



INTERNATIONAL FEDERATION FOR
THERAPEUTIC & COUNSELLING CHOICE

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The IFTCC
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Herrn
Bundesgesundheitsminister Jens Spahn
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**IFTCC Statement zum Gesetzentwurf des Deutschen Bundestages
„zum Schutz vor Konversionsbehandlungen“**

Sehr geehrter Herr Bundesminister Spahn,

mit großer Sorge hat die IFTCC den Gesetzesentwurf des Deutschen Bundestages „zum Schutz vor Konversionsbehandlungen“ zur Kenntnis genommen. Unsere dringenden fachlichen wie humanitären Einwände haben wir in unserer Stellungnahme ausgeführt.

Mit freundlichen Grüßen

Dear Minister Spahn,

The IFTCC noted with deep concern the legislative proposal of the German Bundestag „zum Schutz vor Konversionsbehandlungen“. Enclosed please find the science-based IFTCC position statement and our deeply held humanitarian objections. (English and German).

Yours faithfully,

Dr. Mike Davidson, Chairman IFTCC

Dr. med. Christl R. Vonholdt, Vice-Chairman IFTCC

IFTCC Position Statement on

Legislative Proposal of the German Bundestag „zum Schutz vor Konversionsbehandlungen“ (“Protection against Conversion Practices”)

The “International Federation for Therapeutic and Counselling Choice” (IFTCC) is a multi-disciplinary organization seeking to preserve the rights and self-determination of individuals who experience unwanted sexual attraction or gender identity confusion. It upholds the rights of counsellors and therapists who wish to support them with evidence-based assistance, in a respectful and sensitive manner.

When considering the notion of “conversion practice”, the IFTCC uses quotation marks because the term conflates unethical practices such as long-discontinued electro shock and aversion therapies with conventional, standard change-allowing therapies and counselling. It is therefore a term that promotes an ideology.

The IFTCC categorically rejects electroshock, aversion therapies and coercive methods and takes a stand for the freedom and dignity of *every* person. It supports people in different countries and issues the following statement with regard to the legislative proposal (from 19 Feb 2020) of the German Bundestag:

In February 2020 the German Bundestag presented a legislative proposal „Protection against Conversion Practices“. This intends far-reaching restrictions to freedoms for individuals with unwanted sexual orientation or conflicting feelings regarding their gender identity (gender dysphoria). The restriction of these freedoms is factually unjustified. One of the main arguments for the proposed law – the alleged general harmfulness of “conversion practices” – is scientifically unfounded. There is no scientific evidence for the proposal’s claim that „harmful effects of conversion practices” are “scientifically proven.”

The expert report under the leadership of Prof. Dr. Peer Briken (Universitätsklinik Hamburg-Eppendorf), which underlies the legislative proposal, says, that the “non-experimental studies“, i.e. the newer studies, are methodologically inadequate and cannot be used for scientifically valid statements about causal relationships between “conversion practices” and benefit or harm.¹ The expert report explicitly refers to the „APA Task Force“ report (2009), which says: „There are no scientifically rigorous studies of recent SOCE [conversion practices] that would enable us to make a definite statement about whether recent SOCE is safe or harmful and for whom.“² It is incomprehensible then why this proposal states that proven harmful effects of “conversion practices” is one of the main reasons for the necessity of the law.³

Individual reports about perceived harmful effects (which occur in 5% –10 % of adults and in up to more than 20% of minors, across all forms of psychotherapy⁴) do not justify a general governmental ban. On the one hand Prof. Dr. Briken discards the many individual reports of beneficial effects of “conversion practices” as unscientific, but at the same time he appears to accept the likewise non-scientific anecdotal reports concerning harmful effects as decisive and determining. This is a serious concern since we are not dealing simply with an academic dispute. In fact it is about adopting a scientifically unfounded law which will prevent individuals who wish to get help to experience changes in their sexual attraction or to be able to psychologically accept their biological body.⁵

Since publication of the expert report (July 2019) scientific thought has notably progressed. Concerning the aetiology of sexual orientation, the expert report states that “constitutional factors are the predominant explanations (i.e., genetics, gen-environment interactions).”⁶ In August 2019 the journal “Science” published the largest genetic study to date and comes to a different conclusion. It states: “Behavioural traits, like sexual behaviour and orientation, are only partially genetic in nature. They are also shaped *in large part* by a person’s environment and life experiences. (...) Our genetic findings in no way preclude the additional influences of culture, society, family, or individual experiences... in the development of sexual behaviour and orientation.”⁷ (...) It is not possible to predict or identify someone’s sexual behaviour or sexual orientation from their DNA, nor was doing so our intention. ...knowing someone’s genetic information allows us to guess their sexual behaviour just about as well as guessing with no genetic information at all.”⁸

Many studies show that individual experiences may play a role in the development and changes of sexual attraction.⁹ The lesbian psychologist and researcher Lisa Diamond writes: New, large representative longitudinal studies show that between 25% and 75% of sexual minority individuals report substantial changes in their attractions over time.¹⁰ In most cases changes are in the direction of heterosexuality.¹¹

Since such changes occur spontaneously, possibly through new individual experiences¹², why then should there be a prohibition on open information that such changes may also occur during counselling, or initiated through counselling?

The expert report does not take into consideration the newer scientific findings of the “APA Handbook of Sexuality and Psychology” (2014). The handbook of the “American Psychological Association” is the authoritative reference resource of the APA. On the question of the aetiology of sexual orientation it says: “Biological explanations, however, do not entirely explain sexual orientation. Psychoanalytical contingencies are evident as main effects or in interaction with biological factors.”¹³ Referring to extensive research it says that for some individuals there are “associative or potentially causal links” between sexual abuse and the development of a non-heterosexual orientation.¹⁴ If processing these individual experiences may lead to changes in feelings and in sexual attraction, why should the possibility of such changes be prohibited in therapy simply because the person seeking help is only 17 years old?

The intended ban on “conversion practices” for minors who suffer from an incongruence between their biological based identity and their “felt gender identity” is especially grave. The legislative proposal will lead to a further increase of medically high-risk treatments¹⁵ with puberty blockers, cross-sex hormones and surgical interventions. Current data shows that the use of puberty blockers starts a process which in most cases will lead to irreversible sterilization¹⁶ in these children.¹⁷ Data also shows that minors who, through puberty blockers, are led onto the path of transitioning will very often have no further possibility to overcome their gender dysphoria.¹⁸ By contrast, children who are allowed to go through puberty normally, will in most cases lose their gender dysphoria.¹⁹ Ironically, counselling children or teenagers with the aim of reconciling them with their biological sex will be a punishable offense under the new proposed law on “conversion practices”.

These examples show that scientific debate needs to continue – without political interference, and that a governmental ban on “conversion practices” has no factual or scientific foundation.

A detailed scientific statement about why the IFTCC opposes therapy bans as they are planned in several countries is here (in English): <https://tinyurl.com/y8j68tdd>.

This document is also available in German.

REFERENCES:

- ¹ Briken, P., Gutachten im Auftrag der Bundesstiftung Magnus Hirschfeld (BMH) zur Fragestellung von so genannten Konversionsbehandlungen bei homosexueller Orientierung. 10.7.2019: „Die nicht-experimentellen Studien sind nicht geeignet, um Kausalaussagen zu treffen.“ (S. 21) „Zusammenfassend kann gesagt werden, dass die Datenlage zu negativen Folgen von SOCE ähnlich problematisch ist wie zur Wirksamkeit: die Daten lassen kaum Kausalaussagen zu.“ (S.22)
- ² „There are no scientifically rigorous studies of recent SOCE that would enable us to make a definitive statement about whether recent SOCE is safe or harmful and for whom.“ APA Task Force Report 2009, S. 83. The Task Force does not demand a therapy ban.
- ³ The other main argument in the legislative proposal for a ban is that homosexuality is not an illness. However, this argument is not valid either. Reasons for seeking counselling or therapy are often not an illness. Marriage counselling, therapeutic counselling regarding a decision about divorce or not; high levels of stress in relationships or at work, bereavement reactions, unplanned pregnancy – these all and many more are reasons why individuals seek a therapist or counsellor.
- ⁴ „Any discussion of alleged harms must be placed in the broader context of psychotherapy outcomes in general. Extensive research has shown that 5-10 percent of adult clients across all forms of psychotherapy are worse after treatment and that higher deterioration rates – sometimes exceeding 20 percent – have been reported for children and adolescents in psychotherapy (Lambert 2013; Lambert and Ogles 2004; Nelson et al. 2013). Deterioration rates would need to be established for professionally conducted change allowing therapy significantly beyond 10 percent for adults and 20 percent for youth in order for claims of approach-specific harms to be substantiated. There is no evidence for this.“ Footnote 21 in “Serious harmful Implications of Therapy Ban Bills”. <https://tinyurl.com/y8i68tdd>
- ⁵ The proposed ban is foremost for individuals below 18 years of age, However, as the legislative proposal prohibits any public promotion of counselling that is open for possible change processes, the severe restriction of freedoms applies to adults as well.
- ⁶ „Die Ätiologie sexueller Orientierung wird heute überwiegend als multi-kausal angesehen, wobei konstitutionelle Faktoren in den Erklärungen überwiegen (z.B. Genetik, Gen-Umwelt Interaktion).“ Briken, P., see footnote 1, S. 23. <https://geneticsexbehavior.info/> Emphasis added.
- ⁷ See footnote 7.
- ⁹ For example: Laumann, E., The Social Organization of Sexuality, 1994.
- ¹⁰ Diamond, L., Sexual Fluidity in Male and Females. *Curr Sex Health Rep*, 2016, 8:249-256.
- ¹¹ Diamond, L. et al., Scrutinizing Immutability: Research on Sexual Orientation and Its Role in U.S. Legal Advocacy for the Rights of Sexual Minorities. *J Sex Research* 2016, 00: 1-19.
- ¹² Sexual orientation is viewed as continually evolving out of an individual’s sexual and emotional experiences, social interactions, and the influence of the cultural context.“ Kinnish, K., Sex Differences in the Flexibility of Sexual Orientation: A Multidimensional Retrospective Assessment. *Arch. Sex. Behavior*, 2005, 34, 2, 173-83.
- ¹³ Rosario, M. et al., Theories and Etiologies of Sexual Orientation. In: *APA Handbook of Sexuality and Psychology*, 2014, Vol 1, p. 583.
- ¹⁴ Mustanski, B. et al., Development of Sexual Orientation and Identity. In: *APA Handbook of Sexuality and Psychology*, 2014, Vol 1, p. 609-610.
- ¹⁵ Laidlaw, M., The Pediatric Endocrine Society’s Statement on Puberty Blockers Isn’t Just Deceptive. It’s Dangerous. <https://www.thepublicdiscourse.com/2020/01/59422/>
- ¹⁶ However, it says in the German law (BGB §1631c) on “Prohibition of Sterilization“: “1. Parents cannot consent to a sterilization of a child. 2. The child itself cannot consent to a sterilization either.“ - According to German castration law (Kastrationsgesetz §2) castration is only allowed when a person has completed the age of 25.
- ¹⁷ In a groundbreaking study from the Netherlands with children between 11 and 17 years old who received puberty blockers, all of them (100%) decided to continue with cross-sex hormones. In a follow-up study the majority then also decided to undergo surgical interventions. De Vries, A. et al., Puberty suppression in adolescents with gender identity disorder: a prospective follow-up study. *J Sex Med*. August 2011. De Vries, A. et al, Young Adult Psychological Outcome After Puberty Suppression and Gender Reassignment. *Pediatrics*, September 2014.
- ¹⁸ See footnote 17.
- ¹⁹ Children who are permitted to process puberty normally will in 61% to 98% outgrow their gender dysphoria. Laidlaw, M., Letter to the Editor. November 2018. <https://academic.oup.com/jcem/article/104/3/686/5198654>