Outside UK       |
| <input type="radio"/> Wales    |  |

\* 3. Which of these best describes your gender?

- ☐ Male
- ☐ Female
- ☐ Prefer Not to Say
- ☐ Other (please state)

\* 4. What was your assigned sex at birth?

- ☐ Male
- ☐ Female
- ☐ Prefer Not to Say

\* 5. Which race/ethnicity best describes you? (Please choose only one.)

- ☐ White
- ☐ Mixed/Multiple Ethnic Groups
- ☐ Asian/Asian British
- ☐ Black/African/Caribbean/Black British
- ☐ Chinese
- ☐ Arab
- ☐ Other ethnic group (please specify)

## 2. Religious Background & Practise

**We would like to understand whether you grew up in a religious context and whether you have a religious faith or belief now. We are also keen to learn how this has impacted your life.**

**\* 6. What religion or belief (if any) was practised in your home as a child?**

- |  |   |
|--|---|
| <input type="radio"/> Christian - Catholic   | <input type="radio"/> Hinduism          |
| <input type="radio"/> Christian - Anglican   | <input type="radio"/> Sikhism           |
| <input type="radio"/> Christian - Other      | <input type="radio"/> Humanist          |
| <input type="radio"/> Judaism                | <input type="radio"/> Non-religious     |
| <input type="radio"/> Islam                  | <input type="radio"/> Prefer Not to Say |
| <input type="radio"/> Other (please specify) |   |

### 3. Religious Background & Practise (cont.)

7. What is the best descriptor of the type of church (if any) you attended?

- |  |   |
|--|---|
| <input type="radio"/> Conservative evangelical         | <input type="radio"/> Liberal                 |
| <input type="radio"/> Charismatic evangelical          | <input type="radio"/> Anglo-catholic/Catholic |
| <input type="radio"/> Evangelical - other              | <input type="radio"/> None                    |
| <input type="radio"/> Pentecostal                      | <input type="radio"/> Don't Know              |
| <input type="radio"/> Traditional / middle of the road | <input type="radio"/> Prefer Not to Say       |
| <input type="radio"/> Other (please specify)           |   |

8. How active/committed were you in this religion/belief during each of the following age groups?

	Completely inactive	Fairly inactive	Fairly active	Very active
Under 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 - 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 -24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Over 25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 9. What religion or belief (if any) do you practise now?

- |  |   |
|--|---|
| <input type="radio"/> Christian - Catholic   | <input type="radio"/> Hinduism          |
| <input type="radio"/> Christian - Anglican   | <input type="radio"/> Sikhism           |
| <input type="radio"/> Christian - Other      | <input type="radio"/> Humanist          |
| <input type="radio"/> Judaism                | <input type="radio"/> Non-religious     |
| <input type="radio"/> Islam                  | <input type="radio"/> Prefer Not to Say |
| <input type="radio"/> Other (please specify) |   |

### 4. Religious Background & Practise (cont.)

10. If Christian, what is the best descriptor of the type of church (if any) you attend?

- |  |   |
|--|---|
| <input type="radio"/> Conservative evangelical         | <input type="radio"/> Liberal                   |
| <input type="radio"/> Charismatic evangelical          | <input type="radio"/> Anglo-catholic / Catholic |
| <input type="radio"/> Evangelical - other              | <input type="radio"/> None                      |
| <input type="radio"/> Pentecostal                      | <input type="radio"/> Don't Know                |
| <input type="radio"/> Traditional / middle of the road | <input type="radio"/> Prefer Not to Say         |
| <input type="radio"/> Other (please specify)           |   |

11. How active/committed are you in this religion/belief now?

Completely inactive	Fairly inactive	Fairly active	Very active
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 12. To what extent do you agree/disagree with the following statements?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	N/A
My religion/belief plays a central part in my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My religion/belief used to play a central part in my life, but no longer does	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My religion/belief is a source of strength to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My religion/belief has been a source of conflict in my life given my sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My religion/belief has taught me to accept myself for who I am	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My religion/belief has caused me to hate myself for being who I am	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 5. Sexual Orientation & Relationship Status

**Please help us understand how you choose to define your sexual orientation and your current relationship status**

**\* 13. Which of these best describes your sexual orientation?**

- ☐ Asexual
- ☐ Bisexual
- ☐ Gay
- ☐ Heterosexual or straight
- ☐ Lesbian
- ☐ Pansexual
- ☐ Queer
- ☐ Same-sex attracted
- ☐ Prefer Not to Say
- ☐ None of the above, please specify

**\* 14. Which of these best describes your current marital status?**

- ☐ Married to someone of the opposite gender
- ☐ Married to someone of the same gender
- ☐ In a civil partnership
- ☐ In a long term committed relationship with someone of the opposite gender
- ☐ In a long term committed relationship with someone of the same gender
- ☐ Separated or divorced
- ☐ Widowed
- ☐ None of the above
- ☐ Prefer Not to Say

## 6. Sexual Orientation & Relationship Status (cont.)

15. Please tell us a little more about your previous marriage/partnership

- ☐ To someone of opposite gender
- ☐ To someone of same gender
- ☐ Prefer not to say

16. Which of these best describes your current relationship status?

- ☐ Cohabiting with a partner
- ☐ In a steady relationship but not cohabiting
- ☐ Currently dating or seeing someone, but not in a steady relationship
- ☐ Not currently dating or seeing someone, but interested in doing so
- ☐ Other (please specify)
- ☐ Single, not interested in dating or seeing someone
- ☐ Single, do not believe I should date someone but would like to
- ☐ Prefer Not to Say

### 7. Sexual Orientation & Relationship Status (cont.)

17. Please tell us who you are or would like to be in a relationship with?

- ☐ Someone of the opposite gender
- ☐ Someone of the same gender
- ☐ Either - their gender is not a determining factor for me
- ☐ Prefer Not to Say

\* 18. At what age did you become aware of what you understand your sexual orientation to be?

- ☐ Under 12
- ☐ 13 - 15
- ☐ 16 - 18
- ☐ 19 - 24
- ☐ Over 25
- ☐ Don't Know
- ☐ Prefer Not to Say

19. How open are you now about your sexual orientation with the following groups of people?

	Not open at all	Open to a few	Open to some	Open to most	Open to everyone	Not Applicable
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends - secular	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends - religious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religious leaders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 8. Attempts to Change Sexual Orientation

**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.**

**Please be assured once again that your answers will be treated in complete confidence.**

\* 20. Have you ever considered, been advised or been forced to go through attempts to change your sexual orientation (please tick all that apply)?

- ☐ Yes - I have voluntarily considered attempting to change my sexual orientation
- ☐ Yes - I have been advised to consider attempting to change my sexual orientation
- ☐ Yes - I have been forced to go through attempts to change my sexual orientation
- ☐ No

21. If you were advised to consider attempting to change your sexual orientation, who was this primarily by (please tick all that apply)?

- |   |  |
|---|--|
| <input type="checkbox"/> Parent                 | <input type="checkbox"/> Religious friends |
| <input type="checkbox"/> Other family member    | <input type="checkbox"/> Secular friends   |
| <input type="checkbox"/> Religious leader       | <input type="checkbox"/> Prefer Not to Say |
| <input type="checkbox"/> Other (please specify) |  |

22. If you were forced to attempt to change your sexual orientation, who was this primarily by (please tick all that apply)?

- |   |  |
|---|--|
| <input type="checkbox"/> Parent                 | <input type="checkbox"/> Religious friends |
| <input type="checkbox"/> Other family member    | <input type="checkbox"/> Secular friends   |
| <input type="checkbox"/> Religious leader       | <input type="checkbox"/> Prefer Not to Say |
| <input type="checkbox"/> Other (please specify) |  |

\* 23. Have you had actual experience of attempting to change your sexual orientation?

☐ Yes

☐ No

## 9. Attempts to Change Sexual Orientation (cont.)

**The following questions are for those who have had some experience of attempting to change their sexual orientation.**

24. Why did you try and change your sexual orientation (please tick all that apply)?

- |   |   |
|---|---|
| <input type="checkbox"/> Because I believed that my desires were "sinful" | <input type="checkbox"/> Because I did not want to be associated with LGBT people or their lifestyle          |
| <input type="checkbox"/> Because I wanted to live as a straight person    | <input type="checkbox"/> Because it is not acceptable in my culture to be anything other than straight        |
| <input type="checkbox"/> Because my friends/family disapproved            | <input type="checkbox"/> Because I thought it would be easier to be married to someone of the opposite gender |
| <input type="checkbox"/> Because I was ashamed of my desires              | <input type="checkbox"/> Because I wanted to have children with someone of the opposite gender                |
| <input type="checkbox"/> Because my religious leader disapproved          | <input type="checkbox"/> Because I was given no choice and had to under go it                                 |
| <input type="checkbox"/> Other (please specify)                           |   |

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

- |                                |                             |
|--------------------------------|-----------------------------|
| <input type="radio"/> Under 12 | <input type="radio"/> 25-34 |
| <input type="radio"/> 12-15    | <input type="radio"/> 35-44 |
| <input type="radio"/> 16-18    | <input type="radio"/> 45-54 |
| <input type="radio"/> 19-24    | <input type="radio"/> 55+   |

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

- ☐ Close friend(s) of my own age
- ☐ Family member
- ☐ Religious leader
- ☐ Youth group leader
- ☐ NHS GP
- ☐ NHS Psychiatrist
- ☐ NHS Psychotherapist
- ☐ Other NHS medical professional
- ☐ Non-NHS medical professional
- ☐ Faith healer/special religious ministry
- ☐ No-one
- ☐ Other (please specify)

## 10. Attempts to Change Sexual Orientation (cont.)

27. How long ago was this?

- ☐ Within the last year
- ☐ Within last 3 years
- ☐ 3-5 years ago
- ☐ 5+ years ago

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

- |   |   |
|---|---|
| <input type="checkbox"/> Private prayer to change my sexual orientation                 | <input type="checkbox"/> Counselling with official religious ministry                                 |
| <input type="checkbox"/> Prayer with close friends to change my sexual orientation      | <input type="checkbox"/> Professional psychotherapy (NHS)   |
| <input type="checkbox"/> Fasting  | <input type="checkbox"/> Professional psychotherapy (private)   |
| <input type="checkbox"/> Plea bargaining with God                                       | <input type="checkbox"/> Hormone Treatment  |
| <input type="checkbox"/> Deliverance ministry - informal with friends                   | <input type="checkbox"/> Electroconvulsive Treatment  |
| <input type="checkbox"/> Deliverance ministry - formal with official religious ministry | <input type="checkbox"/> Sexual stimulation (ie pornography) involving someone of the opposite gender |
| <input type="checkbox"/> Emotional healing - informal with friends                      | <input type="checkbox"/> Voluntary sexual activity involving someone of the opposite gender           |
| <input type="checkbox"/> Emotional healing - formal with official religious ministry    | <input type="checkbox"/> Forced sexual activity involving someone of the opposite gender              |
| <input type="checkbox"/> Other (please specify)   |   |

## 11. Attempts to Change Sexual Orientation (cont.)

29. How long ago was this?

- |  |  |
|--|--|
| <input type="radio"/> Within the last year | <input type="radio"/> 5+ years ago                       |
| <input type="radio"/> Within last 3 years  | <input type="radio"/> I am still undergoing this therapy |
| <input type="radio"/> 3-5 years ago        |  |

30. Of the various forms that you tried, how helpful were they?

	Very unhelpful	Fairly unhelpful	Neither helpful nor unhelpful	Fairly helpful	Very helpful
Private prayer to change my sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prayer with close friends to change my sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fasting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plea bargaining with God	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deliverance ministry - informal with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deliverance ministry - with official religious ministry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional healing - informal with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional healing - with official religious ministry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counselling with official religious ministry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional psychotherapy (NHS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional psychotherapy (private)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hormone treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electroconvulsive treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual stimulation (ie pornography) involving someone of the opposite gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voluntary sexual activity with someone of the opposite gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forced sexual activity with someone of the opposite gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 12. Impact of Sexual Orientation Change Therapy

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

- ☐ It seemed to work for a while but it then wore off ☐ It did not work for me but I do believe it does work for others
- ☐ It worked completely ☐ I am still undergoing it
- ☐ It did not work for me and I do not believe it works for others ☐ Prefer not to say

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

- ☐ I have gone on to live a happy and fulfilled life ☐ I have sought counselling to help me recover from it
- ☐ I have found it hard to accept myself for who I am ☐ I have suffered from mental health issues
- ☐ I have actively chosen to remain celibate ☐ I have had to leave/change the faith group I was part of
- ☐ I have gone on to have a relationship with someone of the same gender ☐ I have had to step down from various duties within the faith group I was part of
- ☐ I have been able to have a relationship with someone from the opposite gender ☐ Prefer Not to Say
- ☐ I have found it hard to have a relationship with someone of the same gender ☐ None of the above
- ☐ Other (please specify)

### 13. Impact of Sexual Orientation Change Therapy (cont.)

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

- |   |  |
|---|--|
| <input type="checkbox"/> Anxiety and depression, not requiring medication | <input type="checkbox"/> Suicidal thoughts |
| <input type="checkbox"/> Anxiety and depression, requiring medication     | <input type="checkbox"/> Attempted suicide |
| <input type="checkbox"/> Self harm  | <input type="checkbox"/> Prefer Not to Say |
| <input type="checkbox"/> Eating disorders                                 |  |
| <input type="checkbox"/> Other (please specify)                           |  |

#### 14. Attitude towards Sexual Orientation Change Therapy

**Whatever your experience of Sexual Orientation Change Therapy, we would like to understand whether you think it should be made a criminal offence or not.**

**\* 34. Which of these comes closest to your attitude towards sexual orientation change therapy?**

- |  |  |
|--|--|
| <input type="radio"/> It should be made a criminal offence   | <input type="radio"/> It should not be made a criminal offence and should be allowed |
| <input type="radio"/> It should not be made a criminal offence but should be stopped   | <input type="radio"/> Prefer Not to Say  |
| <input type="radio"/> It should not be made a criminal offence but should be practised with informed consent of the individual |  |
| <input type="radio"/> Other (please briefly specify)   |  |

15. Attitude towards Sexual Orientation Change Therapy (cont.)

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

- ☐ It is damaging to a person's mental health
- ☐ It causes self-hate
- ☐ It undermines a person's religious faith
- ☐ It costs a lot of money
- ☐ Other (please specify)

## 16. Your Health and Well-Being

**We would like to understand a little about your current health situation**

\* 36. How would you rate yourself against each of the following?

	Very poor	Poor	Moderate	Good	Very good
Physical Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. If relevant, how satisfied are you with your religious or spiritual life nowadays?

Very satisfied	Fairly satisfied	Neither satisfied nor unsatisfied	Fairly Unsatisfied	Very Unsatisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 17. And Finally...

\* 38. Do you give us permission to contact you after the survey, in order to provide you with further information about the survey or the topics contained in the survey?

Please note that you can opt out at any time by emailing [survey@ozanne.foundation](mailto:survey@ozanne.foundation). We will never pass any of your details on to anyone else without contacting you and getting your permission to do so first.

☐ Yes

☐ No

18. And Finally (cont.)...

39. What is your name and the best email address for us to contact you? Please note, we will never pass any of your details on to anyone else without contacting you and getting your permission first.

Full Name (optional)

Email