



LGBTQIA+ Imagining in Nigeria: Perception on Counselling Practices Among Post Graduate Students in Counselling Psychology, Lagos State University, Ojo, Lagos

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ABSTRACT

The study focused on how opinions about Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and Inclusion (LGBTQIA+) thinking in Nigeria affect the therapy practices among postgraduate students in counselling psychology at Lagos State University. The study examined the views of postgraduate students in counselling psychology on LGBTQIA+ people and clients. The study also investigated whether the postgraduate program in counselling psychology integrates LGBTQIA+-specific skills into its teaching approach to LGBTQIA+ clients. The study also investigated if religious links among students from Islamic and Christian religious backgrounds have an effect on views of LGBTQIA+ problems. This study used an unlisted sample of 25 postgraduate students in counselling psychology. The data were examined using both descriptive and inferential statistics. The results revealed that 61% of people had a negative picture of LGBTQIA+, whereas 39% had a good view of LGBTQIA+. Graduate students in counselling psychology have a negative outlook towards the LGBTQIA group. The majority of answers were either agree (57%) or highly agree (25%), showing good views towards including LGBTQIA+ issues and training in the therapy program. It also showed that there is no statistically significant difference in the views of LGBTQIA+ between Muslim and Christian (p -value 0.506; $p > 0.05$). Finally, the result obtained suggested that there is a statistically significant difference in the views of LGBTQIA+ between males and females (p -value.032; $p < 0.05$). The research concluded that post-graduate students in counselling psychology at Lagos State University have a negative perception of LGBTQIA+ individuals and there exist a significant difference due to gender while no significant difference due to religion on perceptions of LGBTQIA+ individuals.

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Introduction

The emergence of Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and Inclusive (LGBTQIA+) rights is a manifestation of the diversity that exists in our world, especially in liberal societies where people are clamouring year in and year out for equity and justice for their chosen identity and make-up. This country believed in a stride forward towards more egalitarian society where all persons are equal. The growth of liberal democracy has afforded chances to diverse suppressed but essential human natures. In reality, diversity as a consequence is getting a more expressive identity among peoples throughout the globe, independent of gender, colour, religion, sex, creed, or even age, straying from old standards. Diversity in terms of sexual orientations, particularly for LGBTQIA+ populations, is getting greater expression in the western world compared to the rest of the planet. It is crucial to recognise that individuals are different on some levels, or rather, peoples choose to be different from others by defiling their genetic make-up or assuming to display it. These are personal decisions that individuals are entitled to. LGBTQIA+ agitations are garnering increasing attention in the developing globe.

However, throughout Africa, notably in Nigeria, LGBTQIA+ rights have been confronted with a hard and severe onslaught. Ukah (2018) noted that the hostility to the rights of LGBTQIA+ in Nigeria is anchored essentially because it connects with the religion and the socio-cultural enclave of the Nigerian society. Nigeria has a diverse cultural heritage and various ethnic groups that have outspoken opposition towards homosexuality, such as that of the LGBTQIA+. These shaped their thinking of LGBTQIA+ as a violation of their traditional values and history. According to Igundunasse et al. (2019), this reluctance to suppress homosexuality in the Nigerian environment led to the introduction of a 14-year prison sentence for homosexuals and 10 years for anybody who advocates homosexuality in any way. Several research have indicated that prejudice and

injustice suffered by LGBTQIA+ individuals are not particular to Nigeria but rather a worldwide phenomena affecting gender minorities (Tat et al., 2015; Yon et al., 2017; Jones, 2018; Tobin & Delaney, 2019). Additionally, more than half of the nations in Africa have placed the death sentence or life imprisonment on same-sex partnerships (Ssenyonjo, 2023). Such crime fosters a fear-ridden and vulnerable culture for LGBTQIA+ that hampers access to safety and, in turn, encourages stigmatization. Olaogun (2024) thought this would further promote prejudice and stigmatisation by enabling individuals to enjoy certain fundamental vital social services, including HIV/AIDS treatment and prevention.

Furthermore, Nigeria is a religious nation, with individuals associated with one religion or another. Religion is a significant influence in influencing and moulding actions and expectations. The majority of Nigerians are conservatives professing Islam or Christianity with an admixture of traditional cultural belief systems, a combination of which fosters unfavourable emotions and oppositions towards LGBTQIA+ persons. According to Olaogun (2024), Nigeria's religious and cultural teachings and beliefs led to the classification of homosexuality as a western disorder owing to demonic impartation. Christianity classified homosexuality as sin, backed up by scriptural teachings. He argued that religion and culture have always cratered the societal enmity that has led to the oppression, rejection, and extinction of LGBTQIA+ identities, which have led to various conversion treatments and violence. Outright International (2020) estimated that 75% of therapeutic care offered to gays in Africa is done with religious and cultural connotations via conversion therapy. In addition, another study by Adamczyk and Pitt (2009) suggested that beliefs created surrounding homosexuality are insinuations of religious prejudices. Hodge (2005) also stated that some gay men and women believed that conventional religion followers regard them with scorn and vice versa.



Johnson and Vanderbeck (2014) enlarge on the role of religions in influencing legislation and, by proxy, governing the lives of LGBTQIA+ persons. They stated further that religion sits at the root of repressing the gradual growth of equality for sexual minorities via an in-depth examination of religious speech and its intricacies. Also, legislatures and, generally, governments have gotten into the concept of the social marginalisation of atypical identities by building legal frameworks that hide the prejudices. Okanlawon (2020) incited that the view of the Nigerian general population on homosexuality is founded on the moralistic claim that such a sexual identity is bad. As a consequence, LGBTQIA+ suffer blatant rejection by families and, by extension, the whole community, compelling individuals to concealment of their sexual orientation or identity (Olaogun, 2024).

Statement Problem

LGBTQIA+ persons encounter unique mental health needs as with other heterosexual individuals, which stem from discrimination, social stigmatisation, and marginalization. In truth, the criminalisation of LGBTQIA+ identities has further complicated the challenges of sexual minorities in Nigeria (Olaogun, 2024). Both Human Rights Watch (2016) and Amnesty International (2013) have written and reported the levels of cruelty, stigmatisation, health service deprivation, employment and housing discrimination, forced marriages, violence, and brutality melted out against homosexual persons, which makes them live in fear, isolation, and even self-denial. Research by Makanjuola et al. (2018) indicated that homosexual guys have a larger degree of mental health challenges compared to straight males. They revealed that discriminating events increase depressed symptoms and suicidal ideation, corroborating the conclusions of Ingram & Luxton (2005). Mental health workers or social service workers saddled with the responsibilities of catering for clients or patients who need help or assistance equally discriminated against homosexual patients, according to the findings of Olaogun (2024), who

reported a respondent who was gay and at the time battled with depression as a result of stigmatization.

The responder discussed seeking treatments but never proceeded to do so after that. He gradually came up to the truth that even the services supposed to support the suffering LGBTQIA+ folks, or rather, those with mental health concerns, were discriminating to anybody with such marginal existences. This is an institution developed for such a mental disorder and is thus referred to as the centre. The research concerns individuals with schizophrenia; consequently, it will be undertaken at this centre. Makanjuola et al. (2018) proved that institutions created to care for mental issues fall short of their obligations, which is its clear duty, but rather impair the health of the individual, the person whose purpose they were supposed to serve. Before proceeding, it is worthy of mention that throughout the world, homosexuality, or for that matter, LGBTQIA+, is no longer included in the list of pathologies or the psychiatric or mental disorders's since the World Health Organisation (WHO) and the American Psychiatric Association (APA) reconsidered homosexuality as the identity value of a society seen through the lens of inclusion (American Psychiatric Association, 1980; American Psychiatric Association, 1987; American Psychiatric Association, 1994; American Psychiatric Association, 2000; American Psychiatric Association, 2013; American Psychiatric Association, 2022; World Health Organisation, 2016, 2019; Drescher, 2015; Centre for Human Rights, 2021; Pan American Health Organisation, 2020).

The upsurge in the psychological needs or mental health demands of homosexuals in recent years, as reported by Olaogun (2024) and Bränström et al. (2024), calls for LGBTQIA+ individuals to adjust to these challenges. Oginni et al. (2018), in their study of university students in Nigeria who are gay, found that they experience higher levels of depression compared to heterosexual students. His discovery expounds on the findings of Boladale et al. (2015) that LGBTQIA+ persons experience a low standard of living as



opposed to heterosexual peers in Nigeria. Furthermore, little is known about LGBTQIA+ individual's mental health conditions in the Global South compared to the Global North, which calls for a vital demand for research contextualization (Bränström et al., 2024). However, the responsibilities of psychologists must be looked into as they have the role of assisting people by understanding human dispositions towards issues and one another. 1. Counselling psychologists do not solve clients' issues or observed problems but rather offer clients' assistance to help all clients live life to the fullest or achieve their potential. They play a significant role in addressing and assisting clients to deal with mental health concerns by providing therapeutic supports, 1. advocacy, and empowerment for LGBTQIA+ individuals (American Psychological Association, 2015; Pachankis & Safren, 2019; Singh & Dickey, 2. 2017; Hope & Chappell, 2015; Bidell, 2016). However, what remains unclear and needs to be examined and explored is to what extent counselling psychologists' trainings and practices equip them to address the burgeoning realities and needs of minority LGBTQIA+ populations.

Purpose of the Study

This study seeks to then examine the perceptions and attitudes of postgraduate students in counselling psychology at Lagos State University towards the LGBTQIA+ community. This will provide definitive insight into their levels of understanding, reservations, and willingness to participate in affirmative counseling practices. This study aims to unveil the complex tapestry of layers of sociocultural or religious factors, personal beliefs, and professional training that shape the perception of a counselling psychologist. The following specific objectives was examined: investigate the perceptions of post graduate students in counselling psychology on LGBTQIA+ individuals and clients; examine the need to integrate LGBTQIA+ specific competencies in teaching students' towards LGBTQIA+ clients and individuals; and examine the difference due to religion and gender on perceptions

of postgraduate students' about LGBTQIA+ clients and individuals.

Research Questions

This study adopted the following research question:

1. What are the perceptions of post graduate students in counselling psychology on LGBTQIA+ individuals and clients?
2. Is there a need to integrate LGBTQIA+ specific competencies in teaching students' towards LGBTQIA+ clients and individuals?

Research Hypotheses

The following research hypotheses were tested in the study:

1. There is no significant difference due to religion on the perceptions of post graduate students' about LGBTQIA+ clients and individuals
2. There is no significant difference due to gender on the perceptions of post graduate students' about LGBTQIA+ clients and individuals

Theoretical Framework

Intersectionality Theory

The intersectionality theory, which illustrates the interconnectedness of social race, class, gender, and sexuality to individual or group identity (Crenshaw, 1989; Cho et al., 2013), is crucial in understanding LGBTQIA+ issues in contemporary Nigeria. Religion, social class, educational background, and ethnicity further intertwine the complexity of LGBTQIA+ experiences in Nigeria (Parmenter et al., 2021). A study on counselling students revealed several key findings: students from orthodox ethnic and religious backgrounds exhibited negative perceptions of LGBTQIA+ individuals, regardless of their social exposure; those from higher socioeconomic strata showed more positive attitudes towards LGBTQIA+ issues compared to their counterparts from lower socioeconomic backgrounds; and gender played a role in perception, with female students demonstrating greater empathy towards LGBTQIA+ clients than male students (Parmenter et al., 2021). Given these complexities, some researchers argue for the integration of intersectionality theory



into Nigerian counselling education to help students better comprehend the multifaceted nature of LGBTQIA+ issues in the country (Smooth, 2013; Cheshire, 2012; Grzanka & Frantell, 2017).

Stigma and Minority Stress Theory

The Stigma and Minority Stress Theory posits that individuals belonging to stereotyped social groups experience excessive stress due to their association with a particular social class (Meyer, 2003). This theory is particularly relevant to understanding the experiences of LGBTQIA+ individuals in Nigeria. Okanlawon (2017) found that social, legal, and cultural stigma in Nigeria significantly impacts the mental health of LGBTQIA+ individuals, increasing their stress levels. His study also revealed that students struggle to comprehend the stress associated with LGBTQIA+ experiences, though those with personal contacts with LGBTQIA+ individuals demonstrated better understanding. Parmenter et al. (2021) study through the lens of intersectionality explores the intricacies involved in how people have opportunities to experience resilience within the LGBTQIA+ communities. They were able to access the multiplicity of identities such as race, sexuality, and gender identities and how they interrelate to motivate and provide access to community support. This integrated approach aims to help students understand the intricate interplay of social identities, identify stress patterns faced by LGBTQIA+ individuals, and develop comprehensive counselling approaches (Parra & Hastings, 2018; Sarno et al., 2021; Shangani et al., 2020; Lick et al., 2013).

These theories equally help us to recognise the complex nature of these issues, necessitating the proposed integration of intersectionality theory with stigma and minority stress theory in the teaching and training of LGBTQIA+ counselling services in Nigerian universities where counselling psychology and related courses are taught.

Methodology

This research is a descriptive research method. It employs both inferential and descriptive statistics to study the perceptions of postgraduate counselling psychology students about LGBTQIA+ minority individuals and clients. The study's population consists of postgraduate students studying counseling psychology at Lagos State University, Ojo, Lagos. The simple random sampling method was used to select the respondents from the counselling psychology postgraduate students whose training is meant to qualify them for professional practice.

The research instrument for this study was a survey, which was divided into three (3) sections. The first section collected demographic data from respondents (current academic study, gender, year (s) of counselling experience, employment status, and religion). The second section has ten (10) items that measure the variable "perception," whereas the last part of the questionnaire has ten (10) items that measure the construct "counseling practices." Face validity and construct validity were used to validate the research instrument. The test and measurement experts checked the way the questions were worded to avoid ambiguity, and equally, the items were analysed to ensure they reflected the constructs they wanted to examine. The reliability of the items was assessed using Cronbach's alpha. This measure of equivalence determines if items will give equal value to measurement outcomes (Taber, 2018). The acceptable reliability score must fall within the alpha range of 0.90 to 0.70. Therefore, the research instrument was assessed with Cronbach's alpha, and its score was .809 for the items in the questionnaire.

The responses were coded with the aid of Microsoft Excel. The software was used for data visualisation, and analyses were done using the Statistical Package for the Social Sciences (SPSS). The data was analysed using frequencies, percentages, and pie charts, and the research hypothesis was analysed using independent sample t-test.

Data Analyses and Results

The following demographic data were analysed based of the items included in the first section of the questionnaire:

Table 1: Frequency and Percentage of Gender and Religion of Respondents

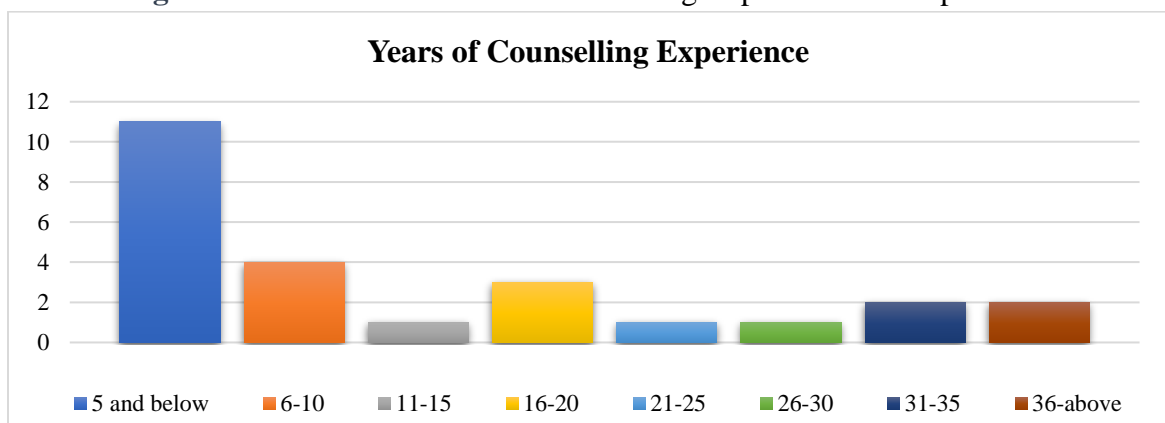
Variables	Options	Number of respondents	Percentage %
Gender	Male	11	44.0%
	Female	14	56.0%
Religion	Muslim	6	24.0%
	Christian	19	76.0%
	Traditional Religion	0	0%
Academic Study	Master's	23	92.0%
	PhD	2	8.0%
Employment Status	Employed	22	88.0%
	Unemployed	3	12.0%

Source: Researchers Data 2024

Table 1 showed the frequencies and percentages of respondents into gender and religion. Male respondents were 11 and female 14 with 44.0% and 56.0% respectively. In terms of Religion, Islam had 6 participants and Christianity had 19 participants with 24.0% and 76.0% respectively. Current Academic

Study of Respondents 92% (23) for Master's students and 8% (2) for Doctoral (PhD) students. The employment status categories of respondents, 12% shows that 3 respondents are unemployed while 22 respondents who represent 88% are employed

Figure 1: Bar Chart of Years of Counselling Experience of Respondents



Source: Researchers Data 2024

Figure 1 shows the Years of Counselling Experience of Respondents with 5 years and below with 11 participants at 44.0%, 6-10 years has 4 participants at 16.0%, 11-15 years with 1 participant at 4.0%, 16-20 years with 3 participants at 12.0%, 21-25 years with 1

participant at 4.0%, 26-30 years with 1 participant at 4.0%, 31-35 years with 2 participants at 8.0%, and finally, 36 years-above with 2 participants at 8.0%. The largest group has 44% and has 5 or fewer years of counselling experience while 60% of participants have

10 or fewer years of experience, and finally, there is a wide range of experience levels, with some participants having over 35 years of experiences.

Research Question One: What are the perceptions of post graduate students in counselling psychology on LGBTQIA+ individuals and clients?

Table 2 shows Perceptions of LGBTQIA+

ITEM	Perceptions of LGBTQIA+									
	Strongly Disagree		Disagree		Undecided		Agree		Strongly Agree	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%	Frequency	%
1 I would feel comfortable counseling a client who is questioning their sexual orientation	1	4.0	0	0	1	4.0	13	52.0	10	40.0
2 I would support someone who is exploring their feelings of sexual orientation	3	12.0	5	20.0	1	4.0	9	36.0	7	28.0
3 Same-sex couples should be allowed to adopt children	16	64.0	7	28.0	2	8.0	0	0	0	0
4 I believe families with same-sex parents should be able to adopt children?	16	64.0	7	28.0	2	8.0	0	0	0	0
5 Schools should have programs that teach tolerance of LGBTQIA+ identities	11	44.0	7	28.0	3	12.0	2	8.0	2	8.0
6 I hope schools would include programs that promote understanding and respect for LGBTQIA+ identities	13	52.0	5	20.0	4	16.0	3	12.0	0	0
7 A person's sexual orientation or gender identity can be cured through therapy.	3	12.0	0	0	1	4.0	6	24.0	15	60.0
8 I think a person's sexual orientation or gender identity can be changed through therapy	7	28.0	2	8.0	0	0	7	28.0	9	36.0
9 Counselors have a professional responsibility to advocate for the rights of LGBTQIA+ clients	16	64.0	3	12.0	2	8.0	2	8.0	2	8.0
10 Counselors should actively support policies that ensure fair treatment for LGBTQIA+ clients	15	60.0	4	16.0	3	12.0	3	12.0	0	0
TOTAL	101(40%)		40(16%)		19(8%)		45(18%)		45(18%)	

Source: Researchers Data 2024

Table 2 presents the various responses obtained from the distributed questionnaires: 40% of the participants expressed a strong disagreement, while 16% expressed a disagreement. Additionally, 18% expressed an agreement, and another 18% expressed a strong agreement. Finally, 8% of the participants were uncertain. The responses of "strongly disagree" and "disagree" indicate a negative impression of LGBTQIA+ individuals among counselling psychology graduate students, while "strongly agree"

and "agree" indicate a good perception. The paired replies were subsequently transformed into percentages based on the frequency obtained. As a result, a negative impression of LGBTQIA+ was found to account for 61%, while a favourable perception of LGBTQIA+ accounted for 39%. Collectively, this indicates that graduate students in counselling psychology hold an unfavourable attitude of the LGBTQIA+ community.



Research Question Two: Is there a need to integrate LGBTQIA+ specific competencies in teaching students' towards LGBTQIA+ clients and individuals?

Table 3 shows the need to integrated LGBTQIA+ specific competencies in teaching

ITEM	Integrated LGBTQIA+ Specific Competencies in Teaching									
	Strongly Disagree		Disagree		Undecided		Agree		Strongly Agree	
	Frequ ency	%	Frequ ency	%	Frequ ency	%	Frequ ency	%	Frequ ency	%
1 My counselling program includes enough coursework on sexual orientation and gender identity.	3	12.0	5	20.0	2	8.0	12	48.0	3	12.0
2 The counseling program cover sexual orientation and gender identity topics	0	0	6	24.0	2	8.0	12	48.0	5	20.0
3 The counselling program should offer dedicated courses on LGBTQIA+ mental health issues	2	8.0	1	4.0	1	4.0	5	20.0	16	64.0
4 Some specific courses should focus on LGBTQIA+ mental health issues valuable to the counseling program	2	8.0	0	0	0	0	18	72.0	5	20.0
5 The program should include opportunities for clinical supervision with instructors experienced in LGBTQIA+ counselling.	1	4.0	1	4.0	0	0	19	76.0	4	16.0
6 Do you believe having instructors with experience in LGBTQIA+ counseling for clinical supervision would be beneficial	3	12.0	1	4.0	0	0	17	68.0	4	16.0
7 Including case studies involving LGBTQIA+ clients in counselling courses would be beneficial	1	4.0	1	4.0	0	0	19	76.0	4	16.0
8 Including case studies involving LGBTQIA+ clients would improve the counseling program	1	4.0	0	0	3	12.0	12	48.0	9	36.0
9 Training on using inclusive language and respecting preferred pronouns for LGBTQIA+ clients is necessary for the counselling program	1	4.0	3	12.0	1	4.0	17	68.0	3	12.0
10 It is important for the counseling program to teach inclusive language and respecting preferred pronouns	2	8.0	1	4.0	1	4.0	12	48.0	9	36.0
TOTAL	16(6 %)		19(8 %)		10(4 %)		143(5 7%)		62(25 %)	

Source: Researchers Data 2024

The

table 3 presents data on the perceptions of students regarding the integration of LGBTQIA+ specific competencies in a counseling program. It shows the frequency and percentage of responses across five levels of agreement (strongly disagree, disagree, undecided, agree, strongly agree) for 10 different items. The responses to the questionnaires that were distributed revealed that 6% of the participants expressed a significant disagreement and 8% expressed a disagreement. In addition, 4% of the

participants were uncertain. Ultimately, the majority of responses were either "agree" (57%) or "strongly agree" (25%), indicating positive attitudes towards including LGBTQIA+ topics and training in the counseling curriculum.

Research Hypothesis One: There is no significant difference due to religion on the perceptions of post graduate students' about LGBTQIA+ clients and individuals

Table 4: t-test showing the difference due to religion on the perceptions of post graduate students' about LGBTQIA+ clients and individual.

Independent Samples t-test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	P-value	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Perceptions of LGBTQIA	Equal variances assumed	2.274	0.145	-0.676	23	0.506	-1.812	2.6805	-7.3566	3.7332

Source: Researchers Data 2024

The table 4 depicts the difference due to religion on perceptions of post graduate students' about LGBTQIA+ clients and individuals. The p-value (.506) exceeds the conventional alpha criterion of .05, suggesting that there is no statistically significant disparity in the views of LGBTQIA+ between the two groups (Muslims and Christians). The negative t-value indicates that the mean score of the second group (Christians) was slightly higher. Hence, the null hypothesis was accepted and it can be concluded that

there is no significant difference due to religion on the perceptions of post graduate students' about LGBTQIA+ clients and individuals.

Research Hypothesis Two: There is no significant difference due to gender on the perceptions of post graduate students' about LGBTQIA+ clients and individual



Table 5: t-test showing the significant difference between male and female perceptions about LGBTQIA+ clients and individuals.

		Independent Samples Test								
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	p-value	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Perceptions of LGBTQIA	Equal variances assumed	3.144	0.089	2.289	23	0.032	6.5000	2.8393	0.6265	12.3735

Source: Researchers Data 2024

The table 5 presents difference between male and female perceptions about LGBTQIA+ clients and individuals. The obtained p-value (0.032) is below the conventional alpha threshold of 0.05, suggesting a statistically significant disparity in the views of LGBTQIA+ between the two groups (male and female). Based on the positive t-value and mean difference, it can be concluded that the first group (male) had a higher average score compared to the second group (female). The average difference of 6.50000 indicates that the first group scored 6.5 points more on the LGBTQIA+ perception test compared to the second group. Hence, the null hypothesis was rejected and it can be concluded that there is a significant difference due to gender on the perceptions of post graduate students' about LGBTQIA+ clients and individuals

Discussion of findings

This study investigated postgraduate counselling psychology students' perceptions of LGBTQIA+ individuals and clients, as well as the need to integrate LGBTQIA+-specific competencies in counselling education. The findings revealed a complex and somewhat concerning situation regarding counselling students' attitudes towards LGBTQIA+ issues. The data discovered that the largest number of respondents indicated negative perceptions, while only a small group indicated positive perceptions. This suggests a significant gap in understanding and acceptance of LGBTQIA+ identities among future counselling professionals. Interestingly, there seems to be a

disconnection between personal views and professional duty.

The study also found that there is no significant difference due to religious beliefs on perceptions of LGBTQIA+ individuals, despite the widespread negative perceptions while on the contrary, there exist a significant difference due to gender on perceptions of LGBTQIA+ individuals. It could also be deduced that in spite of the negative perception, counselling psychologists still give support for the integration of LGBTQIA+-specific competencies into counselling education to probably serve and understand the identities of diverse counselling clientele. A large number of respondents favored including LGBTQIA+ topics in the curriculum, clinical supervision opportunities, and case studies involving LGBTQIA+ clients. This positive attitude towards education contrasts sharply with personal views, suggesting that students recognise the importance of LGBTQIA+ competencies in their professional development, especially for relevance outside the country, so that they compete favourably with their counterparts, even if they hold personal reservations. The data also reveals a wide range of counselling experiences among participants, with varied years of counselling experience. This diversity in experiences could be utilised to foster peer learning and mentorship in developing LGBTQIA+ competencies. The data also showed that there is a significant difference in the perception of male and female counselling psychology.



Conclusion

It can be concluded from the study that graduate students in counselling psychology hold an unfavourable attitude towards the LGBTQIA+ community but have a positive attitudes towards including LGBTQIA+ topics and training in the counseling curriculum. Also, there exist a significant difference due to gender on perceptions of LGBTQIA+ individuals with no significant difference due to religion on perceptions of LGBTQIA+ individuals. This study further highlights a critical need for more comprehensive and effective LGBTQIA+ education in counselling psychology programs. The disconnect between personal views and professional readiness and the strong support for LGBTQIA+-specific training suggests that students are open to learning and developing their competencies in this area. However, the prevalence of negative perceptions and the influence of religious beliefs indicate that such education must go beyond mere knowledge transfer. It should address personal biases, promote self-reflection, and provide opportunities for meaningful engagement with LGBTQIA+ issues and individuals. This research emphasises the importance of continued efforts to improve LGBTQIA+ competencies and training in counselling psychology for the benefit of future professionals and the clients they will serve.

Recommendations

For the purpose of further studies:

1. Counsellor education should try as much as possible to isolate personal biases to reflect professional responsibility to clients.
2. Counsellor education should be more holistic so that counsellors could cater for clients irrespective of their gender and sexual orientation.
3. Expanding the population and sample size will help to improve the results' generalizability.
4. The method of data collection should not be only be a survey, triangulation of the results may also be done to verify and study the variable in a debt approach.

References

- Adamczyk, A., & Pitt, C. (2009). Shaping attitudes about homosexuality: The role of religion and cultural context. *Social Science Research*, 38(2), 338-351.
- American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.).
- American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental disorders* (3rd ed., rev.).
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.).
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.).
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).
<https://doi.org/10.1176/appi.books.9780890425596>
- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.).
<https://doi.org/10.1176/appi.books.9780890425787>
- American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist*, 70(9), 832–864. <https://doi.org/10.1037/a0039906>
- Amnesty International (2013). *Making Love a Crime: Criminalization of Same-Sex Conduct in Sub-Saharan Africa*.
<https://www.amnesty.org/en/documents/afr01/001/2013/en/>
- Bidell, M. P. (2016). Mind our professional gaps: Competent lesbian, gay, bisexual, and transgender mental health services. *Counselling Psychology Review*, 31(1), 67-76.
<http://dx.doi.org/10.53841/bpscrp.2016.31.1.67> (APA)
- Boladale, M., Olakunle, O., Olutayo, A., & Adesanmi, A. (2015). Sexual orientation and quality of life among students of Obafemi Awolowo University (OAU), Nigeria. *African Health Sciences*, 15(4), 1065–1073.
<https://doi.org/10.4314/ahs.v15i4.3>



- Bränström, R., Hughes, T.L., Pachankis, J.E. (2024). Global LGBTQ Mental Health. In: Hwang, S.J., Kaufman, M.R. (eds) *Global LGBTQ Health*. Springer, Cham. https://doi.org/10.1007/978-3-031-36204-0_3
- Bry, L. J., Mustanski, B., Garofalo, R., & Burns, M. N. (2017). Management of a concealable stigmatized identity: A qualitative study of concealment, disclosure, and role flexing among young, resilient sexual and gender minority individuals. *Journal of Homosexuality*, 64(6), 745–769. <https://doi.org/10.1080/00918369.2016.1236574>.
- Centre for Human Rights (2021). *Report on current practices in conversion therapy, emerging technology, and the protection of LGBTQ+ rights in Africa*. https://www.chr.up.ac.za/images/centrenews/2021/Current_practices_in_conversion_therapy_and_emerging_technology_14_May_2021.pdf
- Cheshire, L. (2012). Reconsidering sexual identities: Intersectionality theory and the implications for educating counsellors. *Canadian Journal of Counselling and Psychotherapy*, 47(1). <https://cjc-rcc.ualgary.ca/article/view/60941>
- Cho, S., Crenshaw, K. W., & McCall, L. (2013). Toward a field of intersectionality studies: Theory, applications, and praxis. *Signs: Journal of Women in Culture and Society*, 38, 785–810. <http://dx.doi.org/10.1086/669608>
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*, 1989(1), 139–167. <http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8>
- Drescher J. (2015). Out of DSM: Depathologizing Homosexuality. *Behavioral sciences* (Basel, Switzerland), 5(4), 565–575. <https://doi.org/10.3390/bs5040565>
- Grzanka, P. R., & Frantell, K. A. (2017). Counseling psychology and reproductive justice: A call to action. *The Counseling Psychologist*, 45(3), 326–352. <https://doi.org/10.1177/0011000017699871>
- Griffin, J. (2008). *On Human Rights*. Oxford: Oxford University Press. <https://doi.org/10.1093/acprof:oso/9780199238781.001.0001>
- Heath, J. (2011). Three Normative Models of the Welfare State. *Public Reason*, (3) 13–44.
- Hodge, D. R. (2005). Spiritual Lifemaps: A Client-Centered Pictorial Instrument for Spiritual Assessment, Planning, and Intervention, *Social Work*, 50 (1), 77–87. <https://doi.org/10.1093/sw/50.1.77>
- Hope, D. A., & Chappell, C. L. (2015). Extending training in multicultural competencies to include individuals identifying as lesbian, gay, and bisexual: Key choice points for competent practice. *Professional Psychology: Research and Practice*, 46(2), 111–119. <https://core.ac.uk/download/pdf/220153193.pdf>
- Hsueh, L., Werntz, A., Hobaica, S., Owens, S. A., Lumley, M. A., & Washburn, J. J. (2021). Clinical psychology PhD students' admission experiences: Implications for recruiting racial/ethnic minority and LGBTQ students. *Journal of Clinical Psychology*, 77(1), 105–120. <https://doi.org/10.1002/jclp.23074>.
- Human Rights Watch (2016). *Tell Me Where I Can Be Safe: The Impact of Nigeria's Same Sex Marriage (Prohibition) Act*. <https://www.hrw.org/report/2016/10/20/tell-me-where-i-can-be-safe/impact-nigerias-same-sex-marriage-prohibition-act>
- Igundunasse, A., Odiase, N., & Alao, T. (2019). What is it like for a Gay, Nigerian Male living in Nigeria?. *American Journal of Qualitative Research*, 3(1), 20–36. <https://doi.org/10.29333/ajqr/5809>
- Ingram, R. E., & Luxton, D. D. (2005). Vulnerability-stress models. In B. L. Hankin & J. R. Z. Abela (Eds.), *Development of psychopathology: A vulnerability–stress perspective* (pp. 32–46). Thousand Oaks, CA: Sage Publications.
- Johnson, P., & Vanderbeck, R. (2014). *Law, religion and homosexuality*. Routledge. <https://doi.org/10.4324/9780203427507>
- Jones, T. (2018). Intersex studies: A systematic review of international health literature. *SAGE Open*, 8(2), 2158244017745577.



- Law Nigeria (2014). *Same Sex Marriage (Prohibition) Act* 2014.
<https://laws.lawnigeria.com/2018/04/23/lfn-same-sex-marriage-prohibition-act-2014/>
- Lick, D. J., Durso, L. E., & Johnson, K. L. (2013). Minority stress and physical health among sexual minorities. *Perspectives on Psychological Science*, 8(5), 521-548.
<https://doi.org/10.1177/1745691613497965>
- Makanjuola, O., Folayan, M. O. & Oginni, O. A. (2018). On being gay in Nigeria: Discrimination, mental health distress, and coping, *Journal of Gay & Lesbian Mental Health*, 22(4), 372-384.
<https://doi.org/10.1080/19359705.2018.1482809>
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674-697.
<https://doi.org/10.1037/0278-6133.129.5.674>
- Okanlawon, K. (2017). Homophobic bullying in Nigerian schools: The experiences of LGBT university students. *Journal of LGBT Youth*, 14(1), 51-70.
<https://doi.org/10.1080/19361653.2016.1256244>
- Okanlawon, K. (2020). Perceptions and attitudes of heterosexual Nigerian University students towards homosexuality and LGB persons. *Journal of LGBT Youth*, 17(2), 149-176.
- Olaogun, O. J. (2024). The Experiences and Challenges of LGBTQ+ Individuals in Accessing Social Work Practices in Nigeria. *African Journal of Social Sciences and Humanities Research*, 7(2), 66- 76.
<https://doi.org/10.52589/AJSSHR-BVMKK508>
- Outright International (2020). *United Nations Independent Expert for SOGIE Focuses on So-Called Conversion Therapy*.
<https://outrightinternational.org/content/united-nations-independent-expert-sogi-focuses-so-called-conversion-therapy>
- Pachankis, J. E., & Safren, S. A. (Eds.). (2019). *Handbook of evidence-based mental health practice with sexual and gender minorities*. Oxford University Press.
<https://doi.org/10.1093/med-psych/9780190669300.001.0001>
- Parmenter, J. G., Galliher, R. V., Wong, E., & Perez, D. (2021). An intersectional approach to understanding LGBTQ+ people of color's access to LGBTQ+ community resilience. *Journal of Counseling Psychology*, 68(6), 629-641. <https://doi.org/10.1037/cou0000578>
- Pan American Health Organization (2020). *Therapies to change sexual orientation lack medical justification and threaten health*.
https://www.paho.org/hq/index.php?option=com_content&view=article&id=6803&Itemid=1926&lang=fr
- Parra, L. A., & Hastings, P. D. (2018). Integrating the neurobiology of minority stress with an intersectionality framework for LGBTQ-Latinx populations. *New Directions for Child and Adolescent Development*, 2018(161), 91-108. <https://doi.org/10.1002/cad.20244>
- Sarno, E. L., Swann, G., Newcomb, M. E., & Whitton, S. W. (2021). Intersectional minority stress and identity conflict among sexual and gender minority people of color assigned female at birth. *Cultural Diversity & Ethnic Minority Psychology*, 27(3), 408-417.
<https://doi.org/10.1037/cdp0000412>
- Shangani, S., Gamarel, K. E., Ogunbajo, A., Cai, J., & Operario, D. (2020). Intersectional minority stress disparities among sexual minority adults in the USA: The role of race/ethnicity and socioeconomic status. *Culture, Health & Sexuality*, 22(4), 398-412.
<https://doi.org/10.1080/13691058.2019.1604994>
- Singh, A. A., & Dickey, L. M. (Eds.). (2017). Affirmative counseling and psychological practice with transgender and gender nonconforming clients. *American Psychological Association*.
<https://psycnet.apa.org/record/2016-17636-007> (APA)
- Smooth, W. G. (2013). Intersectionality from theoretical framework to policy intervention. In A. R. Wilson (Ed.), *Situating Intersectionality. The Politics of Intersectionality*. (pp. 11-41). Palgrave Macmillan.
https://doi.org/10.1057/9781137025135_2



- Ssenyonjo, M. (2023). Sexual Orientation and the Criminalisation of Private Consensual Sexual Acts between Adults of the Same Gender. *International Human Rights Law Review*, 12(2), 143-212.
- Tat, S. A., Marrazzo, J. M., & Graham, S. M. (2015). Women who have sex with women living in low-and middle-income countries: A systematic review of sexual health and risk behaviors. *LGBT Health*, 2(2), 91–104. <https://doi.org/10.1089/lgbt.2014.0124>
- The New York Times (1973). *Psychiatrist, in a shift, declare homosexuality no mental illness*. <https://www.nytimes.com/1973/12/16/archives/psychiatrists-in-a-shift-declare-homosexuality-no-mental-illness.html> (accessed 14 April 2020).
- Tobin, V., & Delaney, K. R. (2019). Child abuse victimization among transgender and gender nonconforming people: A systematic review. *Perspectives in Psychiatric Care*, 55(4), 576–583. <https://doi.org/10.1111/ppc.12398>
- World Health Organization. (2016). *International statistical classification of diseases and related health problems* (10th ed.). <https://icd.who.int/browse10/2016/en>
- World Health Organization. (2019). *International statistical classification of diseases and related health problems* (11th ed.). <https://icd.who.int/>
- Yon, Y., Mikton, C. R., Gassoumis, Z. D., & Wilber, K. H. (2017). Elder abuse prevalence in community settings: A systematic review and meta-analysis. *Lancet Global Health*, 5(2), e147–e156. [https://doi.org/10.1016/S2214-109X\(17\)30006-2](https://doi.org/10.1016/S2214-109X(17)30006-2)