

# Appendix I: Global Professional Consensus Against “Curing” Homosexuality

Based on a survey across the official statements issued by national associations and professional societies in the field of psychiatry around the world, there is a global consensus that international psychiatry practice has scientifically invalidated and ethically condemned both the diagnosis of homosexuality as a mental disorder as well as efforts to provide therapies aimed at “curing”/changing sexual orientation.

The American Psychiatric Association (APA), which sets global standards for mental health diagnostics in its Diagnostic and Statistical Manual (DSM), removed the diagnosis for homosexuality from the DSM in 1973, and has subsequently — along with multiple national mental health practitioner organizations — condemned discriminatory treatment of LGBT people.<sup>1</sup>

In its code of ethics, published in 2004, the Turkish Psychological Association mandated that “Psychologists do not use their knowledge as a tool for psychological pressure,” which means clinicians cannot “force clients into declaring, denying or changing their worldview, sexual orientation, political, religious and moral values.” The code further states that:

Psychologists respect the dignity and the rights of all people under all circumstances. Psychologists do not make discriminations based upon age, identity, gender, sexual identity, sexual preference, ethnic background, religion, socio-economic status, or disability.<sup>2</sup>

In response to a spate of harassment and arrests of LGBT people, the Lebanese Psychiatric Society stated:

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<sup>1</sup> Other American organizations include: American Academy of Child and Adolescent Psychiatry, American Academy of Pediatrics, American Association for Marriage and Family Therapy, American Counseling Association, American Medical Association, American Psychoanalytic Association, American Psychological Association, American School Counselor Association, and the National Association of Social Workers.

<sup>2</sup> Turkish Psychological Association Ethics Code, April 18, 2004.

Homosexuality was once thought to be the result of troubled family dynamics or faulty psychological development. Those assumptions are now understood to have been based on misinformation and prejudice... Homosexuality per se implies no impairment in judgment, stability, reliability, or general social or vocational capabilities.... there is no published scientific evidence supporting the efficacy of “reparative therapy” as a treatment to change one’s sexual orientation. More importantly, altering sexual orientation is not an appropriate goal of psychiatric treatment.<sup>3</sup>

The Hong Kong Psychological Society stated that: “Psychologists understand that homosexuality and bisexuality are not mental illnesses” and “Psychologists understand that efforts to change sexual orientation are not proven to be effective or harmless.”<sup>4</sup>

Thailand’s Ministry of Public Health confirmed that “persons loving the same sex are not considered mentally abnormal or in any way ill.”<sup>5</sup> The Royal College of Psychiatrists of Thailand stated: “[Homosexuality] ... is encountered in both sexes, that is, men who like men (gay) and women who like women (lesbianism), and individuals who like both sexes (bisexualism); this state is not a psychiatric illness.”<sup>6</sup>

The official publication of the Indian Psychiatric Society stated:

There is no evidence for the effectiveness of sexual conversion therapies. Such treatments also raise ethical questions. In fact, there is evidence that such attempts may cause more harm than good, including inducing depression and sexual dysfunction. However, faith-based groups and counsellors pursue such attempts at conversion using yardsticks, which do not meet scientific standards. Clinicians should keep the dictum ‘first

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<sup>3</sup> Statement from the Lebanese Psychiatric Society Executive Committee, July 2013, <http://static1.squarespace.com/static/52567f12e4b02768cf839a59/t/567bd7c8a128e603ba937910/1450956744013/LPS+homosexuality+-revised+2015.pdf>

<sup>4</sup> Division of Clinical Psychology, Hong Kong Psychological Society, “Position Paper for Psychologists Working with Lesbian, Gay, and Bisexual Issues” (Aug. 1, 2012).

<sup>5</sup> Department of Mental Health, Ministry of Public Health, Kingdom of Thailand, “Issuing an Academic Affirmation on Homosexuality,” January 29, 2002, <http://www.sapaan.org/article/39.html>

<sup>6</sup> Clinical Practice Guideline in Management of Gender Dysphoria and Transsexualism 2009, Royal College of Psychiatrists of Thailand, issued September 18, 2009.

do no harm’ in mind. Physicians should provide medical service with compassion and respect for human dignity for all people irrespective of their sexual orientation.<sup>7</sup>

The Indian Medical Association asserted a similar point in a submission to the Supreme Court, saying that they were: “seriously concerned that homosexuality is looked upon as a disorder” and affirmed that “psychiatrists also need to do our real job — treating emotional distress among those who need it. These would include helping lesbian, gay, bisexual, transgender (LGBT) groups in communicating with their families, building supportive networks, helping in disclosure and handling depression and anxiety just like they would in any other person who seeks help.”<sup>8</sup>

The Psychological Association of the Philippines (PAP) declared: “decades of scientific research have led mental health professional organizations worldwide to conclude that lesbian, gay and bisexual orientations are normal variants of human sexuality” and that “PAP aligns itself with the global initiatives to remove the stigma of mental illness that has long been associated with diverse sexualities and to promote the wellbeing of LGBT people.” Crucially, PAP’s statement highlighted that “anti-LGBT prejudice and discrimination tend to be based on a rhetoric of moral condemnation and are fueled by ignorance or unfounded beliefs associating these gender expressions and sexual orientations with psychopathology or maladjustment.”<sup>9</sup>

The Psychological Society of South Africa has called on psychology professionals to support LGBT people by: “Using relevant international practice guidelines in the absence of South African-specific guidelines” and “Cautioning against interventions aimed at changing a person’s sexual orientation or gender expression such as ‘reparative’ or conversion therapy.”<sup>10</sup>

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<sup>7</sup> T.S. Sathyanarayana Rao and K.S. Jacob, “Homosexuality and India,” *Indian Journal of Psychiatry* 54(1) (2012): 1-3.

<sup>8</sup> Indian Express, “Homosexuality not an illness: health professionals to SC,” February 16, 2011. <http://archive.indianexpress.com/news/homosexuality-not-an-illness-health-professionals-to-sc/750770/>.

<sup>9</sup> Psychological Association of the Philippines, “Statement of the Psychological Association of the Philippines on Non-Discrimination Based on Sexual Orientation, Gender Identity and Expression,” available at <http://www.pap.org.ph/?ctr=page&action=resources>.

<sup>10</sup> Psychological Society of South Africa, “Sexual and Gender Diversity Position Statement,” final draft of June 7, 2013.

The Pan American Health Organization (PAHO), the regional office of the World Health Organization representing North and South America has stated that, “Efforts aimed at changing non-heterosexual sexual orientations lack medical justification since homosexuality cannot be considered a pathological condition... In none of its individual manifestations does homosexuality constitute a disorder or an illness, and therefore it requires no cure.” PAHO further clarified for practitioners that: “... suggesting to patients that they suffer from a ‘defect’ and that they ought to change constitutes a violation of the first principle of medical ethics: ‘first, do no harm.’”<sup>11</sup>

The Federal Council of Psychology in Brazil said that psychologists should not: “engage in any action that favors the pathologizing of behaviors or homoerotic practices or adopt coercive action aimed to guide treatments for homosexuals unsolicited” or “cooperate with events and services who offer treatment and cure of homosexuality.” The association called on psychologists to “not pronounce, or participate in public statements, or means of mass communication, in order to strengthen existing social prejudices against homosexuals as having any psychiatric disorder.”<sup>12</sup>

Argentina’s law on mental health protection states that “In no case may a diagnosis in the mental health field be made solely on the basis of... sexual orientation.”<sup>13</sup>

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<sup>11</sup> PAHO, “‘Cures’ For an Illness that Does Not Exist: Purported Therapies Aimed at Changing Sexual Orientation Lack Medical Justification and are Ethically Unacceptable” (May 15, 2012), available at [http://new.paho.org/hq/index.php?option=com\\_docman&task=doc\\_view&gid=17703](http://new.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=17703).

<sup>12</sup> Federal Council of Psychology, Resolution 001/99 (Mar. 22, 1999), available at [http://site.cfp.org.br/wp-content/uploads/1999/03/resolucao1999\\_1.pdf](http://site.cfp.org.br/wp-content/uploads/1999/03/resolucao1999_1.pdf) (original text in Portuguese).

<sup>13</sup> National Mental Health Law, Law No. 26657, Chapter 2, Article art. 3, as published in the *Official Gazette of the Argentine Republic*, Year CXVIII, No. 32,041 (Dec. 3, 2010).

## Appendix II: Letters to the Chinese Government

July 25, 2017

Minister Ms. Li Bin  
Deputy Minister Ma Xiaowei  
National Health and Family Planning Commission  
No.1 Xizhimenwainan Road  
Xicheng District, Beijing, 100044  
People's Republic of China

Dear Minister Li and Deputy Minister Ma,

Human Rights Watch is an independent international organization that monitors human rights in more than 90 countries around the world. We are currently preparing a report on the practice of conversion therapy, certain forms of psychological or psychiatric “treatment” purported to change someone’s sexual orientation. The report focuses on the extent to which the Chinese government has complied with domestic law and fulfilled its obligations under the related international instruments to prohibit discrimination and other human rights violations against lesbian, gay, bisexual and transgender (LGBT) people.

As the National Health and Family Planning Commission issues regulations on issues of health, manages medical professionals and the licenses to practice, and monitors the implementation of health-related laws and regulations, we would appreciate your responses to the questions raised below, as well as any additional information you wish to provide us on this issue. We strive to ensure the accuracy of our research, and look forward to your response. In light of our publishing schedule, we would be grateful to receive your response by September 1, 2017, sent to Sophie Richardson, China director, by email at richars@hrw.org, or by fax at +1-202-612-4333.

Thank you for your attention to this matter, and we look forward to hearing from you.

Sincerely,

Sophie Richardson

China Director, Human Rights Watch

Questions:

1. According to the related statement issued by the National Health and Family Planning Commission and the Chinese Society of Psychiatry in 2001 homosexuality has been declassified as a mental illness or disorder. Concerning this decision, what steps have the Commission and related departments taken to ensure the implementation of the declassification?
2. Has the National Health and Family Planning Commission conducted surveys or investigations concerning the effective implementation of the 2013 Mental Health Law? For example, how many cases or complaints have been filed with the Bureau of Inspection and Supervision under the Commission concerning the 2013 Mental Health Law violations since 2013? And how many cases or complaints has the Bureau addressed? What were the outcomes of those cases?
3. The domestic and international media have reported on conversion therapy cases in public hospitals in China. Has the National Health and Family Planning Commission taken any measures in response to these reported cases? In particular, what action has the Commission taken in response to the 2017 lawsuit against the Zhumadian No. 2 People's Hospital for providing involuntary conversion therapy service to individuals?
4. Regarding the conversion therapy provided by private licensed psychiatrists, has the National Health and Family Planning Commission conducted any research or investigation into abuses in their related cases? Has it received complaints about this practice? In particular, what actions has the Commission taken in response to the 2014 lawsuit against the Chongqing Xinyupiaoxiang Psychiatric Counseling Center for its false advertising and unethical practicing of conversion therapy?
5. Does the Commission currently have any complaint-filing mechanism or professional disciplinary mechanism for violations of laws or professional ethics rules by psychiatric practitioners in China?
6. If yes, has the Commission conducted any investigation concerning the reported practice of conversion therapy?
7. If no, will the Commission immediately establish a mechanism to address legal and ethical violations by professionals, and require members in public and private practice to announce or display information about such mechanisms?

July 25, 2017

Secretary Chen Jun Chinese Society of Psychiatry  
No. 600 Wanpingnan Road  
Xuhui District, Shanghai, 200000  
People's Republic of China

Dear Secretary Chen,

Human Rights Watch is an independent international organization that monitors human rights in more than 90 countries around the world. We are currently preparing a report on the practice of conversion therapy, certain forms of psychological or psychiatric “treatment” purported to change someone’s sexual orientation. The report focuses on the extent to which the Chinese government has complied with domestic law and fulfilled its obligations under the related international instruments. We are also looking into the practice of psychiatric professionals in China concerning the service of conversion therapy.

As the Chinese Society of Psychiatry is an important psychiatric professional association in China, and China’s official representative body at the World Psychiatric Association, we would appreciate your responses to the questions raised below, as well as any additional information you wish to provide us on this issue. We strive to ensure the accuracy of our research, and look forward to your response. In light of our publishing schedule, we would be grateful to receive your response by September 1, 2017, sent to Sophie Richardson, China director, by email at [richars@hrw.org](mailto:richars@hrw.org), or by fax at +1-202-612-4333.

Thank you for your attention to this matter, and we look forward to hearing from you.

Sincerely,

Sophie Richardson  
China Director, Human Rights Watch

Questions:

1. According to the 2001 version of the Diagnostic and Statistical Manual of Mental Disorders (DSM, or CCMD) issued by the Chinese Society of Psychiatry,

- homosexuality has been declassified as a mental disorder. Has the society issued any other guidelines or statement concerning this issue since 2001? Has the society taken any measures regarding the implementation of the 2001 declassification decision? Has it received complaints for having failed to take such steps?
2. Regarding the involuntary conversion therapy “treatment” cases reported by both Chinese and international media, has the society taken any measures in response to the reported cases and the reported violations of the DSM by psychiatric professionals? Did it undertake any sort of investigation into or impose disciplinary proceedings in response to the 2014 lawsuit against the Chongqing Xinyupiaoxiang Psychiatric Counseling Center or the 2017 lawsuit against the Zhumadian No. 2 People’s Hospital?
  3. Does the society currently have any complaint-filing mechanism or professional disciplinary mechanism for violations of professional ethics rules by psychiatric practitioners China?
  4. If yes, has the society conducted any investigation concerning the reported practice of conversion therapy?
  5. If no, will the society immediately establish a mechanism to address ethical violations by professionals, and require members in public and private practice to announce or display information about such mechanisms?

## Appendix III: Forms Attached to the "Notice on the Implementation of Mental Health Law" published by the National Health and Family Planning Commission

### Form 1: Supervision and Inspection Summary of the State of Implementation of the Mental Health Law

#### 《精神卫生法》落实情况监督检查汇总表

\_省(区、市)卫生计生行政部门(盖章) 统计时间:

主要内容	检查对象	检查结果
保障制度	卫生计生 行政部门	1. 精神卫生工作纳入本级政府经济和社会发展规划(简称规划) 共检查行政部门_个,已纳入规划_个(其中省级_个;市级_个;县级_个)。
		2. 建立本级精神卫生工作领导与部门协调机制(简称机制) 建立机制的行政部门_个(其中省级_个;市级_个;县级_个)。
		3.有精神卫生工作专项经费 有专项经费的行政部门_个(其中省级_个;市级_个;县级_个)。 2014年度省级专项经费_万元,比2012年度增加_万元;市级专项经费_万元,比2012年度增加_万元;县级专项经费_万元,比2012年度增加_万元;
		4.出台严重精神障碍患者救治救助专项政策 省级:是_否_。文件名称及文号: 共检查市级行政部门_个,出台政策_个。
		5.本地严重精神障碍住院患者政策范围内报销比例:最高_%,最低_%。 本地严重精神障碍门诊患者政策范围内报销比例:最高_%,最低_%。
		6.制订针对提高精神卫生专业人员待遇水平的政策 共检查机构_个,已制定政策的_个(其中省级_个;市级_个;县级_个)。
		7.制定本级精神卫生工作规划 已制定规划的行政部门_个(其中省级_个;市级_个;县级_个)。
	精神卫生 专业机构	8.精神卫生专业机构有保障机构运行的财政拨款 检查机构_个,有财政拨款的机构_个。2014年财政拨款共_万元,占编制人员费用的比例_%。 财政拨款占编制人员费用的比例最高为_% ,最低为_%。
	卫生计生	9. 精神卫生专业机构基本情况

精神卫生服务体系	行政部门	精神卫生专业机构_个,其中:卫生计生部门_个,民政部门_个,公安部门_个,民营机构_个;覆盖区县_个;空白区县_个。其中综合医院(含中医院)设立精神科或心理科(含门诊)的_个。检查县级综合医院_个,设立精神科或心理科(含门诊)的_个。
		10.建立精神卫生防治技术管理机构(简称精防机构) 精防机构_个,专职精防人员_人,兼职人员_人。 检查精防机构_个,配备专职精防人员的机构_个(其中省级_个;市级_个;县级_个)。
		11.辖区内精神卫生专业机构内精神科执业医师_人,执业助理医师_人。
	精神卫生专业机构	12.精神卫生专业机构对基层医疗机构开展技术指导 开展技术指导_个。 13.建立分片包干和对口帮扶制度 建立对口帮扶制度的机构_个。
	县级地方人民政府	14.建立精神障碍患者社区康复机构 精神障碍患者社区康复机构_个,其中民营社区康复机构_个。
心理健康服务情况	卫生计生行政部门	15.开展《精神卫生法》普法宣传及培训 开展宣传及培训的行政部门_个,2012-2014年共宣传及培训_场(班)次,参加_人次(其中省级_期_人次;市级_期_人次;县级_期_人次)。 16.将心理援助内容纳入本级政府有关部门制定的突发事件应急预案 纳入应急预案的行政部门_个(其中省级_个;市级_个;县级_个)。 17.组建心理危机干预队伍 组建干预队伍行政部门_个(其中省级_个;市级_个)。 18.开展应急演练 开展应急演练行政部门_个(其中省级_个;市级_个)。
	省、市级专业机构	19.开设心理援助热线 开设热线的专业机构_个,开设热线_条,其中全天候热线_条。
发病报告与信息共享	卫生计生行政部门及相关部门	20.建立精神卫生工作部门信息共享机制 检查行政部门_个,建立信息共享机制的_个(其中省级_个;市级_个;县级_个)。 21.发生患者肇事肇祸案事件实时通报 2014年发生患者肇事肇祸案事件_例,通报_例。
	精神卫生专业机构	22.按照《严重精神障碍发病报告管理办法(试行)》进行发病报告 报告机构_个,2014年报告患者_例。
患者社区管理及诊疗服务	基层医疗卫生机构	23.开展严重精神障碍患者随访管理 检查机构_个,开展随访管理的_个。有专职精防人员的机构_个。 专职精防人员_人,兼职精防人员_人。
		24.精防人员每年接受精神卫生相关培训不少于1天 符合要求的机构_个。

	精神卫生专业机构	25.制定非自愿住院患者的收治及诊疗流程 检查机构_个，符合要求的机构_个。 26 非自愿住院患者收治程序是否符合流程 符合要求的机构_个。
监督执法情况	卫生计生监督机构	27.开展《精神卫生法》相关的监督执法检查机构_个，已经开展监督执法的机构_个（其中省级_个；市级_个；县级_个）。
严重精神障碍管理基本情况	严重精神障碍信息系统	28.严重精神障碍患者：登记率_%、管理率_%、规范管理率_%、服药率_%、病情稳定率_%。
有关部门开展的相关工作	公安部门	29.有强制医疗所_个,其中政府批准设置的专门机构_个，经费保障解决的_个。
	残联组织	30.残疾人组织或者残疾人康复机构开展精神障碍患者康复活动开展康复活动县（市、区）_个，2014年参加康复活动患者_人次。 31.2014年，残联组织提供贫困精神障碍患者服药救助_人次，住院救助_人次。
	民政部门	32.精神卫生社会福利机构基本情况。 精神卫生社会福利机构_个，覆盖地级市_个，空白地级市_个。 33.政府通过向_个其他社会组织或机构购买服务，向精神障碍患者提供社区康复服务，2014年累计投入资金_元。
	教育部门	34.辖区内开展心理健康教育的中小学校_所，建立心理健康辅导室的中小学校_所。 35.辖区内医学院校_所，开展精神医学专门人才培养医学院校_所。2014年精神医学专业毕业生，其中本科生_人，研究生_人。
问题及建议		

填表人： 电话： 审核人：

注：1、精神卫生专业机构：包括精神专科医院和有精神专科特长的综合医院，是严重精神障碍患者急性住院治疗的主要机构，承担精神疾病的预防、医疗、康复和心理行为问题干预等任务。

2、精神卫生防治技术管理机构（简称精防机构）：县级以上卫生计生行政部门在辖区内指定一所具备条件的精神专科医院或有精神专科特长的综合医院或疾病预防控制中心，作为精神卫生防

治技术管理和指导中心，承担精神疾病和心理行为问题的预防、医疗、康复、健康教育、信息收集等培训与指导，以及严重精神障碍管理治疗的项目工作。

3、精神卫生社会福利机构：为精神障碍患者中的特困人员、流浪乞讨人员、低收入人群、复原退伍军人等特殊困难群体提供集中救治、救助、护理、康复和照料等服务的社会福利机构。

Form 2: Supervision and Inspection Summary of the State of Implementation  
of the Regulations on the Administration of Health in Public Places

《公共场所卫生管理条例》落实情况监督检查汇总表

\_省(区、市)卫生计生行政部门(盖章) 统计时间:

内容	检查对象	检查结果
相关配套文件 制定情况	省级卫生计生行政部门	1.制定公共场所卫生监督具体范围 是_否 文件名称: 2.制定公共场所预防性卫生审查程序 是_否 文件名称: 3.制定公共场所技术服务机构考核管理办法 是_否 文件名称: 4.制定其他公共场所卫生监管相关文件 文件名称:1. 2. 3.
卫生监督工作 开展情况	卫生计生行政部门	5.制定年度公共场所卫生监督工作方案 共检查行政部门_个,制定年度工作方案的_个(其中省级_个;市级_个;县级_个)。
		6.有专项卫生监督抽检经费 有专项经费的行政部门_个(其中省级_个;市级_个;县级_个)。
		7.向社会公示公共场所卫生监督抽检结果 向社会公示监督抽检结果的行政部门_个。 2014年度共公布_次(其中省级_次;市级_次;县级_次)。
	卫生计生监督机构	8.开展公共场所卫生监督员培训 开展公共场所卫生监督员培训的行政部门_个。 2014年度共培训_期,_人次(其中省级_期_人次;市级_期_人次;县级_期_人次)。
9.公共场所卫生监督员_人(其中省级_人;市级_人;县级_人)。 10.公共场所现场检测设备符合《卫生监督机构装备标准(2011版)》要求 共检查监督机构_个,符合的_个(其中省级_个;市级_个;县级_个)。		

		11.日常卫生监督执法情况，包括监督户次数、立案处罚情况、量化分级情况等。 注：由监督中心通过卫生监督信息报告系统提取。
		12.2014 年度开展公共场所现场检测_项次（其中省级_项次；市级_项次，县级_项次）。 注：项次数=户数*项目数*次数
		13.2014 年度受理公共场所投诉举报数_件（其中省级_件；市级_件；县级_件）。
	疾病预防控制机构	14.2014 年度完成公共场所卫生监督抽检检测任务 共检查疾控机构_个，符合的_个（其中省级_个；市级_个；县级_个）。
		15. 2014 年度完成公共场所卫生监督抽检检测_户公共场所（其中省级_户；市级_户；县级_户）。
		16. 2014 年度完成新办、延续公共场所卫生许可检测工作_户公共场所（其中省级_户；市级_户；县级_户）。
公共场所健康 危害因素监测 情况	卫生计生行政部门	17.制定公共场所健康危害因素监测工作计划 制定监测工作计划的行政部门_个。
		18.有专项健康危害因素监测经费 有专项经费的行政部门_个。
	疾病预防控制机构	19.公共场所监测专业技术人员_人（其中省级_人；市级_人；县级_人）。
		20.公共场所监测能力达到国家公共场所卫生标准要求_家（其中省级_家；市级_家；县级_家）。
公共场所 卫生状况	抽检部分公共场所	21.执行 2015 年度国家公共场所卫生重点监督检查计划 注：抽检结果由监督中心通过卫生监督信息报告系统提取。
公共场所技术 服务机构	省级卫生计生行政部门	22.公共场所卫生检验、检测、评价技术服务机构考核合格_家（其中疾病预防控制机构_家；其他公共场所技术服务机构_家）。
地方公共场所 卫生监管特色 工作	23.公共场所行业组织自律情况	地方提供相关资料

	24.创新卫生监管手段和模式	
	25.其他公共场所卫生监管特色工作	
<i>问题及建议</i>		

填表人：      电话：      审核：

## Annex: Charts

Chart I: Details of the 17 Interviewees and Geographic Information

Case Name (all names are pseudonyms)	Year	Age of the Interviewee (when received conversion therapy)	Gender	Nature of the Facility	Location of the Facility
Zhu Tianwen	2009	15	Male	State-owned hospital	Heilongjiang Province
Liu Xiaoyun	2011	20	Female (transgender)	State-owned hospital	Xiamen, Fujian Province
Zhang Zhikun	2012	29	Female (transgender)	State-owned hospital	Shenzhen, Guangdong Province
Gong Lei	2013	23	Male	State-owned hospital	Fuzhou, Fujian Province
Zhang Ping	2013	28	Male	State-owned hospital	Suzhou, Jiangsu Province
Li Zhenhui	2014	17	Female	Private clinic	Zhejiang Province
Xu Zhen	2014	18	Male	Private Clinic	Chengdu, Sichuan Province
Li Qi	2014	19	Female (transgender)	State-owned hospital	Wuhan, Hubei Province

Cheng Zhiwen	2014	19	Male	State-owned hospital	Zhengzhou, Henan Province
Tian Xiangli	2014	22	Male	State-owned hospital	Shijiazhuang, Hebei Province
Li Zhi	2014	26	Male	State-owned hospital	Nanping, Fujian Province
Li Zhen	2014	28	Male	Private Clinic	Chongqing, Chongqing
Luo Qing	2014	32	Male	Private Clinic; State-owned hospital	Xi'an, Shanxi Province
Long Bingzhi	2015	26	Male	State-owned hospital	Beijing, Beijing
Wen Qi	2015	28	Male	State-owned hospital	Beijing, Beijing
Chen Shuolei	2016	35	Male	State-owned hospital	(Interviewee refused to disclose the city or province he is from or the location of the facility due to security concerns)
Zheng Tian	2017	31	Female	State-owned hospital	Guangzhou, Guangdong Province

**Chart II: Costs of the Conversion Therapy Services Reported by Interviewees<sup>14</sup>**

<b>Interviewee's Name</b>	<b>Rate of the Conversion Therapy Service Offered to the Interviewee</b>
Li Zhi	80 yuan (approx. \$12)/hour
Zhang Ping	5,000 yuan (approx. \$735)/session (one-week session)
Tian Xiangli	3,000 yuan (approx. \$441)/session (one-week session)
Zhang Zhikun	500 yuan (approx. \$74)/hour
Zheng Tian	1,500 yuan (approx. \$121)/hour
Li Zhenhui	600 yuan (approx. \$88)/hour
Chen Shuolei	[Interviewee cannot recall the cost]
Wen Qi	240 yuan (approx. \$35)/hour
Zhu Tianwen	6,000 yuan (approx. \$882)/session (one-week session)
Li Qi	400 yuan (approx. \$59)/hour
Cheng Zhiwen	30,000 yuan (approx. \$4,412)/session (two-month session)
Li Zhen	30,000 yuan (approx. \$4,412) for one treatment package (with which the doctor guarantee the “cure” of homosexuality) 500 yuan (approx. \$74)/hour if purchased individually

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<sup>14</sup> 6 other interviewees could not recall the cost of treatment.