RESEARCH REPORT

The prevalence of sexual orientation and gender-based violence among LGBTIQ+ people in Vietnam and related factors



Lighthouse Social Enterprise

With the sponsorship by The Norwegian Organisation for Sexual and Gender Diversity (FRI)

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TERMINOLOGY EXPLANATION

Terminology	Explanation
LGBTIQ+ (stands for Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and more)	A term refers to a community of people with diverse genders and sexualities. The letters stand for different labels including Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, and many more.
Sexual Orientation	A term which refers to sex or gender preferences in emotional and/or sexual relationships of an individual.
Gender Identity	A term which refers to the gender that an individual perceives themselves to be. One's gender identity may or may not match their assigned sex at birth; may belong to the gender binary, may go beyond the gender binary.
SGBV (stands for Sexual orientation and gender-based violence)	A term which refers to expressions and acts of violence committed against one or more individuals by reasons of the gender identity or sexual orientation of the victim(s).
Gender and sexual diversity	A term which refers to a diverse system of concepts of gender identity and sexual orientation, not limited to the heterosexual system and gender dualism.
Gender and sexual minority	A term which refers to a system of concepts about gender identity and sexual orientation that is outside of heterosexuality and gender dualism, with a prevalence of minority groups in society.
p-value (stands for Probability Value)	A value in statistics which is understood as the probability value obtained after testing a statistical hypothesis, to determine whether the statistical hypothesis is true or false. The smaller the p-value, the higher the confidence of the conclusion.
CI (stands for Confidence Interval)	An value in statistics which refers to an interval estimation, with the true value of the unknown population parameter falling within this interval at a given probability.
OR (stands for Odds Ratio)	A value in statistics that refers to the ratio between two Odds – which are the odds of a particular outcome occurring, calculated as the ratio of the number of events that produce that outcome and the number of events that do not.



ABSTRACT

The phenomenon of sexual orientation and gender-based violence (SGBV) is a well-documented threat to human rights in many countries. Robust evidence underlines its strong relationship with various poor health outcomes (i.e., physical, mental, psychosocial) for LGBTIQ+ people. Nevertheless, there is little to no scientific data on SGBV experiences among sexual and gender minorities in Vietnam. We conducted an online cross-sectional survey study to determine the prevalence of this phenomenon and its key factors. We found that 79% of participants had experienced SGBV at least one type of violence in their lifetime. The most common type of SGBV perpetrator was peers/classmates/friends. And the most common site for incidents was schools. The most common form of violence was psychological. Compared to cisgender counterparts, transgender participants were about 12 times more likely to have been victimized due to their sexual orientation and/or gender identity. There was a statistically significant significance in SGBV experiences based on sexual orientation; gay participants reported the highest prevalence compared to other sexual minorities. Our sample reported a low rate (7-12%) of seeking help for their SGBV experience. If they sought help, the most likely sources would be their friends and the LGBTIQ+ community. Also, we found that age, gender identity, whether someone knew their sexual orientation and/or gender identity, and childhood experience of domestic violence all predict SGBV experience. The alarmingly high prevalence of SGBV, particularly for transgender people, accentuates the need for timely political progress toward laws and policies that protect LGBTIQ+ people in Vietnam from violence. In addition, there needs to be more innovative community-based initiatives to normalize help-seeking for sexual and gender minorities themselves and strengthen capacity in emotional support for their friends.

1. Background

LGBTIQ+ people are predisposed to facing unique violence. Gender based violence is globally recognized as a serious violation of human rights, a social problem, and a public health concern, which all demand great attention from governmental bodies and relevant organizations (1). This issue becomes particularly nuanced for sexual and gender minorities. They are confronted with victimization due to non-heteronormative sexuality and trans-binary gender identification. For the LGBTIQ+ community, they endure a complex type of violence that is sexual orientation and gender-based violence. LGBTIQ+ people can be victimized physically, psychologically, sexually, and economically (2-4). Differences in gender expression, sexual orientation, and conformity to stereotypical gender roles play key roles in the experiences of SGBV among LGBTIQ+ people (5-7).

Robust findings suggest a disproportionate rate of various violence types faced by sexual and gender minorities. They are more likely to experience physical violence than general population. The Kenyan Demographic and Health Survey (DHS) from 2014 estimated that 39% of women in the general population have experienced physical violence in their lifetime (7, 8), compared to findings of 53% of Kenyan sexual and gender minority people (9). Additionally, the 2015 Zimbabwe DHS found that one in seven women in the general population (14%) had experienced sexual violence in their lifetime while the corresponding percentage for LGBTIQ+ people was 39% (10). A study in Taiwan showed that, for sexual and gender minorities, 64% had experiences of psychological violence and nearly 31% of respondents had experience of physical violence (11). LGBTIQ+ people also face intimate partner violence based on their sexual orientation and gender identity (11, 12). In essence, literature highlights the alarmingly high prevalence of different violence types among LGBTIQ+ people.

Many factors such as environment, perpetrators, or social norms can account for SGBV. It was found that nearly 40% of Taiwanese LGBTIQ+ respondents reported that they had been victims of violence committed by family members or others due to their sexual identity (12). Living in a community that asserts conservative, heteropatriarchal normative ideas about gender roles, family and social structures can explain for the reason why a disproportionate number of LGBTIQ+ people experience violence and coercion into heterosexual marriage (11). Additionally, literature shows that religion, social norms, and cultural practices when accompanied with poor education heightens violence and discrimination based on gender (13). SGBV can be particularly prevalent at schools. A study in Scotland revealed that 57-70% of sexual and gender minority-identified students claimed to have been bullied because of their identities at schools and universities (14). As a result, sociocultural factors can provide great insights into SGBV.

SGBV has important implications for the well-being of LGBTIQ+ people. Literature suggests that gender-based violence (GBV) alone is associated with poor health outcomes (i.e., physical, mental, psychosocial) (15,16) and premature death (15). Literature suggests that the impacts of SGBV on LGBTIQ+ people's holistic health can be deleterious and long-lasting. Following experiences of sexual violence, LGBTIQ+ survivals may sustain impaired memory, suicidal behaviors, low self-esteem, anti-social behaviors, difficulty relating to others, and difficulty engaging in intimate relationships and so on (17). Alcohol and drug abuse are also reportedly common among survivors (17-19). Experiences of sexual violence can predict a higher likelihood of significant health problems including sexually-transmitted infections (STI), HIV, infertility, sexual dysfunctions, impotence, genital infections, and genital injuries (17,19).

There exists a large evidence gap on SGBV experiences among LGBTIQ+ people in Vietnam. Existing research on gender-based violence in the country predominantly focuses on women and young girls. There is little to no evidence published on SGBV among Vietnamese sexual

and gender minorities. Increasing international evidence on SGBV urges Vietnam to develop greater efforts to study the phenomenon. Consequently, stakeholders can address SGBV in the country with evidence-based key recommendations for relevant interventions and socio-political advocacy. The ultimate aim is to address a violation of fundamental human rights and strengthen the 'Leave no one behind' global movement.

2. Research purposes

This study was purposed to:

- Determine the prevalence of sexual orientation and gender-based violence (SGBV) among LGBTIQ+ people in Vietnam
- Identify associated factors of this phenomenon

3. Methodology

a. Study design

This study was a quantitative cross-sectional survey.

b. Participants

The target population of this study met all of the following eligibility criterias:

- Self-identified as LGBTIQ+ (e.g., lesbian, gay, bisexual, transgender, intersex, queer, …);
- Currently living in Vietnam with Vietnamese nationality;
- 16 years old and older;
- Voluntarily agree to join in the online surveys;
- Are literate (can read and write Vietnamese)

c. Sampling

i. Sample size calculation

The formula for estimating a population proportion with absolute precision was used:

$$n = \frac{Z^2_{1-\alpha/2} P(1-P)}{d^2}$$

P (percentage of people who experienced SGBV): because no data on LGBTIQ+ census in Vietnam was available, we used P =50% which could result in getting a minimum sample size, Alpha =0.05, d =0.05 ➔ **n = 385**

ii. **Sampling method**

We collected data via convenience sampling. To disseminate the survey, we recruited the voluntary assistance of various LGBTIQ+-focused groups and fanpages on Facebook and LGBTIQ+-serving community-based organizations and non-profit organizations in Vietnam.

iii. **Sample**

We received 960 responses in total. Among which, only 528 responses were included in our final sample. Reasons for response disqualification included not meeting all the above eligibility criteria, partial completion, inconsistent response, and frequently overlapping IP addresses.

d. **Procedures**

The researcher team built the questionnaire based on existing literature and their rich experience in advocating for local LGBTIQ+ people. This questionnaire then was previewed by a group of 7 LGBTIQ+ self-identified individuals. We integrated their feedback for adjustments on wording and survey structure. Data collection occurred from October, 2022 to January, 2023. We distributed our survey online to various LGBTIQ+-focused groups and fanpages on Facebook and LGBTIQ+-serving community-based organizations and non-profit organizations in Vietnam. Subsequently, we cleaned data for disqualified responses. Lastly, we compensated each qualified participant with a phone card worth of 20,000 VND (~0.84 USD).

e. Measures

Demographic information: Participants were asked about their age, biological sex, gender identity, sexual orientation, educational attainment, current employment status, monthly income, relationship status, current living arrangements, and childhood experience in domestic violence.

SGBV experiences: Participants were asked questions about their experiences of different types of SGBV in frequency, their responses to such situations, and context of violence (e.g., perpetrator, location). These questions were adapted from toolkits and questionnaires of *European Union Agency for Fundamental Rights "A long way to go for LGBTI equality" 2020*; *WHO multi – country study on Women's Health and Domestic Violence 2005*, *Demographic Health Survey 2020*, and questionnaires of some relevant research.

f. Data analysis

The collected data from the questionnaire was cleaned and then analyzed by IBM SPSS Statistics 21.0 software. A variety of analyses were applied. Descriptive analyses such as frequencies, cross-tabulations and Pearson Chi-square test were conducted to demonstrate a primary understanding of the data and prepare for logistic regression. Univariate and multivariable logistic regressions were used to identify the association between dependent variables and independent variables, and the effect of independent variables to dependent variables.

The aim of the survey was to identify the prevalence of SGBV experience among LGBTIQ+ people in Viet Nam and what factors influencing to the SGBV experience. Therefore, dependent variable of the survey was "*Experience of SGBV*". This variable was recoded from the variables of experience to each type of violence. The values of this new variable were "Yes"

and “No”, whereas “Yes” value meant “respondent had experience of SGBV” and “No” value meant “respondent did not have experience of SGBV”.

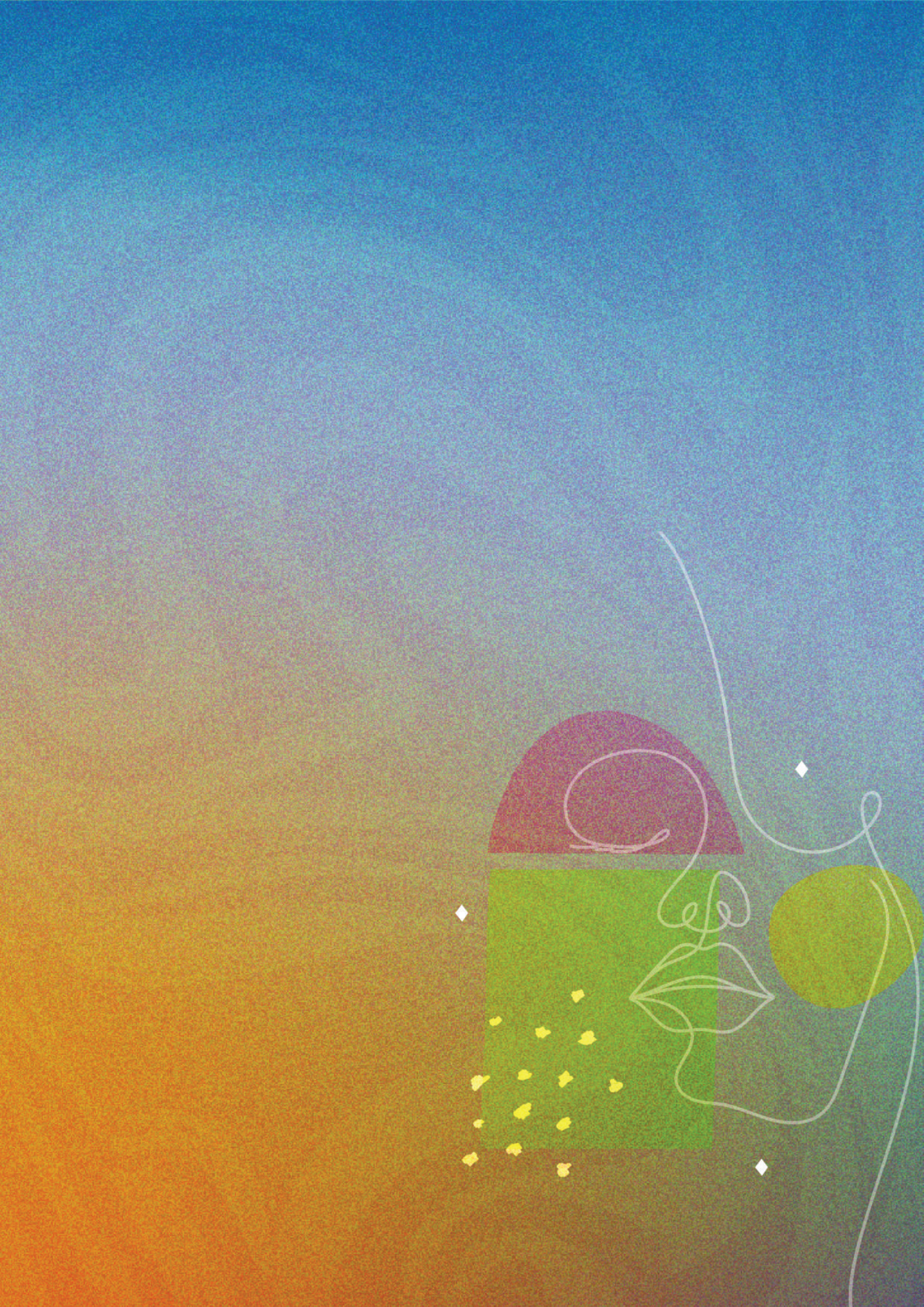
The independent variables were demographic variables including whether someone knew respondents’ SO/GI variable, and their experience of domestic violence in their childhood.

g. **Ethical consideration**

This study was approved by the Institutional Review Board at Institute for Social Development Studies (ISDS).

h. **Declaration of funding**

To implement this study, Lighthouse Social Enterprise was granted funding by The Norwegian Organisation for Sexual and Gender Diversity (FRI).



4. Results

4.1 Sociodemographics

The final sample consisted of 528 qualified responses. Mean age was 21.17 (SD=4.61). The ratio of people assigned at birth as female and those as male were almost comparable, while those selected 'Unspecified' or, in other words, 'Intersex' were marginal (0.8%).

In terms of gender identity, the majority (39.4%) of participants identified as cisgender man, followed by cisgender woman, non-binary, and other categories. Most participants (35.4%) referred to themselves as Gay, followed by Bisexual, Lesbian, Asexual, and other categories. 67.4% of all participants resided in Urban areas.

Our sample were mostly college or university graduates (~63%) followed by high school graduates (~31%) then those of other educational classifications.

Most participants (~66%) were not in any romantic relationships, followed those in one relationship (~31%) then those in more than one relationship.

The vast majority (61.6%) claimed to currently live with blood-related family, followed almost equally by alone and with friends, then other living situations. When asked about whether people living with them knew about their sexual orientation and/or gender identity, the response was approximately split ('Yes' accounted for 48% while 'No' took up 52%). In regard to whether someone in general knew about their sexual orientation and/or gender identity, almost all participants (89%) reported 'Yes'.

Table 1: Sociodemographics

Variables	Frequency (n = 528)	Percent (%)	Variables	Frequency (n = 528)	Percent (%)
Gender identity			**Living status**		
Man	208	39.4	Alone	87	16.5
Woman	108	34.1	With friends	80	15.2
Transgender-man	26	4.9	With partners	36	6.8
Transgender-woman	13	2.5	With blood-related family	325	61.6
Non-binary	101	19.1			
Sexual orientation			**Relationship status**		
Gay	187	35.4	Not in any romantic relationship	349	66.1
Lesbian	82	15.5	In a relationship	165	31.3
Bisexual	119	22.5	More than one romantic relationship	14	2.7
Asexual	54	10.2	**Sex assigned at birth**		
Pansexual	37	7.0	Male	251	47.5
Sexually fluid	32	6.1	Female	273	51.7
Straight	17	3.2	Unspecified	4	0.8
Living areas			**People living with knew their SO/GI**		
Urban	356	67.4	Yes	254	51.9
Rural	172	32.6	No	274	48.1
Educational level			**Someone knew their SO/GI**		
No school	3	0.6	Yes	470	89.0
Secondary school	7	1.3	No	58	11.0
High school	164	31.1			
Vocational school	8	1.5	**Domestic violence experience in childhood**		
College/ University	332	62.9	Yes	324	61.4
Master	14	2.7	No	204	38.4

A significant portion of our sample (~61%) experienced domestic violence in their childhood. When categorized by gender identity, we found that such experiences were most common among transgender women (~77%) and least common among cisgender women (~42%). In respect to sexual orientation, such experience was most common among Gay participants (~67%) and least common among Asexual participants (~50%).

Table 2: Domestic violence experience in childhood by SO/GI

Independent variables	Domestic violence experience		
	No (n = 204)	Yes (n = 324)	Total (n = 528)
Gender identity			
Man	37.5	62.5	100
Woman	42.2	57.8	100
Transgender man	30.8	69.2	100
Transgender woman	23.1	76.9	100
Non-binary	38.6	61.4	100
Sexual orientation			
Gay	32.6	67.4	100
Lesbian	45.1	54.9	100
Bisexual	38.7	61.3	100
Asexual	50.0	50.0	100
Pansexual	43.2	56.8	100
Sexually fluid	37.5	62.5	100
Straight	29.4	70.6	100

4.2 SGBV experience

a. The prevalence of SGBV experience among LGBTIQ+ people

Among LGBTIQ+ people participating in the survey, 79% of respondents had experienced SGBV of at least one type in their lifetime. More than 45% of them had been exposed to at least two types of SGBV. And more than 20% participants had dealt with at least 3 types of violence. (Figure 1)

The prevalence of SGBV experience by types of violence is shown in Figure 2. Psychological violence was the most common among 4 types of SGBV, accounting for a rate of 76%. The number of participants who were victims of sexual violence, physical violence or economic violence were quite similar (28.8%, 26.5% and 24.6% respectively).

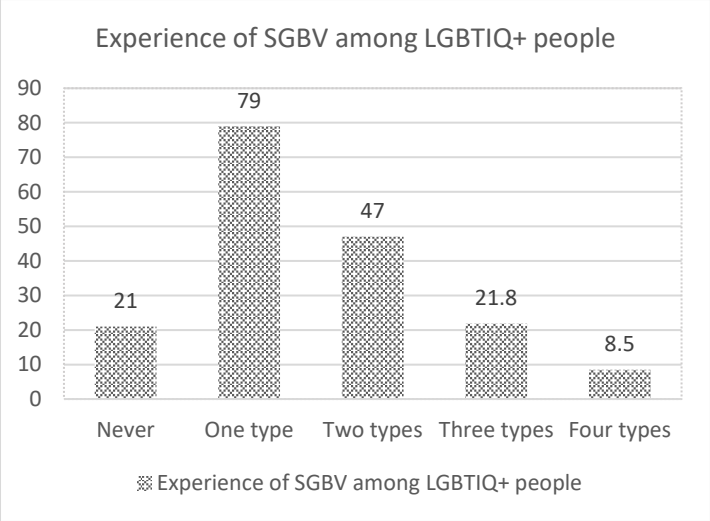


Figure 1: Experience of SGBV among LGBTIQ+ people

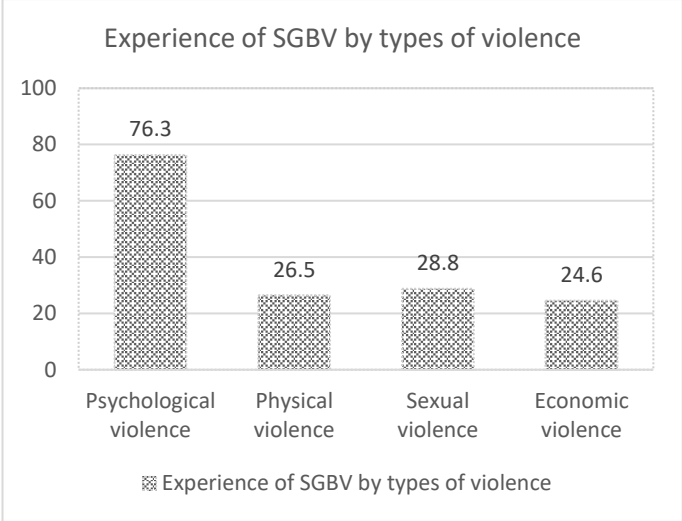


Figure 2: Experience of SGBV by types of violence

As for gender identity groups, more than 97% of transgender people participating in the survey reported that they experienced at least one type of SGBV. The proportion of non-binary people who faced to SGBV was 83.2%. 76% of cis-gender respondents had the experience with SGBV. The difference in the experience of SGBV among different groups of gender identity was statistically significant (*p-value = 0.004*) (Figure 3).

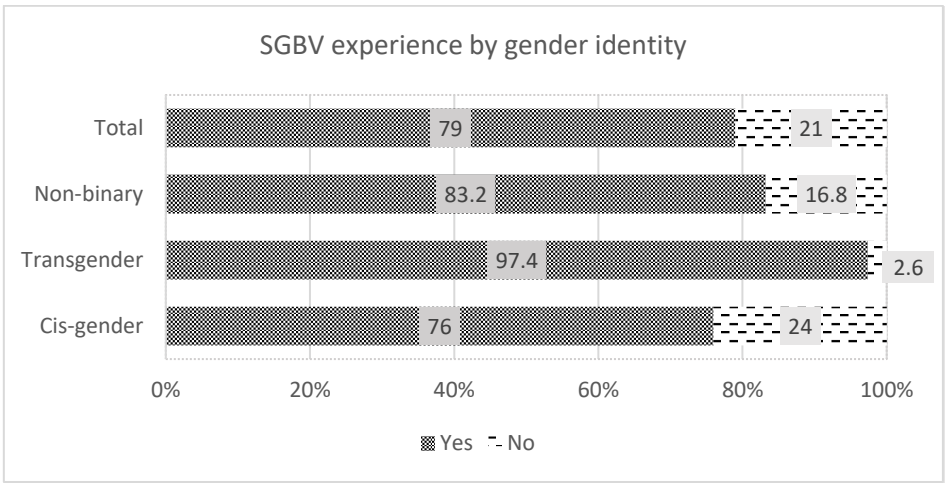


Figure 3: SGBV experience by groups of gender identity

Compared to cis-gender participants, those transgender respondents were almost 12 times more likely to experience SGBV (Odd ratio – OR: 11.980, 95%; CI: 1.623 – 88.449) (Table 3).

Table 3: Results of [binary logistic] regression of SGBV experience on gender identity

Variable	Coefficient	Wald Statistic	OR	95% CI for OR
Gender identity groups				
Cisgender			*Reference category*	
Transgender	2.483	5.927*	11.980	(1.623 – 88.449)
Non-binary	0.443	2.315	1.558	(0.880 – 2.757)

**p-value < 0.05; **p-value < 0.01*

In terms of sexual orientation, in general, the percentage of participants had experience of SGBV in each group of sexual orientation was high. More than 87% of gay respondents indicated that they had experienced SGBV at least once in their life. Followed by those participants of sexually fluid group with more than 84% of them had SGBV experience at least one time. The proportion of lesbian participants who had SGBV experience was about 79% (Figure 4). There was a statistically significant difference in experience of SGBV among different groups of sexual orientation (*p-value = 0.000*).

Compared to the reference group – gay people, bisexual respondents were 69% less likely to experience SGBV than gay respondents (OR: 0.314, 95%CI: 0.176 – 0.558). Asexual participants were 58% less likely to have SGBV experience than gay respondents (OR: 0.421, 95%CI: 0.200 – 0.886). And pansexual people were 73% less likely to experience SGBV than gay people (OR: 0.272, 95%CI: 0.122 – 0.605).

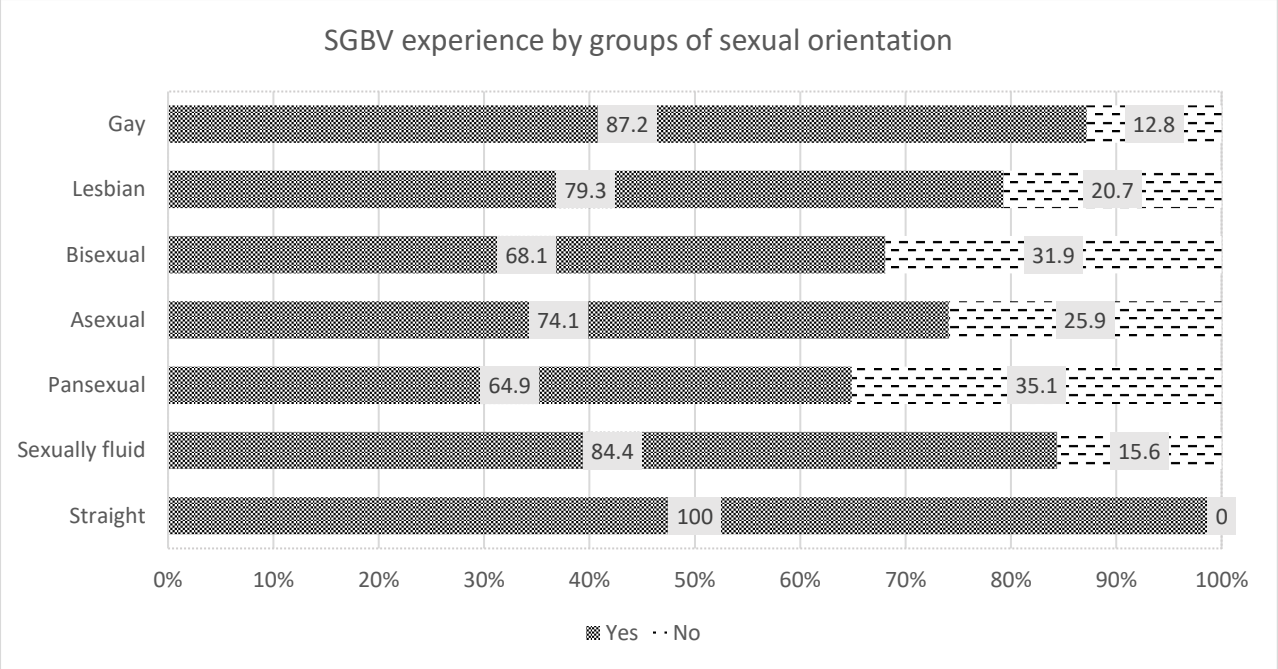


Figure 4: SGBV experience by the groups of sexual orientation

b. The difference in experiencing each type of SGBV by gender identity

As for the experience of psychological violence, compared to the cis-gender respondents, transgender people were about 4.39 times more likely to experience psychological violence (95%CI of OR: 1.325 – 14.576). The non-binary participants were 1.69 times more likely to experience psychological violence than the cis-gender respondents (Table 4).

The difference in experience of physical violence among different group of gender identity is shown in Table 4. Compared to the cis-gender participants, transgender people were about 4 times more likely to experience physical violence (95%CI of OR: 2.089 – 8.035). The non-binary participants were 1.7 times more likely to experience physical violence than the cis-gender respondents (95%CI of OR: 1.055 – 2.754).

In terms of sexual violence, compared to the cis-gender participants, transgender people were about 2.2 times more likely to experience sexual violence (95%CI of OR: 1.121 – 4.301). The

non-binary participants were 1.44 times more likely to experience sexual violence than the cis-gender respondents (Table 4).

Table 4: Results of [binary logistic] regression of SGBV experience on gender identity by each type of violence

Variable	Coefficient	Wald Statistic	OR	95% CI for OR
Psychological violence				
Cis – gender			*Reference category*	
Transgender	1.480	5.855	4.394*	(1.325 – 14.576)
Non – binary	0.524	3.399	1.689	(0.968 – 2.947)
Physical violence				
Cis – gender			*Reference category*	
Transgender	1.410	16.838	4.097**	(2.089 – 8.035)
Non – binary	0.533	4.740	1.709*	(1.055 – 2.754)
Sexual violence				
Cis – gender			*Reference category*	
Transgender	0.787	5.258	2.196*	(1.121 – 4.301)
Non – binary	0.366	2.321	1.442	(0.900 – 2.309)
Economic violence				
Cis – gender			*Reference category*	
Transgender	1.897	28.350	6.664**	(3.315 – 13.395)
Non – binary	0.096	0.127	1.100	(0.351 – 1.860)

**p-value < 0.05; **p-value < 0.01*

As for the experience of economic violence, compared to the cis-gender participants, transgender people were about 6.6 times more likely to experience economic violence (95%CI of OR: 3.315 – 13.395). The non-binary participants were 1.1 times more likely to experience economic violence than the cis-gender respondents (Table 4).

c. The difference in experiencing each type of SGBV by sexual orientation

The difference in experience of each SGBV type among different group of sexual orientation is shown in Table 5

In terms of psychological violence, compare to group of gay participants, bisexual respondents were about 60% less likely to experience psychological violence (95%CI of OR: 0.228 –

0.674). Pansexual participants also had a lower likelihood to endure psychological violence than group of gay participants (OR: 0.367, 95% CI of OR: 0.169 – 0.798).

Table 5: Results of [binary logistic] regression of SGBV experience on sexual orientation by each type of violence

Variable	Coefficient	Wald Statistic	OR	95% CI for OR
Psychological violence				
Gay			*Reference category*	
Lesbian	-0.484	2.240	0.616	0.327 – 1.162
Bisexual	-0.935	11.461	0.392**	0.228 – 0.674
Asexual	-0.566	2.372	0.568	0.276 – 1.167
Pansexual	-1.003	6.394	0.367*	0.169 – 0.798
Sexually fluid	0.071	0.018	1.073	0.383 – 3.003
Straight	0.399	0.263	1.490	0.324 – 6.848
Physical violence				
Gay			*Reference category*	
Lesbian	-0.800	6.830	0.449**	0.246 – 0.819
Bisexual	-1.547	23.104	0.213**	0.113 – 0.400
Asexual	-0.784	4.744	0.456*	0.225 – 0.924
Pansexual	-1.174	6.222	0.309*	0.123 – 0.778
Sexually fluid	-0.630	2.100	0.523	0.227 – 1.249
Straight	0.825	2.564	2.282	0.831 – 6.263
Sexual violence				
Gay			*Reference category*	
Lesbian	-0.983	9.253	0.374**	0.199 – 0.705
Bisexual	-0.712	7.172	0.491**	0.291 – 0.826
Asexual	-0.739	4.203	0.478*	0.236 – 0.968
Pansexual	-0.347	0.789	0.707	0.329 – 1.519
Sexually fluid	-0.133	0.110	0.876	0.398 – 1.924
Straight	-0.092	0.030	0.912	0.323 – 2.574
Economic violence				
Gay			*Reference category*	
Lesbian	-0.469	2.269	0.626	0.341 – 1.149
Bisexual	-0.861	8.467	0.423**	0.237 – 0.755
Asexual	-1.105	6.455	0.331*	0.141 – 0.777
Pansexual	-0.336	0.656	0.715	0.317 -1.611
Sexually fluid	-0.887	3.003	0.412	0.151 – 1.123
Straight	2.340	12.739	10.379**	2.872 – 37.513

**p-value < 0.05; **p-value < 0.01*

As for physical violence, with the absence of other predictor variables, the group of lesbian and asexual people were about 55% less likely to suffer physical violence than gay people (95% CI of OR: 0.246 – 0.819; 0.225 – 0.924 respectively). Besides, group of bisexual participants also had lower likelihood to experience physical violence than gay respondents (OR: 0.213; 95%CI of OR: 0.113 – 0.400).

Those participants who are bisexual and asexual had lower chance to suffer sexual violence than gay participants. They were about 50% less likely to experience sexual violence (95%CI of OR: 0.291 – 0.826; 0.236 – 0.968 respectively). Lesbian people were 63% less likely to endure sexual violence than gay group (95% CI of OR: 0.199 – 0.705).

Also compared to gay group, bisexual group were about 58% less likely to experience economic violence (95% CI of OR: 0.237 – 0.755). Asexual respondents also had a lower likelihood to endure economic violence than gay participants (OR: 0.331, 95% CI of OR: 0.141 – 0.777).

d. Violent behaviors in each type of violence

Three most common violent behaviors in each type of SGBV is shown in the Table 6

Among participants who reported having faced psychological violence, nearly 90% of them indicated that they had been looked down upon or received negative comments because of their gender identity or sexual orientation. More than 70% of them had been insulted or humiliated in front of others and forced to change their gender identity or sexual orientation.

Due to the difference in their gender identity or sexual orientation, more than 74% of respondents said they had been intentionally pushed by others. Followed by violent behaviors such as beating, slapping, punching, kicking, or throwing objects with a rate of over 70%. Then, 55% of respondents indicated that they had been restrained or gotten their hands locked by others.

Table 6: Three most popular violent behaviors in each type of SGBV

Psychological violence	**%**	**N = 403**
Have ever been looked down upon or negatively commented on you	89.6	361
Have ever been insulted or humiliated in front of others	73.4	296
Have ever forced to change GI/SO	70.0	282
Physical violence	**%**	**N = 140**
Have ever been intentionally pushed	74.3	104
Have ever been restrained or gotten your hands locked	55.0	77
Have ever beaten, slap, punched, kicked, or thrown objects at	70.7	99
Sexual violence	**%**	**N = 152**
Have ever been forced to see unwanted sexual pictures or videos or pornography	40.8	62
Have ever been sexually harassed or abused	85.5	130
Have ever been forced to have sex with another person/ raped	32.2	49
Economic violence	**%**	**N = 130**
Have ever been prohibited from applying a job or participating in any income-generating activities	51.5	63
Personal possessions being destroyed, or valuable possessions being sold without consensus	59.2	77
Have ever lost opportunities for promotion	60.8	79

In terms of sexual violence, more than 85% of participants who were victims of sexual violence reported having been sexually harassed or abused by others. 40.8% of them had been forced to see unwanted pornography. Additionally, more than 32% of participants said that they had been forced to have sex with another person or raped.

Among participants who had experienced economic violence, nearly 61% of them claim to have been deprived of promotion opportunities because of their gender identity or sexual orientation. More than 59.2% of them reported that their personal possessions had been destroyed by others, followed by the behaviors of prohibiting them from applying for a job or joining any income-generating activities.

e. Perpetrator of SGBV

According to our findings the results having been shown in this survey, anyone could be a perpetrator of SGBV. Peers/classmates were one of the most common perpetrators in all 4 types of violence (Table 7). As for psychological violence, nearly 53% of SGBV cases were caused by this group. More than 52% of SGBV cases were committed by their parents and 50% by their close relatives.

Among participants who reported to have experienced physical violence, more than 67% of cases were caused by peers/classmates. This group also accounted for 42.1% of sexual violence cases. However, for economic violence, colleagues including managers were the most typical perpetrator with a 49.2% incident rate.

Table 7: Perpetrators of SGBV

Person(s) caused SGBV experience	Psychological		Physical		Sexual		Economic	
	%	n	%	n	%	n	%	n
Partner	5.7	23	5.7	8	15.8	24	3.1	4
Parents	52.1	210	20.7	29	6.6	10	24.6	32
Siblings	14.9	60	6.4	9	2.6	4	6.9	9
Close relatives	41.9	169	11.4	16	14.5	22	8.5	11
Peers/Classmate/Friends	52.9	213	67.1	94	42.1	64	40.8	53
Colleagues (manager)	14.6	59	15.0	21	9.9	15	49.2	64
Teachers	24.8	100	5.7	8	5.3	8	19.2	25
Health providers	4.2	17	0.7	1	1.3	2	3.1	4
People in LGBTIQ+ community	12.2	49	7.1	10	27.0	41	6.2	8
Stranger/ on the internet	4.5	18	5.0	7	7.2	11	0.8	1
Total		**403**		**140**		**152**		**130**

f. Place where SGBV happened

Of all places, school was reported as the most common site where all SGBV types were likely to occur. Other common sites were home, workplace, public areas, and social media (Table 8).

As for psychological violence, more than 60% of victims reported that they had violence experiences at school, followed by home with 59.1% of them had experienced to SGBV there.

School was also reported as the place where most of physical violence cases happened (65%). More than 36% of sexual violence victims reported that they had violence experience at school. Followed by the social media with nearly 30%, then home with 23%. School, workplace, and home – where family live were top three places where economic violence most commonly happened, with incident rates of 51.5%, 49.2 and 26.9%, respectively.

Table 8: Place where SGBV happened

Place(s) where SGBV happened	Psychological		Physical		Sexual		Economic	
	%	n	%	n	%	N	%	n
Home – where family live	59.1	238	22.9	32	23.0	35	26.9	35
Your house/dorm/rented room	10.4	42	11.4	16	17.1	26	10.8	14
School	60.3	243	65.0	91	36.2	55	51.5	67
Workplace	15.1	61	15.0	21	13.2	20	49.2	64
Public service facilities (hospital, bank, mart, restaurant…)	12.4	50	10.7	15	9.2	14	9.2	12
Entertainment venues	15.4	62	10.0	14	13.8	21	6.9	9
Public areas (bus stop, street, park…)	22.1	89	23.6	33	17.8	27	10.0	13
Social media	43.4	175	15.0	21	29.6	45	19.2	25
Other (partner's house)	2.5	10	1.4	2	11.2	17	0.8	1
Total		**403**		**140**		**152**		**130**

g. Help-seeking

According to the findings, around 90% of SGBV victims chose not to seek help (Table 9). Most of them did nothing or ignored those violent behaviors with a proportion of 45 – 60%. And around 35% - 46% of them decided to defend themselves.

Table 9: The percentage of victims sought for help

Seek for help	Psychological		Physical		Sexual		Economic	
	%	n	%	n	%	n	%	n
Did nothing/ ignored	58.1	234	46.4	65	44.7	68	53.1	69
Defended myself	34.5	139	41.4	58	46.1	70	35.4	46
Seek for help	7.4	30	12.1	17	9.2	14	11.5	15
Total		**403**		**140**		**152**		**130**

On the contrary, the practices of help-seeking were very rare. Only 7.4% of psychological violence victims reported such practices. And 9.2% of those who faced sexual violence actually sought help. Though the rates for help-seeking for physical and economic violence were somewhat higher 12.1% and 11.5% respectively), they were still very low.

For almost all SGBV types, the most common reason why victims did not seek help was that they thought no one would be able to help them (Table 10). 57.4% of participants who had economic violence experience did not seek help due to that reason. This number was close the figure for those who experienced physical violence (55.3%). More than 47% of psychological violence victims and 42.8% of sexual violence victims chose not to seek help because they did not believe that anyone could help them.

Table 10: Reason why victims did not seek help

Reason why not seek for help	Psychological		Physical		Sexual		Economic	
	%	n	%	n	%	N	%	n
Did not know it was violence	15.3	57	9.8	12	18.1	25	12.2	14
Feared retaliation	21.7	81	31.7	39	29.0	40	30.4	35
Feared disclosure of personal info	25.2	94	20.3	25	32.6	45	25.2	29
Thought that I deserved it	4.6	17	8.1	10	6.5	9	9.6	11
Thought that no one would be able to help	47.2	176	55.3	68	42.8	59	57.4	66
Thought it was normal and not serious	31.4	117	17.1	21	20.3	28	19.1	22
Did not know where to seek for help	39.1	146	48.8	60	48.6	67	47.0	54
Afraid to bother others	36.7	137	35.0	43	35.5	49	40.9	47

Most of the victims also shared that they did not seek help because they did not know where to seek help. In terms of physical, sexual, and economic violence, about 47% to 49% of its victims did not seek help because of this reason. And 39.1% of psychological violence victims chose not to seek help because they had no information about any centers with relevant support (Table 10).

Another common reason that victims chose not to seek help was because they were afraid to bother others. Around 35% - 40% of victims of all SGBV types decided not to seek help because of this reason (Table 10).

Among those victims who sought help, the group that they most commonly turned to was their friends, followed by their LGBTQ groups (Table 11). For all types of violence, over 60% to 76% of victims indicated that they sought help from their friends. About 50% of sexual, physical, and psychological violence victims reached to LGBTIQ+ groups instead. As for economic violence, respondents said that they also sought help from the management level (33.3%).

Table 11: Where did they seek for help

Where did you seek for help	Psychological		Physical		Sexual		Economic	
	%	n	%	n	%	n	%	n
Family	20.0	6	29.4	5	28.6	4	26.7	4
Friends	63.3	19	76.5	13	71.4	10	73.3	11
LGBTIQ+ community/group	53.3	16	47.1	8	50.0	7	33.3	5
Management level	13.3	4	41.2	7	35.7	5	33.3	5
Centers supporting victims of violence	10.0	3	29.4	5	0	0	13.3	2
The authority	3.3	1	5.9	1	7.1	1	20.0	3
Total		**30**		**17**		**14**		**15**

4.3 Some influencing factors to the experience of SGBV

We examined for predictors of whether participants experienced any SGBV, using cross tabulation with Chi-Square. Related results are shown in (Table 12).

As for age groups, participants aged 21 – 30 years old had a higher tendency to experience SGBV than other groups. This difference was statistically significant, p-value = 0.007.

Participants who were in more than one romantic relationship were significantly more likely to endure SGBV, p-value = 0.042.

Table 12: Predictors of SGBV experience

Independent variables	SGBV experience			P-value
	No (n = 111)	Yes (n = 417)	Total (n = 528)	
Age groups				***0.007***
16 – 20 years old	26.0	74.0	100	
21 – 25 years old	13.3	86.7	100	
26 – 30 years old	13.6	86.4	100	
Over 30 years old	26.1	73.9	100	
Educational level				***0.654***
High school and lower	19.8	80.2	100	
University and higher	21.7	78.3	100	
Living areas				***0.909***
Urban	20.8	79.2	100	
Rural	21.5	78.5	100	
Relationship status				***0.042***
Not in any romantic relationship	24.1	75.9	100	
In a relationship	15.8	84.2	100	
More than one relationship	7.1	92.9	100	
Living status				***0.022***
Alone	10.3	89.7	100	
With friends	21.2	78.8	100	
With partner	13.9	86.1	100	
With blood-related family	24.6	75.4	100	
People living with knew their SO/GI				***0.001***
No	26.6	73.4	100	
Yes	15.0	85.0	100	
Someone knew their SO/GI				***0.001***
No	39.7	60.3	100	
Yes	18.7	81.3	100	
Domestic violence experience in childhood				***0.000***
No	29.9	70.1	100	
Yes	15.4	84.6	100	

Participants who lived alone had a greater likelihood of being exposed to SGBV compared to other groups, p-value = 0.022. Also, those who lived with people knowing their sexual orientation and/or gender identity had a greater tendency to be victims of SGBV; this difference was found to be statistically significant, p-value = 0.001. In addition, those who had someone

knowing their sexual orientation and/or gender identity were more likely to endure SGBV, p-value = 0.001. Notably, participants with childhood experience of domestic violence had a greater likelihood of being victimized for their sexual orientation and/or gender identity, p-value = 0.000. We found no difference in SGBV experience based on educational level and living areas.

We conducted a multivariable logistic regression test with the predictors: gender identity, age groups, whether someone knew their SO/GI, and domestic violence experience in childhood. Table 13 shows a different model for how SGBV experience was concurrently associated with various factors. We found statistically significant differences for all examined predictors in this model. Compared to those aged from 16 to 20, those in the 21-25 bracket were about twice more likely to experience SGBV (OR = 2.275, 95% CI: 1.286 – 4.024).

Table 13: Multivariable logistic regression model of SGBV experience

Variables	SGBV experience	
	OR	**95% CI of OR**
Age groups		
16 – 20 years old	*Reference category*	
21 – 25 years old	2.275**	1.286 – 4.024
25 – 30 years old	1.924	0.876 – 4.226
Over 30 years old	0.929	0.336 – 2.567
Gender identity		
Cis-gender	*Reference category*	
Transgender	8.436*	1.121 – 63.507
Non-binary	1.786	0.979 – 3.256
Someone knew their SO/GI		
No	*Reference category*	
Yes	2.902**	1.585 – 5.314
Domestic violence experience in childhood		
No	*Reference category*	
Yes	2.211**	1.424 – 3.435

**p-value < 0.05; **p-value <0.01*

In addition, compared to cisgender participants, those who identified as transgender were more than eight times likely to experience SGBV (OR = 8.436, 95% CI: 1.121 – 63.507). And participants whose sexual orientation and/or gender identity was known by at least someone were close to three times more likely to be a victim of SGBV compared to their counterparts (OR = 2.902, 95% CI: 1.585 – 5.314). Meanwhile, those with past domestic violence experience in their childhood were more than twice likely to face SGBV compared to those without (OR =2.211, 95% CI: 1.424 – 3.435). In essence, age, gender identity, whether someone knew their sexual orientation and/or gender identity, and childhood experience of domestic violence all predict SGBV experience.



5. Discussion

In this study, we found that LGBTIQ+ people in Vietnam suffered from a dramatically high prevalence of at least one type SGBV in their lifetime. In particular, psychological violence was the most pervasive type. Literature suggests disproportionate rate of victimization faced by LGBTIQ+ people. In fact, according to the National Crime Victimization Survey in the United States in 2017, sexual and gender minorities were almost three times more likely to be victims of violent crime compared to heterosexual and cisgender individuals (20). Also, literature supports our finding on psychological violence as potentially the most common SGBV type for Vietnamese LGBTIQ+ individuals. One study in China found that sexual minority-identified students reported experiencing name calling, denigration, physical violence threats, and social isolation at rate from 22.4% to 40.7% (21). To date, this is the first scientific study to document the prevalence rate for SGBV among LGBTIQ+ people in Vietnam.

Transgender people fell into victimhood for all types of SGBV at a tremendously greater rate, compared to their cisgender counterpart. This phenomenon is well documented by literature. A different study found that, while sexual and gender minorities can experience physical and sexual violence from a rate from 6% to 25%, transgender people specifically can endure such at a rate from 11.8% to 68.2% (22). A study in China suggests that 90% of families do not accept their transgender household members and 70.8% trans people experience school violence (23). A qualitative study in Thailand found that transgender women with multiple marginalized identities (e.g., ethnicity, income, educational level) may experience unique, complex SGBV at the intersection of various SGBV types at the same time (24). The global pattern of disproportionate victimization among transgender people calls for more impactful advocacy efforts. In Vietnam, despite continuous proposals of trans-specific recognition laws to National Assembly, there have been negligible changes. Our findings call for timely political

progressiveness with tangible outcomes in order to increase civil protection for transgender people.

Our study suggests that the the most common perpetrators were peers/classmates and the most common place for SGBV was school. The fact that over 80% of participants were in the 16 to 25-year-old bracket highlights the necessity for deeper investigation in schools and universities. Anti-LGBTIQ+ bullying among students is particularly pervasive across many Asian countries, including Vietnam (25). Literature strongly supports that educational institutions perpetuate and reinforce gender roles (26), which coerces gender non-conforming students to relinquish their authentic gender expression (27). A study in 2015 in Vietnam found that LGBTIQ+ students who did not follow enforced gender norms faced greater odds of violence, harassment, punishment, discrimination, and exclusion at schools (28). As SOGIESC information remains invisible in Vietnam's standard comprehensive sexuality education, non-LGBTIQ+ students continue holding their misconception and prejudice. Also, as very few schools in Vietnam uphold SOGIESC-specific anti-bullying policies, bias-motivated violence at the expense of sexual and gender minorities becomes normalized. In the future, teaching of sexual and gender diversity must be a common, institutionalized practice in order to curtail SGBV.

The large majority of SGBV survivors in our study reported seeking no help, because they thought no one would be able to help; they did not know where to seek help; or they were afraid to bother others. We speculate that this phenomenon could be culturally specific. In fact, one study with a White-dominant sample in the United States found that LGBTIQ+ people were more likely to report lifetime victimization than their counterpart (29). However, another study with a South Asian sample in the United States suggested relatively low help-seeking and reporting behaviors post-SGBV experience among LGBTIQ+ people (30). While European cultures may allow and sometimes encourage speaking up of injustice, many Asian cultures in

fact provide little room for such. Cultural and religious value of heteronormativity and familial harmony, honor, and reputation predict greater violence disclosure stigma for many Asian-descent LGBTIQ+ people (31, 32). It is a particular dilemma for Vietnamese LGBTIQ+ people who want to seek help while fearing that disclosing their SGBV experience may entail social shame for their family members due to their minority sexual and/or gender identity. Future interventions should focus on enabling inclusive, safe SGBV support channels and accommodating individualized support plans with recognition of confidentiality and anonymity. Also, it is imperative to deliver innovative social campaigns that not only normalize but also motivate help-seeking in order to mitigate the local culture of disclosure stigma.

When SGBV victims do reach out for help, they mostly likely turn to their friends and the LGBTIQ+ community. Our study provides supportive findings. Similarly, literature suggests that informal sources such as family or friends are far more utilized than formal sources such as the police or violence protective services (33). Research shows that sexual and gender minorities seek their friends after exposure to SGBV in order to receive emotional support (34). Additionally, there is robust evidence underlining the critical role of having connections with the LGBTIQ+ organizations in linking one to care and resources relevant underserved needs (35-37). One study shows that transwomen benefit from wide range of gender-based violence support services (e.g., medical, economic, legal, psychosocial, shelter) from local community-based organizations (34). On the other hand, they avoid reaching help from the police and healthcare providers due to stigma, discrimination, and identity-related harassment (34). This pattern of help-seeking calls for strategic capacity strengthening programs – emotional support provided close friends of LGBTIQ+ individuals and need-based support and referral provided by community-based organizations.

Moreover, we found that age, gender identity, whether someone knows the person's SO/GI, and childhood experience of domestic violence together predict lifetime SGBV experience.

This finding is particularly important in identifying an LGBTIQ+ group most vulnerable to SGBV - those who are between 21 and 25 years old, transgender, having someone knowing about their SO/GI, and having experienced domestic violence in their childhood. Future interventions need to account for how these individuals' complex life experiences interact with their exposure to SGBV. Ideal support should address the unique implications of polyvictimization. Previous research suggests a strong relationship between childhood physical abuse and higher rates of adult sexual assault faced by sexual minority women (38, 39). Particularly, age and identity disclosure can complicate LGBTIQ+ people's experiences of polyvictimization. Literature explains that younger age at first awareness and same-sex contact, coming out about sexuality, and gender non-conformity are associated with higher family violence (40-42). Such evidence highlights the need for future interventions to tailor its modalities and focuses in order to meet the specific needs of LGBTIQ+ subgroups in Vietnam who face the most deleterious impacts of SGBV. Existing mental health interventions relevant scarcely address polyvictimization among sexual and gender minorities who have faced SGBV. Literature demonstrates significant improvement in mental and psychosocial outcomes among LGBTIQ+ people, following creative interventions (e.g., expressive writing, dance/movement, art) (43-45) and support groups an integrated community-based center (46). To effectively address polyvictimization faced by sexual and gender minorities in Vietnam, potential interventions should employ non-traditional modalities and suit community settings.

6. Recommendation

- Personal level (for LGBTIQ+ people)
    - Increase awareness of SGBV and its various types and prevent self-blaming and internalized stigma
    - Increase resilient coping skills, self-esteem, and community connectedness
- Interpersonal level
    - Strengthen capacity in emotional support and referral for close friends of LGBTIQ+ people
    - Develop inclusive social campaigns that normalize and motivate help-seeking for SGBV experiences
- Community level
    - Implement innovative community-based interventions that address polyvictimization experiences and improve mental health outcomes for SGBV survivors.
    - Deliver awareness raising campaigns that focus on SGBV prevention and safety planning
    - Strengthen capacity in diverse support services (e.g., psychological first aid, legal advocacy, shelter, financial assistance) and referral for LGBTIQ+ community-based organizations
- Institutional level
    - Conduct research on sexual, mental health, and economic outcomes for transgender survivors of SGBV
    - Implement interventions in SOGIESC sensitization and stigma reduction for students at schools and universities and police workforce

- Develop capacity and specialized protocols on handling SGBV reported cases, legal support, and shelter assistance (to be implemented at crisis centers, government welfare centers, and domestic violence prevention centers)

- Political level
  - Advocate for protection orders in law and national policies for LGBTIQ+ people
  - Advocate for the leadership of Board of Education with the support of international development partners in drafting national protocols for preventing SGBV in schools and universities
  - Advocate for the collaborative surveillance of SGBV on a national scale involving the leadership of MOLISA, police workforce, Board of Education, Gender-based Violence Prevention Network in Vietnam (GBVNet), Parents, Families, and Friends of LGBTIQ+ (PFLAG), and LGBTIQ+-serving civil-led society organizations.

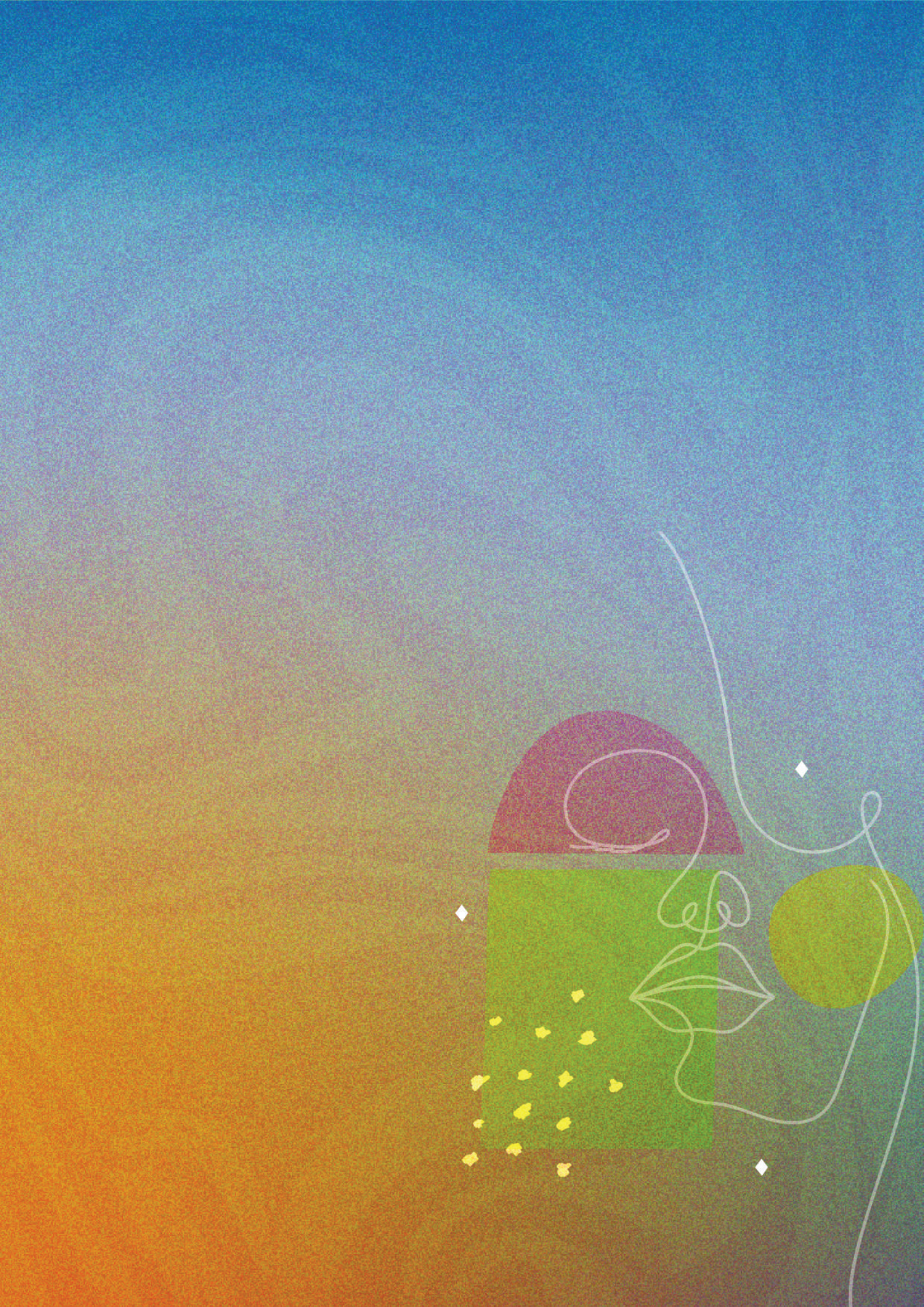
7. Limitation & future research

This survey was conducted online. As a result, some population groups, such as people living in mountainous and island areas, and people with lower educational opportunities, may have had not equal opportunities of participation. As these groups' representation in our sample was low, the key findings of this survey may not be entirely generalizable to them. Future research should make efforts in recruit participants in underrepresented areas via appropriate sampling methods such as respondent-driven sampling.

This cross-sectional survey reflects only an overview of the experience of SGBV among LGBTIQ+ people in Vietnam and its relationship with some key factors. As such, our correlational findings do not imply causal claims between SGBV experiences and survivors' help-seeking behaviors. Future research should delve deeper into potential mediators of this relationship such as low social support, learned helplessness, or minimal knowledge of support resources.

This study had a high rate of disqualified survey responses. And the majority of such responses were incomplete. Perhaps, the nature of this survey, which is about experience of violence, is sensitive and private. Many LGBTIQ+ people may have not been ready to disclose their experience despite assurance of confidentiality. Future research should attempt to promote their surveys in ways that evoke a greater sense of safety, affirmation, and support.

Lastly, the dissemination of our survey was through social media of community-based organizations, groups on Facebook, and non-profit organizations that historically served LGBTIQ+ people. These channels may not have allowed us to reach sexual and gender minorities who had experienced SGBV but maintained little to no connection to LGBTIQ+ resources. Future research should ensure inclusion of these groups by recruiting participants through non-LGBTIQ+-focused outlets in addition to our method.





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