ASEXUAL IN VIETNAM

Research report

THE STATE OF **SEXUAL VIOLENCE AGAINST ASEXUAL IN VIETNAM** AND RELATED FACTORS

NGO THI THANH HUYEN
DO VAN TUAN
BUI DINH DOAN THUC

TRANSPORTATION PUBLISHING HOUSE

THANK YOU

The research team would like to thank the 475 survey respondents for trusting us with their stories and experiences. We also thank the 13 members of the Asexual in Vietnam (AIV) community who chose it as a safe space to share their experiences through qualitative interviews. Everyone's stories were crucial to completing this report. Reliving these experiences wasn't easy, but we are very grateful for everyone's support and for sharing their thoughts with AIV during the process of writing this report.

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RESEARCH SUMMARY

This report focuses on analyzing the reality of sexual violence against the asexual community in Vietnam, a group often invisible even within the LGBTQI+ community itself. Based on a quantitative survey of 475 participants (442 valid participants), 258 of whom had experienced sexual violence, combined with 13 qualitative interviews, the most common sexual violence experienced by asexual individuals was being propositioned, coerced, or forced into sexual acts (physical contact, intercourse, etc.) against their will, accounting for 53.7%. Besides violence from strangers, the perpetrators of violence against asexual individuals are primarily friends or intimate partners, with 40.2% of perpetrators seeking "treatment" or conversion to change asexual sexual orientation.

More than half of the participants (53.6%) had faced prejudice or discrimination, while 36% were influenced to change their sexual orientation, primarily by family, intimate partners, and friends outside the community. Notably, as many as 64% of victims did not seek help, largely due to a lack of confidence in effectiveness, lack of information about the services, fear of identity disclosure, high costs, and prejudice from the providers themselves.

The survey revealed that sexual violence leaves serious and lasting impacts on the mental health of asexual individuals. Nearly half of participants experienced anxiety disorders (49.8%) and depression (46.6%), 14.5% had PTSD symptoms, with significantly higher rates of severe depression and anxiety compared to the general population. These consequences impair quality of life and increase the risk of suicide.

These findings reflect a complex reality in which sexual violence against asexual people stems not only from social prejudice but is also perpetuated by a lack of support mechanisms. The report underscores the urgent need to develop intervention policies, friendly services, and raise social awareness to mitigate violence and protect the rights of the asexual community in Vietnam.

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LIST OF ABBREVIATIONS

Symbol	Definition
AIV	Asexual in Vietnam
ASQ	Suicide Intention Scale (Ask Suicide-Screening Questions)
DASS	Depression-Anxiety-Stress Scales
LGBTQIA+	Refer to individuals of diverse gender and sexuality,
	including but not limited to groups such as lesbian , gay, bisexual,
	transgender, and non-binary , intersex, asexual questioning, or queer
PCL	Scale for measuring the severity of symptoms of
	Post-Traumatic Stress Disorder (PTSD).
PTSD	Post-Traumatic Stress Disorder
SOGICE	Sexual Orientation and Gender Identity Change Efforts

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1. Introducing the report

1.1. Research Methodology

This study used a mixed-methods approach, including an online survey of 475 participants with a quantitative questionnaire developed based on standard scales (DASS-21, PCL-5, ASQ) to assess the impact of sexual violence on mental health. Simultaneously, the study also conducted in-depth interviews with 13 asexual individuals who had experienced sexual violence to gain a deeper understanding of their experiences, mental health impacts, and barriers to seeking support. Participants were collected through convenient sampling and snowball sampling via online community channels of asexual and LGBTQIA+ individuals in Vietnam..

1.2. Research Subjects

The study subjects are individuals who self-identify as belonging to the Asexual spectrum (including Asexual, Greysexual, demisexual, and other labels), currently residing in Vietnam, holding Vietnamese citizenship, aged 18 years or older, and voluntarily participating in this study.

1.3. Some concepts

1.3.1. LGBTQIA+

LGBTQIA+: An acronym for lesbian, gay, bisexual, and transgender people, as well as queer, intersex, and asexual people. The "+" sign indicates plurality, so LGBTQIA+ is an acronym for sexual minority communities, including asexual people[1].

1.3.2. Asexual Spectrum

Asexual spectrum (also known as the Asexual umbrella) are sexual orientations. Individuals on the Asexual spectrum experience little or no sexual attraction and identify themselves as part of the Asexual spectrum. Asexuality is considered a spectrum because individuals can identify themselves in many different labels/preferences on the Asexual spectrum. They may or may not have romantic feelings; they may or may not engage in physical intimacy such as hugging, kissing, or physical contact. Asexual individuals can be Alloromantic (experience romantic attraction) or Aromantic (have little or no romantic attraction)[2]. In this report, we use the term "asexual person" to refer collectively to the groups within the Asexual spectrum.

1.3.3. Mental Health

Mental health is a state of balance between the internal body and the external environment . Physical, psychological, social, cultural, spiritual, and other related factors all contribute to creating this balance. There is an inseparable link between mental and physical health[3]. Specifically, in this study,

1 iSEE. (2014). *A glossary of LGBT terms.*

2 Tuan, D. V., Tam, NNM, & Hang, NN (2020). *The current state of romantic relationship building among asexual people in Vietnam in 2020.*

3 WHO. (n.d). *Sức khỏe tâm thần ở Việt Nam.* https://www.who.int/vietnam/vi/health-topics/mental-health3

4 Office of the New York State Attorney General. (n.d.). *The Sexual Orientation Non-Discrimination Act (SONDA).* https://ag.ny.gov/resources/individuals/civil-rights/sexual-orientation-non-discrimination-act-sonda

we explore aspects of depression, anxiety, stress, PTSD, and suicidal ideation. Exploring these aspects aims not only to better understand the difficulties individuals face but also to identify risk factors and protective measures, thereby suggesting appropriate interventions.

1.4. Research Ethics

This report was approved by the Ethics Committee of the Institute for Social Development Studies (ISDS) on January 24, 2025.

2. Legal situation - advocacy for the rights and health of asexual people in Vietnam

2.1. The legal framework in Vietnam: Protection mechanisms and gaps

Globally, the rights of asexual individuals are gradually being recognized in legal and policy systems, albeit to a limited extent. For example, the United Nations Human Rights Council adopted the Human Rights, Sexual Orientation and Gender Identity Resolution in Geneva in 2014[5], laying the foundation for affirming sexual diversity, including the asexual spectrum, as an integral part of human rights. At the national level, New York State (USA) has protected asexual individuals under the Sexual Orientation Non-Discrimination Act (SONDA) since 2003[6]. Notably, Canada has taken a further step, with the Ontario government officially incorporating the concept of asexuality into its comprehensive sex education program since 2019, recognizing it as a legitimate sexual orientation that should be taught in schools[7] [8].

In light of the aforementioned advancements, it is evident that Vietnam's current legal framework is still under development and does not fully encompass all aspects related to protecting the rights of asexual people. Within the national legal system, there is no document that directly defines or recognizes asexuality, nor are there specific provisions protecting asexual people from discrimination. However, the Constitution and the Civil Code protect the honor, reputation, and dignity of all citizens, so despite the lack of a separate definition, asexual people still enjoy this protection . Regulations related to sexual orientation and gender identity are primarily indirectly integrated into other areas of law such as marriage and family, labor, and health.

In the field of marriage and family, the 2014 Marriage and Family Law stipulates that the State "does not recognize marriage between people of the same sex," and simultaneously removes the prohibition on same-sex marriage[9]. This is considered a significant step forward, as it officially abolishes penalties

5 Human Rights Watch. (2014, September 26). *UN: Landmark resolution on anti-gay bias*. https://www.hrw.org/news/2014/09/26/un-landmark-resolution-anti-gay-bias

6 Office of the New York State Attorney General. (nd). *The Sexual Orientation Non-Discrimination Act (SONDA)*. https://ag.ny.gov/resources/individuals/civil-rights/sexual-orientation-non-discrimination-act-sonda

7 Global News. (2019, September 12). *Ontario government releases new sex-ed curriculum, similar to scrapped version*. https://globalnewsca/news/5792416/ontario-new-sex-ed-curriculum/

8 Government of Ontario. (2019). *Human development and sexual health education by grade (Health and Physical Education in Grades 1-8)*. https://www.ontario.ca/document/health-and-physical-education-grades-1-8/human-development-and-sexual-health-education-grade

9 National Assembly of the Socialist Republic of Vietnam. (2014). *Law on Marriage and Family No. 52/2014/QH13 dated June 19, 2014*. Hanoi: National Assembly Office.

for same-sex marriage, reflecting a change in the State's perspective on individual freedom and private life. Although the law does not yet recognize same-sex marriage, the removal of penalties has opened important foundation for the future movement towards marriage equality. This also opens up a broader space for discussion about the rights of diverse sexual and gender groups, including asexual people.

In the field of labor, the 2019 Labor Code (Article 8) prohibits discrimination based on sex, marital status, or pregnancy status[10], but does not mention sexual orientation or gender identity. This means that asexual people , as well as other LGBTIQ+ groups, do not yet have a clear legal basis to complain or defend themselves if they are discriminated against because of their sexual orientation and/or gender identity in the workplace.

A notable advancement in the healthcare sector is Circular No. 4132/BYT-PC (2022)[11], in which the Ministry of Health affirms that homosexuality, bisexuality, and transgender are not diseases, and requires healthcare facilities not to apply interventions to "cure" these sexual orientations or gender identities. Although not directly mentioning asexuality , this document implies that the principle of "not pathologicalizing" can be extended to protect asexual individuals , who are often misunderstood as having sexual dysfunction. Furthermore, the amended Law on Medical Examination and Treatment of 2023 also strengthens the principle of respecting human dignity, privacy, and combating discrimination in healthcare services, creating an indirect legal basis for protecting this group. However, the law still lacks specific provisions regarding sexual orientation or asexuality , so the actual level of protection depends heavily on interpretation and implementation.

From the above analysis, it can be seen that, although limited, some countries have made progress in recognizing and protecting the rights of asexual people. In Vietnam, the protection of asexual rights is currently implemented through human rights principles in relevant areas of law . However, there is still no separate legal framework to ensure specific recognition and protection for this group. This suggests the need for further research and concretization of principles such as "non-pathologizing" into laws and policies, while gradually considering the addition of regulations to prevent discrimination based on sexual orientation, including asexuality, in order to move towards a more comprehensive and equitable legal environment for all social groups.

2.2. Current Status of Advocacy for Rights and Healthcare for Asexual People in Vietnam

The formation of the asexual community in Vietnam and the leading role of Asexual in Vietnam
Asexual Community in Vietnam was formed from initial connections in international online spaces, where members in the country first met and shared experiences. From that connection, a small group developed into Asexual in Vietnam (AIV) – currently the largest and only network specifically focused on people of the asexual spectrum in Vietnam. The emergence of AIV marks a significant turning point in affirming the social presence of asexual people, who are often overlooked in research, policies, and the LGBTQIA+ movement.

10 National Assembly of the Socialist Republic of Vietnam. (2019). *Labor Code No. 45/2019/QH14 dated November 20 , 2019*. Hanoi: National Assembly Office.

11 Ministry of Health. (2022). *Official Letter No. 4132/BYT-PC on rectifying the work of medical examination and treatment for homosexual, bisexual, and transgender people* . Law Library. https://thuvienphapluat.vn/cong-van/The-thao-Y-te/Cong-van-4132-BYT-PC-2022-chan-chinh-cong-tac-kham-chua-benh-nguoi-dong-tinh-song-tinh-525166.aspx

The organization aims to build a safe and equal space for the community to share and support each other; implement communication activities to change social perceptions of gender and sexual diversity; and participate in policy advocacy to protect the rights, health, and empowerment of asexual people.

AIV connects asexual, cisgender, and bisexual people nationwide through various channels such as fanpages, private groups, and public forums. The AIV fanpage provides information and knowledge and serves as the official communication channel, while private groups create a safe space for personal sharing. Since 2017, the public group "The Asexual Umbrella (Chiếc Ô Vô tính)" has been established, expanding opportunities for those interested in and supportive of asexuality. Simultaneously, AIV organizes offline meetups in Hanoi, Ho Chi Minh City, and other locations, and implements training, seminars, and exhibitions on asexuality. Notably, since 2016, AIV has initiated "Asexual Awareness Week" (ACE Week) in Vietnam, aligning with the global asexuality movement.

Communication and raising social awareness

Asexual in Vietnam (AIV)'s communication activities focus on promoting the concept of asexuality, explaining misconceptions and dispelling common misunderstandings, through its fan page, Instagram, and annual events such as ACE Week, Hanoi Pride Week, and competitions like "ACE - All Colorful Elements," and workshops like "Purple Heart."

In the press and mass media, the topic of asexuality is gradually appearing more frequently. Several television programs have opened up social dialogue, notably "Secrets of Creation" (VTV3, 2015) - which for the first time affirmed that asexuality is not a disease, or "The Hidden Face" (ANTV, 2018) - which discussed the right to sexual choice and the difficulties faced by asexual people, and later received the Vietnam LGBTI+ Award 2019. In addition, Rainbow Radio (JoyFM, 2016), in collaboration with AIV, also contributed to amplifying the community's voice in the LGBTIQ+ space[12] . Overall, the increasingly prominent presence of the topic of asexuality in the media represents a significant step forward in affirming its social existence and promoting public awareness.

Rights and laws

In terms of rights, AIV not only focuses on providing emotional support to the community but also aims to participate in policy advocacy to bring the asexual spectrum into the framework of rights protection. However, the lack of legal status limits the organization's participation in official policy forums and restricts its organizational and financial sustainability. This shows that AIV's current mission, which focuses heavily on communication and community building, is not yet closely aligned with its long-term policy advocacy strategy. This reality reflects a significant gap: while lesbian, gay, bisexual, and transgender (LGBT) groups have made certain progress within the national legal and policy framework, the asexual spectrum remains marginalized, receiving less recognition and protection. Enhancing legal capacity and repositioning its mission to be more closely linked to policy advocacy is essential to ensure that the rights and interests of the asexual community are not further neglected in the process of advocating for rights protection in Vietnam.

Health and healthcare

In the healthcare field, the lack of specialized guidance on asexuality has led to several consequences. Individuals on the asexual spectrum are easily confused with other sexual dysfunctions or disorders of decreased libido. In fact, both the American Psychiatric Association's DSM-5[13] and the World Health

12 Tuan, D. V., Tam, NNM, & Hang, NN (2020). *The current state of romantic relationship building among asexual people in Vietnam in 2020.*

13 American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.). American Psychiatric Publishing.*

Organization's ICD-11[14] affirm the principle of not pathologicalizing sexual orientation, including asexuality. However, these principles have not been translated into clinical guidelines in Vietnam, leading many individuals in the community to share experiences of being deemed "problematic" by doctors due to a lack of or minimal sexual interest. This highlights a significant gap in the healthcare system's approach to affirmative responses.

Education

In the field of education, current sex education programs are largely based on the assumption that all adolescents experience sexual attraction to some degree. This approach inadvertently makes asexual students feel different, prone to self-doubt, or pressured to conform to common norms. The lack of content and illustrations related to asexuality in teaching materials also contributes to this cognitive gap, making it difficult for this group to access information relevant to their experiences.

Contributing and collaborating in the LGBTIQ+ movement

For over a decade, AIV has been developing its own programs for the asexual community while actively supporting the LGBTIQ+ movement in Vietnam. The organization has collaborated with numerous domestic and international social organizations such as UNWomen, iSEE, ICS, CSAGA, and local groups; participated in the National LGBTIQ+ Conference since 2016; become a member of the Hanoi Pride Organizing Committee since 2017; and coordinated with youth initiatives and other civil society groups. These efforts have not only helped the asexual community affirm its position within the LGBTIQ+ movement but also contributed to promoting the recognition and protection of the rights of diverse groups in Vietnam.

Conclude

The landscape of advocacy for the rights and health of asexual people in Vietnam presents a process that is both challenging and promising. Asexual in Vietnam (AIV) has played a foundational role in affirming social presence, building safe spaces, promoting positive communication, and connecting the asexual community with the broader LGBTIQ+ movement. However, gaps in policy, healthcare, and education remain, leaving asexual people vulnerable to neglect, leading to the risk of disease or greater difficulty in seeking legal protection. Continuing to strengthen organizational capacity, promote rights-based policy advocacy, and closely integrate with healthcare and education systems are essential to ensuring that the asexual community not only has a voice but is also recognized and protected.

14 World Health Organization. (2019). *International classification of diseases for mortality and morbidity statistics (11th Revision)*. World Health Organization. https://icd.who.int/

3. Sexual violence against asexual people in the Vietnamese social context

3.1. Overview of sexual violence against asexual people in Vietnam

3.1.1. Socio-cultural context

Despite significant progress in recognizing and protecting the rights of the LGBTQIA+ community, traditional norms remain strongly prevalent in Vietnam. Asexual people – a group often invisible even within their own communities – face considerable prejudice, discrimination, and specific expectations. Two key barriers are heteronormativity and gender stereotypes [15] [16] and allonormativity [17] [18]. This implies that everyone is attracted to the opposite sex and has a need for sexual relations. The ability to express differences can become a major factor in discrimination and violence based on gender and sexual orientation[19].

A lack of understanding of asexual identity often leads to reactions such as doubt, denial, stigma, ridicule, forced conversion therapy, and even forced sexual relations or marriage as a form of "therapy." These behaviors may not be perceived as violence by the victims themselves or by society, due to the notion that sex is a "duty" within a relationship. This, in turn, normalizes a persistent form of sexual violence, both physical and psychological.

Furthermore, asexual people also face pressure from societal norms regarding marriage and procreation. In Vietnam, under the influence of feudal society, marriage has always been closely tied to bearing children to "continue the family lineage," secure property, and ensure a secure old age. This concept makes the expectation of marriage and childbirth a default social responsibility. For asexual people, this pressure becomes a "double burden": they are forced to be both heterosexual and allosexual. This socio-cultural context facilitates the normalization of violence, especially sexual violence, targeting the asexual community.

15 Lind, A.C. (2013). *Heteronormativity and Sexuality . In G. Waylen, K. Celis, J. Kantola, & SL Weldon (Eds), The Oxford Handbook of Gender and Politics (p 0).* Oxford University Press. https://doi.org/10.1093/oxfordhb/9780199751457.013.0007

16 Motschenbacher, H. (2018). *Language and Sexual Normativity. In K. Hall & R. Barrett (Eds.), The Oxford Handbook of Language and Sexuality (p 0).* Oxford University Press. https://doi.org/10.1093/oxfordhb/9780190212926.013.14

17 Gupta, K. (2017). *"And Now I'm Just Different, but There's Nothing Actually Wrong With Me": Asexual Marginalization and Resistance. Journal of Homosexuality, 64(8), 991-1013.* https://doi.org/10.1080/00918369.2016.1236590

18 MacInnis, CC, & Hodson, G. (2012). I*ntergroup bias toward "Group X": Evidence of prejudice, dehumanization, avoidance, and discrimination against asexuals*. Group Processes & Intergroup Relations, 15(6), 725-743. https://doi.org/10.1177/1368430212442419

19 Semprevivo, LK (2021). *Dating and Sexual Violence Victimization among Lesbian, Gay, Bisexual, and Questioning Youth: Considering the Importance of Gender and Sexual Orientation*. Journal of Aggression, Maltreatment & Trauma, 30(5), 662-678.

3.1.2. Current data situation

In Vietnam and many Asian countries, data on asexual people is virtually nonexistent. Statistics on sexual violence, already scarce, are further hampered by a lack of differentiation by sexual orientation, particularly for the asexual population – which comprises only about 1% of the global population. This lack of specialized data leaves the asexual community invisible, not only in general LGBTQI+ reports but especially in studies of sexual violence.

In the context of traditional Eastern cultures like Vietnam, sexuality remains a sensitive topic, rarely discussed openly, resulting in limited research on sexual violence. A 2022 survey by Lighthouse social enterprise showed that 28.8% of LGBTQIA+ participants had experienced sexual violence, but there was no separate data for asexuals[20]. A 2020 study by Asexual in Vietnam also noted that many asexuals faced pressure to have sexual relationships from partners or to bear children from their families, leading to feelings of discomfort, guilt, and disappointment[21]. However, no survey has directly measured the rate of sexual violence against this group in Vietnam.
The data gap stems from a lack of academic research, social stigma and self-stigma that discourage victims from speaking out, and difficulties in accessing specialized support. Even within LGBTQIA+ organizations, the experience of asexuality is not given sufficient attention, leading to a lack of resources (psychological, legal, educational) that are adequately informed and skilled to meet specific needs.

The lack of data not only obscures the characteristics of victims, perpetrators, or the context of the violence, but also leaves open the impact of violence on mental health and help-seeking behavior. This creates gaps in policy development and measures to protect asexual people from discrimination and sexual violence. Therefore, research on sexual violence against the asexual community in Vietnam is urgent, both to raise social awareness and to provide a basis for developing appropriate recommendations, interventions, and policy advocacy.

"I was still a minor at the time. Probably around 12 or 13 years old, in middle school. I had a sexual experience that was more like sexual abuse than sexual intercourse. It was with a tutor. He repeatedly engaged in coercive actions and touched my body in sensitive and private areas... I'm not sure if I was asexual at that time, or if I had confirmed my asexuality. But this experience influenced my later determination that I would gradually become asexual." (VT03 - Female, cisgender, asexual - 22 years old)

3.2. The reality of sexual violence among asexual people in Vietnam

Of the 442 respondents in the PVT survey, 58.4% had experienced at least one sexual violence experience. Their experiences may or may not have been related to their asexual or allosexual status. This is an alarmingly high number, especially when compared to previous studies on violence in Vietnam and internationally. This result is double the 28.8% reported by the LGBTIQ+ community in Vietnam as a whole regarding sexual violence[22].

20 Hai Dang Social Enterprise. (2022). *The reality of gender- and sexual-based violence among LGBTQ+ people in Vietnam and related factors.*

21 Tuan, D. V., Tam, NNM, & Hang, NN (2020). *The current state of romantic relationship building among asexual people in Vietnam.*

22 Hai Dang Social Enterprise. (2022). *The reality of gender- and sexual-based violence among LGBTQ+ people in Vietnam and related factors.*

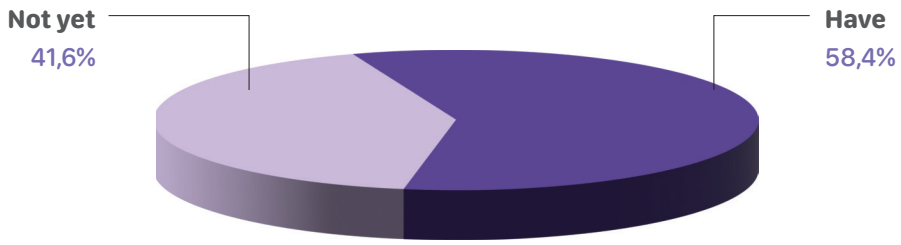

Figure 1. Experiences related to sexual violence among people of the Asexual spectrum (n = 442)

3.2.1. Demographics of victims of sexual violence

There are significant differences among demographic factors of individuals experiencing LGBTQ+ issues within the Asexual spectrum. The majority of individuals experiencing sexual violence tend to be Asexual (41.1%), followed by Demisexual (21.3%), Greysexual (10.5%), and other subtypes such as Aegosexual or undefined within the spectrum. Asexual individuals experiencing sexual violence also also has other LGBTQ labels, with a range of romantic orientations including Aromantic, Biromantic, Panromantic, and Homoromanttic. Regarding gender, the majority of individuals with LGBTQ+ issues reported are female (78.7%). Notably, the report also notes a large number of individuals within the Asexual spectrum experiencing sexual violence are non-binary (30.2%). In addition, most asexual individuals who experienced violence had publicly disclosed their sexual orientation, either to a few acquaintances (62.8%) or completely openly (24.3%).

Demographics also revealed some limitations of the study, including the lack of participants of rural/suburban NVT, male asexuals, and transgender asexuals.

Table 1. Demographics of victims of sexual violence (n = 258)

Variable	Classification group	n	%
Average age	24,1 ± 4,4		
Asexual Label	Asexual	106	41,1
	Demisexual	55	21,3
	Greysexual	27	10,5
	Questioning	66	25,6
	Other/Unknown	4	1,6
Romantic Orientation	Aromantic	83	32,2
	Homoromantic	47	18,2
	Heteroromantic	34	13,2
	Biromantic	33	12,8
	Panromantic	61	23,6
Gender identity	Transgender	25	9,7
	Non-binary	78	30,2
	Cisgender	155	60,1
Ethnic Group	Kinh	250	96,9
	Other	8	3,1
Religion	Not religious	193	74,8
	Buddhism	47	18,2
	Catholic	15	5,8
	Other	3	1,2

Educational level	Below High School	2	0,8
	High School	50	19,4
	University/College	176	68,2
	Postgraduate	30	11,6
Biological sex	Male	55	21,3
	Female	203	78,7
	Intersex	0	0
Accommodation	Rural/Suburban areas	21	8,1
	City	237	91,9
Marriage	Separation or divorce	2	0,8
	Currently in a romantic relationship but not married	48	18,6
	Married	5	1,9
	Single	203	78,7
Job	Unemployed	30	11,6
	Currently attending school	114	44,2
	Currently at work	114	44,2
Level of coming out	Absolutely, for everyone.	54	20,9
	No, it was never made public	42	16,3
	Some people	162	62,8

3.2.2. Age of participants who experienced sexual violence

The majority of asexual individuals experience sexual violence during their adolescence. The average age of Asexual individuals experiencing sexual violence is 24.4, and the average age of first experience is 13.8. For some Asexual individuals, this experience occurs during adulthood and may be related to self-identification as belonging to the Asexual spectrum.

3.2.3. Forms of sexual violence

The forms of sexual violence include unwanted contact through sexually suggestive words, messages, images, gestures, or physical contact , as well as solicitation or coercion to perform sexual acts against one's will. Additionally, due to asexual groups often appearing and gathering on social media platforms, the group also included some forms of cybersexual violence such as "requesting or forcing the submission of sensitive images/videos" or "threatening, extorting, or distributing sensitive images/videos without consent."

The results showed that 53.7% of asexual individuals had experienced being propositioned, seduced, or coerced into engaging in unwanted sexual acts (physical touching, intercourse, etc.). In addition, most asexual individuals experienced sexual violence through unwanted physical contact with sexual undertone (31.1%). These acts could include touching sensitive areas or being forced to perform unwanted sexual acts.

Although small in number, people belonging to the asexual spectrum also experience new forms of sexual harassment such as cyberbullying, including being asked or forced to send sensitive images or videos (5.1%), or being denied the right to make their own decisions about contraception or having their contraception intentionally damaged (1.4 %).

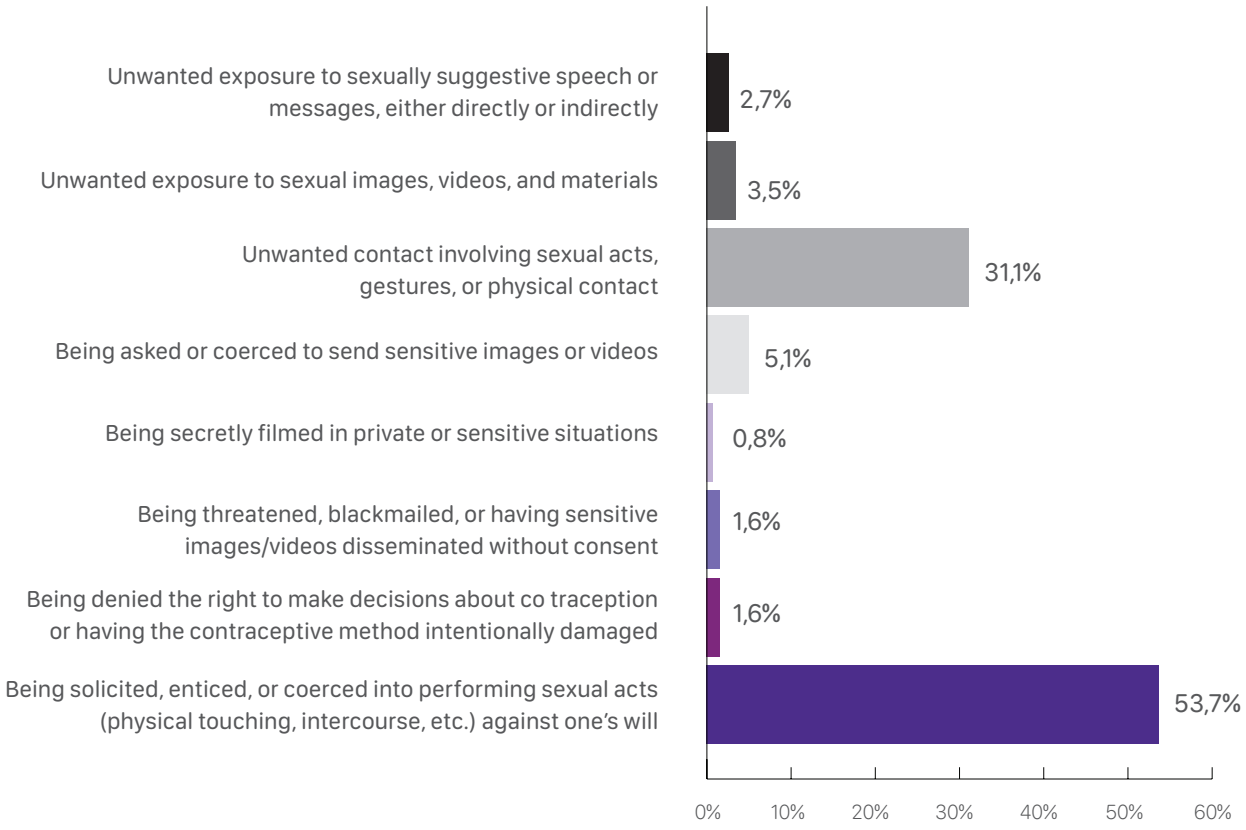

Figure 2. Forms of sexual violence experienced by survey participants (n = 258)

Specifically, violent behavior among asexual individuals often doesn't exist solely as sexual violence, but is intertwined with other forms of violence – for example, psychological violence or cyberbullying. Of the 442 asexual individuals surveyed, 34.5% reported experiencing one type of violence in addition to sexual violence, 21.7% experienced more than two forms of violence, and 6.6% experienced all three types of violence surveyed in addition to sexual violence.

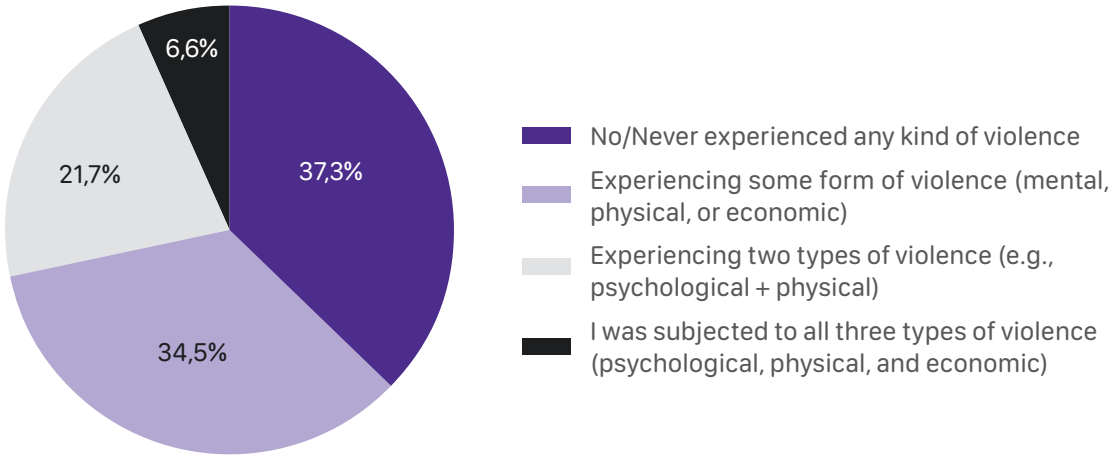

Figure 3. Amount of types of violence experienced by survey participants

One participant noted that, for them, the experience of violence also manifested as prolonged abuse and psychological manipulation:

"They don't abuse me physically; for the most part, it's mental abuse... this experience isn't just normal sexual violence against a normal woman, because they already know I'm asexual. (...) I would have a kind of soft denial, for example, if I feel uncomfortable with behavior A, behavior B, behavior C, he would hold back, first he would gradually push my boundaries little by little. Gradually it would lead to the next actions, the next actions, the next actions, it should be a very gradual transformation. It's very slow, not like suddenly taking me to bed. So I wouldn't feel it was too sudden, but afterward I realized my boundary had been pushed very far." " Compared to what I initially set out like that. That's in terms of action." (VT04 - Non-binary, Asexual - 24 years old)

3.2.4. Perpetrators of sexual violence

Regarding the perpetrators of sexual abuse, most acts came from strangers (37.3%), including individuals outside of close relationships such as former teachers, people met on social media, and complete strangers. Additionally, the data indicates that two forms of close relationships who committed acts of sexual abuse were friends (16.5%) and intimate partners (15.8%).

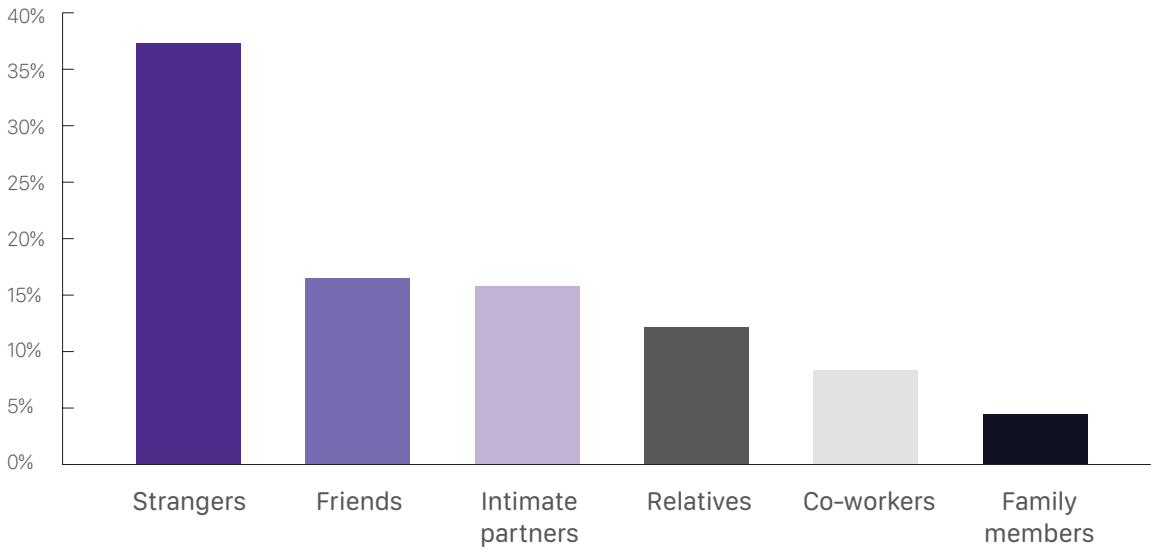

Figure 4. Perpetrators of sexual violence (n = 258)

Furthermore, the data indicates that individuals belonging to the asexual spectrum may experience sexual violence from various groups of perpetrators, with 25.8% of the 442 surveyed individuals experiencing sexual violence from two or more groups.

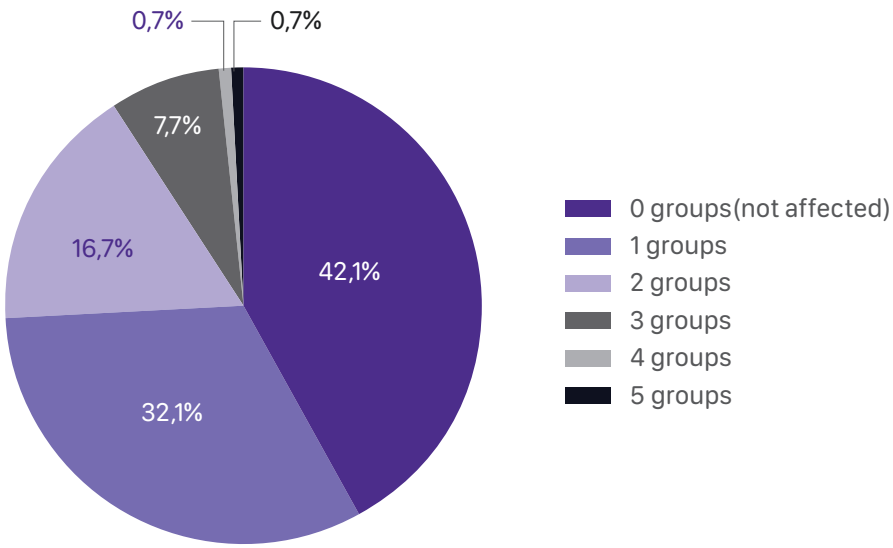

Figure 5. Number of groups of people who committed acts of sexual violence against survey participants

3.2.5. The space where sexual violence occurs

Sexual violence against asexual people often occurs in private spaces including homes, motels, or hotels (34.5%) or in public spaces including supermarkets, parks, public transportation, etc. (27.2%). Following that, another common space is cyberspace, with 1 in 5 instances of sexual violence against asexual people occurring on online platforms and electronic devices (20.6%).

Table 2. Spaces where sexual violence occurred (n=258)

No.	The space where sexual violence occurs	n	%
1	Private spaces (homes, guesthouses, hotels, homestays, etc.)	152	34,4
2	Workplace	33	7,5
3	Learning environment/Educational spaces	58	13,1
4	Public spaces (supermarkets, parks, public transport, etc.)	120	27,2
5	Socializing space (for meeting with interest groups, clubs, etc.)	37	8,4
6	Cyberspace and electronic media	91	20,6
7	Other	5	1,1

3.2.6. Duration and frequency of sexual violence

Data shows that experiences of sexual violence among asexual people are not as frequent recently, with 16% of asexual individuals having experienced sexual violence 1-6 times in the past 12 months.

Table 3. Number of times survey participants experienced sexual violence in the past 12 months

	n	%
0 times	366	82,8
1-6 times	71	16
7-12 times	2	0,5
More than 12 times	3	0,7

3.2.7. Sexual violence aimed at "treatment" or sexual orientation conversion (SOGICE)

A common motivation behind sexual violence against asexual individuals is the intention to correct or change their sexual orientation. In the 2021 study "LGBT+ and Sexual Violence" by Galop in the UK, asexual individuals were more likely to experience sexual violence for "treatment" or punishment than others (34% of 212)[23]. This motivation stems from a denial of asexual identity, the prejudice that asexuality is a physiological and psychological disorder. Therefore, many perpetrators tend to want to "correct" asexual individuals, believing that asexuality is merely a temporary phase, a lack of sexual experience, or viewing asexual identity as a "challenge" to be overcome.

In some cases, individuals who are asexual may not openly identify as asexual, yet they clearly express aversion to/lack of interest in sexual acts and continue to face coercive behavior from their abusers. The research team still considers these cases as corrective sexual violence, as the abuser is attempting to impose sexual and relationship norms through violence. For asexual individuals, choosing not to fully disclose their sexual needs and only describing some of them when entering a relationship is a protective measure against pressure to have sex.

According to statistics, 40.2% of people on the asexual spectrum have experienced abuse from perpetrators who expressed a desire or pressure to perform "corrective" acts.

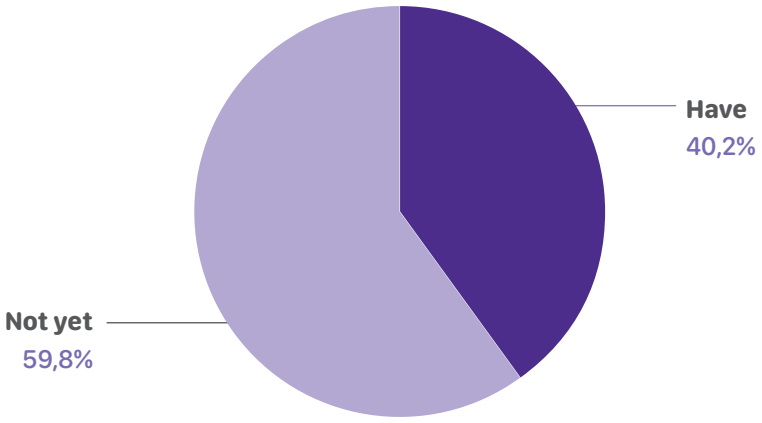

Figure 6. The percentage of people on the asexual spectrum who are pressured by perpetrators of violence to change their sexual orientation

23 West, S., Bewley, C., Honor, G., & Withers-Green, L. (2022). *LGBT+ People & Sexual Violence*. Galop.

Actions aimed at "fixing" often come from intimate partners or dating partners of asexual individuals, stemming from distrust of the existence of asexual people and the invasion of personal boundaries. The perpetrator may clearly express a desire to "fix" the asexual person upon meeting them. One asexual individual (VT11 - a 25-year-old cisgender woman on the asexual spectrum) recounted experiences of coercion and abuse from a colleague shortly after coming out: *"That colleague, after hearing me say that I was asexual, pretended to understand, but in reality, they didn't. They tried to change me by, during a company outing when I was drunk, forcibly kissing me and groping me. Then they said they thought they could change me ."*

In other cases, the violence may be prolonged and combined with psychological abuse and manipulation against asexual individuals. Instead of denial, the perpetrator may initially show respect and understanding to build trust. However, later, they may exhibit coercive behavior, possibly through persuasive words, psychological pressure, and manipulative actions, causing the asexual individual to feel guilty about their sexual orientation and needs.

"I thought I would get a backlash from them if, or make them feel uncomfortable, uneasy, or something, so I didn't want to talk about it with them. I thought they wouldn't accept it, mainly like that. After many attempts at seduction and propositions that I refused, it gradually happened more and more often. I only vaguely remember , I really don't remember why I agreed to have sex with them. It was almost like... I don't know if they made me feel guilty or what, and I agreed to have sex with them, but there was nothing enjoyable about it. Throughout the whole process, I just lay on the bed, gritting my teeth, staring at the ceiling, wondering when this would end. After that, I went home and showered. I showered several times with soap, but I still felt very dirty." (VT01 - Non-binary, Asexual 21 years old recounting experience with their intimate partner)

3.3. Assessing the search for support after experiencing sexual violence

Research findings reveal that the journey of asexual individuals seeking support after experiencing sexual violence in Vietnam is often hampered by a complex web of factors, ranging from internal and family issues to systemic ones. Of the 258 individuals who had experienced sexual violence, 64.0% did not seek any help.

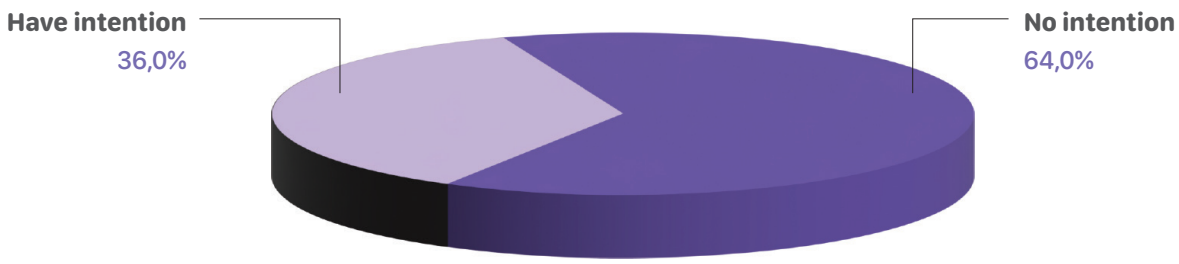

Figure 7. Intentions to seek help after experiencing sexual violence (n = 258)

The majority indicated they felt it was "unnecessary" (60.2%) or "doubted its effectiveness" (60.2%), reflecting a state of self-isolation stemming from feelings of doubt, self-blame, or fear of being blamed. One participant (VT11 - a 25-year-old asexual female) described a childhood experience: *"With the immature mindset of a first-grade child, it could only feel unsafe. Then it would question whether that feeling was correct. If I spoke out now, I would be scolded, so I kept it all inside. I didn't tell anyone."*

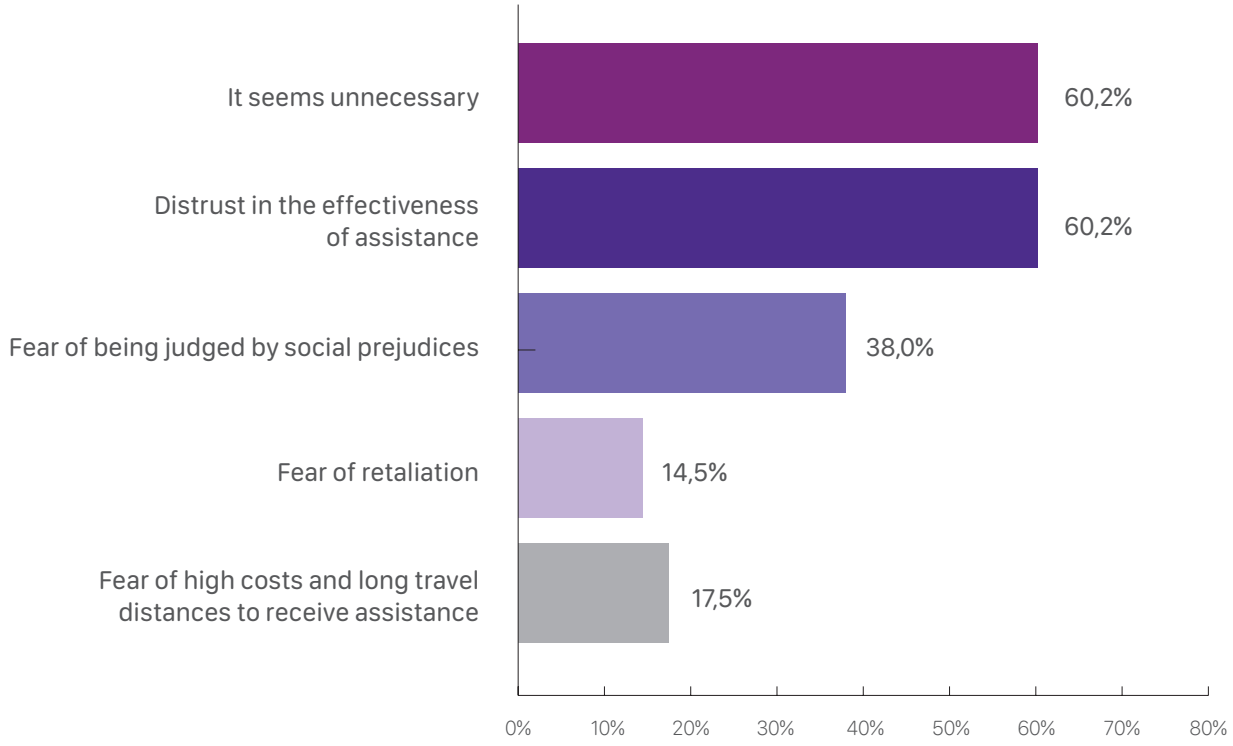

Figure 8. Reasons for not intending to seek help (n = 166)

Even when intending to share, family often fails to provide a reliable support system. A lack of response or indifference can easily lead victims to give up seeking help. One participant (VT11 - a 25-year-old asexual woman) recounted: *"My mother asked me what I had done, and I said I got off the bus and went home. She didn't say anything else. She showed no emotion at all. After that, I didn't share anything more."* Another participant (VT03 - a 22-year-old asexual woman) confirmed: *"Back then, my relationship with my parents wasn't good, so I didn't feel safe telling them."* Quantitative data shows that individuals who do not disclose their sexual orientation, or only disclose it to a small number of people, are 66% and 49% less likely, respectively, to seek help compared to those who are fully transparent, demonstrating that psychological safety plays a crucial role.

When seeking professional support services, many people face other limitations. Lack of information (51.6% don't know where to find support), fear of identity disclosure (67.7%), high costs (34.4%), and prejudice from the service providers themselves (61.3%) are major barriers. One participant (VT03 - a cisgender female, asexual, 22 years old) commented: *"At school, they are very friendly, but their expertise is lacking. Public hospitals are quite bureaucratic. (...). Private services are quite expensive, so I won't go back."* This shows that even with the intention to seek help, a lack of sensitivity regarding gender and

sexuality, along with financial pressure, easily leads people to give up. The difference between urban and rural areas further highlights the inequality: people living in cities are 4.8 times more likely to seek support than those in rural areas. psychological, family, and systemic factors do not exist in isolation

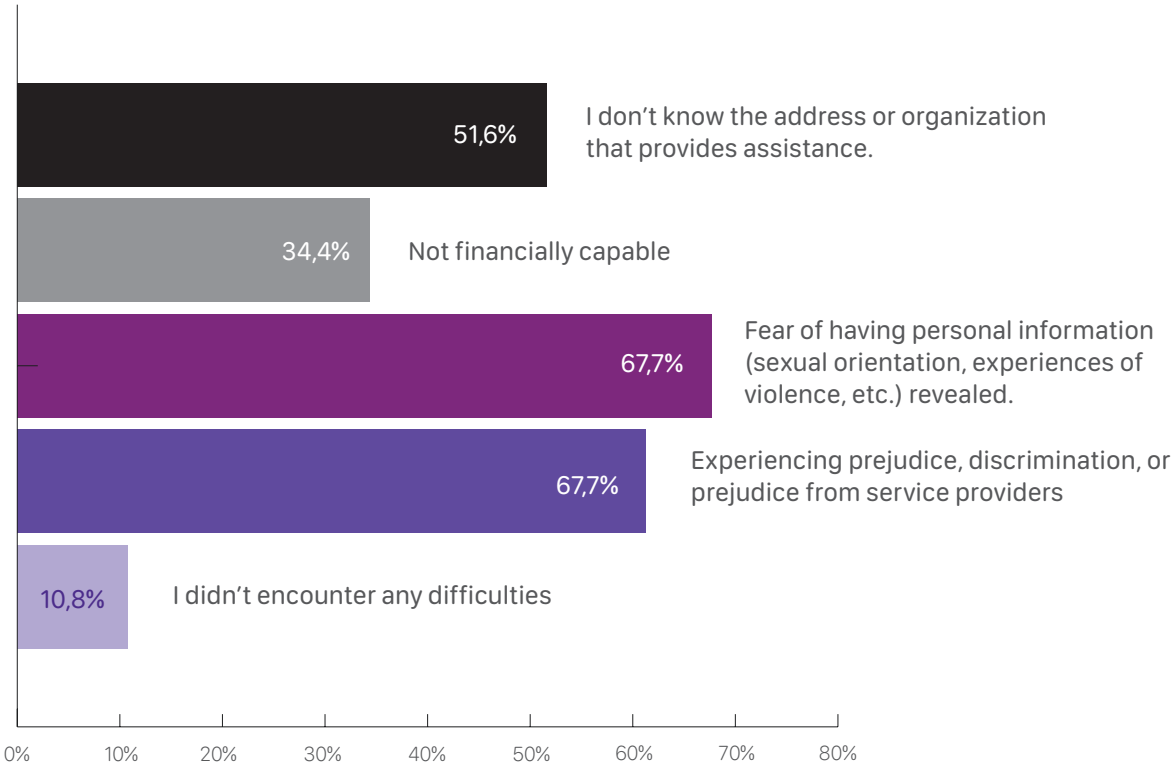

Figure 9. Difficulties in seeking help (n = 93)

but overlap and reinforce each other, leading many victims to choose silence. The combination of qualitative and quantitative data reflects a complex reality: even when the need for support exists, the path to finding it remains fraught with obstacles. This underscores the urgent need to build a more sensitive, safe, and accessible service system to break the vicious cycle of isolation and silence that many asexual people in Vietnam face after gender-based violence.

4. Mental health of people with asexual spectrum in Vietnam

Mental health is a core component of holistic health, not only determining quality of life but also closely linked to the ability to learn, work, and maintain social relationships. For asexual individuals and the LGBTIQ+ community, mental health is especially important as they frequently face prejudice, stigma, discrimination, and a lack of appropriate care services. In this context, numerous international studies show that the rates of depression, anxiety, stress, and suicide risk are higher in this group than in the general population, reflecting the significant impact of an unsafe social environment[24 25 26]. Therefore, recognizing, protecting, and promoting mental health for asexual and LGBTIQ+ individuals is not only an urgent medical and social need but also a crucial measure of equity and progress in human development.

Table 4. Distribution of psychological disorders among individuals belonging to the Asexual spectrum(n = 442)

Group of mental disorders	n	%
Anxiety disorders	220	49,8
Depressive disorder	206	46,6
Post-traumatic stress disorder (PTSD)	64	14,5
There are no disorders	110	24,9
Other	100	22,6

The survey results on the psychological status of 442 participants revealed a significant prevalence of mental disorders. Anxiety disorders were the most common (49.8%), followed by depression (46.6%), reflecting the prevalence and overlap of frequently encountered psychological difficulties. In addition, 14.5% of participants reported experiencing post-traumatic stress disorder (PTSD), a significant percentage indicating the lasting impact of negative experiences on mental health. Notably, 22.6% reported other disorders, and 24.9% reported no disorders. These figures suggest that while some maintain psychological stability, the majority of the community still faces various forms of mental disorders. This creates an urgent need for psychosocial support activities, including strengthening counseling and therapy services, and building mental health protection mechanisms tailored to the specific needs of each group.

24 McDonald, K. (2018). *Social Support and Mental Health in LGBTQ Adolescents: A review of the literature. Issues in Mental Health Nursing , 39 (1), 16-29.* https://doi.org/10.1080/01612840.2017.1398283

25 Van, HTH., Anh, TN., & Phuong, BTB. (2024). *Prevalence of depression in the same-sex sexual group (MSM) and its association with stigma: A thesis overview. Journal of Preventive Medicine , 34 (2 Supplements), 15-21.* https://doi.org/10.51403/0868-2836/2024/1635

26 Shaikh, Aman; Kamble, Prafull; Daulatabad, Vandana; Singhal, Anish; Madhusudhan, U; John, Nitin Ashok. *Mental health challenges within the LGBTQ community: A societal imperative*. Journal of Family Medicine and Primary Care 13(9):p 3529-3535, September 2024. DOI: 10.4103/jfmpc.jfmpc_321_24

4.1. Depression, anxiety, and stress among asexual individuals in Vietnam

Table 5. Levels of depression, anxiety, and stress according to the DASS-21 scale in asexual people in Vietnam (n=442)

Level	Depression		Anxiety		Stress	
	n	(%)	n	(%)	n	(%)
Normal	303	(68,6)	298	(67,4)	306	(69,2)
Light	23	(5,2)	14	(3,2)	23	(5,2)
Moderate	43	(9,7)	39	(8,8)	41	(9,3)
Heavy	22	(5,0)	27	(6,1)	48	(10,9)
Very heavy	51	(11,5)	64	(14,5)	24	(5,4)

To better understand the mental health landscape within the asexual community in Vietnam, this study used the DASS-21 scale to assess levels of depression, anxiety, and stress. The analysis results not only reflected a significant proportion of symptoms exceeding normal levels but also revealed striking differences compared to the general population.

The results show that, regarding depression, the majority of participants (68.6%) experienced mild to severe symptoms, but 31.4% experienced symptoms ranging from mild to severe. Notably, the rate of severe depression (11.5%) was significantly higher than the estimated rate in the general population of Vietnam (approximately 3.1%)[27] and higher than the estimated global depression prevalence rate of 4.4%[28] [29] . This indicates that individuals belonging to the asexual spectrum are at high risk for depressive disorders. The experiences of some participants in the in-depth interviews clearly reflected this situation.

"I suffered from severe depression, so I cut my wrists to relieve the pain, but cutting my wrists isn't good. I cut my wrists six years ago, but last month I became seriously ill, so I cut them again. But I told my mother right away, so she took me to see a better doctor, gave me better medication, watched over me, talked to me more, supported me, and worried about me a lot." (VT13 - Asexual Female - 19 years old)

This case shows the simultaneous appearance of self-harming behavior and the urgent need for psychological care. At the same time, it emphasizes the important role of family care and support in preventing and minimizing the risk of harm from depression or other mental disorders.

Meanwhile, anxiety disorders also raised alarm about mental health concerns: 32.6% of participants reported experiencing mild to severe anxiety, with 14.5% experiencing severe anxiety. This figure far

27 Hong Son. (2024). *Alarming increase in the number of young depression patients*. Nhan Dan Newspaper. https://nhandan.vn/bao-dong-tre-hoa-benh-nhan-tram-cam-post804351.html

28 World Health Organization. (2017). *Depression and other common mental disorders: global health estimates. In Depression and other common mental disorders: global health estimates.*

29 World Health Organization. (2023). *Depression*. https://www.who.int/news-room/fact-sheets/detail/depression

exceeds the rate of severe anxiety in the general population (approximately 5-7%)[30]. These results suggest that social pressures, experiences of stigma, or feelings of being "invisible" may play a significant role in increasing anxiety levels within the asexual community .

Regarding stress, approximately 30.8% of participants experienced it ranging from mild to very severe. Notably, the high rates of severe (10.9%) and very severe (5.4%) stress reflect a significant psychological burden. Compared to depression, high levels of stress were more common at the severe level, suggesting this may be an immediate reaction to adverse socio-environmental factors, such as rigid sexual norms or a lack of legal recognition and medical support.

When an asexual person faces behaviors that cross the boundaries of consent in physical or sexual contact, this can significantly impact their mental health. One study participant shared: *" It makes me feel more sensitive about who I am, about the physical aspects of my body, and I feel like I have to be more careful. I think it's quite stressful"* (VT06 - Transgender Asexual Male - 20 years old).

Another notable aspect noted in the study was the issue of affordability for mental health care. Many participants expressed concerns about their financial ability to access long-term treatment, which often involves significant costs.

"When I heard the doctor's suggestion, it was because the price was a bit beyond my means, and I thought I couldn't just take one or two doses and be cured immediately. I think I need long-term monitoring and treatment. " (VT01 - Non-binary, Asian - 21 years old)

Overall, the research findings reflect that a significant portion of the asexual population in Vietnam is facing an alarming burden of mental health disorders. The rates of severe and very severe depression, anxiety, and stress are significantly higher than estimates for the general population, indicating that this group is strongly influenced by the interplay between personal factors (such as traumatic experiences and sexual orientation characteristics) and social factors (such as stigma, lack of recognition, and limited access to services). This finding not only highlights the urgent need for affirmative and trauma-sensitive mental health services but also underscores the role of building safe spaces, strengthening social connections, and raising community awareness as key protective factors for the mental health of the asexual population.

4.2. Suicide Risk Quotient (ASQ) in Asexual people in Vietnam

A survey using the ASQ screening scale on 442 asexual individuals revealed a worrying situation regarding suicide risk. The results showed that only 34.4% (n = 152) were negative for suicide risk, while the remaining 65.6% had risk at two levels: non-acute risk (53.6% (n = 237)) and acute risk (12.0% (n = 53)). This distribution indicates that the majority of participants had experienced suicidal thoughts or behaviors to varying degrees, significantly higher than estimates in the general population, where the lifetime rate of suicidal thoughts typically hovers around 9-10%, and within 12 months around 2-3% [31].

30 World Health Organization. (2017). *Depression and other common mental disorders: global health estimates*. In Depression and other common mental disorders: global health estimates.

31 World Health Organization. (2021). *Guideline on mental health at work*. World Health Organization. https://www.who.int/publications/i/item/9789240026643

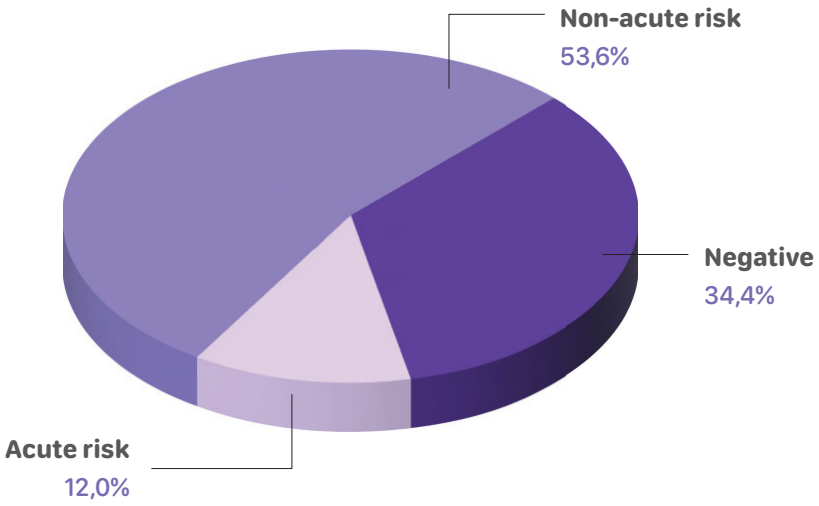

Figure 10. Suicide risk levels according to the ASQ scale in the asexual population (n = 442)

This disparity suggests that the asexual population in Vietnam faces a significantly higher risk of suicide than the global average. Meanwhile, according to the WHO report, the global average suicide rate per 100,000 people is 10.5, with significant differences between countries: South Korea (26.9), Japan (18.5), China (9.7)[32]. In Vietnam, suicide is currently recorded as the second leading cause of death among adolescents and young people, after traffic accidents[33].

In the study, several case studies showed that the risk of suicide was closely linked to traumatic sexual experiences from childhood, where participants were abused by neighbors, teachers, or even their own fathers. These experiences left lasting feelings of fear, disgust, and haunting memories.

"I'm so scared, I feel so disgusted, I don't know how to describe it. It's like I can't see them clearly, I'm so scared. At night, everywhere I look, I see them, and I feel so angry, I just want to die somewhere. Because the more I see my family's situation and the blood on my body, the more I don't dare ask my parents for money to buy medicine." (VT09 - Transgender Asexual Female - 19 years old)

This story clearly demonstrates how sexual abuse within the family and community from a young age can lead individuals to despair, carrying heavy psychological trauma throughout adulthood. This is the intersection of childhood trauma and an unsafe living environment, significantly increasing the risk of suicide in individuals of the asexual spectrum.

32 World Health Organization. (2021). *Suicide rate estimates, crude: Estimates by country*. https://apps.who.int/gho/data/node.main.MHSUICID

33 Hang, D. (2021). *Identifying depression - preventing suicide in adolescents*. Institute of Mental Health - Bach Mai Hospital. http://nimh.gov.vn/nhan-dien-tram-cam-ngan-ngua-tu-sat-olua-tuoi-vi-thanh-nien

Table 6. Factors associated with suicide risk (n = 442)

Independent variable	Coefficient (β)	Standard error (SE)	t	p-value	CI 95%
Age	-0.01	0.01	-1.03	0.305	[-0.03 , 0.01]
Asexual Label					
Asexual	1	-	-	-	-
Demisexual	0.21	0.12	1.74	0.082	[-0.03 , 0.44]
Grey-asexual	0.43	0.15	2.86	0.004	[0.13 , 0.72]
Questioning	0.1	0.11	0.94	0.346	[-0.11 , 0.32]
Other/Unknown	-0.27	0.28	-0.93	0.351	[-0.83 , 0.29]
Accommodation					
Rural/Suburban areas	1	-	-	-	-
City	-0.18	0.16	-1.1	0.274	[-0.49 , 0.14]
Sexual violence					
No experience	1	-	-	-	-
Have experience	0.18	0.09	2.02	0.044	[0.01 , 0.36]
Discrimination & Prejudice					
No experience	1	-	-	-	-
Have experience	0.1	0.09	1.09	0.277	[-0.08 , 0.28]
Constant (_cons)	1.32	0.28	4.73	0	[0.77 , 1.86]

Multiple linear regression analysis revealed that sexual violence experiences were statistically significantly associated with suicide risk ($\beta = 0.18$; $p < 0.05$; 95% CI: 0.01-0.36). The positive coefficient reflects a positive association: individuals who had experienced sexual violence had a higher average suicide risk score compared to those who had not, after controlling for other variables. Although $R^2 = 0.04$ indicates that the model only explains a small portion of the risk variability, the results are still statistically strong enough to confirm that sexual violence is a significant risk factor in suicide prevention programs.

Placed within the context of international evidence, this study's findings paint a picture consistent with a general trend: individuals belonging to sexual minorities often have a higher risk of suicide due to accumulated social disadvantages and personal trauma[34 35]. In particular, the finding that experiences of sexual violence are statistically strongly linked to suicide risk further strengthens the evidence for the long-term and severe impact of sexual trauma on mental health.

Results from the ASQ screening scale indicate that individuals of the asexual spectrum in Vietnam face an alarming risk of suicide, with a significantly higher positive rate compared to estimates in the general population. This finding underscores the importance of applying standardized screening tools like ASQ in research and clinical practice, and highlights the need to include this population group in national surveys and mental health policies for timely identification, intervention, and support.

34 Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. Psychological Bulletin, 129 (5), 674-697.

35 Bauer, G.R., Scheim, A.I., Pyne, J. et al. Intervenable factors associated with suicide risk in transgender persons: a respondent driven sampling study in Ontario, Canada. BMC Public Health 15, 525 (2015). https://doi.org/10.1186/s12889-015-1867-2

4.3. Post-traumatic stress disorder (PTSD) in the asexual population in Vietnam

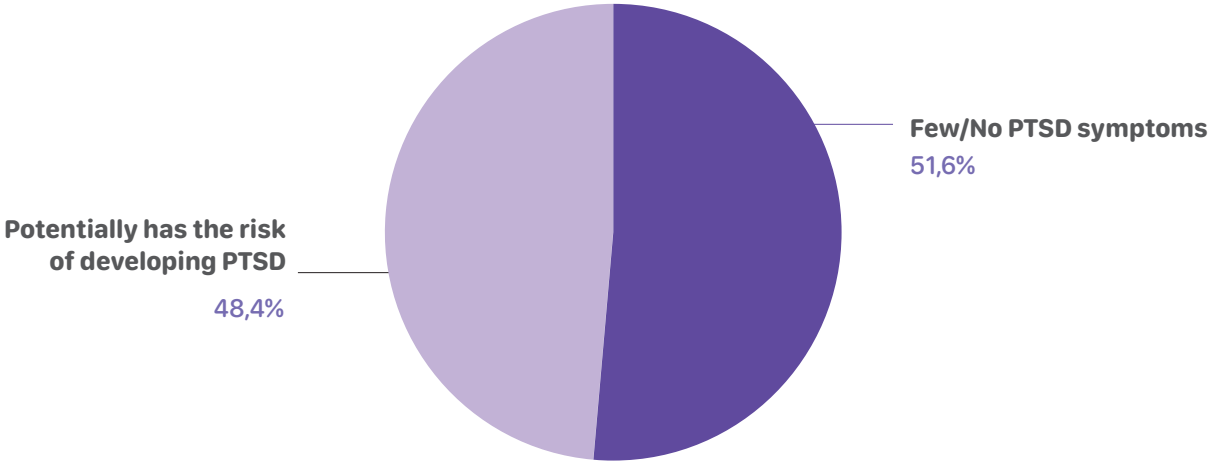

Figure 11. Number of individuals in the asexual spectrum with symptoms of post-traumatic stress disorder (PTSD) (n = 442)

The survey results showed that among the 442 asexual individuals , 48.4% (n = 214) were identified as likely to have post-traumatic stress disorder (PTSD), while 51.6% (n = 228) were in the group with few or no PTSD symptoms. This nearly balanced ratio reflects the significant mental health burden within the asexual community, with almost half of the participants at high risk for traumatic experiences. Compared to estimates in the general population (typically around 3-4%)[36], this figure is significantly higher, suggesting that traumatic experiences and adverse social factors can have a powerful impact on the sexual minority group. From an epidemiological perspective, this finding not only illustrates the mental health fragility of the asexual population but also highlights the urgent need for more in-depth research and appropriate screening and intervention measures to mitigate the risk of PTSD in this population group.

In the study, the experience of VT07 (22-year-old demisexual bisexual woman) revealed a struggle between the need for respect in simple emotional interactions and the reality of facing coercive behavior from her partner. This event left a deep scar, as the victim not only suffered immediate fear but also experienced prolonged panic attacks and traumatic memories that returned unexpectedly for many years afterward.

"That feeling of panic? Yeah, it lasted a long time. I mean, as I said, it took me about two years to calm down. It wouldn't come and go, it wouldn't be constant, but rather in waves. You know, maybe when I'm happy, right? But then, after a certain period of time, those events would suddenly come flooding back, and I'd get scared and panic again." (VT07 - demisexual Female - 22 years old)

36 World Health Organization. (2022). *World mental health report: Transforming mental health for all* . https://www.who.int/publications/i/item/9789240049338

This story clearly illustrates the typical mechanism of traumatic re-emergence in post-traumatic stress disorder (PTSD), where traumatic memories resurface unexpectedly, interspersed with periods of normalcy. Notably, VT07 (22-year-old demisexual female) identifying herself as asexual and expressing a desire not to engage in sexual activity was not respected, further exacerbating her feelings of violation and insecurity. This not only highlights the vulnerability of asexual individuals in intimate relationships but also demonstrates the importance of understanding and respecting sexual orientation in preventing lasting psychological trauma.

Table 7. Factors associated with symptoms of post-traumatic stress disorder (PTSD) (n = 442)

	No/Little n (%)	Possibility n (%)	aOR	SE	p-value	CI 95%
Romantic attraction						
Aromantic	84 (57,9)	61 (42,1)	1	-	-	-
Homoromantic	45 (54,9)	37 (45,1)	0,78	0,24	420	[0,42 ; 1,44]
Heteroromantic	35 (57,4)	26 (42,6)	0,96	0,31	912	[0,51 ; 1,83]
Biromantic	24 (46,2)	28 (53,8)	1,50	0,51	233	[0,77 ; 2,91]
Panromantic	40 (39,2)	62 (60,8)	2,33	0,64	2	[1,36 ; 4,00]
Ethnic group						
Kinh (for reference)	225 (52,3)	205 (47,7)	1	-	-	-
Other	3 (25,0)	9 (75,0)	2,24	1,67	280	[0,52 ; 9,66]
Religion						
Not religious (for reference)	186 (53,9)	159 (46,1)	1	-	-	-
Buddhism	24 (35,8)	43 (64,2)	2,07	0,62	16	[1,15 ; 3,73]
Catholic	15 (57,7)	11 (42,3)	0,85	0,37	707	[0,37 ; 1,97]
Other	3 (75,0)	1 (25,0)	0,24	0,30	259	[0,02 ; 2,90]
Biological sex						
Intersex	0 (0,0)	1 (100)	1	-	-	-
Male	41 (45,6)	49 (54,4)	1,48	0,40	147	[0,87 ; 2,50]
Female	187 (53,3)	164 (46,7)	1	-	-	-
Sexual violence						
No experience	112 (60,9)	72 (39,1)	1	-	-	-
Have experience	116 (45,0)	142 (55,0)	1,61	0,34	23	[1,07 ; 2,42]
Discrimination & Prejudice						
No experience	126 (61,5)	79 (38,5)	1	-	-	-
Have experience	102 (43,0)	135 (57,0)	1,86	0,39	3	[1,24 ; 2,81]

Multivariate regression analysis revealed two statistically significant risk factors associated with the likelihood of experiencing PTSD symptoms. First, experiencing sexual violence increased the likelihood of PTSD symptoms by 1.61 times compared to the group that did not experience it (95% CI: 1.07–2.42; p = 0.023). Second, experiencing stigma and discrimination increased the likelihood of PTSD symptoms by 1.86 times (95% CI: 1.24–2.81; p = 0.003). Second, experiencing stigma and

discrimination increased the likelihood of PTSD symptoms by 1.86 times (95% CI: 1.24–2.81; p = 0.003). These two results are consistent with international evidence on the psychological consequences of sexual violence and the burden of minority stress on sexual minority groups[37] [38] [39]. While these estimates are based on predictive models and do not imply absolute causality, they still indicate clear priority targets for intervention.

This suggests that risk factors are not only individual but also reflect far-reaching social impacts, with violence and discrimination becoming systemic sources of trauma. The synergy between personal experiences and adverse social environments contributes to the high prevalence of PTSD among asexual individuals. This reality also indicates that interventions cannot be limited to individual support but must be coupled with solutions to mitigate discrimination and promote a safe social environment. Simultaneously, it underscores the importance of in-depth research to better identify mediating mechanisms and protective factors within the specific context of Vietnam.

Research findings indicate that nearly half of individuals in the asexual spectrum are likely to experience post-traumatic stress disorder (PTSD), reflecting the significant burden of psychological trauma within this group. Personal stories, such as the case of VT07, demonstrate that trauma stems not only from violence or coercion but also from a lack of understanding and respect for sexual orientation, leading to severe and prolonged psychological consequences. The combination of quantitative and qualitative evidence highlights that PTSD in the asexual population in Vietnam exhibits both the general characteristics of trauma disorders and is linked to specific sexual minority factors. It also emphasizes the interdisciplinary approach to response, combining mental health, social work, and public policy to mitigate risk and promote recovery.

37 Campbell, R., Dworkin, E., & Cabral, G. (2009). An Ecological Model of the Impact of Sexual Assault on Women's Mental Health. Trauma, Violence, & Abuse, 10(3), 225-246.

38 Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. Psychological Bulletin, 129 (5), 674-697. https://doi.org/10.1037/0033-2909.129.5.674

39 Hatzenbuehler, M.L. (2009). How does minority sexual stigma "get under the skin"? A psychological mediation framework. Psychological Bulletin, 135 (5), 707-730. https://doi.org/10.1037/a0016441

5. Prejudice, prejudice, and discrimination

The survey results showed that more than half of the participants (53.6%) had experienced stigma or discrimination related to their asexual sexual orientation. This reflects the reality that asexuality is still not properly accepted by society, thereby creating significant pressure on the community.

Common stereotypes faced by asexual people revolve around several misconceptions. For example, 51.6% reported being labeled as "not having met the right person," while 46.4% were told they were lonely or loveless, 43.4% heard that "everyone has to get married eventually," and a significant percentage were labeled as having health or mental health issues (39.6%). Notably, 38.5% experienced identity being denied simply because they had had sexual experiences.

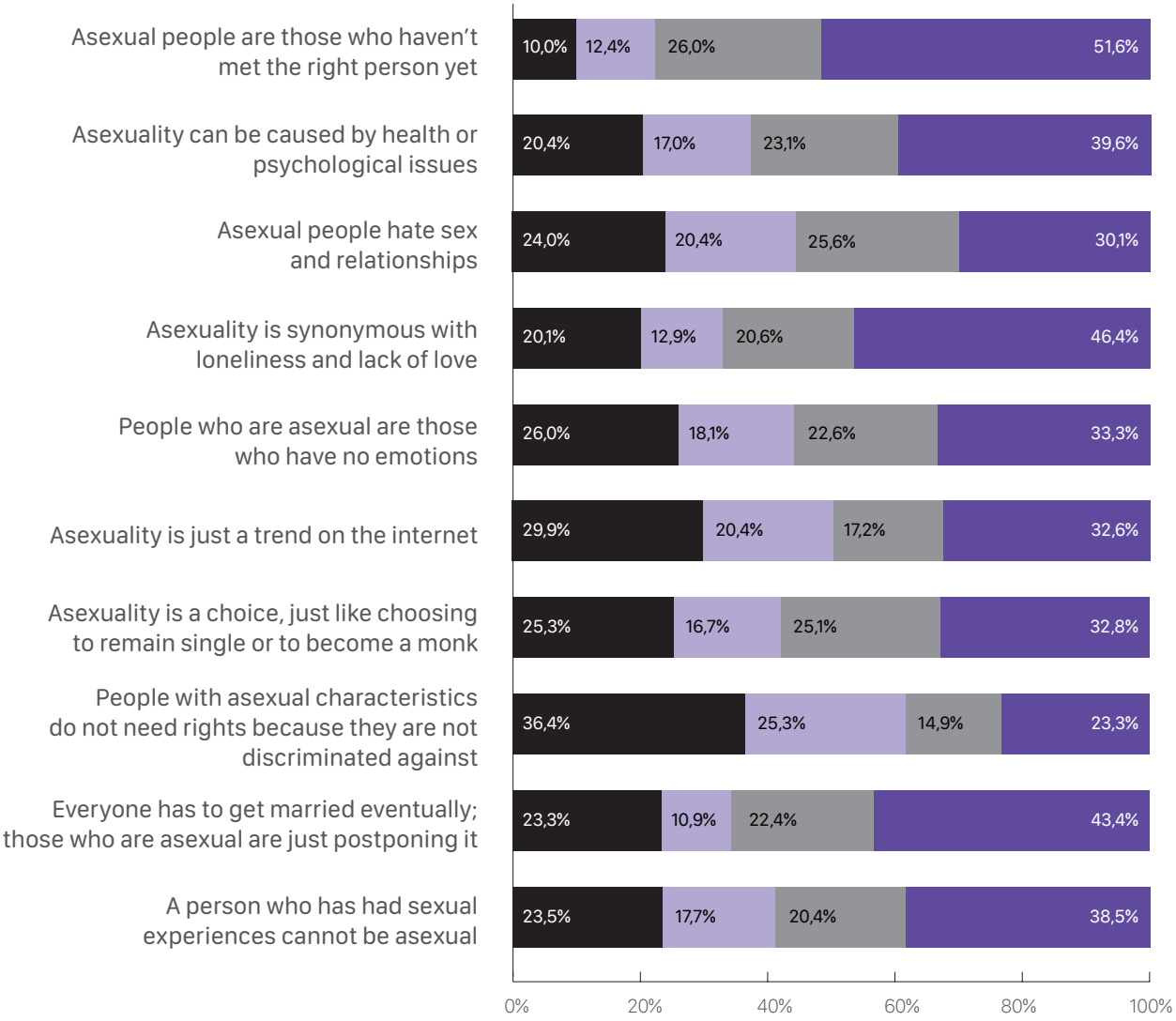

Figure 12. Prejudices regarding asexuality encountered by participants (n = 442)

The pressure from these stereotypes led 28.3% to have considered changing their sexual orientation, primarily due to difficulties in finding a partner (50.8%) and the influence of traditional marriage and family norms (38.7%). Qualitative data further deepens these figures, revealing a multifaceted picture of stigma. Many participants shared about the pressure to have sex to maintain a relationship. One interviewee (VT11 - a cisgender woman belonging to the asexual spectrum - 25 years old) confided: *"I used to feel pressured to have sex in order to have a relationship. Because at that time, it was so difficult to find a partner in my community, I thought I had to accept the fact that I had to have sex with someone for them to stay with me."* The stereotypes also stem from a lack of understanding, as asexuality is often downplayed or viewed as a "phase" or "pathology." This invisibility also exists within the LGBTQIA+ community, where stories about being gay or transgender are often prioritized. One participant (VT04 - Non-binary, Asexual - 24 years old) shared: *"People will prefer the story if I'm non-binary, lesbian, gay... so that people see me as more integrated into the community... People will be more comfortable because it's like I'm more clearly LGBT."*

Beyond facing discrimination and attempts to change themselves to integrate into the community, many asexual individuals also encounter behaviors that directly impact their identity. 36% of participants reported family as the biggest source of pressure (49.4%), followed by intimate partners (38.6%) and friends outside the community (33.5%). Specific behaviors include pressure to undergo psychological intervention to change sexual orientation (22.6%), pressure to marry or have children (9.3%), and even threats or forced sexual relations (8.8%), as well as isolation and social exclusion (8.2%). It is evident that asexual individuals also face similar prejudices as many groups within the LGBTQI+ community, where discrimination and prejudice often occur at multiple levels – from misidentification of identity to pressure from marriage and family norms. This intertwining nature makes the experience of discrimination even more complex and burdensome. 45% of participants were dissatisfied with their level of satisfaction with societal perceptions of people of the asexual spectrum , creating a large gap between the need for acceptance and the attitude of acceptance.

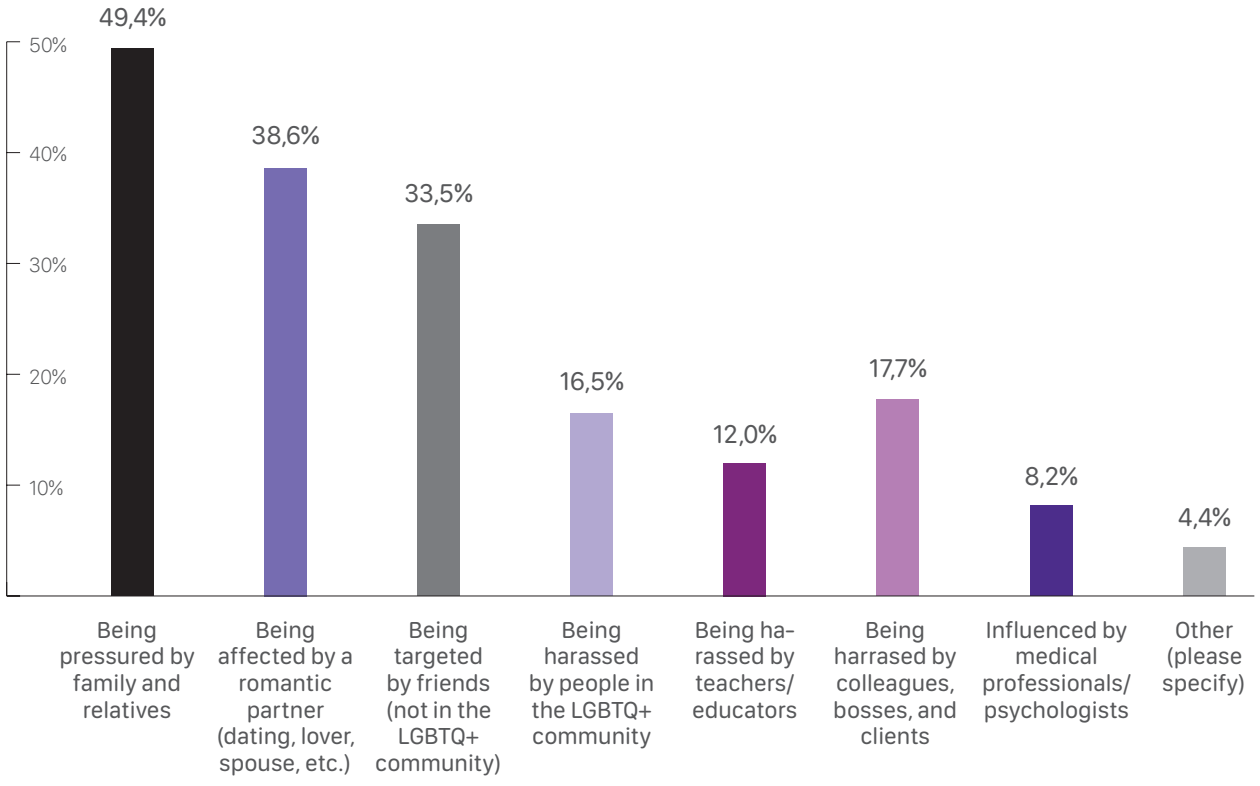

Figure 13. Sources of SOGICE pressure for Asexual people. (n = 159)

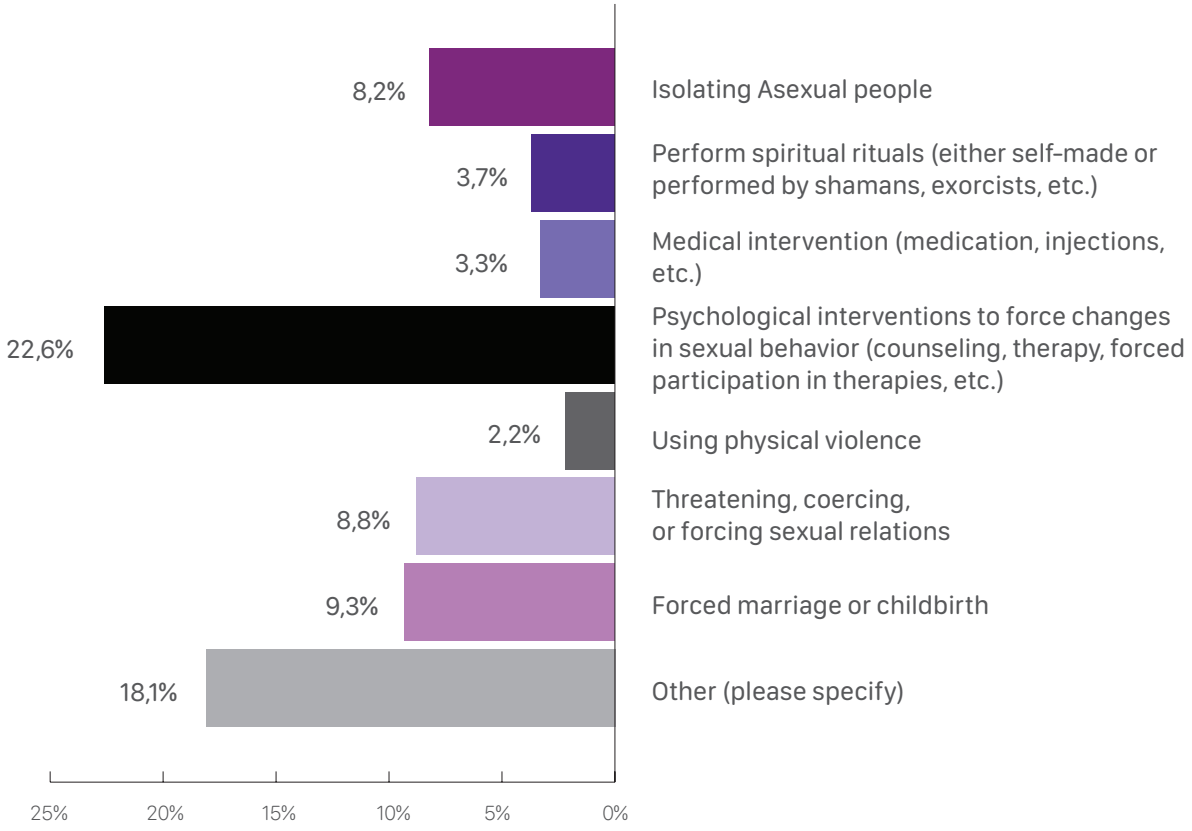

Figure 14. SOGICE against asexual individuals (n = 182)

Furthermore, the analysis revealed that three demographic factors were significantly associated with the likelihood of stigma and discrimination: place of residence, level of identity disclosure, and experience of sexual violence. Specifically, those living in cities were at significantly higher risk, with a 2.7 times greater likelihood of experiencing stigma compared to those living in rural or suburban areas. This result reflects a paradox: urban environments, while perceived as more open and diverse, simultaneously make individuals more susceptible to scrutiny, leading to a higher risk of discrimination.

Meanwhile, compared to those who are completely open, those who choose not to come out face a significantly lower risk of discrimination. Asexual individuals who choose to come out to only certain people also face lower risks. This suggests that "hiding" one's identity can be a protective mechanism, minimizing exposure to social prejudice. However, this choice also means limitations in living authentically and seeking social support.

Asexual people in Vietnam face an environment rife with prejudice and discrimination, ranging from unintentional remarks to deliberate coercive actions. The interplay between identity prejudice and pressure from traditional marriage and family norms makes the experience of discrimination for asexual people even more complex and burdensome, as reflected in the fact that 45% of participants were dissatisfied with how society perceived them.

6. Recommendation

The report's findings indicate that sexual violence against asexual individuals in Vietnam stems from policy gaps, a lack of support services, and persistent social prejudices rooted in heterosexual norms. To support the community and improve this situation, the research team offers the following recommendations:

- ***Enhancing comprehensive support services:*** Relevant authorities and organizations need to develop gender-sensitive, safe, and accessible support services for victims of sexual violence, including psychological counseling, legal assistance, and medical care. Simultaneously, proactive training and awareness-raising on asexuality among staff by support service providers is particularly crucial to ensuring the safety of asexual individuals.
- ***Raising social awareness:*** Promoting communication and community education on sexual diversity, including asexuality, aims to reduce prejudice and misconceptions. This also forms the basis for preventing sexual violence and promoting respect for individual choices.
- ***Strengthening the role of the community and family:*** Creating more safe spaces for asexual people, encouraging community and supporter involvement in building safe environments, and providing companionship and support to victims.
- ***Continued research and data collection:*** Increasing resources for research and data on asexual individuals , ensuring the inclusion of asexual people in scientific evidence, quantitative and qualitative data is essential for shaping policy, as well as for intervention programs to be well-founded and relevant to practice.

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Research team

Ngo Thi Thanh Huyen (team leader)
Do Van Tuan
Bui Dinh Doan Thuc

Main support team

Nguyen Thi Minh
Nguyen Thu Tra
Nguyen Thi Xuan Phuc
Ngo Nhat Anh

For accurate information regarding the research report's findings and other information about asexual individuals in Vietnam, please contact:

Asexual in Vietnam Organization:
Email: contact@asexualinvietnam.org
Fanpage: https://www.facebook.com/votinhvietnam/
Instagram: https://www.instagram.com/asexualinvietnam/

Research report

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TRANSPORTATION PUBLISHING HOUSE

No. 8 Tang Bat Ho Street, Cua Nam Ward, Hanoi City
ĐT: 024.39423346 – 39424620 * Fax: 024.38224784
Website: www.nxbgtvt.vn * Email: nxbgtvt@fpt.vn

BRANCH OF THE TRANSPORT PUBLISHING HOUSE

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RESPONSIBLE FOR PUBLISHING AND CONTENT

Director, Editor-in-Chief :
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