# Correcting the Data for the Professions

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Lake Charles, LA
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The Catholic University of America


The Ruth Institute



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## Falsehoods of the professions today

The professions are based on telling the truth: benefitting people's lives by expert knowledge. At root to "profess" means to commit one's life to truth, as in a religious profession, but today it more often connotes telling a falsehood. I'm going to present evidence that falsifies three inter-related claims presented as true by American professions today.

1. Homosexual persons are "born that way" and can't change. So
2. If you try to change sexual orientation it won't work, and
3. The attempt will encourage them to be suicidal.


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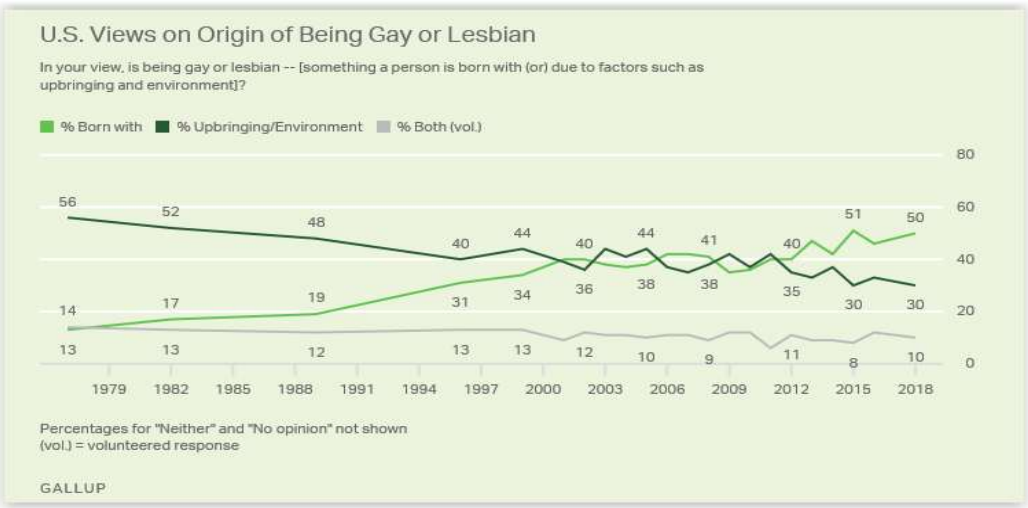
## ~~Sexual orientation can't change.~~

This influential idea is widely accepted as fact. The 2015 U.S. Supreme Court decision in Obergefell v. Hodges that legalized same-sex marriage in the United States turned on the reasoning that "their immutable nature dictates that same-sex marriage is their only real path" to a committed relationship.

Today most Americans believe gay people are born that way. Being homosexual is part of "who they are" and can't or shouldn't change. This is called essentialism.

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## ~~Sexual orientation can't change.~~

But scholars don't really believe it. No professional association has stated a conclusion that it is true.

A recent study in the Journal of Counseling Psychology, an APA publication, explains why: "contemporary discourse about the naturalness of SO stands in stark contrast to the centuries of cultural and scientific debate over the origins and meaning of SO. Nonetheless, since the declassification of homosexuality as a mental illness in 1973, psychiatrists, psychologists, and other mental health professionals have also reinforced essentialist beliefs about SO by challenging so-called "reparative" or conversion therapies aimed at changing an individual's SO, and by embracing human sexual diversity as a normal, biological phenomenon."

After administering a survey that finds many people do not agree with essentialism (we just in the Gallup data, only half do), the author concludes: "psychologists should be careful about assuming that our students, clients, and peers share our discipline's generally essentialist conceptualization of SO (i.e., that people are "born this way") and be especially conscious of challenging the idea that SO categories are discrete; that there is a such a thing as "normal" bisexual, lesbian, or gay person; and that SO is the defining aspect of LGB individuals." He encourages counseling psychologists "to encourage a more nuanced message about SO that affords space for a diversity of scientific knowledge and lay beliefs."

This is called "strategic essentialism."

[1]Grzanka 2016. Beyond born this way. Journal of Counseling Psychology.

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## Strategic essentialism

Distinguishes
**social essentialism** – the belief that gay and straight people are fundamentally different from each other

**trait essentialism** – the belief that sexual orientation is a fixed attribute that cannot be changed

Social conservatives tend to accept social essentialism and reject trait essentialism. Social liberals (like the author just cited) tend to reject social essentialism and accept trait essentialism.

This explains how liberals can affirm that gays can't and shouldn't try to change sexual orientation (because sexual orientation is a fixed attribute) but gender dysphoric people can and should change their gender identity (because males and females are not fundamentally different from each other).

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## Strategic essentialism

Therefore the goal of conservative truth-telling, research and advocacy, should be to assert that

--sexual orientation is not fixed and can change without harming anyone (though it can be pretty persistent).

--the differences between gay and straight people are fundamental and not at all trivial (though they are due to differences in behavior and belief, not an ontological difference).

And I would add:
--both same-sex orientation and gay behavior destroy the persons so afflicted; the first from within, the second from without.

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Born That Way

Remember this study? -- Polderman et al., "Meta-analysis of the heritability of human traits based on fifty years of twin studies". Nature Genetics (2015)

ANALYSIS

nature genetics



# Meta-analysis of the heritability of human traits based on fifty years of twin studies

Tinca J C Polderman[1,10], Beben Benyamin[2,10], Christiaan A de Leeuw[1,3], Patrick F Sullivan[4–6], Arjen van Bochoven[7], Peter M Visscher[2,8,11] & Danielle Posthuma[1,9,11]

**Despite a century of research on complex traits in humans, the relative importance and specific nature of the influences of genes and environment on human traits remain controversial. We report a meta-analysis of twin correlations and reported variance components for 17,804 traits from 2,748 publications**

Specifically, the partitioning of observed variability into underlying genetic and environmental sources and the relative importance of additive and non-additive genetic variation are continually debated[1–5]. Recent results from large-scale genome-wide association studies (GWAS) show that many genetic variants contribute to the variation

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Born That Way

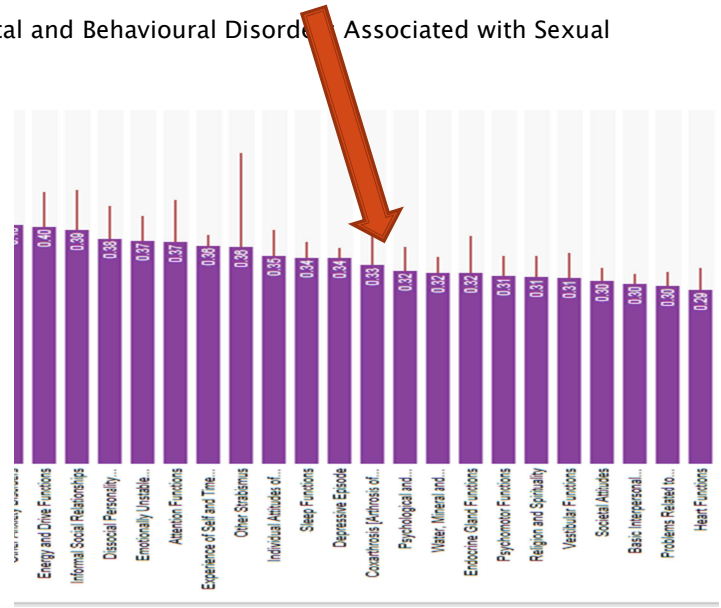
Polderman et al., "Meta-analysis of the heritability of human traits based on fifty years of twin studies". Nature Genetics (2015)

.32 = H2 (heretibality) for "Psychological and Behavioural Disorders Associated with Sexual Development and Orientation"

Bailey: "heritability is estimated as ....32, meaning that about a third of variation in sexual orientation is attributable to genetic differences."

Qazi Rahman, a psychologist at King's College London, confirms: "Genetic factors explain 30 to 40% of the variation between people's sexual orientation.

By context, religion and spirituality is 31% heritable, social attitudes 30%, individual attitudes 35%. None of these are considered innately compelled traits.

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Born That Way

These results were dramatically confirmed in August 2019 by a landmark study published in *Science*.

Instead of comparing twins, this study directly examined participants' genomes for markers of sexual orientation, a process known as a genome-wide association study (GWAS).

The researchers examined not just one, but three independent samples, and compared their common genetic features, altogether examining almost half a million cases.

Andrea Ganna et al., "Large-Scale GWAS Reveals Insights into the Genetic Architecture of Same-Sex Sexual Behavior," *Science* 365, no. 6456 (August 30, 2019): eaat7693, https://doi.org/10.1126/science.aat7693.

RESEARCH ARTICLE

HUMAN GENETICS

# Large-scale GWAS reveals insights into the genetic architecture of same-sex sexual behavior

Andrea Ganna[1,2,3,4*], Karin J. H. Verweij[5*], Michel G. Nivard[6], Robert Maier[1,2,3], Robbee Wedow[1,3,7,8,9,10,11], Alexander S. Busch[12,13,14], Abdel Abdellaoui[5], Shengru Guo[15], J. Fah Sathirapongsasuti[16], 23andMe Research Team[16], Paul Lichtenstein[4], Sebastian Lundström[17], Niklas Långström[4], Adam Auton[16], Kathleen Mullan Harris[18,19], Gary W. Beecham[15], Eden R. Martin[15], Alan R. Sanders[20,21], John R. B. Perry[12]†, Benjamin M. Neale[1,2,3]†, Brendan P. Zietsch[22]†‡

Twin and family studies have shown that same-sex sexual behavior is partly genetically influenced, but previous searches for specific genes involved have been underpowered. We performed a genome-wide association study (GWAS) on 477,522 individuals, revealing five loci significantly associated with same-sex sexual behavior. In aggregate, all tested genetic variants accounted for 8 to 25% of variation in same-sex sexual behavior, only partially overlapped between males and females, and do not allow meaningful prediction of an individual's sexual behavior. Comparing these GWAS results with those for the proportion of same-sex to total number of sexual partners among nonheterosexuals suggests that there is no single continuum from opposite-sex to same-sex sexual behavior. Overall, our findings provide insights into the genetics underlying same-sex sexual behavior and underscore the complexity of sexuality.

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Born That Way

## What did they find? -- Heritability

In their words:

their sexual behavior, we estimated broad-sense heritability—the percentage of variation in a trait attributable to genetic variation—at 32.4% [95% confidence intervals (CIs), 10.6 to 54.3] (table S4).

.32 = H2 (heritability) of sexual orientation, exactly the same as the twin studies !

The strong, replicated finding of objective, disinterested science is that environmental influences are twice as strong as genetic influences in the development of same-sex behavior.

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Born That Way

## What did they find? – No gay gene.

0 = number of gay genes. The study concluded definitively that "there is certainly no single genetic determinant (sometimes referred to as the "gay gene" in the media)" of same-sex sexual behavior.

0 = probability of anyone ever finding a gay gene. Instead of a single gene, the study found "many loci with individually small effects, spread across the whole genome … which additively contribute to individual differences in predisposition to same-sex sexual behavior". This polygenicity and non-specificity effectively precludes the possibility of genetic determinism; as the lead author stated to the New York Times, "it will be basically impossible to predict one's sexual activity or orientation just from genetics".

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Born That Way

## What did they find? – 0 = probability of anyone ever finding a gay gene.

Recall the distinction between monogenic (Mendelian) and polygenic (complex) traits:

| **Monogenes/Monogenic Inheritance:** | **Polygenes/Polygenic Inheritance:** |
|---|---|
| 1. They produce discontinuous variations in the expression of traits. | 1. Polygenes produce continuous variations in the expression of traits. |
| 2. A single dominant allele expresses the complete trait. | 2. A single dominant allele expresses only a unit of the trait. |

The study found that same-sex orientation is highly polygenic: "many loci with individually small effects, spread across the whole genome … additively contribute to individual differences in predisposition to same-sex sexual behavior". This polygenicity and non-specificity effectively precludes the possibility of genetic determinism; as the lead author stated to the New York Times, "it will be basically impossible to predict one's sexual activity or orientation just from genetics".

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Born That Way

## What did they find?

- **Sexual orientation** was not even a distinct trait, but **overlapped genetically with** "a variety of other traits, including externalizing behaviors such as **smoking, cannabis use, risk-taking, and the personality trait "openness to experience."** [1]
- Also, "the genetic effects that differentiate heterosexual from same-sex sexual behavior are not the same as those that differ among nonheterosexuals …, which suggests that there is no single continuum from opposite-sex to same-sex preference." [1] They call for reconceptualizing SSA and OSA as independent dimensions and an end to the use of the Kinsey Scale.
- With the study *Science* published a dozen or so editorials by LGBT scientists opposing its publication.

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Born That Way

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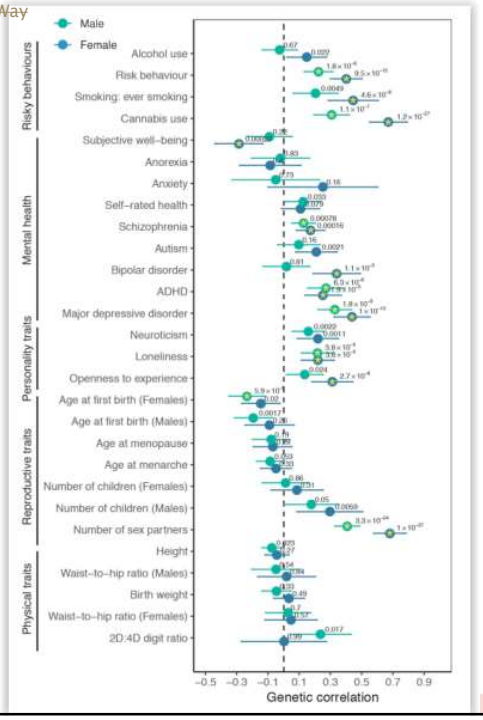
Born That Way




They found significant genetic correlations with a number of mental health disorders and personality characteristics: schizophrenia; ADHD; major depressive disorder; risky behavior, including smoking; and loneliness. Among women, sexual orientation was also correlated with bipolar disorder, openness to experience, and low subjective well-being.

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Born That Way

## "Sexual Orientation, Controversy, and Science"

June 2016 in *Psychological Science in the Public Interest,*
by 6 major mainstream sexuality scholars: J. Michael Bailey, Paul L. Vasey, Lisa M. Diamond, S. Marc Breedlove, Eric Vilain, and Marc Epprecht

## Science Consensus: Homosexuality "not mostly" Genetic

Based on the evidence from twin studies, we believe that we can already provide a qualified answer to the question **"Is sexual orientation genetic?"** That answer is: "Probably **somewhat genetic, but not mostly so**." On the one hand, that answer is not surprising, given the evolutionary pressure against genes that diminish reproduction, as genes for homosexuality likely do, especially in males (Vasey, Parker, & VanderLaan, 2014). On the other hand, we expect many people will find the conclusion surprising . . . . (p. 76)

"It is, of course, possible to change one's public sexual-orientation identity, and one can certainly make choices about whether one will or will not engage in same-sex or opposite-sex sexual behavior or become celibate."

Bailey et al. "Sexual Orientation, Controversy, and Science."
*Psychological Science in the Public Interest (American Psychological Association)*, June 2016, at 76.

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## Implications for Political and Therapeutic Freedom

On the grounds that they would be denying their immutable nature, numerous legislative and judicial efforts are currently underway to outlaw voluntary therapy for or to deny the legitimacy of adults who experience some level of same-sex attraction but do not want to engage in same-sex relations or identify themselves as gay or lesbian. In the very jurisdictions where persons with same-sex orientation are now free to identify as gay and to engage in same-sex marriage, there are those working to deny the same persons the freedom, if they want, to decline to identify as gay and to engage in opposite-sex marriage, on the premise that they would thereby be doing violence to who they really are. … If it ever did make sense on the premise that gay persons were genetically determined, in the absence of a compelling genetic difference it is impossible to reasonably maintain that tolerance of homosexual behavior requires intolerance of heterosexual behavior.

Sullins, Donald, 'Born That Way' No More: The New Science of Sexual Orientation (with Unpublished Science Letter to the Editor) (October 4, 2019). Public Discourse (2019), Available at SSRN: https://ssrn.com/abstract=3464342

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The first step of any therapeutic intervention is to refute the lie that a person is powerless.

The premise of a Christian intervention is that we seek to use our freedom, not to please ourselves, but to glorify God.

Perfect love overcomes slavish fear.

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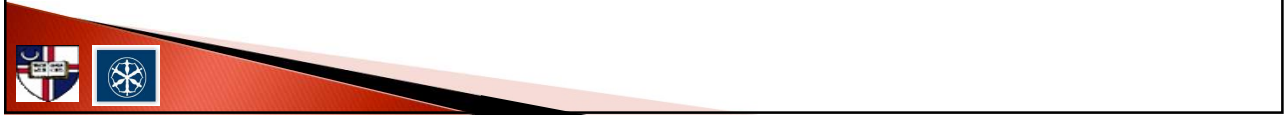
## ~~SOCE does not work~~

Therapeutic interventions to resolve unwanted same-sex attraction, behavior or identity are collectively known as Sexual Orientation Change Efforts (SOCE).

Many studies have concluded that SOCE is ineffective. Besides the usual problems (small non-random samples, vague measures) all but one or two have a disabling flaw: they only included samples of sexual minority persons. In other words, anyone for whom SOCE had worked was screened out of the sample, so the studies are only looking, by definition, at SOCE failures. This is like trying to judge the efficacy of marriage counseling by only looking at couples who subsequently divorced.

To try to correct this in March I published (with Christopher Rosik and Paul Santero) the first study of a sample of persons who had undergone SOCE without screening for results beforehand.



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F1000Research F1000Research 2021, 10:222 Last updated: 29 APR 2021

Check for updates

RESEARCH ARTICLE

**Efficacy and risk of sexual orientation change efforts: a retrospective analysis of 125 exposed men [version 1; peer review: 2 approved]**

D. Paul Sullins[1,2], Christopher H. Rosik[3,4], Paul Santero[5]

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[2]The Ruth Institute, Lake Charles, Louisiana, 70605, USA
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v1 **First published:** 18 Mar 2021, **10**:222
https://doi.org/10.12688/f1000research.51209.1

Open Peer Review

To try to correct this in March I published (with Christopher Rosik and Paul Santero) one of the first studies of a sample of persons who had undergone SOCE without screening for results beforehand.

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## Efficacy and Risk of Sexual Orientation Change Efforts

We examined a clinical sample of 125 men who had undergone SOCE with the hope of resolving unwanted same-sex attraction or behavior.

To measure perceived change or stability in sexual orientation, respondents were asked to indicate both at "six months before getting help" and "currently" how often they:
1) had homosexual sex;
2) experienced homosexual passionate kissing;
3) looked with lust or daydreamed about having homosexual sex;
4) desired romantic, emotional, homosexual intimacy;
5) had heterosexual sex;
6) experienced heterosexual passionate kissing;
7) looked with lust or daydreamed about having heterosexual sex; or
8) desired romantic, emotional, heterosexual intimacy.
For these eight items "sex" was defined as "touching genitals, oral, anal, or vaginal intercourse". Response options, coded 1-5 for analysis, were "almost never", "yearly", "monthly", "weekly", and "almost daily".

We also asked them to rate both their sexual attraction and sexual identity, six months before getting help and currently, on a modified Kinsey scale with response options of "heterosexual", "almost entirely heterosexual", "more heterosexual than homosexual", "bi-sexual", "more homosexual than heterosexual", "almost entirely homosexual", and "homosexual".

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## Results

**Table 2. Change in Attraction, Identification and Four Aspects of Behavior following SOCE (N=125).**

| | Prior to SOCE | Following SOCE | Difference (Wilcoxon) | Effect size |
|---|---|---|---|---|
| | Mean (SE) | Mean (SE) | P | Eta-squared |
| Attraction | 5.7 (.10) | 4.1 (.16) | .000 | -.56 |
| Identification | 4.8 (.18) | 3.6 (.17) | .000 | -.31 |
| Homosexual Sex | 2.4 (.14) | 1.5 (.09) | .000 | -.26 |
| Homosexual sex ideation | 4.5 (.08) | 3.2 (.12) | .000 | -.53 |
| Desire for Homosexual intimacy | 4.0 (.13) | 3.0 (.13) | .000 | -.33 |
| Homosexual Kissing | 1.8 (.11) | 1.4 (.08) | .001 | -.09 |
| Heterosexual Sex | 1.7 (.11) | 2.0 (.12) | .009 | .06 |
| Heterosexual sex ideation | 1.8 (.10) | 2.8 (.13) | .000 | .41 |
| Desire for Heterosexual intimacy | 2.5 (.13) | 3.4 (.14) | .000 | .37 |
| Heterosexual Kissing | 1.8 (.11) | 2.2 (.13) | .002 | .08 |

SOCE, sexual orientation change efforts. S.E., standard error. Effect size, eta-squared statistic, which expresses the difference in standard deviation between the distributions prior to SOCE and following SOCE.
Numbers in parentheses report the standard error; "P", p-value for the Wilcoxon signed-rank test for difference of two paired ordinal distributions, which expresses the probability of obtaining test results at least as extreme as the results actually observed if there was no difference between the distributions prior to SOCE and following SOCE.

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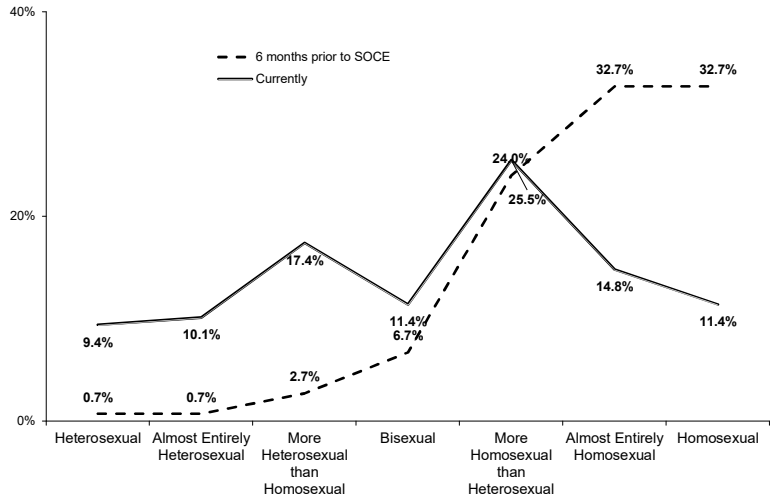
Average decline following SOCE was from 5.7 to 4.1 on the Kinsey scale, p <.000). Over 42.7% achieved at least partial remission of unwanted same-sex sexuality; 14% achieved full remission of unwanted same-sex attraction. (But 5% reported increased homosexual attraction after SOCE.)

Those who changed were more likely to be highly religious and married to a woman.

**Figure 1**

**Distribution of sexual attraction (heterosexual to homosexual) before and after SOCE treatment**




Source: Santero Data 2020

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Full integration of the different elements of sexual identity **tripled**, from 4.5% to 15.8%, after undergoing SOCE therapy. This may be a better measure of positive therapy outcome.

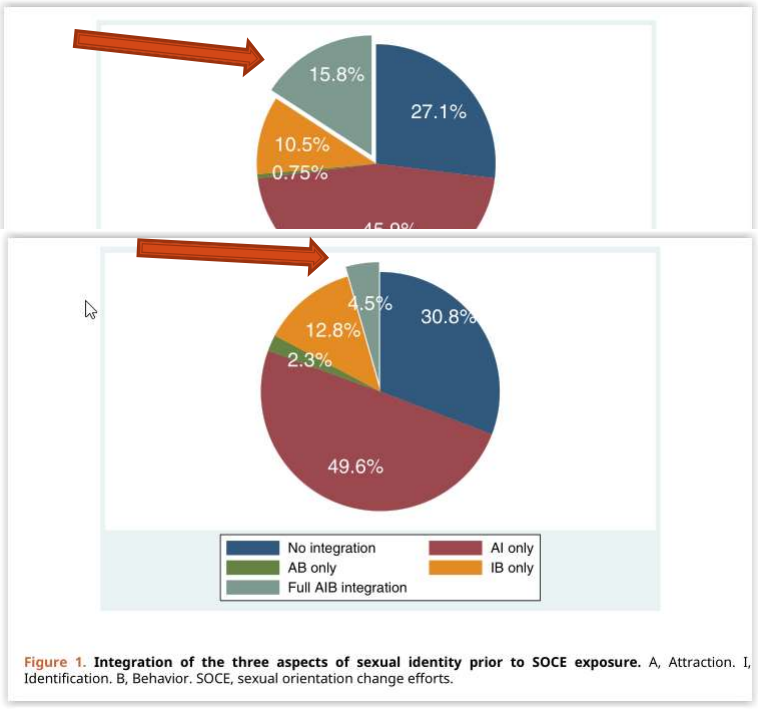


**Figure 1. Integration of the three aspects of sexual identity prior to SOCE exposure.** A, Attraction. I, Identification. B, Behavior. SOCE, sexual orientation change efforts.

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We also found net positive change in six areas of psychosocial function, including depression, suicidality and substance abuse.

**Table 9. Summary of positive and negative changes in six other areas of psychosocial function as a result of SOCE (in percent).**

| | Self-esteem | Social functioning | Depression | Self-harm | Suicidality | Alcohol/ substance abuse |
|---|---|---|---|---|---|---|
| | % (S.E.) | % (S.E.) | % (S.E.) | % (S.E.) | % (S.E.) | % (S.E.) |
| Positive changes | | | | | | |
| None/Not applicable | 5.6 (2.1) | 9.7 (2.7) | 26.8 (4.0) | 53.2 (4.5) | 62.1 (4.3) | 83.1 (3.4) |
| Slight or Moderate | 33.1 (4.2) | 39.5 (4.4) | 38.2 (4.4) | 20.2 (3.6) | 16.1 (3.3) | 4.8 (1.9) |
| Marked or Extreme | 61.3 (4.4) | 50.8 (4.5) | 35.0 (4.3) | 26.6 (4.0) | 21.8 (3.7) | 12.1 (2.9) |
| Negative changes | | | | | | |
| None/Not applicable | 77.4 (3.8) | 79.0 (3.7) | 66.1 (4.3) | 88.0 (2.9) | 83.1 (3.4) | 95.2 (1.9) |
| Slight or Moderate | 21.0 (3.7) | 16.9 (3.4) | 29.0 (4.1) | 8.9 (2.6) | 14.5 (3.2) | 4.0 (1.8) |
| Marked or Extreme | 1.6 (.01) | 4.0 (1.8) | 4.8 (1.9) | 3.2 (1.6) | 2.4 (1.4) | 0.8 (0.8) |
| Net Change (95% C.I.) | 2.4 (2.14-2.69) | 2.0 (1.74-2.26) | 1.26 (.95-1.57) | 1.03 (.73-1.33) | 0.76 (.46-1.05) | 0.43 (.20-.66) |
| P: Net Change not = 0 | .0000 | .0000 | .0000 | .0000 | .0000 | .0004 |

The question asked, "As a result of your change efforts, indicate the positive (negative) changes you have noticed in the following areas." Response options were "None", "Not applicable", "Slightly", "Moderately", "Markedly", or "Extremely so" [sic].
SOCE, sexual orientation change efforts. S.E., Standard Error; C.I., Confidence Interval; P, P-value, which expresses the probability of obtaining test results at least as extreme as the results actually observed if there was no Net Change.

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## ~~SOCE causes suicide~~

Twenty U.S. states, the World Health Organization, and several foreign governments have banned or restricted SOCE therapy. The main basis for these bans is that SOCE puts participants at higher risk of suicide. In February of this year the American Psychological Association (APA) issued a resolution supporting legislative bans on SOCE, which included:

*WHEREAS sexual minority youth and adults who have undergone SOCE are significantly more likely to experience suicidality and depression than those who have not undergone SOCE (Dehlin, et al., 2015; Ryan et al., 2018); and this elevated risk of suicidality, including multiple suicide attempts, persists when adjusting for other risk factors (Blosnich, et al., 2020; Green, et al., 2020).*

They cite Blosnich 2020 four times. But the study (and the others cited) is false. Here is why.

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SOCE and Suicide

## Sexual Orientation Change Efforts, Adverse Childhood Experiences, and Suicide Ideation and Attempt Among Sexual Minority Adults, United States, 2016–2018

*John R. Blosnich, PhD, MPH, Emmett R. Henderson, MS, Robert W. S. Coulter, PhD, MPH, Jeremy T. Goldbach, PhD, MSSW, and Ilan H. Meyer, PhD*

Published in July 2020, the study makes use of the Williams Institute's Generations data, based on a representative population sample of 1518 sexual minority adults. The data were publicly released August 25, 2020.

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*Results.* Approximately 7% experienced SOCE; of them, 80.8% reported SOCE from a religious leader. After adjusting for demographics and ACEs, sexual minorities exposed to SOCE had nearly twice the odds of lifetime suicidal ideation, 75% increased odds of planning to attempt suicide, and 88% increased odds of a suicide attempt with minor injury compared with sexual minorities who did not experience SOCE.

*Conclusions.* Over the lifetime, sexual minorities who experienced SOCE reported a higher prevalence of suicidal ideation and attempts than did sexual minorities who did not experience SOCE.

*Public Health Implications.* Evidence supports minimizing exposure of sexual minorities to SOCE and providing affirming care with SOCE-exposed sexual minorities. (*Am J Public Health.* 2020;110:1024–1030. doi:10.2105/AJPH.2020.305637)

Blosnich just measured ACEs additively, yet we know that sexual minorities have higher exposure to a more serious set of ACEs, such as sexual abuse. I initially thought that much of the suicidality difference would disappear after controlling for the content of ACE exposure. On that basis I joined Dr. Rosik in an editorial letter calling for further study.
What I discovered after examining the data is that the entire study is an elaborate falsehood. Its conclusions are not only untrue, they are emphatically the opposite of the truth.

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SOCE and Suicide

For SOCE participation respondents were asked, "Did you ever receive treatment from someone who tried to change your sexual orientation?"
Four questions addressed lifetime suicidal behavior:

1. "Did you ever in your life have thoughts of killing yourself?"
2. "Did you ever think about how you might kill yourself (e.g. taking pills, shooting yourself) or work out a plan of how to kill yourself?" and
3. "Did you ever have any intention to act on thoughts of wishing you were dead or trying to kill yourself?"
4. "Did you ever make a suicide attempt (i.e., purposefully hurt yourself with at least some intention to die)?"

Response options for each question were "No", "Yes, once" and "Yes, more than once".

Follow-up questions for the latter two responses asked how old the respondent was when they engaged in the behavior or SOCE. A full description of the survey methods and questionnaires has been published (Krueger et al. 2020).

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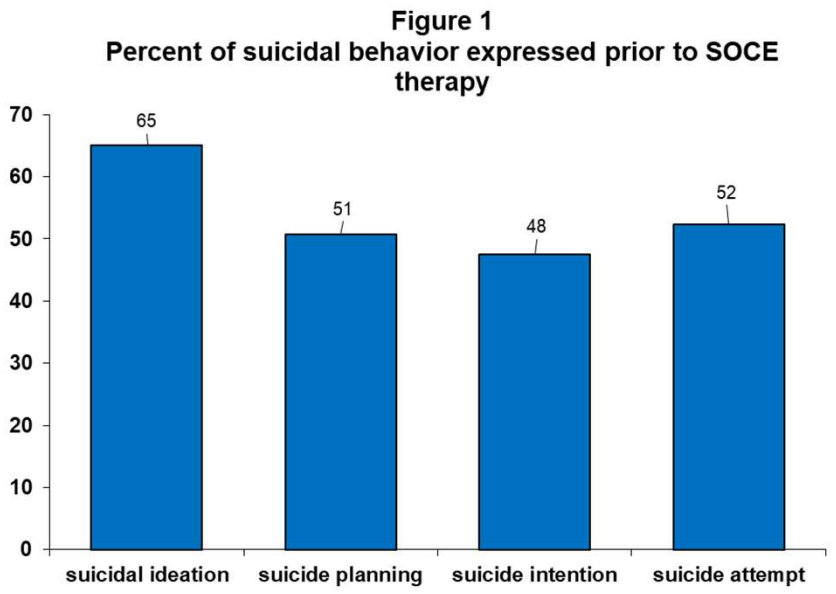
Blosnich et al. did not report when the suicidal behavior occurred relative to SOCE. This is a consequential omission because most suicidal behavior occurred prior to undergoing SOCE therapy, and thus could not possibly have been caused by SOCE.

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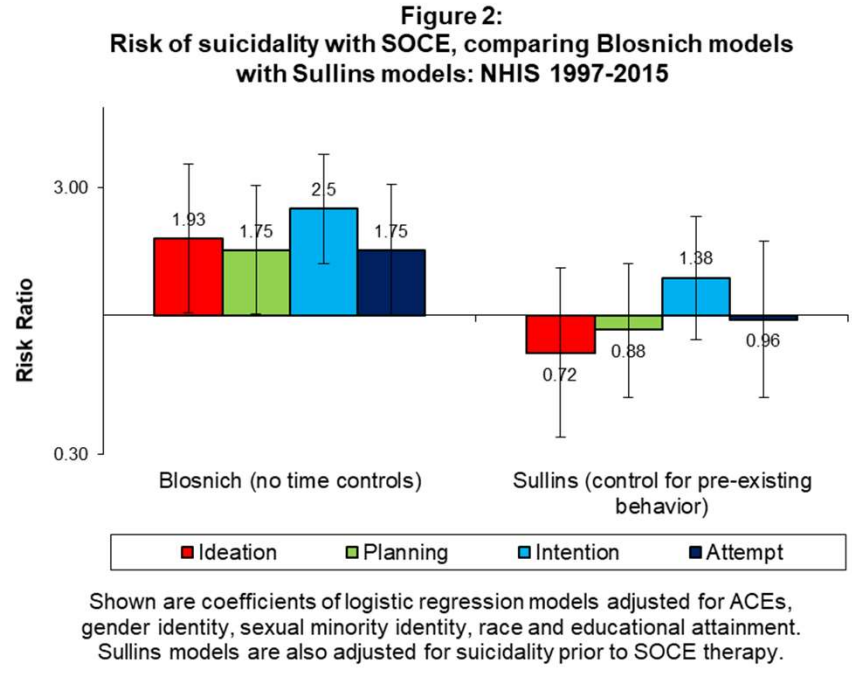
SOCE and Suicide

After controlling for pre-existing suicidality at the time of SOCE, all the associations of SOCE and suicidality reported by Blosnich et al. disappear. Three of the four risk estimates are less than one, meaning that persons are at greater suicide risk without SOCE than with it.

But that's not all . . .

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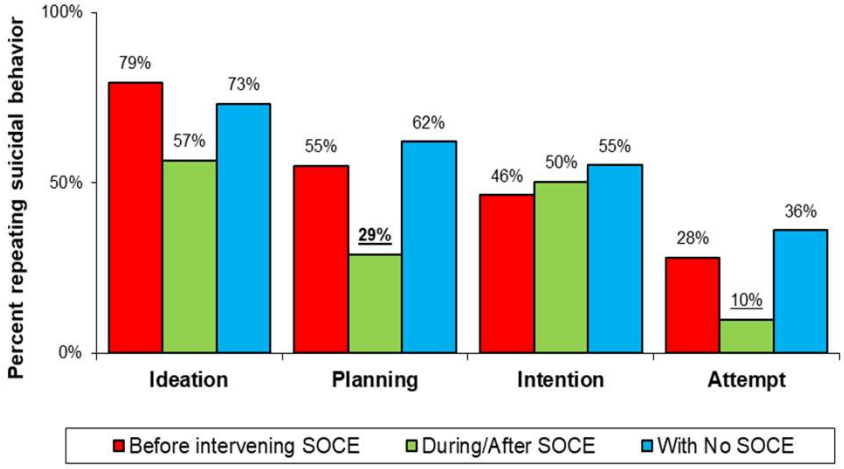
SOCE and Suicide

For all forms of suicidality, the percent who repeated their suicidal behavior is lower following SOCE than for those who did not experience SOCE. The effect is statistically significant for suicide planning and suicide attempts.

But that's not all . . .

**Figure 3:**
**Percent who repeated suicidal behavior when initial behavior was expressed before SOCE, during/after SOCE, and with no SOCE: Generations Data 2016-2018 (N=1518)**




**Shown are population-weighted percentages. Underlined values are significantly different from "No SOCE" by t-test.**

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SOCE and Suicide

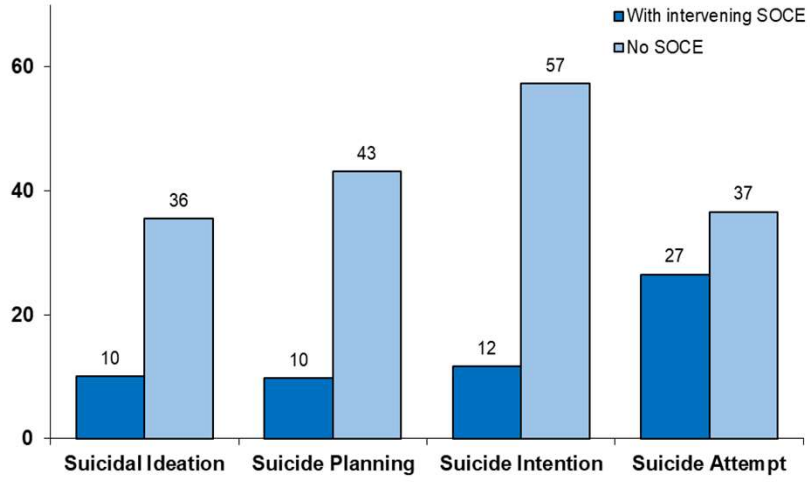
The most serious form of suicidality is a suicide attempt. The primary goal of much suicide intervention is to prevent thoughts or plans of suicide from leading to an attempt.

For all forms of suicidality, the percent of persons who attempted suicide was lower following SOCE than with no SOCE.

Except for prior suicide attempt, the differences are all statistically significant.

But that's not all . . .

**Figure 1**
**Percent suicide attempts following initial suicidal behavior, comparing SOCE to no SOCE**




**Source: Generations Data (n=1518), showing population-weighted percents**

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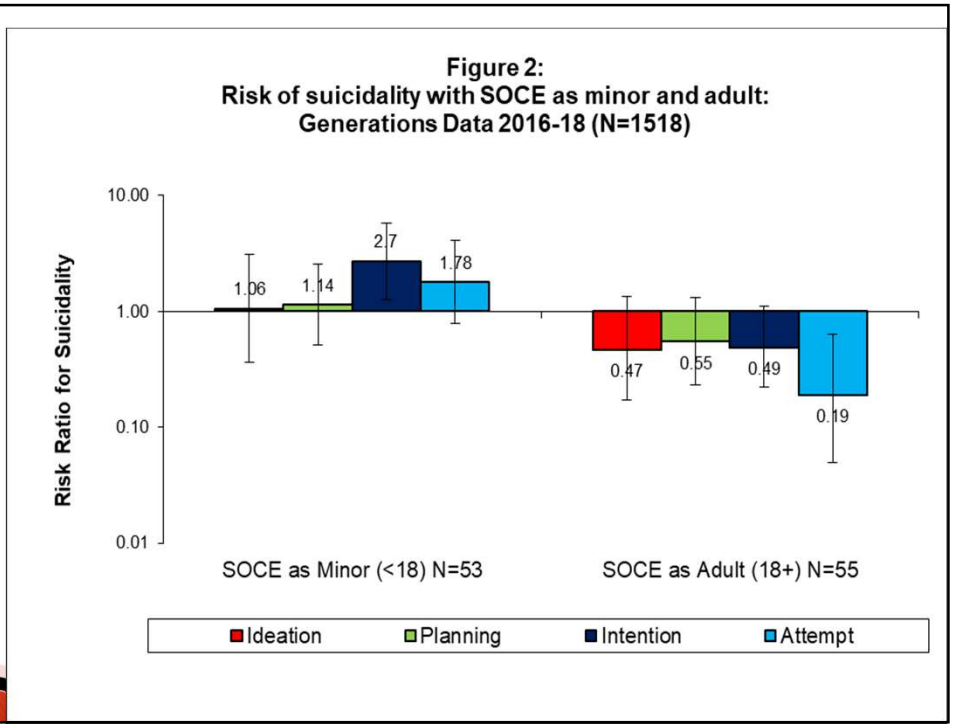
SOCE and Suicide

The effect of SOCE on suicidality is sharply partitioned by age at the time of experiencing SOCE.

For those who underwent SOCE as minors, all risk estimates are above 1, though only intention is significant. For those who engaged in SOCE as adults, all risk estimates are less than 1, though only suicide attempt is significant.

For adults undergoing SOCE the risk of a suicide attempt is reduced by 79%.

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SOCE and Suicide

# The Main Point

**We are in an age of falsehood.**

It is not just in journalism or popular media that the news has become fake. Science itself has become politicized, with well-connected and influential groups working to suppress evidence they don't like and promote false conclusions that serve their purposes.

Research such as I have shared today can face difficult hurdles to publication, but it is not impossible. Opponents have tried to "cancel" both of the SOCE studies, but there are honest and open journals and editors who eventually considered them. I encourage you not to believe or accept the falsehoods of today's politicized science, but also, more importantly, to speak the truth in any way you can.

I would be grateful for any feedback or suggestions on how to improve or expand this research and to disseminate these results in a way that would do the most good. Thank you for your kind attention. It has been an honor and privilege to speak to this distinguished group.

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# Referenced Studies with links

(They are all available online at no charge.)


Sullins, The Rev. D. Paul. Increasing Sexual Abuse of Minors by Catholic Priests: Findings from the 2019 Annual Report from the National Review Board, United States Conference of Catholic Bishops (July 2, 2020). Available at: http://www.ruthinstitute.org/_literature_247085/CSA_2020

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- For a copy of this presentation or to share any comments or suggestions, contact me via sullins@cua.edu or psullins@ruthinstitute.org , or just put your email address (clearly) on the signup sheet.


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