

Psychiatry and Psychological Counseling

Practitioners

Beijing LGBT Center

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## **Abstract**

In 2014, Beijing LGBT Center published a Report on the Mental Health of LGBT people in China. According to the report, from a sample of 1653 sexual minorities, only about 37% of the participants thought of seeking psychological services, while 55% of them said that, although they thought they were in need of such service, they would not seek it. In addition to worrying about the cost, the main reasons why some choose not to seek psychological counseling is the possibility of being treated negatively or even in a hostile manner by counselors, not to mention the risk of having their sexual orientation revealed.

Since the second half of 2014, in order to explore the attitudes of mental health and psychological counseling practitioners towards sexual minorities and conversion therapy, so as to provide a range of mental health services and carry out advocacy work, Beijing LGBT center has been actively gathering resources, and designed a questionnaire called "Awareness and Attitudes towards Gender/Sexual Minorities among Psychiatry and Psychological Counseling Practitioners". Using a self-report questionnaire as the main tool, and by sampling interview method, the center aimed to survey nationwide psychiatrists and psychological counseling practitioners, in order to understand their views towards sexual minorities and conversion therapy. It is hoped that through the analysis of the questionnaires we can achieve the following objectives: 【中文】三个目的。

- a. To understand psychiatrists and psychological counseling practitioners' cognition, attitude and level of acceptance towards gender and sexual minorities, as well as the possible influencing factors;
- b. To understand psychiatrists and psychological counseling practitioners' attitude towards conversion therapy, as well as the possible influencing factors;
- c. To provide sexual minorities with a greater number of mental health service, and provide LGBT organizations with more data to work on de-pathologization.

By July 2015, Beijing LGBT center had collected 1188 questionnaires in total, 430 of them as hard copies and 758 of them having been completed online. Among them, 996 responses were valid (83.84% of total sample). 28个省市 The participants came from 27 provinces across the country, with 59% being practitioners in psychiatric health, 39%

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in counseling, while the remaining 10% was constituted by other professionals in mental-health-related fields. The data analysis performed on SPSS revealed the following: 【中文】版本问题

- a. Generally speaking, most psychiatrists and psychological counselors are willing to receive GSM visitors and are comfortable with their counseling; however, some respondents still have misconceptions about GSM.
- b. There is still much work to do on the elimination of conversion therapy based on the evaluation of the current situation.

c. The key factor affecting psychiatrists and psychological counselors' attitudes towards GSM is their knowledge about GSM, with their attitude strongly affecting their behavior towards conversion therapy. Therefore, relevant training in gender diversity will have a great impact on improving their knowledge as well as reducing the possibility of them conducting conversion therapy.

### Review

### 1.Background

O Up to October 2015, only 21 countries allowed same-sex marriage. Homosexuality is still illegal in 75 countries and punishable by death in 8 of these. As for transgender people, so far, there is neither a legislation that explicitly criminalizes them, nor one which protects them from discrimination. Some Asian countries adopt the concept of "third sex" and allow people to go through gender identity disorder assessment by psychiatrists; if the results meet the standards, they may have sex reassignment surgeries.

In China, according to an investigation by Liang Bin in 2012, 41.2% of 1762 college interviewees in Chengdu thought homosexuality violated Chinese ethics. In the same year, the Aibai **Cultural Development Center released** a report about campus bullying in Guangzhou, pointing out that 77% of the 421 student interviewed experienced 17 different types of bullying because of their sexual orientation and gender identity. In 2013, Aibai Cultural Development Center published a report on sexual minorities in the work place, pointing out that 60.06% of 2161 interviewees had encountered discrimination and unfair treatment at work, 38.5% had experienced verbal abuse,

and 30.45% had not been treated with the respect they deserved. The report also showed that some interviewees encountered crowding-out, embarrassment, dismissal, sexual harassment and even physical violence. In summary, LGBT people in China experience massive discrimination because of their non-normative sexual orientation, gender identity, and gender expression. Their rights, such as equal employment and marriage, are not guaranteed nor respected.

A repressive social environment most definitely has an impact on the mental health of sexual minorities. In 2010, Huang Fengrong surveyed the mental health and sexual behavior of 52 gay and lesbian teenagers. Compared to heterosexuals, gay people are more prone to having mental issues. Huang stated that the focus of mental treatment should be to address the mental issues of gay people as caused by their social environment, rather than to convert their sexual orientation. Lv Na (2014) pointed out in her research that many transgender people faced mental problems and pressure in their daily lives, with some of them seeking help through mental counseling. The research proposed affirmative counseling for transgender people.

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In 2014, Beijing LGBT Center pub-"A Report on the Mental Health of LGBT people in China". The report showed that 116 of the 1653 interviewees had received mental health services in the past 12 months, most of which aimed at relieving pressure and improving the mood, or reducing symptoms of depression and anxiety. 151 interviewees had considered seeking conversion therapy. However, the data showed that there was no significant correlation between their score on the sexual orientation scale and the willingness to undergo conversion therapy, thus suggesting that sexual identity disorder was not to be considered the reason for the interviewees' willingness to receive conversion therapy. Rather, the report stated that the two most mentioned reasons were "gaining acceptance from parents and relatives" and "conforming to society".

In short, compared to heterosexuals, LGBT people in China are more prone to having mental problems. But these problems are mostly caused by the social environment rather than their own sexual orientation and gender identity.

© In 1973, the American Board of Psychiatry and Neurology (ABPN) removed homosexuality from the Diagnostic and Statistical Manual of Mental Disorders (DSM) and from the list of diseases appearing in the third edition

of the DSM in 1980. Although the DSM came up with the concept of ego-syntonic homosexuality, this concept was also removed in the revised edition published in 1987. This means that the US achieved the depathologization of homosexuality in 1987 and no longer consider homosexuality to be a disease of any kind.

As for Europe, in May 1990, the World Health Assembly (WHA) passed ICD-10, whose most important revision was the removal of homosexuality from the reasons why patients seek medical treatment. This means that ICD-10 has not considered homosexuality a disease of any kind ever since.

However, in China, homosexuality was not decriminalized until 1997, when the crime of "hooliganism", under which homosexuality used to appear, was broken down into several charges (Guo Xiaofei, 2007). In 2001, homosexuality was removed from the third version of the Chinese Classification of Mental Disorders (CCMD) and was no longer considered as a criterion for mental disorder diagnostics. However, CCMD-3 has kept the diagnosis of "sexual identity disorders", which includes homosexual, bisexual and other sexual identity disorders. The "Mental Counseling: basic knowledge manual (2012 edition), published by the Chinese Association for Mental Hygiene, still contains strong discriminatory language stigmatizing LGBT people.

中国心理卫生协会: Chinese Association for Mental Health

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In China, due to the significant lack of knowledge concerning sexual minorities, and textbook misinterpretations about the same topic, many counseling practitioners still consider the sexual orientation and gender expression of LGBT people to be a diseases, hence they continue practicing conversion therapy on LGBT people. As early as 1988, two doctors, namely Liu Zhizhong and Liu Xiehe, published an article that illustrated their practices of conversion therapy on 8 gay people from 1984 to 1987, claiming that, by using behavioral therapy, 4 were fully "cured" and "successfully" changed into heterosexuals. According to incomplete statistics, from 1988 to 2010, at least 21 gay people were "cured" by psychiatrists and mental counselors using treatments such as behavioral therapy, cognitive therapy, problem-solving therapy etc., and hence they started living as "normal heterosexuals." (Tang Rixin, 2012)

Some institutions in the USA, UK, Australia, and other countries have already published reports suggesting that there is no scientific evidence supporting conversion therapy and that, instead of changing sexual orientation and gender expression, conversion therapy has a negative impact on LGBT people. For example, the National Center for Lesbian Rights published a report in 2014, pointing out that the suicide rate of sexual minorities who have gone through conversion therapy

is 8.4 times higher than that of average people, with their depression rate being 5.6 times higher. Moreover, if the patients of conversion therapy were to be children or teenagers, this would be considered even more ethically controversial. As a result, several institutes 多了个空格 in the USA and the UK have published announcements to prohibit conversion therapy. From 2000 onward, the American Psychological Association required its members to sign the Guidelines for Psychotherapy with LGB Clients. This guideline points out that members of APA must understand that non-heterosexuality is not a mental disease, that conversion therapy is not scientifically proven, and that greater efforts must be made in order to understand LGBT people.

Up to October 2015, governmental departments in China have never published any similar announcements. However, through a large scale investigation, Beijing LGBT Center and other institutions in the field found that conversion therapy still existed in mental hospitals and clinics nationwide. This may lead many parents of LGBT people to believe that homosexuality is a disease, to regard their children as

"curable", and thus to force them to go through conversion therapy. In fact, Beijing LGBT Center has received several calls for help since its foundation in 2008. In 2012, a lesbian in Changchun came to the Center for help. She suffered long-term domestic violence because of her lesbian identity; she was thought to suffer from a mental disorder by her parents and was sent to mental hospitals for conversion therapy. She finally ran away from her home. Moreover, a gay man in Suzhou was forced to travel to Shanghai for conversion therapy by his parents. Luckily his strong opposition to such decision made his parents compromise. Many LGBT people have asked the Beijing LGBT Center to provide a list of LGBT affirmative mental clinics, because they were forced to see psychologists, or even to go through conversion therapy when their parents found out about their sexual orientation. Therefore, there is a strong need for LGBT affirmative psychiatrists and mental counselors in China.

According to the Report on the Mental Health of LGBT People in China published by the Center in 2014, 610 out of the 1653 respondents considered seeking mental health services, out of which about 60% preferred professional and LGBT affirmative institutions like Beijing LGBT Center. As they were unaware about the psychiatrists' and mental counselors' attitude toward LGBT people in the average clinic, they decided not to turn to these, even though they were in significant need of mental health services. So far, an investigation on the recognition and attitudes of psychiatrists and mental counselors toward LGBT people in China is still non-existent; therefore, it

is necessary and important to conduct such an investigation.

To better understand the awareness and attitude of psychiatrists and mental counselors toward LGBT people, eliminate the misconceptions and discrimination against them, and reduce practices of conversion therapy on LGBT people, Beijing LGBT Center launched a LGBT affirmative counselor training program in different areas of China, starting in December, 2012. The program is the first-ever of its kind, focusing on LGBT affirmative counseling training in China, and has represented a great contribution to the work of anti-discrimination, the phasing out of conversion therapy, and the depathologization of homosexuality. But these achievements are far from enough. We need to try our best to understand the attitude of psychiatrists and mental counselors toward LGBT people and conversion therapy in order to improve their attitude, to depathologize homosexuality, and to reduce practices of conversion therapy.

### 2.Research Purposes

As one of the earliest LGBT NGOs in China, Beijing LGBT Center has always been trying to create an inclusive and diverse societal environment for LGBT people in China to enjoy equal rights and live a life of health, independence,

and dignity. The purposes of the investigation are as follows:

- a. To understand the current level of recognition and general attitude of psychiatrists and metal counselors toward LGBT people. The survey includes issues such as their willingness to accept LGBT people, whether they are diffident and uncomfortable toward the visitors, their viewpoints on homosexuality and AIDS, and their ways of understanding LGBT people.
- b. To investigate their attitude toward conversion therapy. The survey includes issues like no. of conversion therapy cases, their treatment methods, their criteria of treatment, and their fee of charge. no.使用错误
- c. To analyze factors that can affect their attitude toward LGBT people and conversion therapy. The result can be applied to helping the work of depathologization of homosexuality of LGBT institutions in China.
  - 3.Methodology
  - O Investigation tools

The survey team of Beijing LGBT Center designed the questionnaire. The questionnaire consists of basic information, recognition toward LGBT people, scale of attitude toward LGBT

visitors, and practices of conversion therapy.

### 3.1 Basic Information

11 questions, including the respondents' gender identity, age, professional field, work experience, work place, job title, professional certificate, major, highest degree, experience abroad and religious beliefs.

3.2 Recognition toward LGBT people

12 questions, including what kinds of sexual minorities they know, whether they have received related training, description and origin of sexual minorities. We categorized their attitude according to the answers provided.

3.3 Attitude scale toward LGBT visitors

18 questions, each make use of a 4-point scale. Questions 4, 6, 9, 10, 11, 13, 15, 18 use a reverse scoring system, meaning that the higher the score, the worse the attitude. The rest of the questions count positively toward the final score, meaning that the higher the score, the better the attitude. For the core scale, its Cronbach's Alpha is 0.887, the KMO value is 0.930, and the results of the Bartlett's Test are significant. Factor analysis resulted in two factors: "Feelings during Reception" and "Willingness during Reception" and "Willingness during Reception"

tion." The factor "Feelings during Reception" reflects the respondents' feelings when receiving visitors. The higher the total score, the better the feelings during receptions. The factor "Willingness during Reception" reflects how practitioners are willing to receive LGBT visitors. The higher the total score, the better the willingness.

### 3.4 Practices of conversion therapy

Questionnaires were designed for those who have already practiced conversion therapy. We aimed to acquire detailed information about the fee of charge, treatment methods, and effects of the therapy.

### Sampling method

Quota sampling was adopted. The questionnaires were distributed in different areas based on demographic information and the capabilities of the distributors. The distributors were trained and examined online, and then distributed and collected the questionnaires.

50% of the questionnaires were collected through an academic website which provides information, documentation, knowledge base and resources to practitioners in the medical sectors. These questionnaires were distributed to psychiatrists and mental counselors across the country through the website.

### Sample Characteristics

1188 questionnaires were collected, including 430 paper-based ones and 758 online ones; among them 192 were invalid (including incomplete answers and logical conflicts within the same questionnaire). In the end, there were 996 valid samples, with a validity rate of 83.84%. The survey was carried out in 23 provinces and 4 direct-controlled municipality.

### Analysis Tools

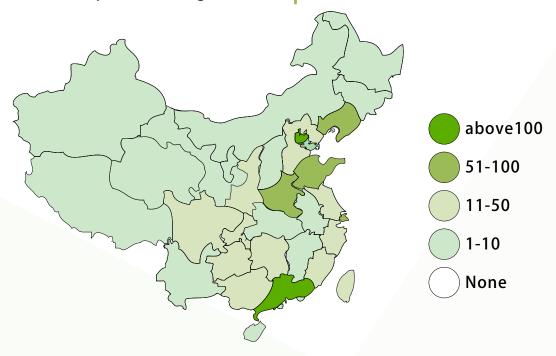
SPSS v19.0 was adopted for data analysis.

## Result

### 1. Part I Basic Information

996 psychiatrists and mental counselors participated in the survey. Among them, 9 of the respondents decided not to provide their place of permanent residence, and 3 did not respond to the question altogether. As

for the remaining 884, most of them were from Guangdong (13.35%), Beijing (10.24%) and Shanghai (10.04%). The percentage of respondents from other provinces and cities ranged from 1% to 7%. 5 respondents were from abroad (See Figure 1). 0.5%

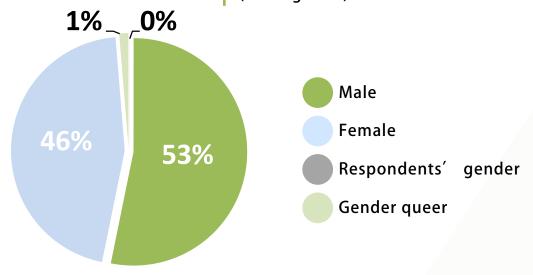


(Figure 1) Geographical Distribution

| Anhui    | 6   | 0.6%  | Henan        | 2  | 0.2% | Shanxi    | 39  | 3.9%  |  |
|----------|-----|-------|--------------|----|------|-----------|-----|-------|--|
| Aomen    | 1   | 0.1%  | Heilongjiang | 32 | 3.2% | Shanghai  | 100 | 10.0% |  |
| Beijing  | 102 | 10.2% | Hubei        | 64 | 6.4% | Sichuan   | 23  | 2.3%  |  |
| Dongshen | 1   | 0.1%  | Hunan        | 10 | 1.0% | Tianjin   | 13  | 1.3%  |  |
| Fujian   | 47  | 4.7%  | Jilin        | 49 | 4.9% | Xinjiang  | 6   | 0.6%  |  |
| Gansu    | 2   | 0.2%  | Jiangsu      | 15 | 1.5% | Yunnan    | 8   | 0.8%  |  |
| Guandong | 131 | 13.2% | Jiangxi      | 2  | 0.2% | Zhejiang  | 49  | 4.9%  |  |
| Guanxi   | 37  | 3.7%  | Liaoning     | 37 | 3.7% | Chonaaina | 16  | 1.6%  |  |
| Guizhou  | 18  | 1.8%  | Neimeng      | 10 | 1.0% |           |     |       |  |
| Hainan   | 2   | 0.2%  | Shandong     | 79 | 7.9% |           |     |       |  |
| Hebei    | 32  | 3.2%  | Shanxi       | 4  | 0.4% |           |     |       |  |

There were more female respondents than male respondents. Specifically, 53.2% of the respondents' identified as female, 45.5% as male, and the remaining 1.3% as gender queer

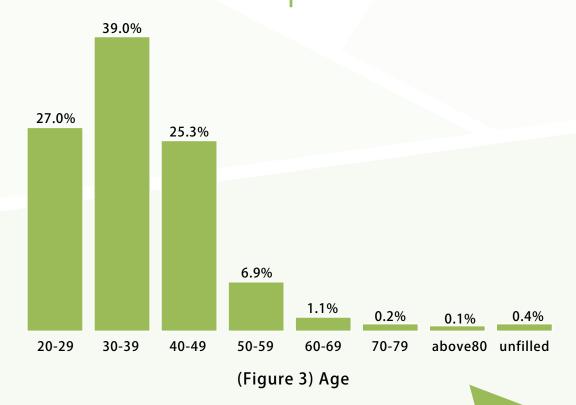
gender queer, denoting or relating to a person who does not subscribe to conventional gender distinctions but identifies with neither, both, or a combination of male and female genders.] (See Figure 2).



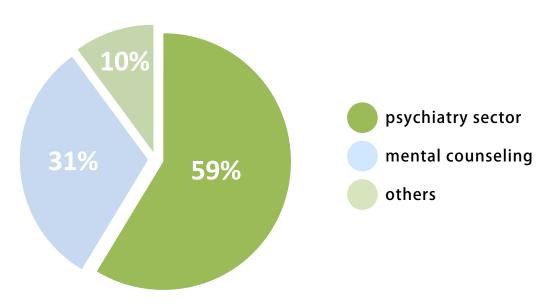
(Figure 2) Gender Identity

As for the age of the respondents, the minimum was 21, and the maximum 87. The majority were 35. The average age was 36.06. Standard Deviation was 8.915. Moreover, 39.0% of

the respondents were 30~39 years old. 27.0% of the respondents were 20~29 years old. 25.3% were 40~49 years old and 8.7% were more than 50 years old(See Figure 3).



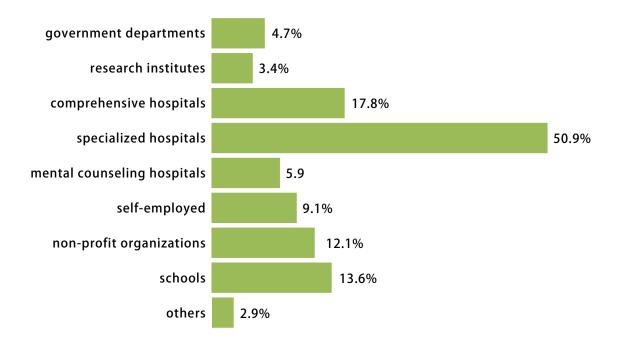
The 996 respondents came from different sectors. 58.6% were from psychiatry, 31.2% were from psychological counseling (See Figure 4).



(Figure 4) Professional Sector

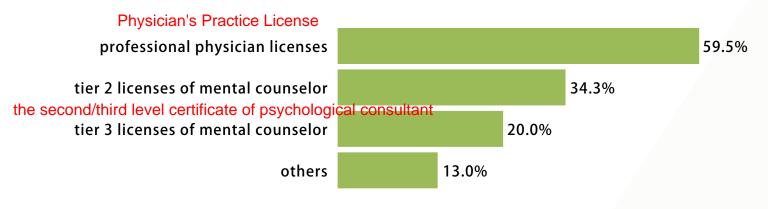
50.9% of the respondents worked at specialized hospitals. 17.8% worked at comprehensive hospitals. 13.6% worked in schools. 12.1% worked at non-profit organizations. 9.1% were

self-employed. 5.9% worked at mental counseling hospitals. 4.7%, 3.4% and 2.9% worked at government departments, research institutes and other work places respectively(See Figure 5).



(Figure 5) Work Place

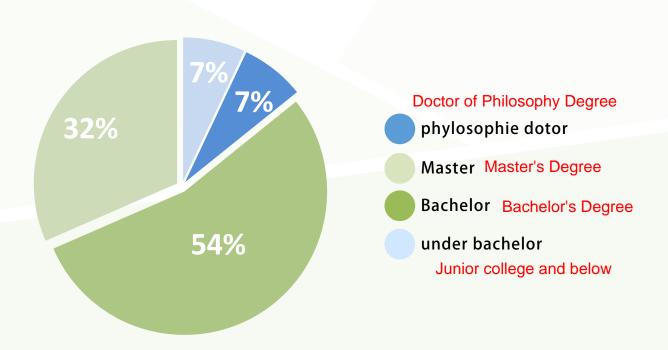
Most of the respondents held professional physician licenses (59.5%). 34.3% held tier 2 licenses of mental counselor. 20.0% held tier 3 licenses of psychological counselor. 13.0% held other kinds of licenses(See Figure 6).



(Figure 6) Professional Certificate

In terms of education, 7.2% of the respondents held doctorates. 31.5% held master's degrees. Over half of 改为英文'

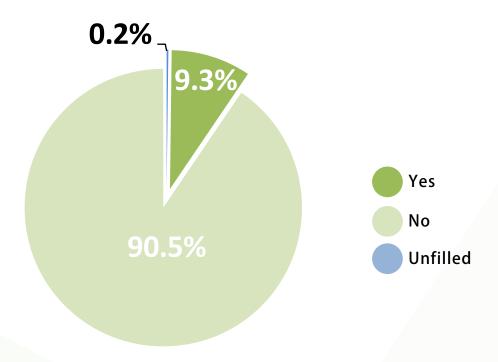
the respondents held bachelor degrees (54.2%). 7% held professional degrees "under bachelor degrees" (See Figure 7).



Highest academic degree obtained (Figure 7) Highest Degree

### 缺少信息 996

Only 9.3% of the respondents had studied or worked abroad. The majority, 90.5% of them had not (See Figure 8).



(Figure 8) Experience Abroad

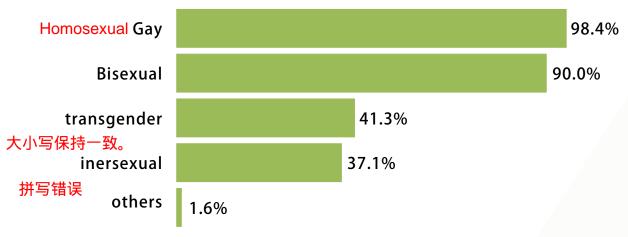
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2. Part II Recognition toward LGBT people

### 用英文符号""

98.4% of the respondents indicated that they "had heard about gay people" . 90.0% indicated that they "had heard about bisexual people" .

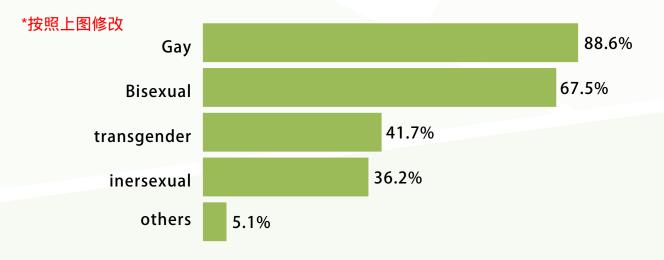
41.3% indicated that they "had heard about transgender people" . 37.1% "had heard about inter-sex people" . Only 1.6% had heard about other kinds of sexual minorities(See Figure 9).



(Figure 9) Recognition toward LGBT people

88.6% of the respondents thought they "could accept gay people." 67.5% "could accept bisexual people." 41.7% and 36.2% respectively could accept transgender people and

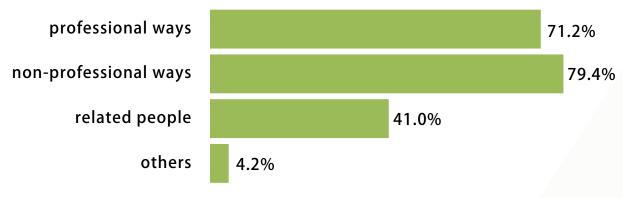
inter-sex people. Some other respondents indicated that they could accept other sexual minorities, such as asexual and pansexual people (See Figure 10).



(Figure 10) Acceptance toward LGBT people

Psychiatrists and mental counselors have different ways to learn about sexual minorities. 79.4% learn about sexual minorities through non-professional ways. 71.2% learn about sexual

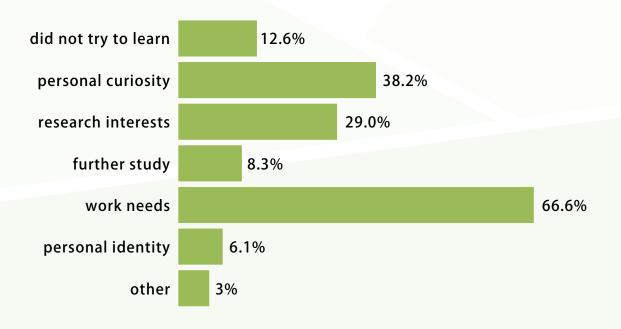
minorities through professional ways. 41% learn through sexual minorities and related people. 4.2% learn about sexual minorities through other ways(-See Figure 11).



(Figure 11) Ways to know about sexual minorities

As for the reasons why they want to learn about sexual minorities, 66.6% of the respondents indicated it is because of their needs at work. 38.2% learn about it "to satisfy their curiosity." 29.0% learn about it for "their own research interests." 8.3% learn

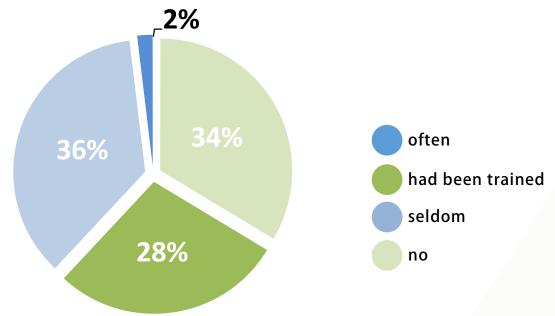
for "further study." 6.1% learn about sexual minorities in order to identify their own sexual orientation. A small number learn about it for other reasons. 12.6% of the respondents did not try to learn anything about sexual minorities (See Figure 12).



(Figure 12) Purpose to learn about sexual minorities

As for whether they have been involved in training regarding sexual minorities, 33.6% and 36.1% responded "no" and "seldom." 28.3% indicated they had some training. Only 1.9%

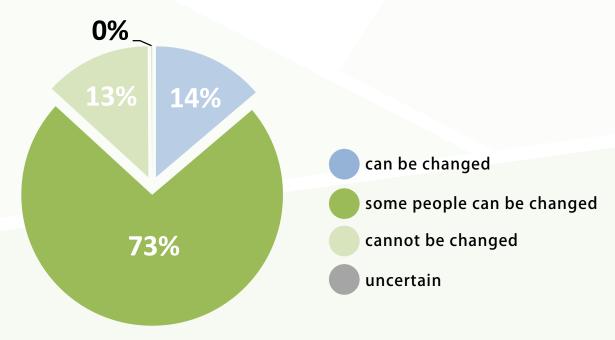
would "get involved in training about sexual minorities often" (See Figure 13).



(Figure 13) Training regarding sexual minorities

As for changing sexual orientation, 73.1% of the respondents thought "some people can change their sexual orientation." 13.8% thought "sex

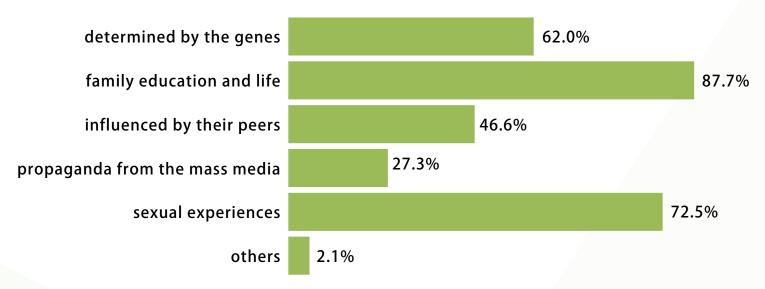
ual orientation can be changed."
Only 13.1% thought "it cannot be changed" (See Figure 14).



(Figure 14) Whether sexual orientation can be changed

As for the causes of homosexuality, 87.7% of the respondents agreed that "it is caused by family education and family life." 72.5% agreed that "it has a strong association with their personal sexual experiences." 62.0% agreed

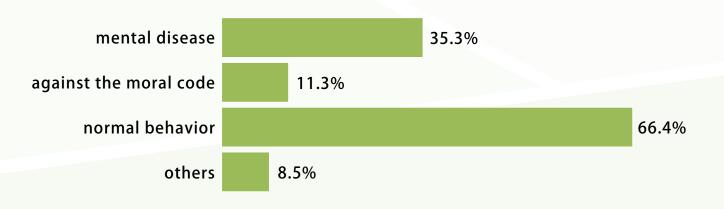
that "it is determined by the genes." 46.6% agreed that "they are influenced by their peers." 27.3% agreed that "it is caused by mass media propaganda." A small number believed it is caused by other reasons (See Figure 15).



(Figure 15) Recognition toward the reason of homosexuality

Participants presented different attitudes toward sexual minorities. 66.4% of the respondents agreed that "it is a normal behavior." 35.8% agreed that

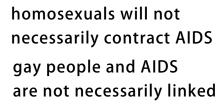
"it is a mental disease." 11.3% of the respondents agreed that "it is against the moral code." 8.6% held other viewpoints (See Figure 16).

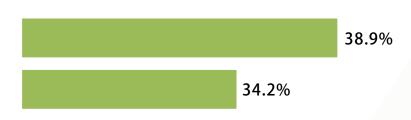


(Figure 16) Recognition toward homosexuality

38.9% of the 996 respondents thought "homosexuals will not necessarily contract AIDS." 34.2% thought "gay people and AIDS are not necessarily linked" (See Figure 17).

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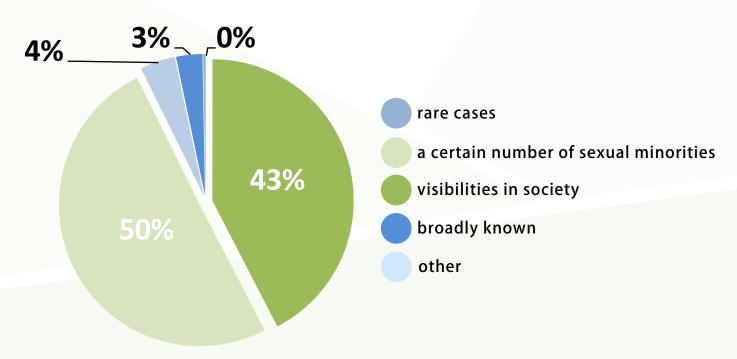




(Figure 17) Homosexuality and AIDS

As for the recognition of the existence of sexual minorities in society, 50.3% of the respondents indicated that "in current society there are a certain number of sexual minorities." 42.4% thought "sexual minorities

enjoy a certain degree of visibility in society." 3.0% thought "sexual minorities are widely known." Only 4% thought "they are just rare cases" (See Figure 18).



(Figure 18) Recognition toward the existance of sexual minorities

#### 3. Part III Attitude Scale

The section on the Attitude Scale contains 18 questions, each measured in 4-points scales. Four numbers indicate the respondents' attitudes toward sexual minorities, 1 to 4 meaning bad to good. The average score in this survey was 3.05.

The results of KMO and Bartlett tests showed the KMO value to be 0.93, close to 1, meaning that it is possible to conduct factor analysis (See Form 1).

The P value of the sphericity test of Bartlett test is smaller than 0.05, meaning the variables are correlated and suitable for factor analysis. SPSS 19.0 was adopted for data analysis. Two factors were extracted and their cumulative variance contribution rates were 53.429%.

According to Rotation Component Matrix, we found 2 common factors, named as "Feelings during Reception" and "Willingness during reception" respectively.

FORM 1 KMO and Bartlett's Test

| Kaiser-meyer-olkin measure of sampling            | .930     |
|---|----------|
| Bartlett's sphericity test Approximate chi square | 6818.130 |
| df  | 153      |
| Sig.  | .000     |

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18 questions are divided into 3 categories. 8 questions have higher loads on the first factor, especially question 13, 15, 12, and 10 (See Form 2).

They many describe how the respondents feel when receiving LGBT visitors. So we named the first factors as "Feelings during Reception".

### FORM 2

| number | title  |
|--------|--|
| 4      | I agree that I can use electric shock to correct his/her sexual orientation.                       |
| 9      | That visitor talks about his/her intimate relationships makes me sick.                             |
| 10     | I feel uncomfortable when I shake hands or have other physical contact with the                    |
|        | person who I know is gay/lesbian.  |
| 11     | I will put correcting his/her sexual orientation on the counselling agenda regardless.             |
| 12     | of their main suing an accept his/her homosexuality, but cannot talk about it with him/her freely. |
| 13     | After the counseling and treatment, I spend more time to get rid of the                            |
|        | uncomfortable feelings.  |
| 15     | When recalling the description of visitor's relationship with same sex people, I feel              |
|        | uncomfortable.   |
| 18     | I will try to avoid contact with those colleagues who have connections with LGBT                   |
|        | people.  |

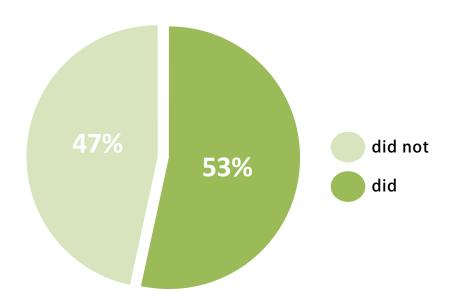
And the other 8 questions have higher load in the second factor, and they mostly describe whether they are willing to receive the visitors. so we named the second factor as "Willingness during reception" (See Form 3).

### FORM 3

\*英文符号格式 ""

| number |  |
|--------|--|
| 1      | I look forward to meet LGBT visitors.                                      |
| 2      | I am happy to deal with visitor's mental problems together.                |
| 3      | The visitor's sexual orientations won't affect my attitude toward him/her. |
| 5      | If I am assigned to carry out treatment or counseling to LGBT visitor,     |
|        | I am happy to accept it.   |
| 6      | I try not to receive LGBT visitors.  |
| 7      | I can talk freely with the visitors during treatment/counseling.           |
| 14     | I will continue receiving other LGBT visitors after treatment/counseling.  |
| 17     | If a colleague introduces me an LGBT visitors, I won't feel repelled.      |

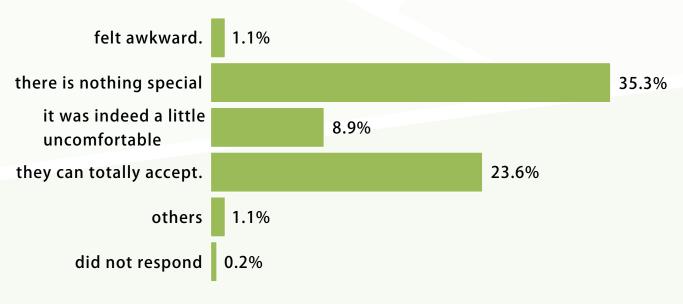
53.5% of the respondents did not receive LGBT visitors, while 46.5% did (See Figure 19).



(Figure 19) Whether the respondents received LGBT visitors

The 532 respondents who received LGBT people showed different feelings during reception. 35.3% indicated that "there is nothing special." 23.6% indicated that "they can totally

accept." 8.9% still thought "it was indeed a little uncomfortable." 1.1% "felt awkward." 1.1% had other feelings. 0.2% did not respond (See Figure 20).

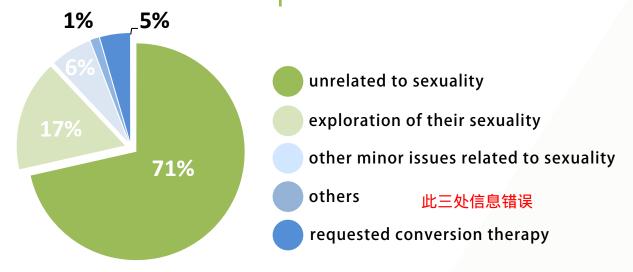


(Figure 20) Feelings when receiving LGBT visitors

4. Part IV Conversion Therapy Operation

GSM (gender/sexual minority) seek psychological counseling for various purposes. According to the respondents who have received homosexual visitors, 71.4% of homosexual visitors

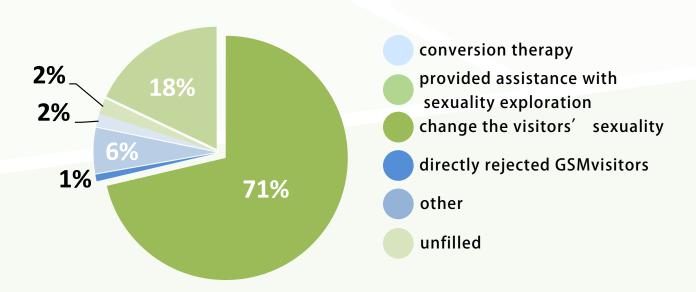
sought treatment unrelated to sexuality; 16.5% consulted them about exploration of their sexuality; 6.3% consulted them about other minor issues related to sexuality; and only 4.5% requested conversion therapy (See Figure 21).



(Figure 21) Purposes of the LGBT visitors

The treatment procedures for psychiatrists and psychological counselors who have received homosexual visitors were varied as well. 71.1% made no attempt to change the visitor's sexu-

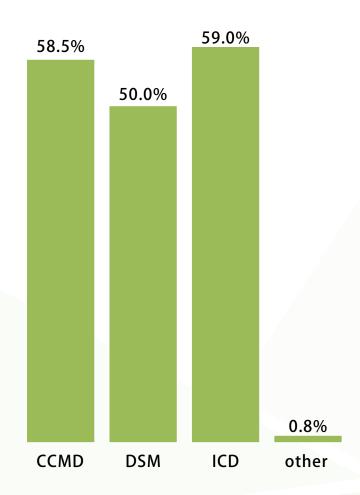
ality; 17.9% provided assistance with sexuality exploration; 6.4% had other therapeutic goals; 2.1% conducted conversion therapy; and 0.9% rejected GSM visitors altogether (See Figure 22).



(Figure 22) Goals of the respondents who received LGBT visitors

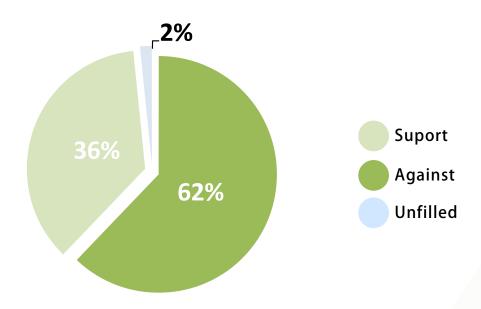
Standards used by the respondents to diagnose or evaluate GSM visitors: 59.0% claimed that they based their diagnosis/evaluation on ICD[ ICD is the abbreviation for International Classification of Diseases.]; 50.0% on DSM[ DSM is the abbreviation for The

Diagnostic and Statistical Manual of Mental Disorders.]; 58.5% on CCMD[CCMD is the abbreviation for Chinese Classification and Diagnosis of Mental Diseases.]; and 0.8% on the visitor's description, and their own personal knowledge and relevant training. (See Figure 23)



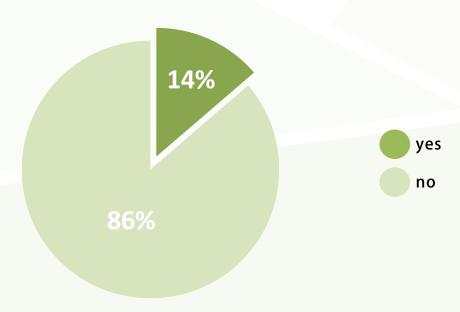
(Figure 23) Standards used by the respondents to diagnose or evaluate GSM visitors

Attitude towards conversion therapy: 36.2% of the psychiatrists and psychological counselors supported conversion therapy, while 62.1% were against the therapy (See Figure 24).



(Figure 24) Attitude towards conversion therapy

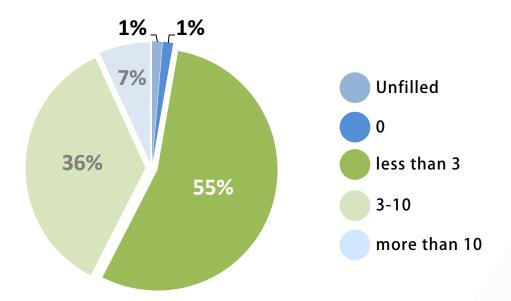
73 psychiatrists and psychological counselors indicated that they had conducted conversion therapy to GSM visitors. (see Figure 25)



(Figure 25) Whether the respondents carried out conversion therapy

According to the 73 respondents who had conducted conversion therapy, 54.2% conducted fewer than 3 such sessions; 35.6% conducted 3 to 10;

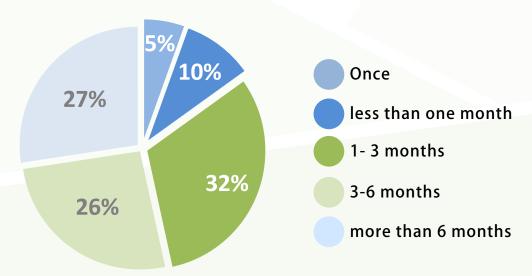
6.8% conducted more than 10 sessions (See Figure 26).



(Figure 26) Sessions of conversion therapy per respondent

Different conversion therapy cases lasted for different courses of time. In descending order, 31.5% (the highest proportion) lasted from 1 to 3 months; 27.4% lasted for more than

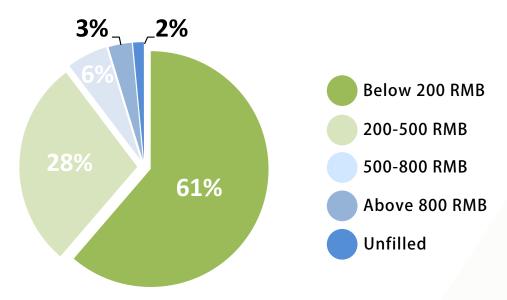
6 months; 26.0% from 3 to 6 months; 9.6% for less than one month, and 5.5% of the therapies were conducted only once (See Figure 27).



(Figure 27) Time of sessions

Among common psychological counseling cases, 61.3% charged less than CNY200 each time; 28.4% charged Charging Standard for Routine Psychological Counseling CNY200-500;

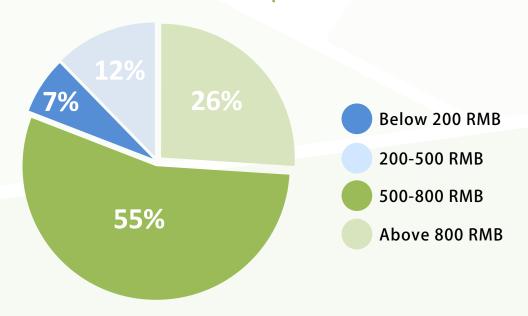
5.6% charged CNY500 to 800; and only 3.2% charged more than 800RMB. (See figure 28)



(Figure 28) Fees standards of common cases

However, in conversion therapy cases, 54.8%, which represents the majority, charged CNY500 to 800 each time; 26.0% charged more than CNY800; and only 19.1% charged less

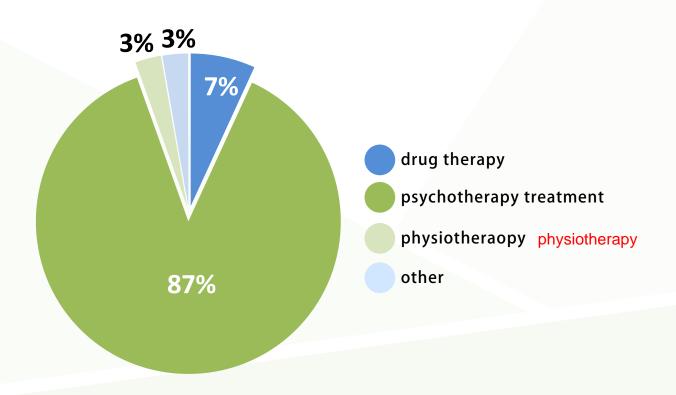
than CNY500, out of which 12.3% charged CNY200 to 500, and 6.8% charged less than CNY200. Compared to common therapy, conversion therapy costs more. (See figure 29)



(Figure 29) Fees standards of conversion therapy cases

The overwhelming majority of the respondents (87.7% to be exact) who have conducted conversion therapy adopted psychotherapy [Psychotherapy is normally conducted by personnel who have taken professional psychotherapy training and passed certain examinations, mainly including psychologists and psychiatrists with proper psychotherapy training. It's the use of unique personal techniques meant to help clients to overcome psychological problems, mitigate their suffering, treat mental illness if any, increase mental health and promote individual development.] in their treatment; 6.8% used drug therapy [Pharmacotherapy

refers to the practice of using curative and prophylactic substances to treat, improve, or help patients recover from a physical disease and keep an individual healthy.], while cases involving physiotherapy [Physiotherapy refers to the practice of employing various physical means, such as sound, light, cold temperature, hot temperature, electricity, force (exercise and stress) to treat partial or systemic body dysfunctions or diseases. Non-intrusive and non-medication means are adopted to recover physiological functions.] and other therapies made up 2.7% and 2.7% respectively. (See Figure 30)



(Figure 30) Methods in conversion therapy

### 空格

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Rate Percentage Effective percentageAll five psychiatrists and psychological counselors who adopted drug therapy in their treatment prescribed antipsychotics [Antipsychotics are mainly prescribed to treat schizophrenia and other mental disorders with psychotic symptoms.]. In addition, (Figure 31) Drug Therapy 符号 空格位置

one of them used hormonal medicines[
Hormonal medicines are medicines
whose active ingredients are composed
of hormones, human or animal (including organic matters with the same
structure and function mechanism).],
while two prescribed other drugs (See
Figure 31).



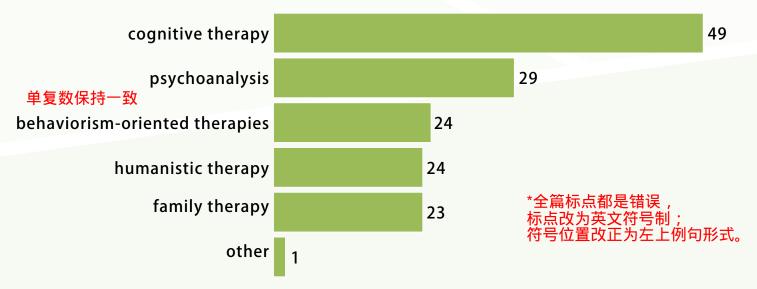
(Figure 31) Psychotherapy in conversion therapy

Drug therapy

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Among the 64 respondents who adopted psychotherapy, 49 conducted cognitive therapy[ Cognitive therapy, a type of psychotherapy based on the cognitive mechanism of human beings, aims at rectifying the patients' inappropriate behaviors by exerting influence on their assumptions in regard to emotion and behaviors, in order to change their inappropriate cognition with cognitive and behavioral techniques.]; 29 psychoanalysis[ Psychoanalysis, also called psychoanalytic therapy, aims at discovering the symptom's subconscious origin, even those unknown to the patient. It can eliminate symptoms by stopping the patient from repressing the subconscious origin and revealing the implications of the symptoms.]; 24 behaviorism-oriented therapies[ According to behaviorism-oriented therapy, which is founded on learning and behavior therapy theories, inappropriate behaviors and symptoms result from incorrect cognition and learning. It maintains that the attention should be shifted to the

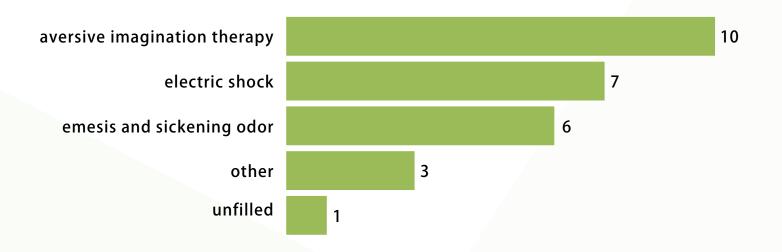
patient's current behavior, and the emphasis should be attached to solving the particular behavior problem and relevant habits, in order to facilitate the eradication of the problematic behavior and the acquisition of new appropriate behavior.]; 23 family therapy[ Family therapy is a type of group psychotherapy that works with families. It aims at curbing dysfunctional and unhealthy patterns in a family and recovering healthy family function.]; 24 humanistic therapy[ Humanistic therapy is based on philosophy. It aims at facilitating the patient's self-knowledge and self-discovery, in order to recover the real self through cultivating an environment characterized by unconditional support and encouragement. Patients can achieve energetic, self-affirming and continuous development as well as fulfillment of personal potentials. It can change patients' dysfunctional behaviors and solve their psychological problems.] and one respondent used other therapies (See Figure 32).



(Figure 32) Psychotherapy in conversion therapy

Among the 24 respondents who adopted behaviorism-oriented therapies, 10 conducted aversive imagination therapy [Aversive imagination therapy connects negative situations orally narrated by the patient with imagined addictive stimulus. This connection can make the patient become aversive to the stimulus, so as to achieve the therapeutic goal.]; 7 electric shock[Electric shock therapy connects the patient's inappropriate

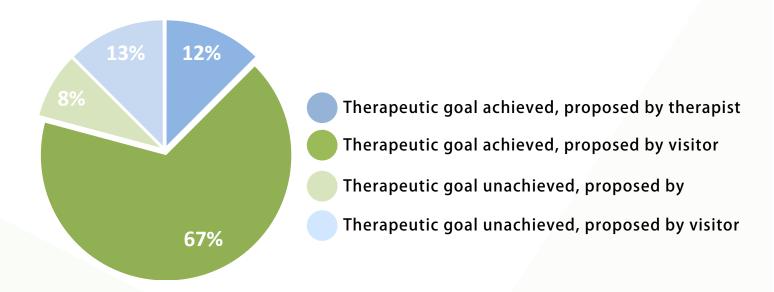
behaviors with electric shock. As long as the targeted behavior presents in imagination, electric shock will be conducted.]; 6 emesis-inducing and sickening odor[ Emesis makes patients vomit with emetics, when they are presented with the addictive stimulus, to eliminate their conditioned reflex towards the addictive stimulus.], while 3 respondents conducted other therapies (See Figure 33).



(Figure 33) Behaviorism-oriented therapy in conversion therapy

Visitors tend to have a greater say in deciding whether the conversion therapy should end. In 79.2% of the cases, it was the visitors who requested termination of the therapy; psychiatrists and psychological counselors

proposed termination in 20.8% of the cases. As for the therapeutic effect, 79.2% of the respondents believed that the therapeutic goal was duly achieved at the end of the therapy, while 20.8% believed otherwise (See Figure 34).



(Figure 34) End of therapy and effectiveness

37.0% of the psychiatrists and psychological counselors did not receive any feedback on successful conversion from visitors; 26.0% received positive feedback on conversion from most visitors; 23.3% received such feedback Conversion therapy effect

from a few visitors and 13.7% received such feedback from all visitors (See Figure 35).



(Figure 35) Visitors' response of the conversion therapy

# Correlation Analysis

1. Objective factors related to the psychiatrists and psychological counselors' attitude towards GSM

### 1.1 Gender Identity

Correlation analysis was conducted with SPSS19.0 between the respondents' own gender identity and their attitude towards GSM. The result revealed a P value smaller than 0.01, which indicates that the gender identity of the psychiatrists and psychological counselors is related to their attitude towards GSM, which in turn is reflected in their attitude scale in Part III. According to further analysis, the respondents who identified themselves as gueer scored 64.46 in the attitude scale, which is higher than those who identify themselves as female, with a score of 55.36. Those who identified themselves as male scored even lower at 54.06. The psychiatrists and psychological counselors who identified themselves as queer displayed the most-friendly attitude towards GSM; those who identified themselves as male presented the least friendly attitude.

#### 1.2 Profession

Correlation analysis was conducted with SPSS19.0 between the respondents' profession and their attitude towards GSM. The results revealed a P value smaller than 0.01, indicating statistical significance. In other words, the profession of the respondents is related to their attitude towards GSM. According to further analysis, psychological counselors scored better on the attitude scale in part III, compared with psychiatrists, which indicates that psychological counselors hold friendlier attitudes towards the GSM.

#### 1.3 Overseas Experience

Correlation analysis was conducted with SPSS19.0 between the respondents' overseas experience and their attitude towards GSM. The result revealed a P value of 0.014. According to further analysis, the respondents with overseas experience scored an average of 56.81 on the attitude scale in part III, higher than those without overseas experience, who scored an average of 54.96. Therefore, psychiatrists and psychological counselors with overseas experience displayed friendlier attitudes towards GSM than those without

overseas experience.

2.Objective Factors related to the psychiatrists and psychological counselors' attitude towards conversion therapy

### 2.1 Gender Identity

Correlation analysis was conducted with SPSS19.0 between the respondents' own gender identity and their attitude (supportive or not supportive) towards conversion. The result revealed a P value smaller than 0.01, indicating statistical significance. In other words, the respondents' gender identity is related to their attitude (supportive or not supportive) towards conversion therapy. Chi-square test was conducted between each pair with the following result.

Male and queer, P=0.13;

Female and queer, P=0.763;

Male and female, P<0.01.

The respondents' gender identity is related to their attitude (supportive or unsupportive) towards conversion therapy, with those who identified themselves as male being more supportive of conversion therapy than those who identified themselves as female.

#### 2.2 Age

Correlation analysis was conducted with SPSS19.0 between the respondents' age and their attitude towards conversion therapy. The result revealed a P value of 0.002. The respondents who are supportive of conversion therapy tend to be older. It appears that the age of the respondents is related to their attitude (supportive or not supportive) towards conversion therapy and older respondents tend to be more supportive of such therapy.

#### 2.3 Profession

Correlation analysis was conducted with SPSS19.0 between the respondents' profession and their attitude (supportive or not supportive) towards conversion therapy. The result revealed a P value smaller than 0.01, indicating a statistically significant difference between the attitude of psychological counselors and that of the psychiatrists. Psychiatrists are more supportive of conversion therapy than psychological counselors.

### 2.4 Highest Education

Correlation analysis was conducted with SPSS19.0 between the respondents' highest education and their attitude (supportive or not supportive) towards conversion therapy. The result revealed a P value smaller than 0.01. In addition, Chi-square test was conduct-

ed between each pair, showing that in all paired comparisons, P<0.01. Those with higher education tend to be less supportive of conversion therapy.

3.Subject factors related to the psychiatrists and psychological counselors' attitude towards GMS and conversion therapy

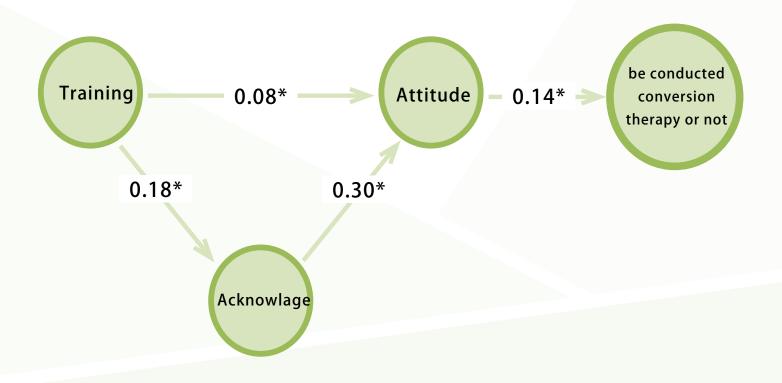
Correlation analysis was conducted with SPSS19.0 between the respondents' knowledge about GSM and their attitude (supportive or not supportive) towards conversion therapy and between each pair. The result revealed a P value smaller than 0.01.

Questions concerning knowledge of GSM were picked out from the questionnaire. The scores of these questions were then added to obtain a total score, which represents the respondents' knowledge about GSM. Then stepwise regression analysis [?]was conducted, in which the attitude to

about GSM were regarded as independent variables, and demographic variables were controlled for. As illustrated in Figure 39, experience with GSM-related training and knowledge about GSM can be notably used to predict the psychiatrists and psychological counattitude towards GSM ( $\beta$  = selors' 0.10, p < .001;  $\beta$  = .27, p < .001). In other words, respondents with GSM-related training and correct knowledge are friendlier to GSM community. In regard to the coefficient, correct knowledge matters more than training experience. Apart from these two variables, gender also notably predicts the attitude ( $\beta$  = 0.13, p < .001). In other words, females displayed better attitude to the GSM community than males did.

In addition, a mediator model was established based on the three variables mentioned above, to test whether GSM-related training can affect the attitude towards GSM through increased knowledge about them and, subsequently, have an impact on the attitude towards conversion therapy. The Mplus was employed to establish and test the mediator model and the Bootstrap was adopted to conduct repeated sampling for 1000 times. The result indicates significant mediating effect, as illustrated in Figure 40. (95% CI = [0.03,0.07]). Besides, the direct Figure 36: Training-Knowledge- Attitude Mediator Model

effect is significant as well (Coefficient = 0.08, p < 0.05). In other words, participation in GSM-related training can exert a positive effect on the attitude towards GSM community through increased correct knowledge about the community, thus affecting whether they choose to conduct conversion therapy. Hence, the results of this survey support the employment of GSM-related training to increase psychiatrists and psychological counselors' knowledge about GSM community, which will subsequently improve their attitude towards the community.



(Figure 36): Training-Knowledge- Attitude Mediator Model

# Findings

1. Generally speaking, most psychiatrists and psychological counselors are willing to receive GSM visitors and are comfortable with their counseling; however, some respondents still have misconceptions about GSM. The attitude scale employed in part III has 4 scale points, with the higher score indicating a better attitude. The average score of the 996 respondents is 3.05, which indicates that psychiatrists and psychological counselors display good attitude towards GSM in general. The variables used to measure the attitude can be further divided into willingness to receive GSM visitors and the feelings experienced during such receptions. Therefore, it can be concluded that psychiatrists and psychological counselors have a strong willingness and positive feelings when receiving GSM visitors in general.[ Refer to Survey results statistics: Part III Attitude Scale.] Psychological counselors score higher on the cognitive scale than psychiatrists, so psychological counselors are more GSM-friendly.

Although most respondents show positive attitudes towards GSM, many have misunderstandings according to the cognitive scale in part II: 33.5% believe that "Homosexuality is a psychological disease" and 11.3% believe that "homosexuality is a moral defect." [Refer to Figure 15: Quantitative Statistics about Homosexuals in survey results statistics: Part II Knowledge about GSM.]

2. There is still much work to do in order to phase out conversion thera-

本页已使用福昕阅读器进行编辑。 py, based on 海區教科(幻文の話性) with the Structure of the Structure of the Structure of the strong willingness and positive feelings when receiving GSM, 13.7% of the respondents are supportive of conversion therapy, and approximately 87% think that most or all people's sexual orientation can be changed. Among respondents who have carried out conversion therapy, 35.6% employ methods including electric shock or nausea-inducing drugs while showing same-sex erotic images to the patients.

#### aversion therapy 厌恶疗法

3. The key factor underpinning psychiatrists and psychological counselors' attitudes towards GSM is their knowledge about GSM, and that attitude will in turn strongly affect their behavior towards conversion therapy. Therefore, relevant training in gender diversity will have a great impact on improving their knowledge as well as reducing the possibility of conversion therapy. According to the analysis, when objective factors are controlled for (including gender identity, age, highest education, overseas experience) knowledge about GSM as a subjective factor has a significant impact on the respondents' attitude towards GSM visitors and conversion therapy. Respondents with correct knowledge, such as "Sexuality is unchangeable" and "Homosexuality is normal", scored higher on the attitude scale. They tend to have a better attitude towards GSM visitors and to be against conversion therapy. The results also demonstrate that relevant training concerning gender and sexual orientation diversity can positively impact upon psychiatrists and psychological counselors' attitudes towards GSM.

### Discussion

- 1. According to the attitude scale in part III, most of the 996 psychiatrists and psychological counselors are willing to receive GSM visitors and are comfortable with the counseling experience in general. When interviewed, 5 respondents expressed their willingness to receive GSM visitors and the ability to respect their sexual orientation. They also made it clear that compulsive conversion therapy was unacceptable.
- 2. Despite a strong willingness to receive GSM visitors in general, and positive feelings upon reception, 36% of the respondents still support conversion therapy. When interviewing 5 respondents, some indicated that they would conduct conversion therapy if the visitors requested such therapy. Possible explanations of this paradox are as follows.

A. Influence on diagnosis/evaluation standard. Almost 60 percent of the respondents claimed to adopt CCMD-3 as the diagnosis/evaluation standard. Among the 73 respondents who had conducted conversion therapy, 48 adopted CCMD-3 as the diagnosis/evaluation standard.

"Sexual orientation disorder" is still mentioned in CCMD-3, which states that sexual orientation and gender expression are changeable.

B. Influence on charging standard.
According to the data collected, compared with routine psychological counseling, conversion therapy has a longer course of treatment and costs more. Therefore,

some psychiatrists and psychological counselors may propose conversion therapy out of economic interests.

C. Influence on professional ethics. 9.6% of GSM visitors received by the 73 respondents who have conducted conversion therapy actively sought it. The respondents might conduct conversion therapy to meet the visitors' need. Between questionnaires, five interviews concerning this topic were conducted. According to the respondents, when visitors desired to turn "normal", they would help the visitors to become "normal"; if visitors didn't want to change and were content with their present sexuality, they completely accepted the visitors' choice. In other words, they would conduct conversion therapy as long as GSM visitors required it.

- 3. According to the data collected, among the 996 respondents, 73 have conducted conversion therapy with GSM visitors. It is not hard to find paradoxes in the information provided by these 73 respondents.
- A. 4 of the 73 respondents believe that sexuality is unchangeable;
- B. 37 of the 73 respondents believe that homosexuality is a normal behavior;
- C. 27 of the 73 respondents conducted conversion therapy with no effect. In other words, no visitors reported successful conversion.

D. 19 of the 73 respondents are against conversion therapy.

Therefore, for some psychiatrists and psychological counselors, conversion therapy is against their personal willingness or knowledge about GSM.

- 4. According to the conversion cases provided by the 73 respondents who conducted conversion therapy:
- A. Cases provided by 57 respondents reported successful conversion and 48 of those cases ended upon the patient's request. It is pointed out in the Survey Report on Psychological health of Homosexuals in China released by Beijing LBGT Center that some people seek conversion therapy under the pressure of their families. The data collected show that 7 respondents made use of electric shock and 6 used emesis-inducing and sickening odor as treatment. Cost for conversion therapy far exceeds that for routine psychological counseling. Help seekers might report successful conversion and propose to terminate the conversion therapy for the following reasons:
- a. They might seek therapy due to parental pressure. Therefore, after perfunctory treatment, they would falsely claim that sexuality conversion was achieved and request its termination.
- b. They might choose to terminate the treatment because of the inability to stand torturous therapies, such as electric shock, emesis-inducing or sickening odor etc.
  - c. They might opt for termination

because of the inability to bear the exorbitant cost.

- B. Among the successful conversion cases provided by the 57 respondents, 9 cases ended upon the psychiatrists and psychological counselors' suggestion. As pointed out in the research background, until now no scientific evidence can prove that sexuality or gender expression can be changed with conversion therapy. In this sense, the 9 cases mentioned above do not deserve much credibility.
- 5. According to the above analysis, it can be concluded that knowledge about GSM has a direct impact on the respondents' attitude towards GSM and conversion therapy. Furthermore, in the subsequent interviews, many respondents expressed their interest in learning more about GSM and a willingness to keep in touch with the Beijing LGBT Center and to participate in relevant activities in the future. The enthusiasm of the respondents reflects their need for opportunities to know more about GSM. The analysis above also indicates that proper training is an effective way to enrich the respondents' knowledge of GSM. Unfortunately, only 19 respondents received such training on a regular basis. Therefore, providing psychiatrists and psychological counselors with the right type of training is crucial if their attitude towards GSM and conversion therapy is to be changed.

# Suggestions

1. More training and academic discussions should be conducted on gender diversity in the field of psychiatry and psychology. According to the data collected, among the 996 psychiatrists and psychological counselors, only 19 received GSM-related training on a regular basis. The data also shows that psychiatrists and psychological counselors have the potential to learn more about the GSM community through proper training, which is instrumental in changing their attitude towards GSM and conversion therapy. Besides, the primary way through which respondents learn about GSM is not professional; hence, it is important to conduct training and academic discussions on gender and sexual orientation diversity.

2. A revision of the concept of "Sexual Orientation Disorder" in CCMD-3 should be completed as soon as possible. According to the data collected, among the 73 respondents who have conducted conversion therapy, 60% employed CCMD-3 as the diagnosis standard, since "Sexual Orientation Disorder" is still mentioned within it. Sexual orientation is no longer regarded as any kind of disease in ICD-10 and DSM. CCMD-3 should therefore follow suit and revise the "Sexual Orientation Disorder" clause, thus depathologizing homosexuality.

3. Experts and regulators in the psychiatry and psychological counseling department should make more efforts in regulating the whole mental health industry. At the end of 2014, Haidian District Court,

Beijing, passed the first verdict on sexuality conversion therapy in China, which clearly states that homosexuality is not a mental disease, and promises about curing homosexuality are misleading advertising.[ China's first lawsuit against sexuality conversion therapy. Please refer to http://www.danlan.org/disparticle\_49204. htm.1 Nonetheless, various kinds of conversion therapy still persist in the market, with higher costs than common medical treatments. Therefore, experts and regulators in the psychiatry and psychological counseling sector should formulate a more scientific diagnosis standard and clarify their supervisory obligations. Any form of conversion therapy should be strictly forbidden in China.

4.Local LGBT organizations should contribute more by educating the public about gender diversity, and by providing more mental health services. Psychiatrists and psychological counselors who participated in the 2014 and 2015 survey held by the Beijing LGBT Center came from many different places in China. At the same time, the GSM community is developing nationwide, with a greater number of relevant organizations. Such organizations serving GSM locally should take the initiative to cooperate with local psychiatrists and psychological counselors, and raise awareness of gender and sexual orientation diversity, thus creating a more inclusive social atmosphere for the GSM community. In addition, local organizations should also cooperate with local experts, in order to provide better mental health counseling services to the GSM community.

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Studio



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**West Coast Common Heart LGBT League** 



Zheng Zhou Jin Xiang Yang Guang Gong Zuo Zu



Xinlicheng Counseling



Girlfans



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