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RESEARCH REPORT

# EXPLORING THE LIVED EXPERIENCES OF CONVERSION EFFORTS AMONG LGBTIQ+ PEOPLE IN VIETNAM

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## TERMINOLOGY GLOSSARY

<b>Term</b>	<b>Definition</b>
LGBTIQ+	People who identified themselves as lesbian, gay, bisexual, transgender, intersex, or questioning
SOGIE	An acronym for sexual orientation, gender identity, and gender expression
Sexual orientation	A person's romantic, emotional and/or physical feelings or attraction to people of the same, different or more than one gender
Gender identity	Gender identity is an individual's internal sense of their own gender, which may or may not align with their birth-assigned sex. It encompasses feeling like a man, woman, both, neither, or any point along the gender spectrum.
Heteronormative	Heteronormativity is the societal assumption and promotion of heterosexuality as the normal or preferred sexual orientation
Sexual orientation and gender identity change efforts (SOGICE)	These efforts refer to practices aimed at altering an individual's sexual orientation or gender identity, which are harmful and lack scientific validity.
PFLAG	An acronym for Parents, Families, and Friends of Lesbians and Gays



## PREFACE

Setting higher standards for LGBTIQ+ protection can excel Vietnam's progress in human rights. Recently, the country has demonstrated an all-time high percentage rate of acceptance for Universal Periodic Review recommendations by the United Nations Human Rights Council. This response underlines Vietnam's commitment to accelerating social justice for vulnerable groups by 2027. In the past few years, Vietnam Ministry of Foreign Affairs and many United Nations agencies have synergized to explore national strategies for curtailing stigma, discrimination, and violence against sexual and gender minorities. While sexual orientation and gender identity change efforts (SOGICE) are recognized to be acts of violence on a global scale, they are largely mystified in Vietnam. Due to low societal awareness, this issue has not reached priority discussions on LGBTIQ+ rights at the national level. Without tackling SOGICE, stakeholders at different levels may still run the risk of leaving behind countless queer and trans survivors, especially youth.

New strategies for LGBTIQ+ protection in Vietnam must begin with de-normalizing SOGICE socially and culturally. In this study report, you will be amazed by how conversion practices are often misunderstood by both enforcers and survivors. Parents may coerce their children into structured psychotherapy or hormonal treatment while wholeheartedly believing that they are serving their children's 'best interests.' Queer and trans individuals learn to tolerate such acts because they do not associate their experiences with exposure to violence. In addition, our findings shed light on the corrosive, long-term effects of SOGICE on various domains of LGBTIQ+ well-being. Predominantly, survivors suffer from acute and lasting post-traumatic stress that disrupts their lives to date. We must see SOGICE for what it is - a form of violence. And, as long as it is so, it should not be normalized (any longer).

Our research team is honored to deliver this report as it brings forth the first scientific data on lived experiences of SOGICE among LGBTIQ+ survivors in Vietnam. We

acknowledge generous support by the Norwegian Organisation for Sexual and Gender Diversity via The Norwegian Agency for Development Cooperation and the joint implementation among Lighthouse Social Enterprise, Institute for Social, Economic and Environmental Research, and other independent consultants. The synergy between international partners and civil society in our study is exemplary of the awe-inspiring multi-stakeholder efforts towards ensuring LGBTIQ+ protection in Vietnam.

Lastly, we hope that this report instills in you a sense of collective responsibility in the fight to end SOGICE. The fact that our survivors lent us their voices carries incredible trust. As we, as stakeholders with more structural privileges, are entrusted, we have a duty to catalyze social change. Our team believes that the resilient voices of survivors in this study will pave the way for more comprehensive evidence to come. With each piece of new findings, we will find novel ways to effectively end SOGICE, a violation of human rights.

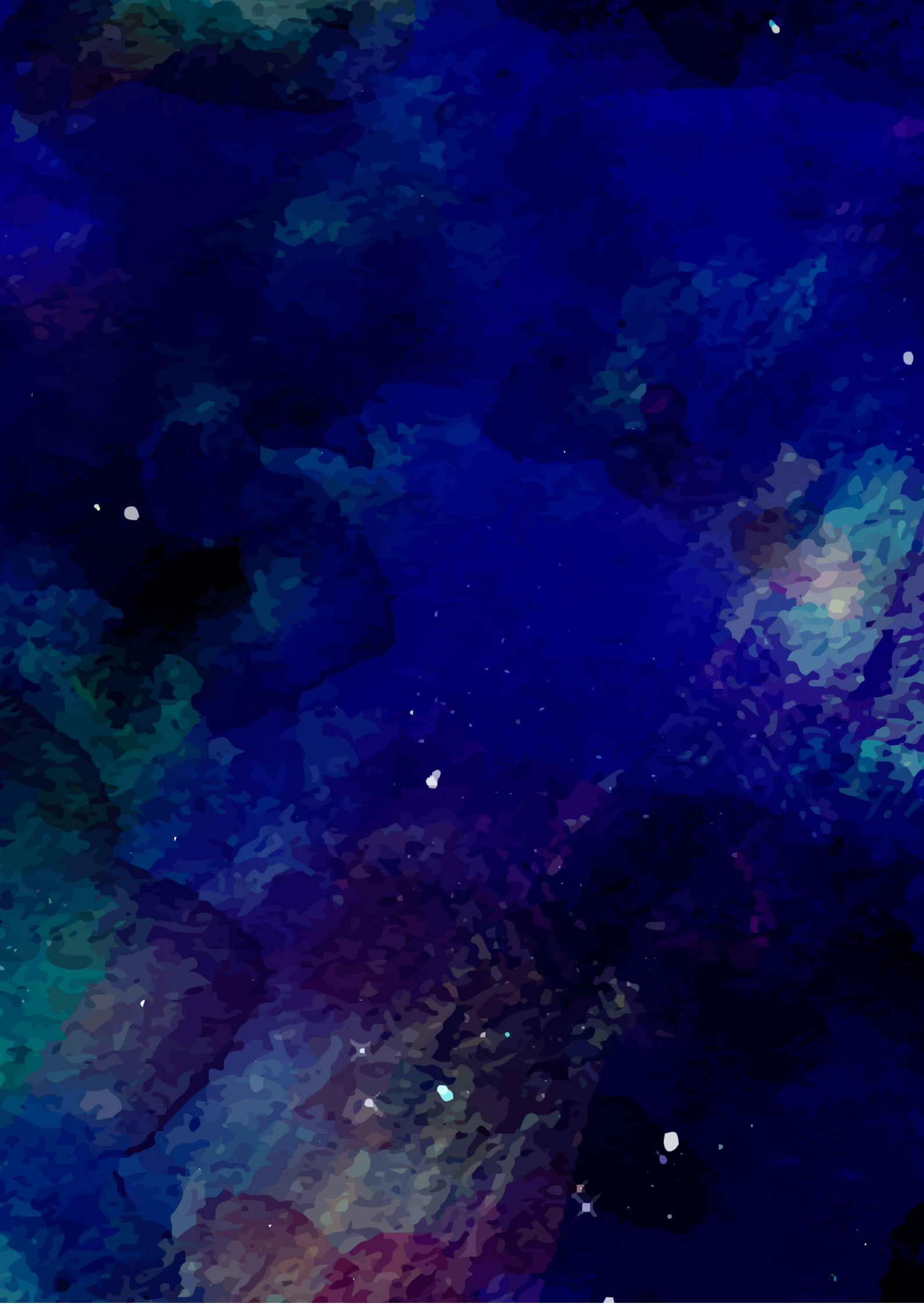
We hope that by reading this report you find the will in you to protect LGBTIQ+ lives with us. Together we leave no one behind.

On behalf of the research team,

**Viet (Mason) Trinh**

*Director of Programs*

Lighthouse Social Enterprise



## INTRODUCTION

### *A global glance at SOGICE*

Worldwide an estimated 2-34% of sexual and gender minorities have experienced organized efforts to discourage them from adoption or expression of non-heterosexual and non-cisgender identities incongruent with their assigned sex/gender at birth<sup>1</sup>. These practices have been interchangeably referred to as conversion practices (CP), sexual orientation or gender identity or expression change efforts (SOGICE), or reorientation therapy, among other terms. Overwhelming evidence, mostly from studies conducted within Canada and the United States, underscores the lasting deleterious effects CP has on sexual and gender minorities. Specifically, compared to individuals who had not been exposed, those who have undergone CP report higher levels of internalized homonegativity, or negative views of their sexual identity; higher levels of depression and experiences of suicidal ideation; and more negative feelings about themselves in general<sup>2</sup>. Adolescents and young adults who have undergone CP are also twice as likely to report having attempted suicide<sup>3</sup>. An analysis of the long-term economic costs associated with compromised well-being and reduced productivity as a result of CP found that it was associated with lifetime costs of US\$83,3666 per individual at risk and 1.61 quality-adjusted life years lost<sup>4</sup>. Because of the deleterious effects associated with SOGICE, numerous

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<sup>1</sup> Travis Salway et al., “A Systematic Review of the Prevalence of Lifetime Experience with ‘Conversion’ Practices among Sexual and Gender Minority Populations,” *PLOS ONE* 18, no. 10 (thg 10 2023): e0291768, <https://doi.org/10.1371/journal.pone.0291768>.

<sup>2</sup> Randolph C. H. Chan, Janice Sin Yu Leung, and Dino Ching Kwong Wong, “Experiences, Motivations, and Impacts of Sexual Orientation Change Efforts: Effects on Sexual Identity Distress and Mental Health among Sexual Minorities,” *Sexuality Research & Social Policy: A Journal of the NSRC*, 2022, No Pagination Specified-No Pagination Specified, <https://doi.org/10.1007/s13178-021-00669-5>; Anna Forsythe et al., “Humanistic and Economic Burden of Conversion Therapy Among LGBTQ Youths in the United States,” *JAMA Pediatrics* 176, no. 5 (May 1, 2022): 493–501, <https://doi.org/10.1001/jamapediatrics.2022.0042>.

<sup>3</sup> Amy E. Green et al., “Self-Reported Conversion Efforts and Suicidality Among US LGBTQ Youths and Young Adults, 2018,” *American Journal of Public Health* 110, no. 8 (August 2020): 1221–27, <https://doi.org/10.2105/AJPH.2020.305701>.

<sup>4</sup> Anna Forsythe et al., “Humanistic and Economic Burden of Conversion Therapy Among LGBTQ Youths in the United States,” *JAMA Pediatrics* 176, no. 5 (May 1, 2022): 493–501, <https://doi.org/10.1001/jamapediatrics.2022.0042>.



national and international associations such as the American Psychological Association<sup>5</sup> (2018), American Medical Association<sup>6</sup> (2020), and United Nations<sup>7</sup> (2020) have issued statements opposing its continuation.

Much less is known about the prevalence, experience, and toll of SOGICE in Asia. What has been documented primarily exists through news articles, legal cases, and other similar reports. A few studies based in East Asia more recently have been published. A survey of 15,611 sexual minorities in China found that approximately 5.7% reported having been recommended or been treated with SOGICE by a medical professional<sup>8</sup>. Among transgender, non-binary, and gender diverse adolescents and adults in China specifically, gender identity conversion practices (GICP) have been linked to increased risk for mental health problems, suicidal ideation and attempt, non-suicidal self-injury, and substance use<sup>9</sup>. In South Korea, approximately 9.3% of sexual minorities have been advised to but have not undergone sexual orientation change efforts (SOGE), while 2.5% had undergone SOGE<sup>10</sup>. Both those groups were more likely to have reported history of depressive symptoms and suicide attempts compared to those who had no SOGE exposure.

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<sup>5</sup> American Psychological Association, *Report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation*, 2009.

<sup>6</sup> American Medical Association, “Sexual Orientation and Gender Identity Change Efforts (so-Called ‘Conversion Therapy’),” 2020.

<sup>7</sup> United Nations General Assembly, “Practices of So-Called ‘Conversion Therapy’: Report of the Independent Expert on Protection against Violence and Discrimination Based on Sexual Orientation and Gender Identity,” 2020, [https://doi.org/10.1163/2210-7975\\_HRD-9970-2016149](https://doi.org/10.1163/2210-7975_HRD-9970-2016149).

<sup>8</sup> Yiu-tung Suen and Randolph Chun Ho Chan, “A Nationwide Cross-Sectional Study of 15,611 Lesbian, Gay and Bisexual People in China: Disclosure of Sexual Orientation and Experiences of Negative Treatment in Health Care,” *International Journal for Equity in Health* 19, no. 1 (April 1, 2020): 46, <https://doi.org/10.1186/s12939-020-1151-7>.

<sup>9</sup> Yuan Yuan Wang et al., “A National Transgender Health Survey from China Assessing Gender Identity Conversion Practice, Mental Health, Substance Use and Suicidality,” *Nature Mental Health* 1 (April 18, 2023): 254–65, <https://doi.org/10.1038/s44220-023-00041-z>.

<sup>10</sup> Hyemin Lee et al., “Sexual Orientation Change Efforts, Depressive Symptoms, and Suicidality among Lesbian, Gay, and Bisexual Adults: A Cross-Sectional Study in South Korea,” *LGBT Health* 8, no. 6 (September 1, 2021): 427–32, <https://doi.org/10.1089/lgbt.2020.0501>.

## *SOGICE in the context of Vietnam*

To date, extant literature yields a modest understanding of SOGICE in Vietnam. While admitting their pervasiveness, key landscape reports fail to document the full extent of conversion practices<sup>11</sup>. Also, local research studies have historically classified such practices under the broad scope of sexual orientation and gender-based violence and discrimination<sup>12</sup>, which deprives collective attention to the issue of underlying “corrective” efforts. Conversion tactics have been rarely studied in Vietnam not because of their low prevalence; they are just not conceptualized accurately for what they are.

Emerging evidence has given rise to insights into how Vietnamese queer and trans individuals experience SOGICE. Parents are commonly known as both direct and indirect perpetrators. Despite opposing scientific evidence, many parents in Vietnam still consider sexual and gender diversity to be a mental disorder that is “infectious”<sup>13</sup>, subjecting their LGBTIQ+ children to indoor entrapment, disrupted communication with others, and forced heteronormative marriage<sup>14</sup>. Some parents attribute being LGBTIQ+ to spiritual deviance. Citing scriptures, many are led to believe that having sexually and gender-diverse children is a punishment by their ancestors or a hell-bound curse<sup>15</sup>. Because some religious ordeals in the context of Vietnam still demonize this population to date, many identity change efforts (e.g., exorcism, fate-shifting rituals) may prevail without much documentation.

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<sup>11</sup> COC Netherlands, “A Context Analysis on the State of the LGBTI Movement in Vietnam,” 2021; iSEE, “Situation of Persons of Diverse Sexual Orientation, Gender Expression and Sex Characteristics (SOGIESC) in Vietnam | For the 2023 Voluntary National Review of Vietnam,” 2023.

<sup>12</sup> Thế Huy Lương and Quỳnh Phương Phạm, “‘Có Phải Bởi vì Tôi Là LGBT?’: Phân Biệt Đối Xử Dựa Trên Xu Hướng Tính Dục và Bản Dạng Giới Tại Việt Nam” (iSEE), 2015.

<sup>13</sup> iSEE, “Cha Mẹ Chấp Nhận và Lên Tiếng Ủng Hộ Quyền Của Con Là Người LGBT: Những Yếu Tố Tác Động,” 2017.

<sup>14</sup> Yên Mai, “Vietnamese LGBTQ Youth’s Transition to Adulthood: Expressions of Agency,” *YOUNG* 32, no. 1 (February 1, 2024): 40–60, <https://doi.org/10.1177/11033088231205155>; iSEE, “Sống Trong Một Xã Hội Dị Tính: Câu Chuyện 40 Người Nữ Yêu Nữ,” 2010.

<sup>15</sup> iSEE, “Cha Mẹ Chấp Nhận và Lên Tiếng Ủng Hộ Quyền Của Con Là Người LGBT: Những Yếu Tố Tác Động,” 2017.

In addition, teachers often recommend SOGICE to parents of LGBTIQ+ students as a way of “correction”<sup>16</sup>. Because they believe that being non-heterosexual and non-cisgender is a curable disorder, they attempt to convert identified students through many tactics such as threats of forced disclosure to parents, unjustified penalties, or coercive persuasion. Furthermore, healthcare providers are, too, a concerning group of perpetrators. To date, a leading national psychiatric hospital still takes pride in their capability of successfully curing same-sex attraction<sup>17</sup>. According to this provider, one often mistakes themselves for being gay or lesbian due to their disorganized cognition of gender. Following “diagnosis”, many LGBTIQ+ are involuntarily signed up by their parents into traditional and modern medicine treatments with “normalizing” purposes<sup>18</sup>. The above documentations strongly suggest that not only do parents perform SOGICE upon queer and trans children, but they also recruit other social agents in their missions.

Scant evidence on SOGICE in Vietnam, accordingly, limits our understanding of its implications. Previous research alludes to harmful impacts of conversion tactics on LGBTIQ+ people’s well-being in various settings. When queer and trans youth face verbal abuse and physical violence from their family members due to their non-heteronormative identities, they tend to suffer from loneliness, fear, and severe stress<sup>19</sup>. Such responses can often snowball into depression, self-harm behaviours, and even suicidal ideation<sup>20</sup>. In addition, verbal harassment and physical threats at school increase LGBTIQ+ students’ likelihood of social withdrawal,

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<sup>16</sup> Human Rights Watch, “‘Giáo viên nói tôi bị bệnh,’” *Human Rights Watch*, February 12, 2020.

<sup>17</sup> Bệnh viện tâm thần ban ngày Mai Hương, “Những Lâm Tương về Giới Tính,” 2016.

<sup>18</sup> iSEE, “Cha Mẹ Chấp Nhận và Lên Tiếng Ủng Hộ Quyền Của Con Là Người LGBT: Những Yếu Tố Tác Động.”

<sup>19</sup> iSEE.

<sup>20</sup> iSEE; iSEE, “Trẻ Em Đường Phố Đồng Tính, Song Tính và Chuyển Giới Tại Thành Phố Hồ Chí Minh,” 2012; Luong Thi Dao and Nguyen Van Thanh, “Parents Attitude Having Gay, Lesbian, and Transgender Children in Vietnam,” in *Social Work with Lesbian, Gay, Bisexual, Transgender (LGBT) Clients: International Success and Lessons for Vietnam* (Ho Chi Minh National University, 2021).

poor academic performance, and, ultimately, disenrollment<sup>21</sup>. Such evidence highlights the needs for more comprehensive data on SOGICE, not just on prevalence but also its large breadth of impacts.

### *Sociopolitical needs for comprehensive data on SOGICE*

Rigorous research on SOGICE is crucial to catalyzing social changes towards greater protection for LGBTIQ+ individuals in Vietnam. Public awareness of the issue is low, which may hamper multi-stakeholder commitment to tangible interventions. Local media sites have published articles declaring “LGBTIQ+ is not a disease and cannot be cured”. However, practices such as coercive persuasion or conversive psychotherapy are deemed wrongful but yet to be given a definitive label; the keyword ‘change efforts’ is absent. At the same time, LGBTIQ+-serving community organizations lack an adequate understanding of SOGICE and its diverse manifestations in different provinces. Despite the social buzz following the ‘Leave with Pride’ campaign against LGBTIQ+ pathologization, many stakeholders struggle to comprehend the bearings of conversion efforts to the lives of queer and trans individuals. In order for greater public awareness and joint advocacy, more research on SOGICE is urgent.

Furthermore, emerging evidence can drive significant progress in policymaking. On August 3rd, 2022, Vietnam Ministry of Health (MoH) issued an Official Dispatch on “Rectifying the conversion on lesbian, gay, bisexual and transgender people” (No: 4132/BYT-PC)<sup>22</sup>. Affirming scientific stances of the American Psychological Association and the World Health Organization, MoH declared “involuntary treatments are prohibited, and mental health services can only be provided by experts on sexual orientation and gender identity”. Despite

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<sup>21</sup> Thế Huy Lương and Quỳnh Phương Phạm, “‘Có Phải Bởi vì Tôi Là LGBT?’: Phân Biệt Đối Xử Dựa Trên Xu Hướng Tính Dục và Bản Dạng Giới Tại Việt Nam”, iSEE, 2015; Human Rights Watch, “‘Giáo viên nói tôi bị bệnh,’” *Human Rights Watch*, February 12, 2020.

<sup>22</sup> Government E-Newspaper, “Strengthening Propaganda so That Doctors and People Have a Correct Understanding of Homosexuals, Bisexuals and Transgenders,” 2022.



its commendable progressiveness, the Dispatch holds little ground for law enforcement. There is neither a clear guideline nor a systematic mechanism for public hospitals and health care practitioners to reference. More robust data on SOGICE can further MoH's momentum towards banning conversion practices via providing strategic landscape information. As a result, policymakers and high-level stakeholders should be able to design evidence-based legislation and develop a practical trajectory for implementation.

### **Study Purpose**

Given the aforementioned gaps in literature, our study aimed to explore the lived experiences of Vietnamese LGBTIQ+ survivors who had been exposed to SOGICE in their lifetime. The research team sought to understand SOGICE as a form of violence through types of conversion tactics, related enforcers, survivors' coping strategies, impacts on well-being, and support needs.



## METHOD

### *Study Design*

This was a cross-sectional, retrospective, exploratory qualitative study on the lived experiences with SOGICE among Vietnamese LGBTIQ+ people.

### *Sampling Method*

This study employed stratified purposive sampling method<sup>23</sup> to ensure a representative coverage of SOGIE while accounting for a diversity of other background characteristics. The sample was drawn from seven different subgroups based on gender identity and sexual orientation, with each consisting of two participants. During the sampling process, other sociodemographic factors (e.g., age, biological sex, geographical location) were also taken into account.

### *Participants*

The selection criteria for participants included: (1) being 18 years of age or older; (2) being transgender or self-identifying as non-heterosexual; (3) having been born and currently residing in Vietnam; (4) having experienced SOGICE/CP; and (5) voluntarily agreeing to participate in the study.

The majority of participants were between the ages of 25 and 30, with an equal distribution of participants from the northern and southern regions of Vietnam (*see Appendix I. Sociodemographic Table*).

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<sup>23</sup> Lawrence A. Palinkas et al., “Purposeful Sampling for Qualitative Data Collection and Analysis in Mixed Method Implementation Research,” *Administration and Policy in Mental Health* 42, no. 5 (September 2015): 533–44, <https://doi.org/10.1007/s10488-013-0528-y>.

## *Process*

Recruitment information was widely circulated via social media platforms such as Facebook and networks of LGBTIQ+ community organizations across Vietnam.

A semi-structured interview guide was developed to ensure data collection consistency and quality. Five LGBTIQ+ community leaders were formally trained to conduct interviews consistently following the guide. Questions on the interview guide centered on participants' SOGICE/CP experiences and the perceived short-term and long-term effects of those experiences on them. Data collection took place in June 2024 and was conducted online via the Zoom platform.

Prior to each interview, participants were provided with an information page outlining study purpose, risks and benefits of participation, confidentiality policies, and rights of withdrawal. In particular, they were informed that they could withdraw from the study at any time without any penalty or consequence. Each participant had signed a consent form before an interview was scheduled. Upon the interview, research assistants summarized key information in the information page, once again emphasizing the study's voluntary nature of participation and confidentiality measures. The assistants then asked participants for their verbal consent to study participation and audio recording. Should audio recording be rejected, data collection would take place via hand transcription completely. At the end of the interview, participants were provided with contact details for LGBTIQ+-friendly mental health services and hotlines in case they experienced any emotional distress. Finally, participants received a compensation (equivalent to 300,000 VND) through mobile phone credit top-up.

## *Data Analysis*

As a first step, all identifying personal information was substituted to ensure confidentiality. Interview transcripts were uploaded to the Dedoose software. Research



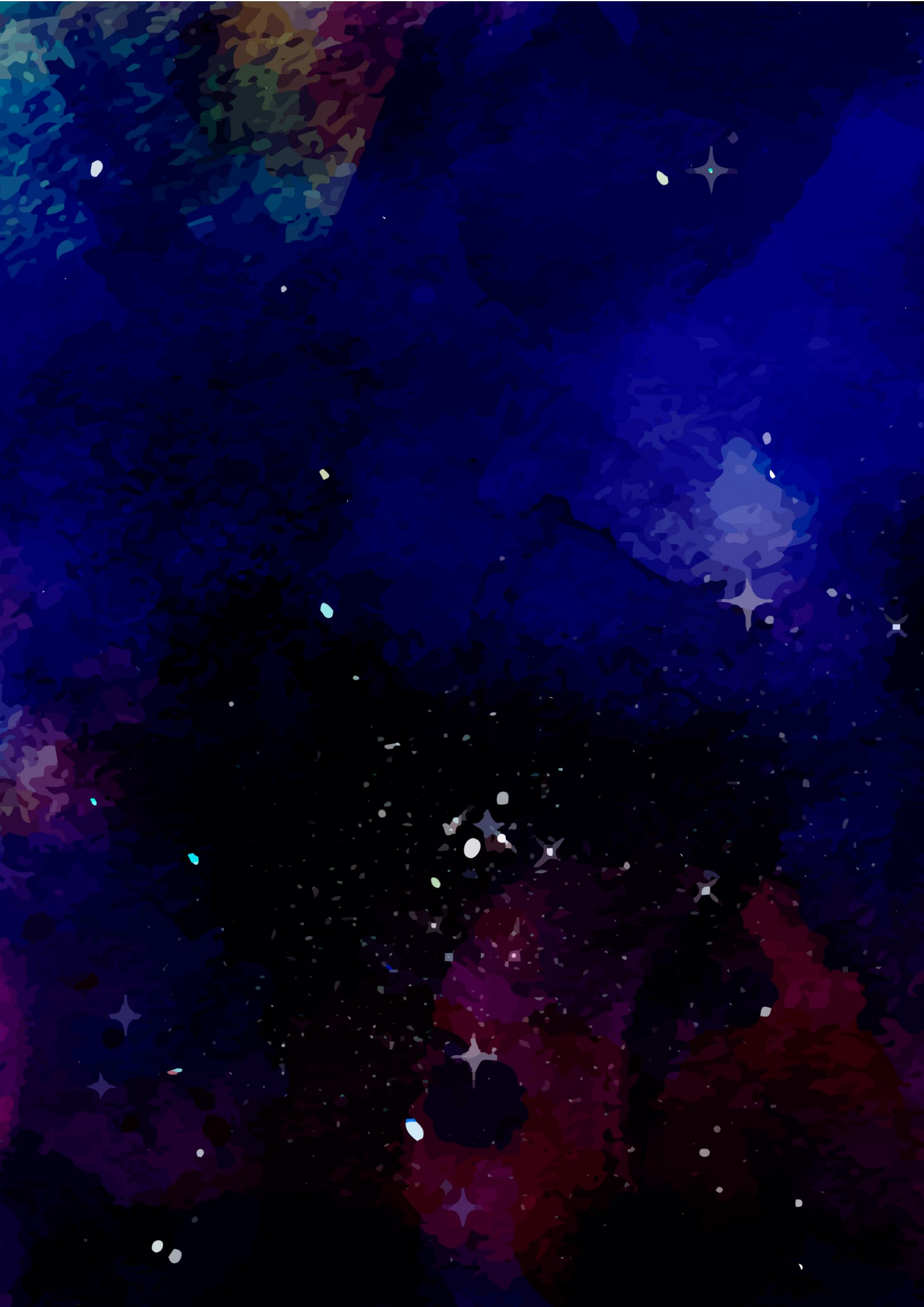
analysts followed the thematic comparative coding method<sup>24</sup>. They began with independently reviewing the transcripts to familiarize themselves with the content, taking notes of initial code ideas, and then drafting preliminary codes. After which, the analysts proceeded to discuss as a group to identify common broad themes. They also refined the definitions of the codes to ensure consistency and avoid redundancy. Once a codebook was finalized, at least two analysts coded each transcript, with regular inter-coder reliability assessment (average score was 0.80). Any discrepancies between two coders that could not be resolved were settled by a third analyst.

### *Ethical Review*

This study was approved by the Biomedical Research Ethics Committee at the Hanoi University of Public Health (Code: 024-182/DD-YTCC).

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<sup>24</sup> Virginia Braun and Victoria Clarke, “Using Thematic Analysis in Psychology,” *Qualitative Research in Psychology* 3, no. 2 (January 1, 2006): 77–101, <https://doi.org/10.1191/1478088706qp063oa>.



## RESULTS

### I. Experiences and Forms of SOGICE

The interview results indicated that all participants had undergone “Sexual Orientation and Gender Identity Change Efforts” (SOGICE) with at least two different forms of SOGICE during their lifetime. These efforts were primarily driven by the participants' parents, although other perpetrators included relatives, siblings, teachers, and friends.

Common forms of SOGICE included coercive persuasion, behavioral control, and verbal threats. Some participants also reported experiences with medical treatments, psychological therapy, and even spiritual interventions.

#### *Coercive Persuasion*

A common form of SOGICE that most participants experienced was coercive persuasion by family. This form was primarily expressed through rejecting attitudes towards one's preferred identities and recommendations for heteronormativity. In particular, participants often reported parents' persuasive strategies in regressing them to traditional norms. For instance, one participant shared how their family used gender stereotypes to “psychologically manipulate” and coerce them over a long period:

*“They used that method for more than ten years because when they saw me, as a ‘weak’ boy, sitting and playing games with girls, they would use psychological manipulation by constantly imposing gender stereotypes on me, forcing me to conform.” - (27, Cisgender man, Gay)*

Besides the direct coercion, many parents also exercised “subtle” coercion by incorporating traditional gender roles into everyday conversations to influence their children. One participant shared how their parents frequently mentioned the ideal image of a woman:

*“During my first year of university, I started wearing t-shirts, gave up wearing skirts, and began having an undercut hairstyle with half of my head shaved. The clearest reaction I could see from my parents was that my father kept reiterating what his ideal woman should be like. He believed a proper woman should have long hair, be graceful and gentle, and have a slim figure. My figure wasn’t slim, so I felt quite hurt by that.”*

- (25, Non-binary, Lesbian)

The concept of “subtle” coercion from parents is further illustrated by references to traditional values and family expectations, creating additional pressure regarding filial responsibilities and societal acceptance. One participant shared:

*“My parents say they love me very much, but now I’m a bit different from others. They tell me to get married and have children, so they can have grandchildren to hold, to just live like a normal person. Because I’m also the first grandchild of the family, my grandparents are eagerly waiting for grandchildren. Now that I’m different, they fear I’ll have a hard life later, that society won’t accept me, and they tell me not to live like this.”* - (26, Cisgender man, Gay)

### ***Behavioral Control***

More than half of the participants experienced certain degrees of behavioral control. These controlling behaviors included prohibiting the individuals from interacting with friends, restricting their participation in social activities, and, in some cases, even forcing them to drop out of school. They were also required to present themselves according to the gender expectations of those who enforced SOGICE. Most of the participants who experienced behavioral control were under 18 at the time.



One participant shared that their parents forbade them from interacting with friends who did not conform to traditional gender norms, fearing that such deviant behaviors could ‘spread’:

*“In the past, when my parents saw me hanging out with boys and people who were like me, a bit effeminate. My parents scolded me and forbade us from playing together. They even went to my friend's house to prevent him from playing with me, saying that he could influence me.” - (26, Cisgender man, Gay).*

Another participant, a Non-binary Lesbian, also experienced a similar extent of behavioral control:

*“The person who forced me to cut ties with my partner and took away my privacy was my mother, because until now, she is the one who talks about this issue with me the most [...] At that time, my mom found out, and she pulled me aside to talk. She asked me if the other person had tricked me, and after that, she didn't allow me to sleep alone anymore. She made me sleep with her and restricted my phone usage.” (25, Non-binary, Lesbian)*

One participant even shared that they were forced to drop out of school because their family believed that this environment influenced their sexual orientation:

*“At that time, I was studying at the music conservatory, [...] an art school [...] so my family thought that my studies and the fact that I was exposed to so many LGBT friends had affected me, so they made me take a leave of absence [...] They forced me to suspend my studies and return to my hometown for a while.” (22, Non-binary, Pansexual)*

Also, controlling behaviors also included forcing participants to wear clothing and hairstyles that conformed to traditional gender norms. One participant shared:

*“My mom made me wear women's clothes and grow my hair [...] Many people interfered, forcing me to wear female clothing. My mom also pressured me by saying I made her ashamed.”* (25, Transgender man, Pansexual)

### ***Verbal Threats***

The majority of participants reported having experienced verbal threats aimed at pressuring them to comply with the wishes of extended family members. Verbal threats were conveyed through violent and intimidating statements forecasting serious future consequences. These threats were purposed to coerce participants into relinquishing their identities, featuring examples such as being removed from the household registration or parents' suicide. As one participant, who was Non-binary and Pansexual, shared:

*“My grandfather said that if I continued like this, he would cut my name from the household registration, saying he didn't have a grandchild like that”* - (22, Non-binary, Pansexual)

Additionally, the sister and brother-in-law of one participant used the parents' lives as a threat, further increasing the psychological pressure. The participant was forced to agree to “treatment” under the severe threat that their parents could commit suicide if they didn't change. He admitted:

*“My sister and brother-in-law told me that if I didn't get treatment, I would become more and more like a boy, more attracted to boys. They said that my parents were old and cried because of me, and if they died, it would all be my fault. They threatened me with my parents' lives, and that's when I agreed”* - (32, Cisgender man, Bisexual)

Another participant shared their experience of coming out to their mother, who threatened to take her own life if the participant did not change:

*“During the time I was coming out, I was talking to my mother, and she outright said that no, I could never be like that. She insisted that I could never be like that, and she said, ‘If you continue to act like that, I’ll die for you to see’” - (27, Cisgender woman, Bisexual)*

### ***Medical Examination and Treatment***

A less common SOGICE method reported by a few participants involved medical examination and treatment. Specifically, participants reported having doctors at public and private healthcare facilities assess their physical and sexual health and evaluate whether they met criteria to be ‘normal’ or whether medical treatments should be warranted. A participant gave an illustrative account:

*“My parents took me to some clinics and hospitals. At one place, after they examined me—let’s call it a physical examination—they said I was normal, there was nothing wrong. They said it wasn’t a physical issue, so afterwards, they started saying that this could be treated, and they had treated people like me before. Some people used to be like me, and now they have wives and children. I realized that they didn’t understand or differentiate [between sexual orientation and gender identity]; they didn’t ask clearly whether it was about being homosexual or being transgender. They just said it could be treated.” – (28, Transgender woman, Bisexual)*

Another participant reported being taken to a private clinic by their mother when they were still in high school:

*“I remember going to the clinic, and the first thing they asked was how I discovered this about myself. They asked if I had had sex, even though I was only in 10th grade [16 years old]. Then, they said this was just a temporary spontaneous thing and advised me to be more confident. After that, they suggested to my mother that she should try injecting me with female hormones because my hormones were too masculine, and that injecting female hormones could make me normal. By the third visit, my mother agreed to the hormone injections. Even though I resisted, everything was already set in motion.” – (21, Cisgender woman, Lesbian)*

After the examinations, doctors often prescribed treatments, including hormonal interventions. A few participants were forced to undergo these interventions to change their gender identity or sexual orientation under pressure from both the doctors and their families who claimed that their identities could be “cured.” One participant confessed:

*“About a year ago, starting in June last year, my mother took me to a clinic [...]. I told her that if I get the injections and it doesn’t cure me, will she let it go? And she said yes. I told her, if the hormone injections don’t change me, I’ll still be like this, and the hormones could have many side effects; I could get sick. Was it worth it? But my mom was adamant that I get the injections and if the injections did not work, then she won’t intervene anymore. In the end, I agreed.” – (27, Cisgender man, Gay)*

Additionally, participants reported that they had not received adequate information from medical professionals about the effects and risks of hormone injections. One participant shared:

*“If I remember correctly, the doctor initially said it was one injection per week, but when I looked into it, I found out that the medication should only be injected every 2-3 weeks. In total, it should have been about six injections. So, when I learned this, I tried*



*to stretch the time between injections as much as possible, sometimes going 2 weeks, sometimes 3 weeks, before getting the next one.” – (27, Cisgender man, Gay)*

### *Psychotherapy*

Parents also sought to change participants through seeking support from psychological professionals. Participants reported to have been taken to meet mental health specialists when there were irreconcilable household conflicts about their identities. One participant shared their experience of meeting with a psychologist who started with seemingly good intentions but eventually tried to change them:

*“And when I went to the psychologist, at first, I thought it was an experience that I was quite happy about because, in my situation at the time, there were things I could share with my group of LGBT friends, but there were also other things I couldn’t share in that way. And I felt like psychologists are good listeners [...] they use their knowledge to help me find better paths or make wiser decisions, so I felt lucky, and I was very happy. [...] Over time, I gradually trusted that person too much, so I started believing almost all their opinions were right. [...] At that time, I was going through a bit of a crisis, and I turned to that person for advice. During that time, I vaguely realized that the psychologist was trying to plant the idea that I wasn’t part of the LGBT community, and that I was just using it as an excuse.” – (19, Non-binary, Asexual)*

Another participant, who identified as a cisgender lesbian, emphasized that psychotherapy was another form of coercion from parents. In her experience, the psychologist refuted the normality of her identities, confirming her mom’s wishes for change. This participant shared:

*“My mom drove me to see a psychologist [...]. And when I met the psychologist, they claimed that my gender identity was just a spontaneous thing, like a temporary*

*rebellion, even though I had tried to explain otherwise.” – (21, Cisgender woman, Lesbian)*

### *Spiritual Practices*

Spiritual practices aimed at changing or “curing” the individual's sexual orientation and gender identity often included religious rituals, fortune-telling, exorcisms, or the use of spiritual paraphernalia. These rituals were usually performed by shamans, ritual practitioners, or individuals entrusted to possess extraordinary abilities to intervene in the spiritual realm and influence the participant.

When one participant came out to their parents, their parents quickly invited a ritual practitioner to perform a ceremony intended to change the participant’s sexual orientation. The participant explained that their parents' belief in Buddhist teachings led them to immediately think of spiritual interventions:

*“I think it's largely because of the religious concepts or meanings that my parents believed in. One of my close relatives is quite fanatical and deeply believes in Buddhist teachings [...]. And when my parents learned that I had come out, they immediately invited [the spiritual healer] over to perform a ritual, to make me normal or to change my sexual orientation.” – (22, Non-binary, Asexual)*

Spiritual practices aimed at changing sexual orientation were often requested by family members, specifically by parents. This use of spiritual practices for SOGICE occurred regardless of the ethnicity of the parents. One participant from the Thai ethnic group shared:

*“After I came out, a few days later, I tried wearing a skirt, [...] and they said I was crazy, asking why a boy would wear a skirt. [...] A few weeks later, they invited a shaman over. The shaman sat at my house all day, performing rituals [...] They laid out*

*an offering [...] a pig, two pieces of cloth, two bowls of rice, two leaves, and two pieces of wood. Then there was a bunch of branches used to sprinkle water, a basin of water, and a lot of handcrafted paper circles. They twisted the paper and shaped clay into a small boat, which they placed there to let the bad things, the dirtiness or the negativity, drift away, so the good spirits could return [...]. Basically, it was all laid out, and then the shaman, dressed in traditional Thai clothing, sat down and performed the ritual.”*

– (23, Transgender woman, Gay)

Another participant from the Kinh ethnic group shared a similar experience of being taken to a fortune teller by their mother:

*“I remember my mother told me to go with her, saying it was for a medical check-up. She drove me there, and I thought it was probably just a regular health check. She brought me to this fortune teller [...] who started reading my birth chart and astrological signs, then began doing something spiritual [...] After that, he drew a talisman, performed some ritual over it, and [...] When the fortune teller checked my birth chart, he asked my mother what her wish was, why she had come, and she said it was because her child didn’t like girls. [...] Then the fortune teller performed the ritual and told my mother to burn and drink the talisman, then handed me the talisman and said to come back next year or something like that. [...] Actually, I think we went there twice to burn the talisman, but the second time we didn’t burn it, just performed the ritual. My mother took me to several shamans, about 2-3 of them, and every time she would say the same thing, that I had never had a girlfriend, and she needed the shaman to perform a ritual.”* – (27, Cisgender man, Gay)

## II. *SOGICE Coping Strategies*

Participants reported coping with SOGICE in various ways. Common strategies included resistance, avoidance, and attempts to dissuade. Some participants also reported seeking help from external sources and engaging in suicide and self-harm.

### *Resistance*

Resistance was the most common coping method. Most of our participants reported directly resisting SOGICE measures by refusing to comply or taking actions contrary to the desires of those enforcing SOGICE. One participant shared that after attending a retreat focused on attempting to change their sexual orientation, their resistance became even stronger, to the point that it was perceived by their parents as evidence of their “condition worsening”:

*“I had been in university for a year, and that summer I went [to the retreat], but because our thoughts were different, after I went and returned, my parents thought that going to these retreats made my condition worse, as I started buying compression shirts and learning more about hormones.”* – (33, Transgender man, Bisexual)

In another case, a participant reported being “*forced to wear women's clothes and grow their hair*” and instead of directly confronting those enforcing SOGICE, they chose indirect resistance: “*So I did grow my hair long, but I shaved the sides. Sometimes when there were older people around, I would pull my hair down a bit, but I didn't fully comply.*” – (25, Transgender man, Pansexual)

### *Avoidance*

Most participants reported that they adopted avoidance by temporarily distancing themselves from situations putting them at risk of SOGICE exposure. One participant described using this strategy when they learned that their family intended to take them to a psychiatric

ward for treatment. They deliberately ran away from home and avoided their relatives when they planned to take them for an examination, thus avoiding unwanted tests and other treatment measures:

*“In the city, my uncle planned to take me to check whether I was mentally ill and then take me for treatment [...] I hid at a friend’s place in the town [...] a friend I lived with during school [...] so in the early morning or around noon, I had to go down to avoid getting taken there for an examination, because they would diagnose all sorts of illnesses, and then I would have to take medication, which was very exhausting.”* – (23, Transgender woman, Gay)

### *Attempts to Dissuade*

Participants also reported having attempted to change the views of those enforcing SOGICE. One participant convinced their parents that the medication they were being forced to take was negatively affecting their health and studies:

*“I just said that I needed my health to study, and I didn’t want to take the medication anymore because it wasn’t improving my mental state, but was instead making me feel tired and wanting to sleep more.”* – (22, Non-binary, Asexual)

Another participant reportedly persuaded their mother to allow them to wear desired clothing by using creative reasoning. They confessed:

*“For example, I wouldn’t wear clothes that were too tight, like something that pinched at the waist or looked too feminine, or I would choose clothes that felt more neutral, like a loose shirt that didn’t reveal details like my waist or hips [...] So, I started guiding my mom by saying, ‘This outfit is comfortable and loose, and I like wearing it because it’s cool.’ Basically, I would think about it and find reasonable, logical reasons to*



*persuade my mom to choose the clothes I liked. [...] I directed my mom's choices to align with my own preferences.” – (33, Transgender man, Bisexual)*

### *Seeking Help from External Sources*

Only a few participants sought help from external sources. This included finding a safe space where there was connection and support from individuals who could influence those enforcing SOGICE. One participant shared that before seeking support from an online LGBTIQ+ community forum, they participated in a retreat to relieve their stress:

*“I remember one time I was browsing the internet [...] I don't know if it was fate or something, but I found a search result [...] At that time, the Lesking forum had just been established [...] the first generation was all in Hanoi, so we were constantly texting, chatting, getting to know each other, and sharing everything through the computer, because I didn't go anywhere. [...] When I felt suffocated at home, I would go to a temple or attend a retreat, sometimes just for one, two, or three days. But now I can't go anymore, so I just sit at the computer, and my parents think I'm studying, so they don't bother me or say anything.” – (33, Transgender man, Bisexual)*

Another participant believed that some acquaintances close to her parents could convince them to acquit subjecting her to SOGICE. She admitted:

*“Because staying at home or pretending to be sick or skipping school didn't work, I asked for the help of some younger parents that my parents knew. They seemed to be more aware, so when I brought up the situation that I was facing, and how I felt like 'a prophet is not honored in their hometown,' so they didn't listen to me. I asked if they could help me explain things to my parents.” – (21, Cisgender woman, Lesbian)*

## *Suicide and Self-Harm*

Notably, some participants chose suicide or self-harm as the last resort to cope with SOGICE. One participant discussed the suicidal thoughts and self-harm behaviors they engaged in when struggling with conversion:

*“There was a time when I just wanted to jump, really wanted to jump off a bridge. There’s a bridge nearby, and at that time, I was so angry that I just wanted to go and jump off it. Because at that moment, I didn’t really [...] understand myself or anything [...] or I would take a knife, and honestly, I would take the knife and cut my arm—I’ve cut it many times. But when the blood started flowing a lot, I would stop. [...] I used a razor blade to cut. I cut both my arms because I wanted to free myself.” – (23, Transgender woman, Gay)*

### *III. Impacts of SOGICE*

#### *Psychological Burdens*

Psychological burdens were reported as the most outsized impact of SOGICE. Nearly all participants reported experiencing negative psychological states during and post exposure to SOGICE.

One participant (23, Transgender woman, Gay) shared her experience with the incessant pressure of trying to “please others” and live according to their standards. Constantly having to adjust how she dressed, spoke, and behaved according to others' expectations led to her feeling stressed, depressed, sad, lonely, angry, fearful, and devastated.

Another participant emphasized the sense of being entrapped while dealing with societal and family pressure and struggling to maintain his self-authenticity. He described his hopelessness:

*“I had nowhere else to go, no place to escape to, so I just had to stay at home and endure it [...] feeling disappointed and accepting it because I didn’t know what else to do. I complained to many people, but everyone has their own problems, so no one could bear it for me.” – (27, Cisgender man, Gay)*

Not only did SOGICE leave tormenting psychological impacts on the individual at the time of exposure, but it also left lasting effects. One participant spoke about how their post-traumatic stress symptoms still persisted until these days:

*“But since then, the psychological aftermath still haunts me, like after I finally realized I was completely free, I returned to my normal life. I went back to school, but then one day, I couldn’t handle it anymore. Occasionally, when I have [sudden anxiety attacks], I’ll remember those moments, and it’s extremely distressing. [...] I’ve been seeing a psychologist and undergoing general health check-ups because these aftereffects are impacting me, like increased intestinal motility, irritable bowel syndrome, and acid reflux. [...] It continues to this day, and every time I’m stressed—whether it’s about my family or something else—this happens to me again.” – (22, Non-binary, Pansexual)*

### ***Relationship with the Person Enforcing SOGICE***

Also, participants reported that SOGICE had affected their relationship with the person enforcing it. Specifically, they experienced fractures, increased distance, or separation in these relationships. One participant (22, Non-binary, Asexual) described the separation as an “invisible iceberg”, resulting in the fact that they chose to communicate less and less with the person enforcing SOGICE.

In addition to initiating distance, SOGICE also filled the relationship with conflict. One participant shared that they often had to avoid family interactions to prevent conflicts and arguments, reflecting a tense and disharmonious family environment:

*“The tension in the house was suffocating, so every time there was a conversation when I went downstairs and encountered everyone, I would usually avoid them. I was afraid that they would bring up this issue, and then everyone would disagree, leading to arguments in the house, which is unpleasant and not fun. So, I usually avoided it, went to a café, or went somewhere else rather than staying at home. [...] We couldn’t find common ground, so we barely talked.”* – (26, Cisgender man, Gay)

Another participant expressed that although their parents may have changed their attitudes, the emotional scars had not healed, leading to a loss of trust and a feeling of isolation even within their own family. They confessed:

*“Although my parents have changed their thinking... for me personally, my trust in my parents or my self-perception has decreased.”* – (22, Non-binary, Asexual)

### *Other Social Relationships*

SOGICE did not only affect relationships with persons enforcing it but also other social relationships. One participant shared that their experiences with conversion tactics both made them “*stop trusting [other LGBTIQ+ individuals] during that period*” and caused doubts that “*maybe those friends were too obsessed with LGBT and were trying to pull me into it,*” leading to them “*avoiding conflicts with those friends, which caused our relationships to fall apart.*” – (19, Non-binary, Asexual).

Throughout the duration of SOGICE, in addition to impacts on mental health and social relationship impacts, participants also mentioned other effects on their physical health and self-

perception. These impacts were often limited the time they were experiencing SOGICE and did not continue or reoccur afterward.

### *Compromised Physical Health*

SOGICE survivors reported various forms of compromised physical health following many physical injuries from violence and medical interventions. One participant shared that they were diagnosed with multiple organ failure during hormone intervention, and it was only due to the results of a medical examination that they were able to escape further hormone-based conversion treatment. They stated:

*“After about three months of injections, my health started deteriorating. When I went for a medical check-up, my results showed signs of failure—not actual failure yet, but the numbers were really bad. It was affecting my heart, liver, and kidneys, which showed signs of failure. The doctor scolded me a lot, so [I] took those text messages where the doctor was scolding me and sent them to my mother [...] but after the medical results came out, that was when my mother stopped.” – (27, Cisgender man, Gay)*

### *Disrupted Self-perception*

The influence of SOGICE on participants' self-perception caused them to begin doubting themselves, even questioning their identities and who they truly were. For example, one participant struggled with their LGBTIQ+ membership as a result of their parents' insinuations. They explained:

*“My parents sent messages or articles that were somewhat scientific, claiming to prove what is normal and what is not normal. Then my parents would share stories they heard from acquaintances, saying that the whole LGBT thing is just a trend, and that many young people are using it as an excuse to explore themselves. At that time, their way of*

*thinking made it difficult for me, and I began to question whether I truly belonged to the LGBT community, or if I was just using it as an excuse to avoid the issue.” – (19, Non-binary, Asexual)*

#### **IV. Support Needs**

##### ***Psychological Support***

Many participants recommended psychological support for survivors who had just been exposed to SOGICE and struggled with negative emotions. In hindsight, one participant stressed the importance of mental health first aid:

*“I really wish there was psychological support or at least psychological first aid for me from grade 11 until almost now so I wouldn't have been so alone, so I wouldn't have had to go through everything by myself.” – (25, Non-binary, Lesbian)*

However, another participant mentioned barriers to accessing this support, including high cost and lack of availability. Despite these barriers, receiving support from “the right” psychological counselor remained a priority for this participant. She shared:

*“I wish that one day [...] I would meet the right psychological counselor, and maybe, I would feel better.” (21, Cisgender woman, Lesbian)*

##### ***Raising Community Awareness***

Reflecting upon the past experiences, participants often reported that their families and wider community lacked basic understanding of their gender identity and sexual orientation. Accordingly, they expressed a desire for support from those around them, especially their family members, with correct understanding of SOGIESC and the normality of LGBTIQ+ identities.



Many participants continued to hope that those around them would have access to accurate information about gender identity and sexual orientation to prevent imposing SOGICE. One participant clarified:

*“I really want my parents to have access [...] to information about gender identity in a quicker and more understandable way [...] to access that information easily and quickly, so they wouldn’t treat me the way they used to.”* (21, Cisgender woman, Lesbian)

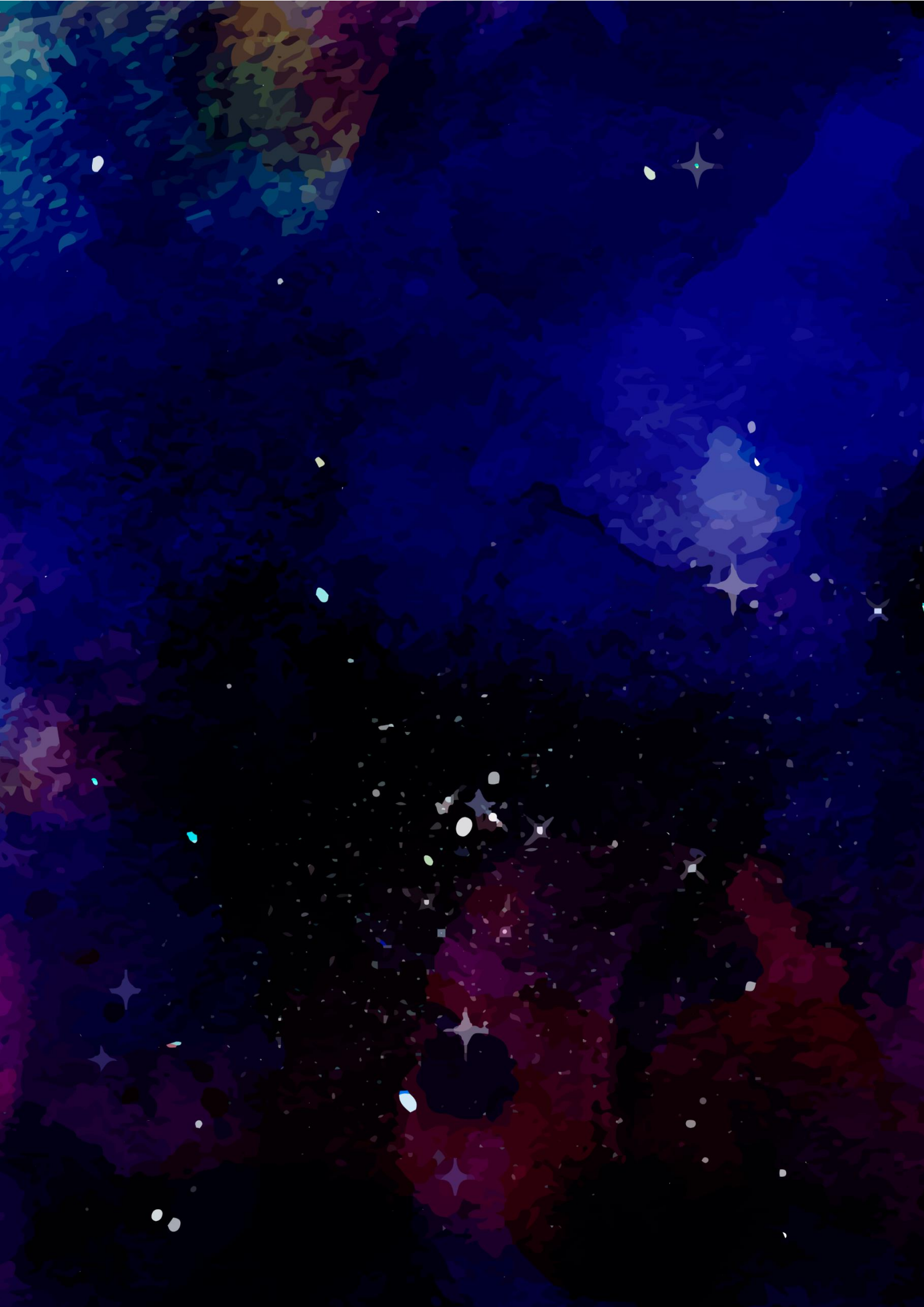
### *Developing Community Spaces*

A few participants expressed the need for developing community spaces. For instance, one person wished for *“a community or organization that could stand up and explain to my parents what the right way to behave is”* and for others in similar situations to have *“a place where people can come, share their difficulties, and receive useful solutions”* (26, Cisgender man, Gay).

### *Support from Family and Relatives*

Some participants also mentioned other support needs, though these were not reported as frequently. One participant shared that support from family and relatives remained an important need, but despite their efforts to maintain family ties, feelings of isolation and a lack of shared personal experiences continued to be a significant barrier. One participant expressed:

*“Honestly, right now, all I wish for is to have a family, that’s all I wish for. Besides family, I haven’t really spoken up about it; I only tell my family that I identify as female and that’s what everyone sees, but to truly share with my parents, that hasn’t happened yet. I’ve never really had a moment where I could share, never truly had someone care for me like a family member.”* (23, Transgender woman, Gay)



## DISCUSSION

Our study is the first to explore the lived experiences of SOGICE among LGBTIQ+ people in Vietnam. We found that conversion tactics were diverse, including persuasion, behavioral control, verbal threats, religious rituals, psychotherapy, and medical examination and treatment. Almost all participants reported that parents were the most common perpetrators who conducted and suggested such tactics, followed by relatives, siblings, teachers, and peers. Additionally, most respondents attempted to evade SOGICE via self-initiated efforts (i.e., opposition, avoidance, persuasion) while very few opted for self-harm and seeking help from others. Our study also observed various acute and long-lasting consequences of conversion practices, encompassing psychological suffering (i.e., depression, hopelessness, post-traumatic stress), disrupted interpersonal relationships (i.e., with perpetrators and other loved ones), health complications, physical complications (i.e., organ dysfunction, wounds), and compromised self-concept. Given their experiences, most participants expressed needs to have information on SOGICE further circulated in the general community, followed by access to professional mental health services and support from parents and family.

Our findings highlight the central role of parents in SOGICE exposure. We found that parental figures were by far the most common perpetrators of administering conversion tactics and recruiting efforts from external parties (e.g., religious practitioners or health care professionals), which aligns with previous evidence in other Asian countries<sup>25</sup>. Notably, their decisions to initiate and support SOGICE are determined by various factors such as religiosity,

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<sup>25</sup> Randolph C. H. Chan, Janice Sin Yu Leung, and Dino Ching Kwong Wong, “Experiences, Motivations, and Impacts of Sexual Orientation Change Efforts: Effects on Sexual Identity Distress and Mental Health among Sexual Minorities,” *Sexuality Research & Social Policy: A Journal of the NSRC*, 2022, No Pagination Specified-No Pagination Specified, <https://doi.org/10.1007/s13178-021-00669-5>;

Yuan Yuan Wang et al., “A National Transgender Health Survey from China Assessing Gender Identity Conversion Practice, Mental Health, Substance Use and Suicidality,” *Nature Mental Health* 1 (April 18, 2023): 254–65, <https://doi.org/10.1038/s44220-023-00041-z>; Salim Sm, Anilal L, and Prabhakaran A, “Sexual Orientation Change Efforts Among LGBT+ People of Kerala: Prevalence, Correlates, and Mental Health Aspects,” *Journal of Homosexuality* 71, no. 6 (May 11, 2024), <https://doi.org/10.1080/00918369.2023.2174473>.

socioeconomic status, or interpersonal contact with LGBTIQ+ people and other parents with nonheteronormative children<sup>26</sup>. Meanwhile, Vietnamese parents may experience complicated pressure to assert SOGICE. From the developmental perspective, they are expected to teach a child what is right or wrong and protect them from harm; when being queer and trans is socially considered to be sinful and disease-akin, they feel obligated to “correct”<sup>27</sup>. As a parent in East or Southeast Asia, one may appraise the urgency for SOGICE even higher, because they face excessive worries about family dishonor, lineage discontinuation, and, above all, their child’s perceived lack of familial privileges (e.g., end-of-life care, emotional security)<sup>28</sup>. In addition, little research has attempted to delve deeper into why parents recruit religious and health professionals in their efforts. We speculate that, as such parties carry distinct authoritative expertise, parents may rely on them to compensate for where their missions fall short and increase the likelihood of conversion success.

Given the outsized role of parents in SOGICE exposure, forthcoming intervention programs must prioritize them. Knowing an LGBTIQ+ person or interacting with their parents is crucial to one’s support of change efforts<sup>29</sup>; therefore, more community initiatives should facilitate a safe space for meaningful dialogues between families of queer and trans people in different provinces. Despite peer engagement, many parents, especially those with greater religiosity and conservativeness, may still struggle with accepting their child. Mourning the loss of the ideal heteronormative child is a complex painful process in which caregivers often

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<sup>26</sup> Caitlin Ryan et al., “Parent-Initiated Sexual Orientation Change Efforts With LGBT Adolescents: Implications for Young Adult Mental Health and Adjustment,” *Journal of Homosexuality* 67, no. 2 (January 28, 2020): 159–73, <https://doi.org/10.1080/00918369.2018.1538407>; Andrew Flores, Christy Mallory, and Kerith Conron, “Public Opinion about Emergent Issues in LGBTQ Rights: Conversion Therapy and Religious Refusals,” *Research and Politics* 7 (October 27, 2020): 1–9, <https://doi.org/10.1177/2053168020966874>.

<sup>27</sup> Caitlin Ryan, *Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender Children. (English, Spanish & Chinese)*, 2009.

<sup>28</sup> Chan, Leung, and Wong, “Experiences, Motivations, and Impacts of Sexual Orientation Change Efforts.”

<sup>29</sup> Flores, Mallory, and Conron, “Public Opinion about Emergent Issues in LGBTQ Rights.”

find themselves isolated due to a lack of mainstream support and socially unrecognized grief<sup>30</sup>. In counseling, psychotherapists can assist parents in exploring their emotions, debunking common myths about sexual and gender diversity, creating meanings from adversity, and learning how to be supportive “in the child’s best (actual) interests”<sup>31</sup>.

In our study, common coping strategies were found to be predominantly self-oriented, featuring resistance, avoidance, and self-persuasion. These strategies helped participants maintain their identities without having to directly confront the pressures to change from society or their families. When faced with ‘curative’ practices, many LGBTIQ+ individuals may choose to avoid pressure-inducing environments, distance themselves from those imposing such demands, or seek psychological safety by not confronting these pressures directly<sup>32</sup>. Notably, very few individuals sought support from external sources, which could be partly due to concerns about stigma or judgment from their community, family, or the broader society<sup>33</sup>. Because of perceived stigma, many queer and trans individuals may opt to handle the psychological and physical stress on their own without professional help. Previous research points out that individuals who undergo SOGICE often struggle to seek support due to stigma, sustaining a cycle that entraps them within violence<sup>34</sup>. It is clear that a sense of helplessness may be an immense barrier for connecting LGBTIQ+ survivors to relevant protection services.

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<sup>30</sup> Susan Saltzburg, “Parents’ Experience of Feeling Socially Supported as Adolescents Come Out as Lesbian and Gay: A Phenomenological Study,” *Journal of Family Social Work* 12, no. 4 (November 17, 2009): 340–58, <https://doi.org/10.1080/10522150903261932>.

<sup>31</sup> Shane N. Canitz and Shane Haberstroh, “Navigating Loss and Grief and Constructing New Meaning: Therapeutic Considerations for Caregivers of Transgender Youth,” *Journal of Child and Adolescent Counseling* 8, no. 3 (2022): 168–80, <https://doi.org/10.1080/23727810.2022.2133511>.

<sup>32</sup> Travis Campbell and Yana van der Meulen Rodgers, “Conversion Therapy, Suicidality, and Running Away: An Analysis of Transgender Youth in the U.S.,” *Journal of Health Economics* 89 (May 1, 2023): 102750, <https://doi.org/10.1016/j.jhealeco.2023.102750>.

<sup>33</sup> Marcelo A. Crockett, Vania Martínez, and Patricio Caviedes, “Barriers and Facilitators to Mental Health Help-Seeking and Experiences with Service Use among LGBT+ University Students in Chile,” *International Journal of Environmental Research and Public Health* 19, no. 24 (January 2022): 16520, <https://doi.org/10.3390/ijerph192416520>.

<sup>34</sup> United Nations General Assembly, “Practices of So-Called ‘Conversion Therapy’: Report of the Independent Expert on Protection against Violence and Discrimination Based on Sexual Orientation and Gender Identity.”

Moreover, helplessness may cause a cascade effect on mental health: queer and trans individuals are less likely to access support programs, and, therefore, may come to develop a distrust of agencies who provide such. Previous research found that a lack of trust in support systems can lead many LGBTIQ+ individuals to develop suicidal ideation and self-harm tendencies<sup>35</sup>.

As recommended by our participants, tackling SOGICE in Vietnam requires a multi-level approach to awareness raising. At the personal level, it is imperative to equip LGBTIQ+ individuals with comprehensive knowledge about SOGICE so that they can recognize it as violence and seek help regardless of whether they are a survivor or a witness. Many tactics such as coercive persuasion or behavioral control are culturally normalized among parents. In essence, understanding the violent nature of such acts can help validate LGBTIQ+ people in their survivorship and facilitate a more open path to recovery. In addition, awareness raising on SOGICE must also target parents, the most common enforcers. Vietnamese parents often engage in conversion tactics due to their poor understanding of SOGIE<sup>36</sup>. Awareness raising by parents to parents can be profoundly effective in preventing SOGICE. Cascading efforts by influential parents in the PFLAG network have strengthened familial support in many households with LGBTIQ+ children<sup>37</sup>. Also, community-based organizations (CBOs) need to cultivate a more nuanced understanding of conversion efforts. In Vietnam, civil society organizations serving LGBTQ people are locally based and serve as the main point of support

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<sup>35</sup> Garrett Kidd et al., “Suicidal Thoughts, Suicide Attempt and Non-Suicidal Self-Harm amongst Lesbian, Gay and Bisexual Adults Compared with Heterosexual Adults: Analysis of Data from Two Nationally Representative English Household Surveys,” *Social Psychiatry and Psychiatric Epidemiology* 59, no. 2 (February 1, 2024): 273–83, <https://doi.org/10.1007/s00127-023-02490-4>.

<sup>36</sup> iSEE, “Cha Mẹ Chấp Nhận và Lên Tiếng Ủng Hộ Quyền Của Con Là Người LGBT: Những Yếu Tố Tác Động.”

<sup>37</sup> Tong Thi Huong and Dinh Van Mai, “Efficiency from the Model Raise Community Awareness with LGBT People Cross Vietnam Itinerary (Research from Sai Gon PFLAG),” in *Social Work with Lesbian, Gay, Bisexual, Transgender (LGBT) Clients: International Success and Lessons for Vietnam* (Ho Chi Minh National University, 2021).



for their provincial community<sup>38</sup>. They ought to acquire general knowledge on SOGICE while attempting to investigate how such efforts uniquely manifest in their own region. With increased awareness, CBOs can develop relevant need-based support programs for local survivors.

Despite their mistrust towards psychologists due to SOGICE experiences, participants highly appraised needs for appropriate mental health services. It is deniable that Vietnamese LGBTIQ+ people have historically had a complex relationship with the healthcare system: they have greater health needs and, therefore, demand greater access to medical services but tend to delay care due to fear of service providers' stigma and violence<sup>39</sup>. However, research shows that, when working with affirming counselors, mental health care can actually work in favor of SOGICE survivors. In particular, affirmative psychotherapy promotes self-acceptance and positive post-violence consolidation of self-concept by empowering LGBTIQ+ clients to process trauma at their own pace and rebuild faith in themselves and other people<sup>40</sup>. Because of their experiences with SOGICE, queer and trans survivors need mental health professionals who have much knowledge on intersectional LGBTIQ+ issues and violence and can help clients overcome self-blaming and strategize to compensate for lost social support<sup>41</sup>. Nevertheless, there is a paucity of queer and trans-affirming psychological services in Vietnam. It is high time that psychology and social work programs provided students and even current practitioners with complementary courses on LGBTIQ+-affirmative counseling. Moreover,

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<sup>38</sup> COC Netherlands, "A Context Analysis on the State of the LGBTI Movement in Vietnam," 2021.

<sup>39</sup> Nguyen Thi Phuong Mai, "Challenges of Hex, Bisexual and Transgender People in Accessing Social Services in Vietnam Today," in *Social Work with Lesbian, Gay, Bisexual, Transgender (LGBT) Clients: International Success and Lessons for Vietnam* (Ho Chi Minh National University, 2021).

<sup>40</sup> Elisabeth Dromer et al., "Overcoming Conversion Therapy: A Qualitative Investigation of Experiences of Survivors," *SSM - Qualitative Research in Health* 2 (December 1, 2022): 100194, <https://doi.org/10.1016/j.ssmqr.2022.100194>.

<sup>41</sup> Tiffany M. Jones et al., *Healing Spiritual Harms: Supporting Recovery from LGBTQA+ Change and Suppression Practices*, ARCSHS Monograph Series (Melbourne: Australian Research Centre in Sex Health and Society, 2021), <https://www.latrobe.edu.au/arcschs>.

psychologists should publicize their support for sexual and gender minorities in order to facilitate SOGICE survivors' process of finding the 'right' care services.

Our study urgently calls for comprehensive scientific data on the prevalence of SOGICE in Vietnam. The lack of systematic data documenting the prevalence and burdens of SOGICE has hindered meaningful attempts to improve the health and wellbeing of gender and sexual minorities in the country. Our findings strongly suggest that having undergone conversion efforts corrosively damages survivors' physical, mental, and socioemotional health. On a global scale, many countries have made tremendous strides in banning these heinous practices: some states in the U.S. have already banned the imposition of change efforts on minors<sup>42</sup>; select provinces in Canada have placed legal restrictions on health professionals' ability to administer SOGICE<sup>43</sup>. It is noteworthy that robust data from large national surveys paved the way for such progress, which shows immense resource investment at multiple levels. Stakeholders and government leaders in Vietnam should make a commitment to funding national-level landscape research on SOGICE. In addition, it is crucial that government-affiliated and non-profit research institutions collaborate to implement this line of research. Not only will this partnership ensure policymakers' acknowledgment of produced evidence, but it will also ascertain meaningful community participation. Because the ultimate goal is to end SOGICE via effective policy-making and impactful intervention programs, stakeholders at all levels must together foster an enabling environment for comprehensive scientific data.

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<sup>42</sup> Jessica N. Fish and Stephen T. Russell, "Sexual Orientation and Gender Identity Change Efforts Are Unethical and Harmful," *American Journal of Public Health* 110, no. 8 (August 2020): 1113, <https://doi.org/10.2105/AJPH.2020.305765>.

<sup>43</sup> Salway T et al., "Prevalence of Exposure to Sexual Orientation Change Efforts and Associated Sociodemographic Characteristics and Psychosocial Health Outcomes among Canadian Sexual Minority Men," *Canadian Journal of Psychiatry. Revue Canadienne de Psychiatrie* 65, no. 7 (July 2020), <https://doi.org/10.1177/0706743720902629>.

## CONCLUSION

Our study provided key findings to initiate a comprehensive understanding of the lived experiences of SOGICE among LGBTIQ+ survivors in Vietnam. As scientific evidence is pivotal to shaping sociopolitical interests, this report serves as a powerful tool to facilitate synergy among stakeholders at all levels in reimagining a more inclusive landscape of human rights. While meaningful intervention efforts are underway rigorous follow-up research is paramount. We highly recommend that future studies provide quantitative data on the prevalence of SOGICE and its related factors (e.g., perpetrators, frequency, time of first exposure). Additionally, researchers should focus on contextualizing risk and protective moderators in the relationship between SOGICE and mental health outcomes. Ultimately, robust investigation will necessitate policymakers in taking more tangible actions. We strongly believe that the Vietnam Ministry of Health should organize a multi-stakeholder working group to further examine the urgency in pursuing specific protection legislation. Notably, such an initiative must demonstrate meaningful community engagement mechanisms through which civil society representatives consult with a committee of those with lived experiences and advocate for survivors in their best interest. The above outlined a cascade of necessary changes that are crucial to the trajectory of addressing SOGICE in Vietnam.

### Limitations

Although this study provides valuable insights into the SOGICE experiences of the LGBTIQ+ community in Vietnam, we would like to acknowledge some limitations. Firstly, our research sample primarily consisted of participants from metropolitan cities such as Hanoi or Ho Chi Minh City. Though a few participants were from central regions, their representation was somewhat dominated. Future studies should increase coverage for experiences of those from more underserved geographic regions, particularly rural and mountainous areas, where

access to LGBTIQ+-related information through online platforms remains limited. Previous studies have highlighted that socio-economic and geographical conditions can significantly impact the experiences of the LGBTIQ+ community in developing countries<sup>44</sup>, which raises our questions on their unique experiences of SOGICE. Secondly, our sample did not include a wide range of age groups, particularly missing out on queer and trans individuals of the older age bracket. Older individuals may have significantly different SOGICE experiences compared to younger generations nowadays. Undoubtedly, the socio-political environment in Vietnam 10 to 25 years ago must have been vastly different from than it is now, and, consequently, our study findings may have not included a full range of SOGICE experiences to date. Future research should also include age alongside sexual orientation and gender identity in stratified purposive sampling.

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<sup>44</sup> Ercio Muñoz, Dario Sansone, and Mayte Ysique Neciosup, “Socio-Economic Disparities in Latin America among Same-Sex and Different-Sex Couples” (Inter-American Development Bank, May 22, 2024), <https://doi.org/10.18235/0012983>.

### **Positionality statement**

It is important to be transparent about the social composition of our research team. Most of us are LGBTIQ+ self-identified while the remaining serve as strong allies. We acknowledge our standpoints as young, educated, able-bodied, middle-class queer and trans scholars. Our education and expertise have taken place in metropolitan areas. Therefore, our complex experiences with privilege and oppression may have influenced this study to some extent. To avoid bias, the research team engaged in continuous self-reflections and cultural humility; the community collaborators were carefully trained on research objectivity before data collection and analysis.

## REFERENCES

- American Medical Association. “Sexual Orientation and Gender Identity Change Efforts (so-called ‘Conversion Therapy’),” 2020.
- American Psychological Association. *Report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation*, 2009.
- Braun, Virginia, and Victoria Clarke. “Using Thematic Analysis in Psychology.” *Qualitative Research in Psychology* 3, no. 2 (January 1, 2006): 77–101.  
<https://doi.org/10.1191/1478088706qp063oa>.
- Campbell, Travis, and Yana van der Meulen Rodgers. “Conversion Therapy, Suicidality, and Running Away: An Analysis of Transgender Youth in the U.S.” *Journal of Health Economics* 89 (May 1, 2023): 102750.  
<https://doi.org/10.1016/j.jhealeco.2023.102750>.
- Canitz, Shane N., and Shane Haberstroh. “Navigating Loss and Grief and Constructing New Meaning: Therapeutic Considerations for Caregivers of Transgender Youth.” *Journal of Child and Adolescent Counseling* 8, no. 3 (2022): 168–80.  
<https://doi.org/10.1080/23727810.2022.2133511>.
- Chan, Randolph C. H., Janice Sin Yu Leung, and Dino Ching Kwong Wong. “Experiences, Motivations, and Impacts of Sexual Orientation Change Efforts: Effects on Sexual Identity Distress and Mental Health among Sexual Minorities.” *Sexuality Research & Social Policy: A Journal of the NSRC*, 2022, No Pagination Specified-No Pagination Specified. <https://doi.org/10.1007/s13178-021-00669-5>.
- COC Netherlands. “A Context Analysis on the State of the LGBTI Movement in Vietnam,” 2021. <https://thuvien.lgbt/documents/phan-tich-boi-canh-phong-trao-lgbti-tai-vietnam>.



- Crockett, Marcelo A., Vania Martínez, and Patricio Caviedes. “Barriers and Facilitators to Mental Health Help-Seeking and Experiences with Service Use among LGBT+ University Students in Chile.” *International Journal of Environmental Research and Public Health* 19, no. 24 (January 2022): 16520. <https://doi.org/10.3390/ijerph192416520>.
- Dromer, Elisabeth, Olivier Ferlatte, Trevor Goodyear, David J. Kinitz, and Travis Salway. “Overcoming Conversion Therapy: A Qualitative Investigation of Experiences of Survivors.” *SSM - Qualitative Research in Health* 2 (December 1, 2022): 100194. <https://doi.org/10.1016/j.ssmqr.2022.100194>.
- Fish, Jessica N., and Stephen T. Russell. “Sexual Orientation and Gender Identity Change Efforts Are Unethical and Harmful.” *American Journal of Public Health* 110, no. 8 (August 2020): 1113. <https://doi.org/10.2105/AJPH.2020.305765>.
- Flores, Andrew, Christy Mallory, and Kerith Conron. “Public Opinion about Emergent Issues in LGBTQ Rights: Conversion Therapy and Religious Refusals.” *Research and Politics* 7 (October 27, 2020): 1–9. <https://doi.org/10.1177/2053168020966874>.
- Government E-Newspaper. “Strengthening Propaganda so That Doctors and People Have a Correct Understanding of Homosexuals, Bisexuals and Transgenders,” 2022. <https://xaydungchinhhsach.chinhphu.vn/bo-y-te-chan-chinh-cong-tac-kham-chua-benh-doi-voi-nguoi-dong-tinh-song-tinh-va-chuyen-gioi-119220808185623935.htm>.
- Human Rights Watch. “Giáo viên nói tôi bị bệnh.” *Human Rights Watch*, February 12, 2020. <https://www.hrw.org/vi/report/2020/02/13/338620>.
- iSEE. “Cha Mẹ Chấp Nhận và Lên Tiếng Ủng Hộ Quyền Của Con Là Người LGBT: Những Yêu Tố Tác Động,” 2017. <https://thuvien.lgbt/documents/cha-me-chap-nhan-va-len-tieng-ung-ho-quyen-cua-con-la-nguoi-lgbt-nhung-yeu-to-tac-dong>.

- . “Trẻ Em Đường Phố Đồng Tính, Song Tính và Chuyển Giới Tại Thành Phố Hồ Chí Minh,” 2012. <https://thuvien.lgbt/documents/tre-em-duong-pho-dong-tinh-song-tinh-va-chuyen-gioi-tai-thanh-pho-ho-chi-minh>.
- Jones, Tiffany M., Timothy W. Jones, Jennifer Power, Nathan Despott, and Maria Pallotta-Chiarolli. *Healing Spiritual Harms: Supporting Recovery from LGBTQA+ Change and Suppression Practices*. ARCSHS Monograph Series. Melbourne: Australian Research Centre in Sex Health and Society, 2021. <https://www.latrobe.edu.au/arcshs>.
- Kidd, Garrett, Louise Marston, Irwin Nazareth, David Osborn, and Alexandra Pitman. “Suicidal Thoughts, Suicide Attempt and Non-Suicidal Self-Harm amongst Lesbian, Gay and Bisexual Adults Compared with Heterosexual Adults: Analysis of Data from Two Nationally Representative English Household Surveys.” *Social Psychiatry and Psychiatric Epidemiology* 59, no. 2 (February 1, 2024): 273–83. <https://doi.org/10.1007/s00127-023-02490-4>.
- Luong, Thê Huy, and Quỳnh Phương Phạm. ““Có Phải Bởi vì Tôi Là LGBT?”: Phân Biệt Đối Xử Dựa Trên Xu Hướng Tính Dục và Bản Dạng Giới Tại Việt Nam.” Institute for Social, Economic and Environmental Research (iSEE), 2015. <https://www.undp.org/sites/g/files/zskgke326/files/migration/vn/6f18d62a9e7284d3bbacf880bb7d6d68e620dc070cf41925ea7d26525baf01b0.pdf>.
- Luong Thi Dao and Nguyen Van Thanh. “Paren’ts Attitude Having Gay, Lesbian, and Transgender Children in Vietnam.” In *Social Work with Lesbian, Gay, Bisexual, Transgender (LGBT) Clients: International Success and Lessons for Vietnam*. Ho Chi Minh National University, 2021. <https://thuvien.lgbt/documents/ky-yeu-hoi-thao-khoa-hoc-cong-tac-xa-hoi-voi-nguoi-dong-tinh-song-tinh-va-chuyen-gioi-lgbt>.

Muñoz, Ercio, Dario Sansone, and Mayte Ysique Neciosup. “Socio-Economic Disparities in Latin America among Same-Sex and Different-Sex Couples.” Inter-American Development Bank, May 22, 2024. <https://doi.org/10.18235/0012983>.

Nguyen Thi Phuong Mai. “Challenges of Hex, Bisexual and Transgender People in Accessing Social Services in Vietnam Today.” In *Social Work with Lesbian, Gay, Bisexual, Transgender (LGBT) Clients: International Success and Lessons for Vietnam*. Ho Chi Minh National University, 2021. <https://thuvien.lgbt/documents/ky-yeu-hoi-thao-khoa-hoc-cong-tac-xa-hoi-voi-nguoi-dong-tinh-song-tinh-va-chuyen-gioi-lgbt>.

Palinkas, Lawrence A., Sarah M. Horwitz, Carla A. Green, Jennifer P. Wisdom, Naihua Duan, and Kimberly Hoagwood. “Purposeful Sampling for Qualitative Data Collection and Analysis in Mixed Method Implementation Research.” *Administration and Policy in Mental Health* 42, no. 5 (September 2015): 533–44. <https://doi.org/10.1007/s10488-013-0528-y>.

Ryan, Caitlin. *Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender Children. (English, Spanish & Chinese)*, 2009.

Ryan, Caitlin, Russell B. Toomey, Rafael M. Diaz, and Stephen T. Russell. “Parent-Initiated Sexual Orientation Change Efforts With LGBT Adolescents: Implications for Young Adult Mental Health and Adjustment.” *Journal of Homosexuality* 67, no. 2 (January 28, 2020): 159–73. <https://doi.org/10.1080/00918369.2018.1538407>.

Saltzburg, Susan. “Parents’ Experience of Feeling Socially Supported as Adolescents Come Out as Lesbian and Gay: A Phenomenological Study.” *Journal of Family Social Work* 12, no. 4 (November 17, 2009): 340–58. <https://doi.org/10.1080/10522150903261932>.

- Sm, Salim, Anilal L, and Prabhakaran A. “Sexual Orientation Change Efforts Among LGBT+ People of Kerala: Prevalence, Correlates, and Mental Health Aspects.” *Journal of Homosexuality* 71, no. 6 (May 11, 2024).  
<https://doi.org/10.1080/00918369.2023.2174473>.
- T, Salway, Ferlatte O, Gesink D, and Lachowsky Nj. “Prevalence of Exposure to Sexual Orientation Change Efforts and Associated Sociodemographic Characteristics and Psychosocial Health Outcomes among Canadian Sexual Minority Men.” *Canadian Journal of Psychiatry. Revue Canadienne de Psychiatrie* 65, no. 7 (July 2020).  
<https://doi.org/10.1177/0706743720902629>.
- Tong Thi Huong and Dinh Van Mai. “Efficiency from the Model Raise Community Awareness with LGBT People Cross Vietnam Itinerary (Research from Sai Gon PFLAG).” In *Social Work with Lesbian, Gay, Bisexual, Transgender (LGBT) Clients: International Success and Lessons for Vietnam*. Ho Chi Minh National University, 2021. <https://thuvien.lgbt/documents/ky-yeu-hoi-thao-khoa-hoc-cong-tac-xa-hoi-voi-nguoi-dong-tinh-song-tinh-va-chuyen-gioi-lgbt>.
- United Nations General Assembly. “Practices of So-Called ‘Conversion Therapy’: Report of the Independent Expert on Protection against Violence and Discrimination Based on Sexual Orientation and Gender Identity,” 2020. [https://doi.org/10.1163/2210-7975\\_HRD-9970-2016149](https://doi.org/10.1163/2210-7975_HRD-9970-2016149).
- Wang, Yuan Yuan, Meng Han, Yanwen Zhang, Yinzhe Wang, Gu Li, Zimo Huang, Zhihao Ma, Jianjun ou, and Runsen Chen. “A National Transgender Health Survey from China Assessing Gender Identity Conversion Practice, Mental Health, Substance Use and Suicidality.” *Nature Mental Health* 1 (April 18, 2023): 254–65.  
<https://doi.org/10.1038/s44220-023-00041-z>.

## APPENDICES

*Table 1. Sociodemographic information of study participants*

Characteristic	Subcategory	Number of Participants
Age	18	1
	20-24	4
	25-29	7
	30+	2
Gender Identity	Non-binary	5
	Cisgender man	3
	Transgender women	2
	Cisgender women	2
	Transgender man	2
Sexual Orientation	Gay	4
	Bisexual	4
	Lesbian	2
	Asexual	2
	Pansexual	2
Residence location	Ho Chi Minh	5
	Da Nang	1
	Tay Ninh	1
	Hanoi	5
	Vinh Phuc	1
	Son La	1

