



Assessment Survey and evaluation of LGBT-Psychology in Nigeria: current state and recommendations

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Accepted: 20 August 2024 / Published online: 2 September 2024
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Abstract

There is no gainsaying that individuals with diverse sexual orientations and gender identities are faced with serious socio-legal, and medical discrimination following the enactment of anti-homosexuality law in Nigeria. However, not much is known of the effort of an organized body of psychology in the country to ensure adequate knowledge and competence among Nigerian psychologists. This article, therefore, appraises the stance of Lesbian, Gay, Bisexual, and Transgender (LGBT) psychology in Nigeria in relation to the cardinal quadrants: Advocacy, Education, Research, and Practice. A multi-method design was adopted to sort for both primary and secondary data. Purposive sampling was adopted to involve 124 practicing psychologists. Findings revealed that the Nigerian psychology curriculum limits its scope to sexual and gender disorders (sexual dysfunction, gender dysphoria, and paraphilic disorders) while missing out on sexual and gender diversity content. Furthermore, the outcome shows that not much is documented on the contribution of the field of psychology to the knowledge of LGBT. Many of the participants had a history (and still) working with LGBT clients and did not have formal LGBT-affirmative training. The study concluded that the integration of LGBT psychology is essential for significant achievement in the space of advocacy, education, research, and professional practices.

Keywords LGBT psychology · Nigeria · Research · Advocacy · Practice · Education

Introduction

The psychology profession has numerous sub-fields albeit course contents bore into existence to excavate and further deepen the area of concern or interests. One of the most emerging course contents in psychology is the lesbian, gay, bisexual, and transgender (LGBT¹) psychology. LGBT psychology is a sub-field of psychology developed to research the scientific understanding surrounding the lives and teach a diverse range of psychological and social perspectives of persons with diverse sexual orientations and gender

identities (Balsam et al., 2005). However, it is important to note that the emergence of LGBT psychology was accompanied by a series of historical global events.

Historically (before the 1950s), sexually and gender diverse (SGD) persons and communities remained targets of hate violence and backlash from privileged heterosexual persons throughout the world; such that victims were regarded as sick and criminals, and not the perpetrators of violence against the SGD populations. Throughout the 50s and 60s, SGD persons and communities continued to be at risk of psychiatric institutionalization, as well as criminal incarceration, and predisposed to other social consequences, such as losing jobs, and child custody, among others (Glassgold et al., 2007). Arguably, the breakthrough into the understanding of SGD people and communities started with the submissions of the article titled “The Homosexual in America” by Donald Webster Cory (Pseudo name for Edward Sagarin) in 1951, which paved the way for further scientific research, understanding, and attitudinal change in the United States of America (USA; Sagarin, 1971).

¹ There is no unanimous use of the LGBT abbreviations, other variations of the acronyms could also be used in the study (e.g. SGD, LGBTQIA+ etc.)

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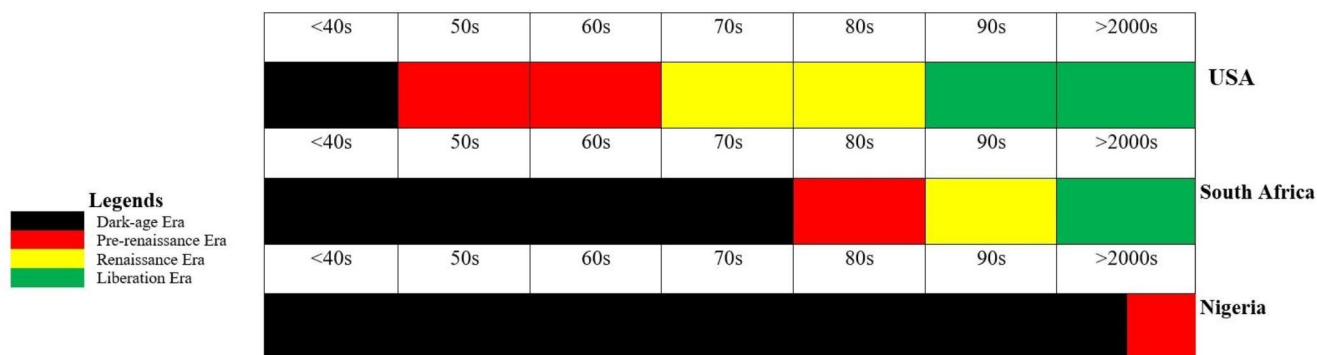
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Thereafter, research interest began to grow significantly among the populations. In 1956, Evelyn Hooker won a grant from the National Institute of Mental Health to study the psychology of gay men (Hooker, 1956). Many scholars across the globe began to expand their niche research interests at that time (Ardila, 2015; Hookers, 1956). Domination of similar scientifically proven outcomes was reported across different studies, which culminated in the ordination of the first out-gay ministers by the United Church of Christ in 1972; the formation of Parents and Friends of Lesbians and Gays (PFLAG) in the same year; explosion of political actions through the establishment of National Gay and

Lesbian Task Force, the Human Rights Campaign; and the election of openly gay and lesbian representatives into the political space (De Waal & Manion, 2006; Hooker, 1956).

History and responses to LGBT psychology differ from country to country, and there is no exception to Nigerian history. However, the historical processes and attitudes toward same-sexuality and gender diversity are almost the same across countries (Ardila, 2015). The current study assessed the historical events of the Nigerian LGBT in tandem with the reports from a Western country (i.e., the USA) and an African country (i.e., South Africa). Below is the historical timelines across the three countries.



Historically, 1950s, 1980s, and 2000s were considered the era of a dark age for SGD persons living in the USA, South Africa, and Nigeria, respectively. In this context, a dark age is characterized by the absence of scientific inquiry about the phenomenon of discussion. At that time, the understanding and knowledge about the SGD populations were informed by religion, socio-cultural, and subjective rational thoughts. Historically, in the case of Nigeria, the dark era started when the Same-Sex Marriage (Prohibition) Act (SSMPA) of 2013 was signed into law in 2014 (Human Rights Watch, 2016; Thoreson & Cook, 2011).

The Renaissance period is a period after the Dark Ages, that is characterized by classical sort of knowledge and findings that are scientifically rooted (Copenhaver, 1992). The Renaissance period in the USA was contextualized as a post-publication of the finding of Donald Webster (1951) and Evelyn Hooker (1956). In South Africa, the Renaissance period was ascribed to when the first LGBT + Civil Society Organization (CSO) was established, which involved the initiatives of some pioneering psychologists and volunteers in Cape Town and Johannesburg (De Waal & Manion, 2006; Hoad et al., 2005; Reddy et al., 2009). In Nigeria, several CSOs and Non-governmental Organisations (NGOs) were established to stimulate, educate, and further deepen the rights of the SGD populations in the country. In 2017 for

example, a significant increase was reported in heterosexual dispositions toward SGD persons and communities compared to the 2015 survey polls, such that a 07% and 39% opinion increase was reported in the acceptance of SGD communities, and access to basic (healthcare, education, and housing) amenities, respectively (Olamide, 2018).

The liberation phase in the USA continued until 1973 when the American Psychiatric Association removed homosexuality as an “illness” classification in its diagnostic manual. Likewise, the American Psychological Association in 1987 published a major revision of the Diagnostic and Statistical Manual of Mental Disorders (DSM)-III, where the “ego-dystonic homosexuality” classification was removed. Therefore, most organized bodies of the psychology profession have begun to mobilize support, and sensitization (workshops) for the rationale of the removal of diverse sexual orientations as a disorder. Similarly, the South African government in 2016 acknowledged and signed that LGBT + equality rights, which afforded the country global recognition for its progressive constitution that was the first to include non-discrimination based on diverse sexual orientations in the African continent and fifth in the world (Hoad et al., 2005; Judge et al., 2008; Nel, 2014; Republic of South Africa, 1996). Nigeria seems stuck at the renaissance stage, and not much is documented about the efforts of the

organized body of psychology, which explains the persistent problems and challenges confronting the SGD persons and communities to date (Human Rights Watch, 2016).

In Nigeria, there is ambivalence in the global position of an organized body of the psychology profession and the sociopolitical stance. Table 1 below shows the summary of the current social and legal context and the roles of organized institutions.

The Nigerian government passed the anti-homosexuality law on January 7, 2014. The same-sex marriage (prohibition) bill signed into law criminalizes any form of civil union between persons of the same sex, punishable under the law (Okuefuna, 2016). The law stipulated that persons engaged in same-sex acts in the country are liable for being imprisoned for 14 years. The law also criminalizes any form of support to persons of diverse sexual orientations. The offense is punishable under the law with 10 years of imprisonment. Similarly, an anti-homosexuality law was earlier adopted in 1999 by twelve northern states (Bauchi, Borno, Gombe, Jigawa, Kaduna, Kano, Katsina, Kebbi, Niger, Sokoto, Yobe, and Zamfara) of Nigeria under the auspice of the Sharia law. The adoption of the Islamic legal systems by the 12 Northern States is a legacy punishment for offenders of the same sexuality among the Muslims in the region.

However, the position of the organized body of psychology and psychiatry posited that people with diverse sexual

orientations do not suffer from mental health problems (depathologization) but are minority groups that require support (APA, 2010: 2016; Hooker, 2006). The position of depathologization was reflected in the universally accepted manuals of practice in psychology and psychiatry professions, that is, the DSM-5, and the International Classification of Diseases 10th Revision (ICD-10).

The anti-homosexuality law and the Sharia law were reported to have culminated in various social problems for people with diverse sexual orientations in the country (Human Rights Watch, 2016; Thoreson & Cook, 2011). The passage of the anti-homosexuality law was immediately followed by legitimized extortions and extensive media reports of high levels of violence, including mob attacks (Human Rights Watch, 2016; Thoreson & Cook, 2011). Sexual assaults have also been reported to be on the increase (Adie, 2019; Giwa et al., 2020).

No formal information is known about the activities of the organized body of psychology in the increase of awareness and provision of affirmative practices that conform to international standards. However, some NGOs in the country provide medical, psychological, and social services to people with diverse sexual orientations. For instance, Diadem Consults, as an NGO provides HIV and healthcare support to SGD persons. Numerous NGOs, such as the Outright Action International, and The Initiative for Equal Rights

Table 1 Showing the current social and legal context, consequences, and roles of organized institutions

Current Status	Legality	Penalties	Roles		
Government	Psychology	NGOs	Psychology		
<p>Federal Law</p> <ul style="list-style-type: none"> • 2011: Passage of Same-Sex Marriage (Prohibition) Bills by the Senate of Nigeria (Upper House). • 2013: Passage of Same-Sex Marriage (Prohibition) Bills by the House of Representatives of Nigeria (Upper House). • 2014: Same-Sex Marriage (Prohibition) Bills Signed into Law 	<ul style="list-style-type: none"> • Depathologisation of the same sexuality (DSM-V, 2005) 	<ul style="list-style-type: none"> • 2014: Criminalisation: Civil union between same-sex persons and supporting activities are illegal. • Diverse Gender identities remained legal. 	<ul style="list-style-type: none"> • 14 years (Same-sex offender). • 10 years (providers of support e.g. gay clubs etc.). 	<ul style="list-style-type: none"> • Numerous NGOs (e.g., Diadem consults) provide HIV and health support. • Numerous NGOs (e.g. Outright Action International, The Initiative for Equal Rights, and many others) to provide psychosocial support to LGBT + persons in Nigeria. 	<ul style="list-style-type: none"> • No formal role of the body of psychology has been identified
<p>Sharia Law</p> <ul style="list-style-type: none"> • 1999: Adoption of Islamic legal systems by 12 Northern States (Bauchi, Borno, Gombe, Jigawa, Kaduna, Kano, Katsina, Kebbi, Niger, Sokoto, Yobe, and Zamfara). 		<ul style="list-style-type: none"> • 2000: The offense of sodomy against the holy prophet. 	<ul style="list-style-type: none"> • Punishment with canning of one hundred lashes and a year imprisonment (for the unmarried). • Execution by stoning to death (for married or previously married offenders). 	<ul style="list-style-type: none"> • No formal NGO activities are recorded in these regions. 	

Source: Olaseni and Nel (2024)

provide psychosocial support to SGD persons in Nigeria. The proposed imminent solution to the identified gap is the institutionalization of LGBT psychology.

The field of behavioural sciences (such as psychiatry and psychology) is saddled with the core responsibilities of scientifically determining what is normal and abnormal, what is adaptive and maladaptive in fairness to humanity (Glassgold & Drescher, 2007). Non-implementation of LGBT Psychology and affirmative practices for professionals in the academic and practice, respectively, contributes significantly to the pathologization, criminalization, and greater stigma experienced by the SGD communities (Matza et al., 2015). Knowledge of LGBT psychology is expected not only to advance human rights and development but also to provide means for ensuring and maintaining the mental health of people with diverse sexual orientations and gender identities.

Organized bodies of psychology domiciled in advanced countries have expanded the psychology curriculum that speaks to the reality of complexes in sexuality and gender nonconforming. The understanding and topics around sexualities and gender identities are core to the discipline of psychology, so every psychologist-in-training is saddled with the responsibilities of understanding what sexuality or gender identities are considered adaptive and maladaptive and the psychological rationale of its various classifications. Core to the ethics of the psychology discipline is the well-being of people and groups and the alienation of threats to human well-being (Ardila, 2015; Glassgold & Drescher, 2007). A large body of research suggests that mental health concerns are common among LGB individuals and often exceed the prevalence rates of the general population (King et al., 2017; World Health Organization [WHO], 2013). LGBT+ people experience high rates of physical victimization, criminalization, and social exclusion, which appear to contribute to depression, anxiety, and suicidal ideation (Horne et al., 2009).

The ambivalent concept of ‘depathologization’ of the same sexuality in the most adopted diagnostic manual in the field of psychology (DSM-5; in Nigeria) and ‘criminalization’ of sexual minorities by the Nigerian government created significant gaps in the teaching curriculum and practice of specialists within the field of behavioral sciences (psychiatry, psychology, etc.). Hence, there is a need for an updated training curriculum, and competent professionals to address numerous intrapsychic factors, such as depression, anxiety, internalized homophobia, and social challenges, such as; victimization/bullying/Hate speech, discrimination, sexual assaults and abuse confronting the LGBT+ persons and communities (Adie, 2019; Giwa et al., 2020; Makanjuola et al., 2018; Ogunbanjo et al., 2020).

Theoretical framework

This research is informed by the concepts of the Minority Stress Model (MSM: Meyer, 2003). The Minority Stress Model is fast becoming one of the most prominent theoretical and explanatory frameworks of SGD persons and communities. The concept of minority stress derives from several psychosocial theoretical directions, resulting in conflicts between minorities and dominant values, and the social environment experienced by members of minority groups (Meyer, 1995). The minority stress theory is that the differences between sexually and gender-diverse individuals and communities can be largely explained by stressors caused by hostile, homo-, bi, and transphobic cultures, often leading to lifelong harassment, abuse, discrimination, and harm (Meyer, 2003) and may ultimately affect quadrants of LGBT-Psychology (curriculum, research, outreach, & affirmative knowledge).

There is overwhelming evidence of increased mental health concerns among SGD people and communities, yet there are limited competent mental health providers to meet mental health needs (King et al., 2017; Nel & Victor, 2018; WHO, 2013). However, despite the passage of the anti-homosexuality law in 2014 putting pressure on the activities of the non-academic actors, some NGOs have documented much progress in terms of sensitization and provision of medical and psychosocial support, while not much is documented about the activities of the academic actors. The major course designated to bridge the gap in developed (and some developing) countries is LGBT psychology, designed to reconcile the gap between fallible social knowledge and scientific findings.

Clarke et al. (2010) shed more light on the understanding and contents of LGBT psychology for trainees in the field of behavioural science. Clarke et al. (2010) identified the following outlines [1] understanding the branch of psychology that is affirmative of LGBT people, [2] understanding the challenge of prejudice and discrimination faced by LGBT people, [3] the privilege of heterosexuality in psychology, and in the broader society, [4] LGBT concerns as legitimate contents in psychological research, 5) provision of a range of psychological perspectives on the lives and experiences of LGBT people, sexualities, and genders. The perspectives of Clarke et al. (2010) account for both the practice and research gaps in LGBT psychology in Nigeria. The field of psychology and psychiatry housed the reserved right of society and science to define what is abnormal and normal with a sense of fairness, both within and outside the profession (Glassgold & Drescher, 2007).

In sum, the need to advance sexuality and gender knowledge motivates the organized body of psychology to respond to the emerging knowledge gap within the academic space,

through the development and integration of LGBT psychology into the conventional psychology curriculum.

The current study set to assess and evaluate the current state of LGBT psychology in Nigeria and its implications for recommendations. The following specific objectives were developed based on the quadrants of LGBT psychology, which are to assess the.

- 1) ‘Curriculum and Education’ quadrant of LGBT psychology.
- 2) ‘Research’ quadrant of LGBT psychology.
- 3) ‘Outreach’ quadrant of LGBT psychology.
- 4) ‘Professional’ quadrant of LGBT psychology.

Research questions

1. Does the Nigerian undergraduate curriculum entail LGBT-psychology content compared to what is obtained in the United States of America and South Africa?
2. To what extent do psychology professionals research LGBT-related matters in Nigeria?
3. How engaged (outreach) is the organized body of psychology in Nigeria to the LGBT communities?
4. To what extent are the practicing psychologists caring for LGBT + persons or communities in Nigeria exposed to LGBT + affirmative training?

Study area/settings

The study setting is Nigeria, Africa’s most populous country with over 180 million people, and is in the western part of the African continent (Wright & Okolo, 2018). The Nigerian climate, like most other countries in Africa, has a long history of SGD populations (Alimi, 2015). The popular assumption among Nigerians was that the concept of LGBT is a Western imposition on African communities (Alimi, 2015; Mohammed, 2019). Nigeria also has the most diverse cultures in Africa, with more than 250 local languages.

All dominant tribes in Nigeria had and still have their historical cultural understanding of diverse sexual orientations and gender identities. For example, ancient Yoruba identified sexual minorities (SM) as ‘adofuro’ (a Yoruban word that means someone who engages in anal sex) and gender diverse (GD) individuals as ‘Lakiriboto’ (absence of binary gender assignment at birth due to ambiguous external genitalia) and/or ‘lågbedemeji’ (a person with a combination of penile and vaginal characteristics) (Alimi, 2015). Similarly, a historical reference to Hausa and/or

Fulani of Northern Nigeria revealed that northerners identified SGD persons with the descriptive name Yan Daudu (in the Hausa language, meaning that men are considered ‘wives’ to men). The Yan Dauda communities were typically same-sex attracted by the same sex, who thrived (and still thrive) in northern Nigeria (Alimi, 2015). In 2014, the Nigerian government passed into law an anti-homosexuality law against SM in the country (Omilusi, 2021).

Research design/approach

The research utilized a multi-method approach (positivistic & survey) to sort both primary and secondary data used in the study. To conform to the positivist paradigm and the deductive approach. Survey-based questionnaires are preferred for observing populations and answering quantitative research questions (LaDonna et al., 2018). The approaches permit researchers to explore the public documents of the organized body of psychology (including newsletter), approved training curriculum, publications, and survey subset of the population of interest in the country.

Population and sample

The population of the study survey phase is practicing therapists in Nigeria with experience/history of working with LGBT + persons or communities. The study participants are the one hundred twenty-four participants ($n = 124$) practicing therapists who consented to participate in the study. 57.3% ($n = 71$) of the study’s participants were female practitioners, while 42.7 ($n = 53$) self-identified as male practitioners. The participants’ age ranges between 21 and 66 years (mean = 39.5; SD = 05.03). Regarding participants’ sexual orientation, all the participants (100%) self-identified as heterosexuals.

Research tools

The qualitative phase of the synthesized needed information from the benchmark minimum academic standards (BMAS) for undergraduate psychology programs authored by the National Universities Commission (NUC), a governmental body saddled with the responsibilities of regulating and periodically ensuring that the curriculum of psychology teachings in the country is universal and meets the minimum standard as stipulated in the BMAS document.

The questionnaire booklets were made up of widely used and psychometrically sound instruments for the collection of data in the study. The questionnaire was made up of two sections, Section A-C:

Table 2 Showing related course contents in the field of psychology that speak to the psychology of sex and sexuality in the United States, South Africa, and Nigeria

Courses and applied course contents	USA	SA	NIG
Clinical Psychology/Psychopathology	E	E	E
• Sexual dysfunction (<i>erectile disorder, hypoactive sexual disorder, arousal disorder, orgasm disorder, etc.</i>)	✓	✓	✓
• Gender dysphoria	✓	✓	✓
• Paraphilic disorder (<i>voyeurism, sadism, exhibitionism, transvestism, etc.</i>)	✓	✓	✓
• Sexual and gender diversity	✓	✓	X
• Sexual health	✓	✓	X
Contemporary Issues in Psychology	E	E	E
• Diverse sexual orientations (<i>Lesbians, Gays, & Bisexuals</i>)	✓	✓	X
• Gender Non-conforming (<i>Transgender, Intersex, Queers</i>)	✓	✓	X
Psychology of Social Change	E	E	E
• SocialChange(<i>invocations and resistance; tradition vs. modernity; dynamics of peasant cultures</i>)	✓	✓	✓
• IdentityCrises(<i>Transgender, Queers, Intersex, etc.</i>)	✓	✓	X
LGBT Psychology/ Psychology of Sexual and Gender Diversity*	E	E	NE
• Historical perspectives of diverse sexual orientations and gender identity (<i>criminalization, pathologization/medicalization, decriminalization, de-pathologization</i>)	✓	✓	X
• LGBT Terminologies	✓	✓	X
• Theories of Identity Development	✓	✓	X
• Mental health and well-being of sexual and gender minorities.	✓	✓	X
• Approaches and ethical approaches to LGBT research	✓	✓	X
• Issues that impact LGBTQ+ people and communities	✓	✓	X
• Understanding the role that the field of psychology plays in supporting marginalized communities, specifically sexual and gender minorities.	✓	✓	X

Note: E means Enlisted; NE – Not Enlisted; ✓ - covered; X = Not covered

Section A Socio-Demographics section that measured respondents' data such as specialty, gender identity, age, marital status, highest educational attainment, and length of experience.

Section B Checklist of previous experience with LGBT training. This section explored the categorical checklist for participants to tick as applied. The checklists entail a tick for the absence of formal and informal training, a tick for the history of previous formal training (applicable to foreign-trained therapists), and a tick for the history of informal training experience (i.e. training through webinars, conferences, YouTube, etc.).

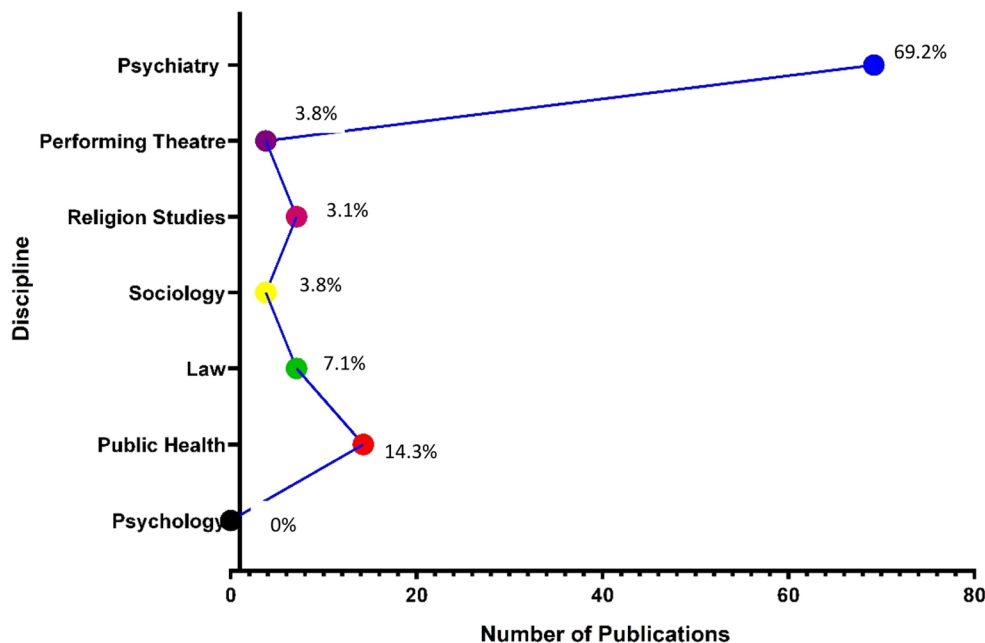
Section C Self-Efficacy working with LGBT clients was measured using the Lesbian, Gay, and Bisexual Affirmative Counselling Self-Efficacy Inventory (LGB-CSI). LGB-CSI is a 32-item scale developed by Dillon and Worthington (2003) to measure participants' self-efficacy in performing LGBT+-affirmative psychotherapy in Nigeria. The scale has five dimensions, namely advocacy skills, knowledge application, awareness, assessment, and relationship. LGB-CSI scores are obtained by adding all items of the mentioned subscales. LGB-CSI is

a six-point Likert scale with good internal consistency (Cronbach's $\alpha > 0.70$).

Data collection and procedures

As the study was a mixture of qualitative and quantitative kinds, qualitative content was recovered from the current benchmark for minimum academic standards (B-MAS), public documents of the Nigerian Psychological Associations, and published qualifying articles on some selected database databases (Google Scholar; PudMed & Elsevier) database between January 30, 2015 (period after the enactment of anti-homosexuality law in Nigeria) and April 2023 (deadline for data collection). The selected articles were LGBT-based publications by researchers / co-researchers affiliated with Nigerian institution(s). However, the quantitative data were retrieved through a set of in-print, structured, and validated questionnaires, which enabled an objective assessment of the constructs of interest in the study. Participants who self-identified as psychologists were included and met other inclusion criteria were included in the study. A detailed informed consent form (stating all ethical requirements) was made available to prospective participants who willingly consented and participated in the study.

Fig. 1 Showing the numbers of LGBT-related Publications for the year 2015–2022 in Nigeria



Participants were recruited using a purposive sampling technique because data collection of this nature is cumbersome to retrieve from the specialist due to the existing anti-homosexuality law in Nigeria. The data collection for the study spans from June 08, 2022, to April 25, 2023.

Data analysis

The document analysis method was adopted for the qualitative phase of the study, while a one-way analysis of covariance was used to test the importance of affirmative training of LGBT in self-efficacy for psychotherapy with SGD populations. Quantitative data were analysed using the statistical package for social sciences (SPSS v.27) and Prism Graph pad (version 16.0).

Results/Outcomes

This section presents the data analyses and results of the study. This section presents the interpretations of the document analyses the four cardinals of LGBT-Psychology and

establishes the quantitative findings of the study objectives that established the interplay between the study objectives 1 (curriculum and education) and 4 (professionalism).

Study outcome 1 (curriculum and education)

The finding in study objective 1 that proposed to assess the curriculum and educational quadrant of LGBT psychology in Nigeria was synthesized from the B-MAS for undergraduate psychology programs compared to the psychology curriculum obtained from the United States of America and South Africa as presented in Table 2.

The results in Table 2 show that related course titles, such as clinical psychology/pathology, contemporary issues in psychology, and psychology of social change, were included in the Nigerian curriculum and training standard as available in South Africa and the USA. However, the Nigerian course contents under clinical psychology/psychopathology cover topics like sexual dysfunction, gender dysphoria, and paraphilic disorder, but the scopes are not expanded and cover topics like sexual and gender diversity and sexual health. Similarly, the course title Contemporary Issues in Psychology does not cover the discussion of diverse sexual orientations and gender identities as a course content just like the curriculum of counterparts within the African continent (e.g. South Africa) and the Western communities (e.g. USA). However, the content of LGBT psychology subsumed under the course title ‘Psychology of social change named social change and identity crises’ was not covered in the Nigerian curriculum despite the inclusion of the psychology of social change in the curriculum.

Table 3 Showing LGBT-Related Outreach by organized body of psychology in Nigeria

Outreach	Record	
	D	ND
Formal LGBT-Based Outreach (involvement in National discussions, LGBT community engagements, position papers, etc.).	✓	
Formal LGBT-Based Broadcast (such as Website, Telegram, WhatsApp, etc.)	✓	
Academic Knowledge Sharing (LGBT themes during workshops/conferences, etc.)	✓	



Fig. 2 Showing the number of psychologists with a history working with LGBT clients in Nigeria.

Furthermore, Table 2 revealed that the Nigerian psychology curriculum does not incorporate LGBT Psychology/ Psychology of Sexual and Gender Diversity into the existing training curriculum like what is available in SA and the USA. The LGBT-Psychology/ Psychology of Sexual and Gender Diversity curriculum highlighted the following course contents: [1] historical perspectives of diverse sexual orientations and gender identity [2] LGBT terminology [3] theories of identity development [4] Mental health and well-being of sexual and gender minorities [5] Approaches and ethical approaches to LGBT research [6] Issues that impact LGBTQ+ individuals and communities [7] Understanding the role the field of psychology plays in supporting marginalized communities, specifically sexual and gender minorities.

Study outcome 2 (research)

The finding in objective 2 of the study that proposed to assess the research quadrant of LGBT psychology in Nigeria was synthesized from related published articles from 2015 to 2022 in the three main and rated publications (Google Scholar; PudMed & Elsevier) as presented in Fig. 1.

The descriptive analysis of the synthesized literature as shown in Fig. 1 revealed that the majority (69.2%) of the reviewed articles (e.g. Oginni et al., 2021; Mapayi et al., 2016; 2022; Sekoni et al., 2022; Sekoni et al., 2020; Ogunbajo et al., 2021; Makanjuola et al., 2018; and Oginni et al., 2021) were co-published by psychiatrists. The results also revealed that 14.28% of the LGBT-related articles (e.g. Ogunbanjo et al., 2020; Sekoni et al., 2016; McKay et al., 2017) were co-published by public health specialists, 07.1% of the LGBT-related articles were affiliated with the department of law (e.g. Okuefuna, 2016; Arimoro, 2018), 03.8% were affiliated with the department of sociology (e.g. Akanle et al., 2019), 03.8% of the articles were affiliated with the department of performing theatre (e.g. Okpadah, 2020), while none (0%) was affiliated with the department of psychology.

Study outcome 3 (Outreach)

The finding in objective 3 of the study that proposed to assess the outreach quadrant of LGBT psychology in Nigeria was synthesized from previously published flyers/workshops/conferences/outreach/communications issued by the organized body of psychology in Nigeria between 2015 and 2022 as presented in Table 3.

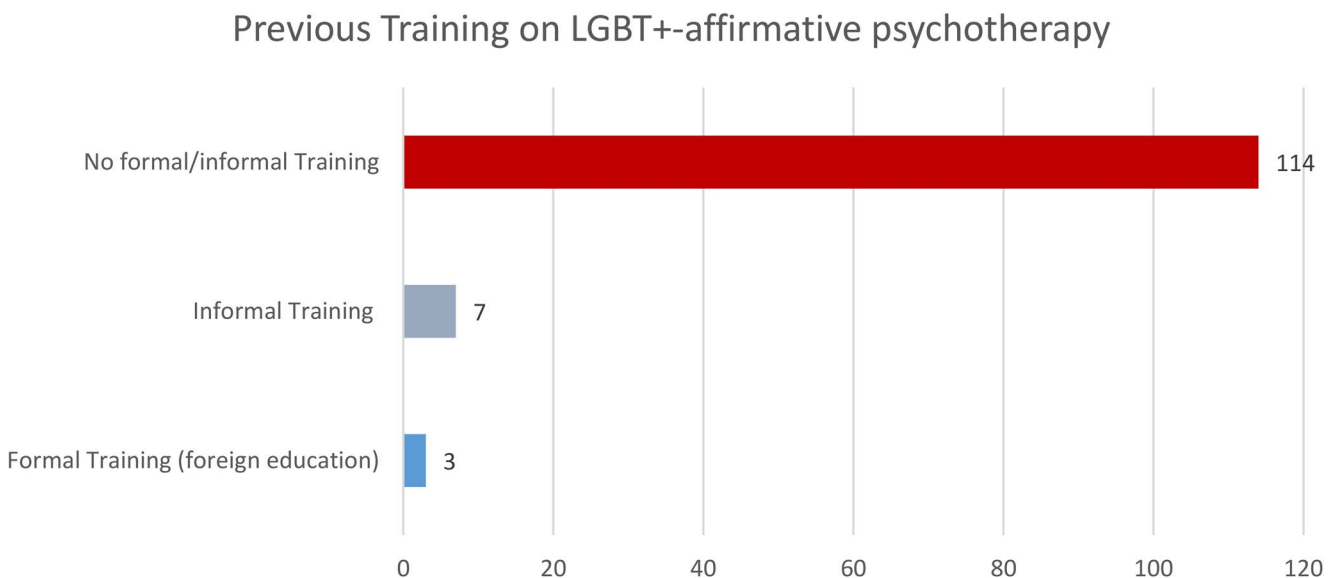


Fig. 3 Showing the distribution of previous training experience on affirmative psychotherapy for the SGD populations

Fig. 4 Scheffe post hoc analysis showing the influence of training experience on self-efficacy working with LGBT clients

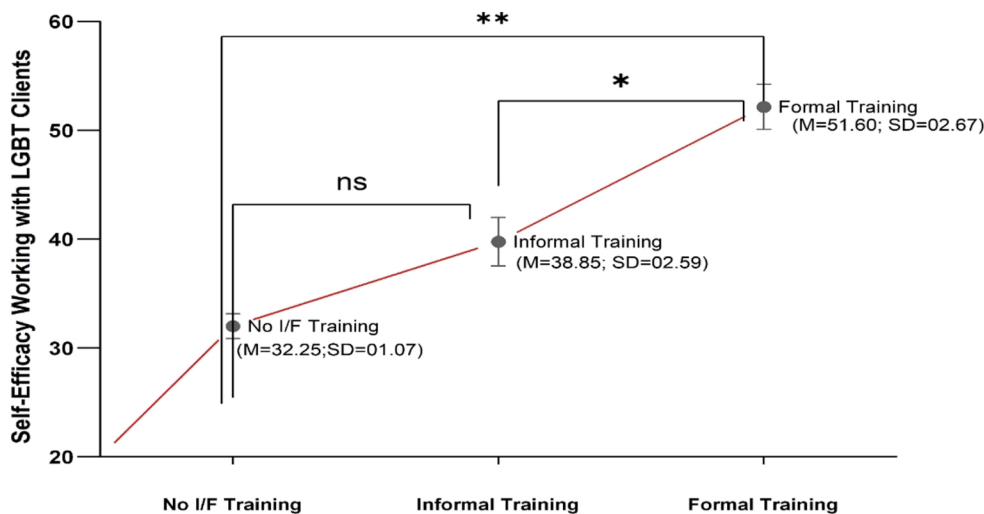


Table 4 Summary of one-way ANCOVA showing the influence of training experience on self-efficacy working with LGBT clients

Source	SS	df	MS	F	p	η_p^2
Length of experience	749.65	01	749.65	07.06	<0.05	0.056
LGBT training experience	16785.69	03	5595.23	52.66	<0.01	0.568
Error	12750.07	120	106.25			
Total	163725.00	124				

The results in Table 3 revealed that there was no documented outreach to the LGBT community based on an organized body of psychology in Nigeria. In other words, there was no record of the involvement of the organized body in national discussions, community engagements, or the publication of a position document on LGBT populations. In social media handles, there was no formal LGBT-based broadcast in the newsletters, websites, WhatsApp, and telegram handles of the organized body of psychology. Similarly, there were no LGBT-related topics recorded in the workshop/conference previously organized by the body of psychology between 2015 and 2022.

Study outcome 4 (Professional Practice)

The finding in study objective 4 that proposed to assess the professional practice quadrant of LGBT psychology in Nigeria was synthesized among practicing clinical psychologists caring for LGBT+ persons or communities was presented in Figs. 3 and 4.

Figure 2 revealed that majority of the participants (81%, $n=101$) reported having previously and/or currently provided psychological services to members of the LGBT communities, while the counterpart minority (19%, $n=23$) reported no history of working with self-disclosed clients

Figure 3 revealed that majority of the participants (91.9%, $n=114$) reported no history of formal and informal LGBT training, while 5.65% ($n=07$) of the participants had informal LGBT+ affirmative training, while 2.42% ($n=03$)

of practicing psychologists had formal LGBT+ affirmative training (during their foreign education pursuit) The findings in Figs. 3 and 4 revealed that most of the practicing psychologists who had (or still) attended to LGBT persons and communities had not informed training tailored toward the populations. The findings informed the need to examine the impact of Quadrant 1 (curriculum and education) on Quadrant 4 (Professional Practice) of LGBT psychology. Table 4 examines the influence of the LGBT training experience on self-efficacy in working with LGBT clients The results in Table 4 showed that the effectiveness of psychologists working with LGBT clients was significantly influenced by the experience of LGBT training ($F(03,120)=52.66$; $p<0.01$; $\eta_p^2=0.568$). Such that 56.8% (eta value x 100) of the perceived self-efficacy working with LGBT clients was accounted for by previous LGBT training experience. Since the significance was established in the F-value, a post hoc analysis was therefore conducted to determine the magnitude of the F-value (see Fig. 4)

Figure 4 revealed that psychologists with formal LGBT-affirmative training ($M=51.60$; $SD=02.67$) exhibited greater efficacy working with LGBT clients than counterparts with informal training ($M=38.85$; $SD=02.59$) and psychologists without formal and informal LGBT-affirmative training ($M=32.25$; $SD=01.07$). However, there were no significant differences in the efficacy of working with LGBT clients by psychologists without informal/formal training and those with informal pieces of training ($MD=06.60$; $p>0.05$).

Discussion

The study evaluated the stance of LGBT psychology in Nigeria, and the outcome also revealed that the Nigerian curriculum is somewhat sufficient with that of the reference counterpart in the study (i.e. USA and South Africa), following the enrolment of same courses (such as clinical psychology/pathology, contemporary issues in psychology and psychology of social change) in the Nigerian curriculum and training but the scope are limited and do not cover some important contents like sexual and gender diversity, sexual health, and social change and identity crises. Furthermore, the Nigerian psychology curriculum does not incorporate LGBT Psychology/Psychology of Sexual and Gender Diversity into the existing training curriculum as what is available in SA and the USA. The organized bodies of psychology in some developed and developing communities (such as the USA, UK, Philippines, Canada, Australia, South Africa, etc.) identified overwhelming knowledge and scientific findings of contemporary events of sexualities and gender identity and incorporated the identified knowledge gaps into a stand-alone course entitled ‘LGBT Psychology’ to keep psychology students abreast of the specific knowledge needed to understand human sexual and gender behaviours (Ardila, 2015; Clarke et al., 2010; Moreno et al., 2020). For the second objective, the descriptive outcome established that most of the published articles were co-published by psychiatrists, public health specialists, lawyers, sociologists, and academic artists. However, none of the reviewed articles was published by a psychologist. Research outputs played an important role in the scientific understanding of diverse sexuality and gender, co-morbid mental distress, and lived experiences of LGBT persons and communities, rather than the primitive dispositions that are well-rooted in religious ideology, punishable by death (Morgan & Nerison, 1993). In other words, superior arguments through scientific discoveries have changed the narrative of the same sexuality over the years, just like mental health illnesses that were at an early stage attributed to spiritual torments (Hooker, 1956; Sagarin, 1951). The finding implied that LGBT psychology has no visible place in the research focus of psychologists in Nigeria. This is evidenced in the the study that none of the authors of published articles on LGBT persons and communities self-identified as a psychologist or member of the Department of Psychology at any higher institution in Nigeria. There is a need to discuss LGBT Psychology at conventions or conferences, to incorporate scientific matters about the SGD populations. Meanwhile, the discussion of LGBT matter and scientific findings contributed significantly to the development of LGBT psychology in countries such as the Philippines (Ofreneo, 2013) and South Africa (Nel, 2009). The third objective revealed that there were no documented

LGBT community-based outreach, broadcast, and/or inclusive LGBT-related themes to workshops/conferences organized by the body of psychology, indicating the passive disposition of the psychology body in national discussions, newsletters, community engagements, or issuance of position paper regarding the SGD populations. Behavioural scientists such as psychologists are the core custodians of community well-being and psychology (PsySSA, 2017). Outreach is one of the responsibilities of professionals in taking scientific knowledge from the community members for public interest or further enhancing the community’s mental health and well-being (Smith, 1990). Psychologists as experts share knowledge to inform policymakers, engage media on issues of human behaviour, and take principle and formal stands on pressing social issues, especially when behavioural expertise is needed to contribute to debate and decision-making (Cohen et al., 2012). Outreach can be done through various social media channels (such as Facebook, newsletter, emails, etc.) or formal outreach (involvement in national discussions, academic conferences, community engagements, etc.). In South Africa, psychologists worked closely with CSOs to sensitize the masses and ensure competence in working with SGD populations (De Waal & Manion, 2006; Hoad et al., 2005; Reddy et al., 2009; Van Zyl & Steyn, 2005; Victor & Nel, 2017). The outcome of objective 4 showed that most of the participants reported having previously and/or currently rendered psychological services to members of the LGBT communities, while most also reported having no history of formal and informal LGBT training. In other words, most practicing psychologists lack informed training tailored to the needs of SGD populations. Further research revealed that the effectiveness of psychologists working with LGBT clients was significantly influenced by the LGBT training experience.

Recommendations

Based on the outcome of the study and as behavioural scientists and practitioners, the following recommendations were presented. The study recommends that the NUC expand some of the existing course content that talks about sexual disorders and gender identities to discuss the overview and scientific reasons why homosexuality was considered a disorder, while people with diverse sexual orientations were considered a marginalized set of people. The introduction of LGBT Psychology will ensure a good understanding of the history of LGBT psychology, affirmative practices, knowledge of past and current attitudes and behaviours towards LGBT people, including common misconceptions, prejudice, and discrimination, research, and ethics working with LGBT and other identified contents are

considered very important to fill the knowledge gap identified. The organized body of psychology is encouraged to update the psychology curriculum of Nigeria to bridge the training and theoretical gaps of students studying psychology in Nigeria. The curriculum adjustment will guide to exploration of LGBT issues and concerns in different areas of psychology and other content reported in the results section. In this regard, psychologists' academic outputs are expected to increase in publications, and thus address the need for more inclusive pedagogical and research practices, which will contribute to the challenging heteronormativity as it was experienced in global communities and South Africa (Nduna et al., 2017; Nel, 2009). For example, the organized body of psychology in South Africa took a leading role in Africa through the early introduction of LGBT psychology and the development of the Psychological Society of South Africa (PsySSA)'s Affirmative Practice Guidelines for Psychology Professionals, sufficiently promoted by the Specialized Division of Sexuality and Gender. The division focus areas are Research, Training, and Development; Education and Training; Experiential workshops; and Advocacy and Expert opinion (Nel, 2014). The implication of adjusted teaching, learning, and research into LGBT psychology also have significant and impactful implications in the ethics and practice guidelines for attending to people with diverse sexual orientations and gender identities. The American Psychology Association (APA) for the USA and the PsySSA for South Africans developed and published an affirmative guideline that assists practicing psychologists to operate within professional conduct and competencies while handling patients who are members of the LGBT community. Researchers or psychologists in practice are encouraged to collaborate with scholars from other countries to recognize the relative, cultural, and national specificities of LGBT lives and, in turn, contribute immensely to the international discussion and approach to LGBT psychology.

Limitations

The researchers evaluated and discussed LGBT Psychology in Nigeria, from the unique field of psychology mainly, other disciplines and scholars from different fields should explore and appraise the disposition and contributions to the LGBT course. The use of in-depth interviews and Focus Group Discussions to engage stakeholders in the organized body of psychology or key players in curriculum development may provide a more in-depth understanding of the factors affecting SGD populations and LGBT psychology in Nigeria and proffer potential solutions.

Conclusions

This article has provided information on the development and assessment of LGBT psychology in Nigeria, and what is available in other countries, specifically the USA and South Africa. The study concluded that the Nigerian course contents are sufficient as much as their counterpart nations (USA & SA), however, lacking some important course content (i.e. social change and identity crises; LGBT-Psychology/ Psychology of Sexual and Gender Diversity). The study further established that no LGBT-related published articles from 2015 to 2022 in Nigeria were credited/affiliated with the Department of Psychology. There was no documented outreach to the minority (LGBT) groups by the organized body of psychology. Lastly, the majority of the practicing psychologists reported having previously and/or currently providing psychological services to members of the LGBT communities, without formal and informal LGBT training. This article proposes specific recommendations to facilitate the emergence of LGBT psychology and to help develop the field in Nigeria, as it has already been established in many developed and developing countries as a formal area of psychological science.

Acknowledgements The authors would like to thank the practicing psychologists/counseling psychologists who volunteered to take partake in this study.

Author contributions AOO conceived the research ideas, organized the research, performed the studies, analyzed the data, and drafted the manuscript. JAN co-conceived the research ideas, provided the overall leadership across every role, and revised the entire manuscript. All authors contributed to writing sections of the manuscript and read and approved the submitted version.

Funding Open access funding provided by University of South Africa. The research was independently funded by the researchers. No funding was obtained from external sources for this research.

Data availability The raw data supporting the conclusions of this article will be made available by the authors, without undue reservation.

Declarations

Ethical approval A complete research proposal was submitted to the chair of the Ethics Review Committee (ERC) and an ethical approval letter (ERC/2022/s7733/0136) was subsequently issued. The study ensures strict compliance with confidentiality, anonymity, voluntariness, informed consent, and other principles. The letter of permission gave researchers access to participants who met the inclusion criteria.

Declaration of Interests Statement The authors have no known or foreseeable financial, material interests, obligations, and/or personal relationships or associations that are potent enough to influence the outcomes of the data and reporting in the article.

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