

Survey findings:

Conversion Practices or Efforts to Change LGBTIQ+ People in Malaysia

Justice for Sisters,
Life Under Umbrella,
PLUHO & PLUsos



Acknowledgements

Survey: Conversion Practices or Efforts to Change LGBTIQ+ People in Malaysia (2023)

April 2023

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About

Justice for Sisters is a human rights group working towards meaningful protection, promotion and fulfilment of human rights of lesbian, gay, bisexual, transgender, intersex, queer (LGBTIQ+) and gender diverse persons in Malaysia. Contact them at: justiceforsisters@protonmail.com

Life Under Umbrella is a counseling center providing counseling and education support services focusing on issues related to sexual minorities communities including self esteem, coming out, relationship, bullies, and other general mental health concerns. Contact them at: lifunderumbrella@gmail.com

PLUHO, People Like Us Hang Out! is a LGBTQ organisation focusing on community building, empowerment and LGBTQ affirming services in Klang Valley, Malaysia. Contact them at: general@pluho.org

PLUos or People Like Us Support Ourselves is an LGBTQ+ peer support group that provides assistance and training for primarily targeting the mandarin speaking LGBTIQ communities to promote its core values - care, support, and equality. Contact them at: plusos.org@gmail.com

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Glossary

Term	Explanation
LGBTIQ	Initialism for lesbian, gay, bisexual, transgender, intersex and queer.
SOGIE / SOGIESC	Acronym for sexual orientation, gender identity, gender expression, and sex characteristics.
SOGIE-change efforts	Also known as conversion therapy, or more accurately, conversion practices. Refers to practices that attempt to repress and alter a person's sexual orientation from lesbian, gay, or bisexual to heterosexual, or gender identity from transgender to cisgender.
Sexual Orientation	Refers to sexual and/or romantic attraction.
Gender Identity	Refers to the profound experiences felt by each individual regarding their gender identity, which may or may not match the identity assigned at birth. This includes their feelings about the body (which may involve, if freely chosen, modification of the appearance or function of the body through medical processes, surgery, or other means) and expression of their gender identity through, dress, speech, and actions or movements of the body.
Gender Expression	Refers to the way we express our gender through actions and characterisation, including dress, speech and behaviour. A person's gender expression is not necessarily 'aligned' with sex, gender identity or sexual orientation.
Cisgender	<p>Refers to a person who feels that the identity assigned to him or her at birth is in line with his or her feelings, the way they see themselves, and their lived experiences.</p> <p>For example, a baby who is given a female identity based on assumptions of their genitals, finds that the assigned identity matches their feelings, the way they see themselves, and their life experiences.</p>

Transgender	Transgender is also an umbrella term used for persons who do not identify with the assigned identity at birth. Trans is short for transgender. The trans umbrella includes trans men, trans women, non-binary, or genderqueer identities.
Intersex	Refers to individuals born with sex characteristics, which include genitals, gonads, and chromosomal patterns, that are beyond the binary understanding of the male and female bodies.
Heterosexual	The sexual orientation of a person whose primary sexual and romantic attraction is toward people of another gender.
Bisexual	Refers to a person (cisgender and transgender) who is romantically and/or sexually attracted to two or more genders.
Pansexual	Refers to a person whose romantic and/or sexual attraction towards others is not limited by sex or gender.
Queer	Acts as an umbrella term for LGBTQ. It can refer to sexual orientation, gender identity, and gender expression. In terms of sexual orientation, it refers to romantic and/or sexual attraction that is not determined by one's gender identity.
Non-binary	Umbrella term used for people who identify as both, a combination of, or neither of the two available models of gender.
Androgynous	Identifying and/or presenting as neither distinguishably masculine nor feminine.
Ex-LGBT / ex-gay / ex-trans	Refers to a movement that considers LGBTIQ identities to be a disease that is curable via SOGIE-change efforts. Also refers to people who have been so-called "cured" by SOGIE-change efforts.

Transition	Transitioning is the process to closely align a person's gender identity with their gender expression, physical appearance or how they would like to be perceived by others. A person's transition can be social and/or medical. Steps may include: coming out to family, friends and colleagues; dressing according to one's gender; changing one's name along with other gendered details in social and legal contexts; medical treatments including hormone therapies and other medical procedures.
De-transition	De-transitioning is the reversal of transition or to change back to typically one's previous gender expression, role, or identity or to cisgender heterosexual identities.

Executive Summary

Conversion practices, also known as conversion therapy, refers to a set of methods to change a person's sexual orientation from gay, lesbian, bisexual or queer to heterosexual, or trans and gender-diverse persons to cisgender persons. It is a widely discredited practice as it is not substantiated by evidence and science.

However, since 2010, the Malaysian government has intensified its promotion of LGBT 'rehabilitation' programmes. According to the government, at least 1,769 LGBT people have been reached through their programmes since inception. In 2020, the state expanded its 'spiritual camps' to a regional camp, involving LGBT people from Indonesia, Singapore, and Brunei. Research shows that non-state actors also provide conversion practices or SOGIE-change efforts.

The survey 'Conversion practices or efforts to change LGBTIQ+ people in Malaysia' was conducted between 22 September – 9 October 2022. It was disseminated through LGBTIQ networks and available in three languages: English, Bahasa Malaysia, and Mandarin. 156 LGBTIQ persons participated in the survey.

This survey aims to deepen understanding of the types of conversion practices and their impact on LGBTIQ people, by looking at five aspects:

1. Pressure experienced by LGBTIQ persons to change their SOGIE
2. Forcible SOGIE-change attempts on LGBTIQ persons
3. LGBTIQ persons voluntarily seeking SOGIE-change services
4. SOGIE-change efforts being offered to LGBTIQ persons
5. Effects of 'ex-LGBT' media narratives on LGBTIQ persons

With the exception of the first section of the survey, which collects basic demographic data about respondents, the rest of the survey questions were optional. A recurring trend we found in all sections are respondents responding “no” to the first question (which asks for a closed yes/no response), while offering substantiation and evidence when followed up with descriptive questions. Looking at the data as a whole, it appears that the prevalence of SOGIE- change incidences is in fact significantly underreported when respondents are asked directly about the topic, as compared to when asked to provide context and evidence. For example,

- In Section 2, while 114 respondents stated they have or may have experienced pressure to change their SOGIE, 121 respondents later disclosed they have experienced pressure from at least one actor.
- In Section 3, 16 respondents stated that they were forcibly sent to medical, mental health, religious, or other actors to be corrected or changed. However, 32-37 respondents disclosed information about forcible SOGIE-change experiences in the following questions.
- In Section 4, 15 respondents stated they have voluntarily sought services and/or support to change their SOGIE. However, 21-28 respondents disclosed information about voluntary SOGIE-change experiences in follow-up questions.
- In Section 5, 17 respondents stated they have been offered SOGIE-change efforts in their lifetime. However, 29-34 respondents disclosed information about offers of SOGIE-change efforts in subsequent questions.

It is worth noting that in sections 3, 4, and 5, when looking at the data as a whole, the prevalence of SOGIE-change incidences are around double than what is directly reported by respondents (in the first questions of each section), which for example, asks respondents whether they have been forcibly sent to an external party to be ‘corrected’. This suggests such questions may not be effective for self-assessment of the respondents’ personal experiences or compatible with some of the respondents’ understanding of SOGIE-change pressure or experiences.

Key Findings from the Survey:

1. LGBTIQ and gender-diverse people shared a similar pattern of response: They experience SOGIE-change efforts or pressure, resulting in their pretending to be 'straight' or suppressing their SOGIE. This leads to increased burdens on their mental health; strained relationships, particularly among family members; and some move out from home. Some responses show resolution and acceptance following the strained relationships; however, this comes at a cost, both emotional and financial
2. LGBTIQ people face immense pressure to change SOGIE, resulting in multiple impacts, including but not limited to on their mental health, rights, access to education, and freedom of religion. The pressure comes from many sources, including the media. As a result of pressure to change SOGIE, out of 123 respondents
 - 45.5% faced increased stress, anxiety, isolation, and other forms of burden on mental health;
 - 36.6% felt unmotivated and loss of interest in school, work, family activities, social activities and others;
 - 32.5% experienced suicidal thoughts and attempts; and
 - 4.9% dropped out of school.

23.1% of 121 respondents reported they were pressured and/or subjected to acts to change SOGIE by religious persons in their community.

3. There are several key ways in which LGBTQ people become vulnerable to conversion practices: family members, school, and religious actors. 22 out of 35 respondents (62.9%) were forcibly sent for SOGIE-change services by their family members. The second and third highest were religious persons (25.7%) and school staff including teachers (20.0%).

As such, the following actors and institutions are key drivers that require interventions in order to increase protection and well-being of LGBTQ people.

- Family members are at the centre of the SOGIE-change efforts, as they are both perpetrators of violence against LGBTIQ persons and victims of manipulation, pressure and discrimination. Parents and family members are a vulnerable group, as they lack information and access to support services.
 - 70.2% reported they were pressured and/or subjected to acts to change SOGIE by family members;
 - 22 (14.1%) reported they were forcibly sent for SOGIE- change services by family members.
- Religion is a significant driver in the promotion and continuation of conversion practices. To that end, awareness raising among religious actors is critical. Findings show that the respondents were vulnerable to SOGIE-change efforts when they participated in religious activities.
 - 13 out of 32 (40.6%) reported being offered SOGIE-change efforts during religious programmes.
 - 9.3% (3 out of 32) reported being offered SOGIE-change efforts during a community programme organised by state Islamic departments or agencies.
- Schools are not a safe place for LGBTIQ students. There were many instances where respondents shared that they have been subjected to SOGIE-change efforts by teachers, counsellors, and educators.

4. Access to justice is low. 24 out of 32 (75%) respondents stated they do not know where and how to report service providers who offered them SOGIE-change efforts.
5. A small portion of the respondents changed or attempted to change their SOGIE after forcible and voluntary SOGIE-change efforts. However, in the vast majority of cases, it has resulted in serious negative mental health impact.
 - 7 out of the 8 (87.5%) respondents who changed or suppressed their SOGIE after forcible SOGIE change also reported suicidal ideation and attempts.
 - 13 respondents reported negative impact as a result of voluntary SOGIE-change efforts, including increased mental health issues, suicidal ideation, and suicide attempts. By comparison, 3 respondents reported positive impact, i.e. increased acceptance by family and friends, and less discrimination when seeking government services and support.

Key Vulnerable Populations:

The report identified key populations who faced increased vulnerability to conversion practices:

Young people, mostly below 30 years old, were particularly vulnerable to SOGIE-change pressure and efforts. A higher number of young people reported having voluntarily sought SOGIE-change efforts.

- 7 of the 9 (77.8%) respondents who reported being pressured to change their SOGIE by financial withdrawal—e.g. refusing to pay for education or being cut off from inheritance—are aged 24 or younger.
- 19 out of the 21 (90.5%) respondents who disclosed their ages sought services while aged 30 or younger.
- Out of the 14 respondents who reported suicidal ideation and attempts as a result of forcible SOGIE change, 10 (71.4%) are below 30 years old.

Trans persons consistently report among the highest prevalence in terms of pressure to change their gender identity, being forced to perform gendered roles, experiencing suicidal ideation, having voluntarily sought SOGIE-change services, and being offered SOGIE-change services. There was a higher level of migration among trans and gender-diverse respondents.

- Out of the 46 respondents currently still experiencing pressure to change their SOGIE, the highest group are trans women (28.3%), followed by trans men (23.9%) and cisgender queer men (23.9%).
- 30 of the 44 (65.2%) respondents who reported being forced to perform gendered roles or engage in activities that supposedly can make one more feminine or masculine, identify as transgender or gender-diverse persons.

- Out of the 14 respondents who reported suicidal ideation and attempts as a result of forcible SOGIE change, 10 (71.4%) identified as transgender, intersex, or non-binary.
- 7 of the 15 (46.7%) respondents who stated they have voluntarily sought SOGIE-change services identify as transgender.
- 11 of the 17 (64.7%) respondents who stated they have been offered SOGIE-change efforts identify as transgender.
- 5 of the 8 (62.5%) respondents who reported being offered SOGIE-change efforts by government actors were assigned Islam at birth.

Consistently, respondents from Muslim backgrounds show higher prevalence of pressure and impact of SOGIE-change efforts and pressure. A significantly higher proportion of **Muslim persons** reported being offered SOGIE-change efforts from religious and government actors.

- [Section 5.1] 70.6% of respondents who stated they were offered conversion efforts come from Muslim backgrounds, despite Muslim persons only making up 35.3% of the overall proportion of respondents.
- [Section 5.2] 11 of the 18 (61.1%) respondents who reported being offered SOGIE-change efforts by religious actors were assigned Islam at birth.
- [Section 5.2] 5 of the 8 (62.5%) respondents who reported being offered SOGIE-change efforts by government actors were assigned Islam at birth.

SOGIE-change Efforts and Self-Censorship

Concurrently, it is important to interrogate the causal link between self-censorship among LGBTQ people and their vulnerability to SOGIE-change efforts. The increasingly visible discrimination of LGBTIQ people results in a chilling effect on the right to self-determination, life, and freedom of expression. This is illustrated by a young lesbian Muslim woman under 24 years old who shares the effects of media narrative on ex-LGBT people and LGBT rehabilitation in Malaysia:

“It does not pressure me to change my identity completely; however, it does pressure me to continue pretending to be straight as these narratives have convinced many that it’s effective to “cure” the LGBTQ... As I’m closeted the narrative hasn’t been used against me specifically, but knowing most of my friends and family believe in the narratives and would undoubtedly subject me to conversion practices if I were to ever come out, it does add pressure to me to pretend to be straight until the day I die.”

The findings also show several instances of self-censorship as a survival strategy. For example, a transgender woman reflected on the self-censorship she experienced in her younger years in university, when she was targeted based on her gender identity and gender expression:

“By pretending, I have to follow their terms especially when I attend classes, preventing them from bothering and threatening my life on campus at that point of time ... I was threatened to be brought to the campus court if I don’t change my gender identity.”

Some also noted that they are more cautious of sharing their SOGIE, especially sexual orientation, with others. One limitation of the survey is that there was no question that asked whether the respondents were ‘out’ or not, and the reason for their choices.

The survey also showed a broader impact of the promotion of SOGIE-change efforts in Malaysia against the backdrop of increasing anti-LGBT sentiments. At least 4 respondents expressed a sense of hopelessness with regard to living in Malaysia and a lack of confidence in the government doing anything to affirm their rights. In this context, their options are to strengthen themselves to deal with the hostility, stay hidden or in the closet, or migrate to other countries, among others.

“Maybe KKM or any other authority that the general public trusts releasing statements saying it is unethical and harmful could be a start, but that feels like wishful thinking.”

“In this country, I don’t think they will end such things and will keep going after us especially for their political benefits and whatnot. All that we have to do is to really take care of each other and, being minorities ourselves, protecting our images and reputations is the utmost action of all, ensuring them that our existence is neither a threat nor crime towards the country’s well-being.”

“It’s difficult to end conversion practices as Malaysia has too many conservative, religious, uptight and traditional-minded people. People who have the opportunity to migrate should do so. I too wish to migrate to more progressive countries.”

“Terima diri seadanya dan perlu kuat menghadapi kritikan masyarakat. (Accept yourself as you are and you need to stay strong in the face of society’s criticism)”

Interestingly, 14 respondents suggested legal intervention, including the enactment of new laws and holding perpetrators accountable.

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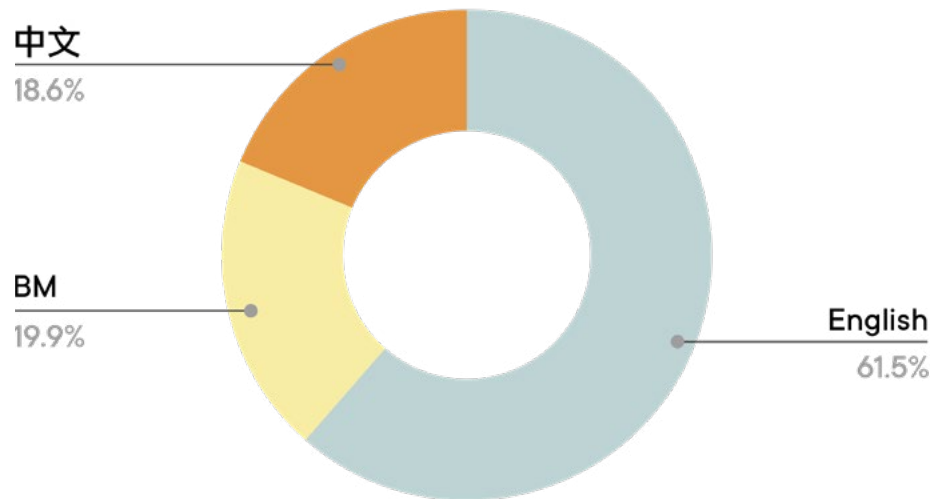
The survey comprises six sections, with the sections other than the demographic questions entirely optional. The six sections are

1. Background questions included questions regarding the respondents’ SOGIESC, religion, age, nationality, among others. These questions allowed us to identify vulnerable groups to conversion practices.
2. Pressure to change SOGIE
3. Being forced to change SOGIE.
4. Seeking support from mental health professionals and religious persons to ‘voluntarily’ change your SOGIE.
5. Being offered SOGIE change efforts
6. Closing section included questions surrounding the impact of media narratives on promotion of SOGIE-change efforts, opinion on ending conversion practices and recommendations.

In Sections 2 - 5, the respondents were asked, among others, if they have had such experiences, manifestation of the pressures or acts, actors who subjected them to such acts, its impact.

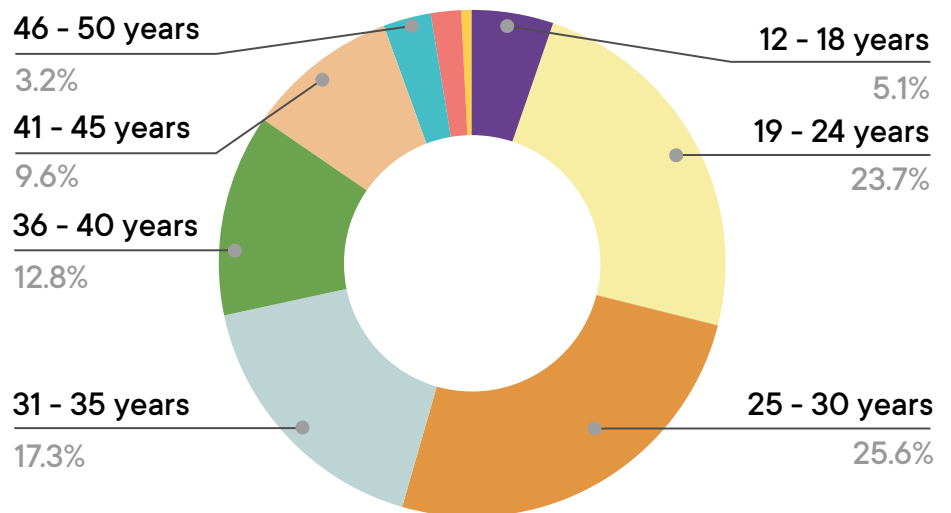
A total of 157 persons participated in the survey, although the responses from one respondent who identified as heterosexual and cisgender have been removed from the dataset as they do not fit the analysis criteria. 96 persons (61.5%) responded to the survey in English. The remaining responses were almost equally divided between responses in BM and Mandarin with 31 responses in BM and 29 responses in Mandarin.

Figure 1.1 Respondents, by language selected (n=156)



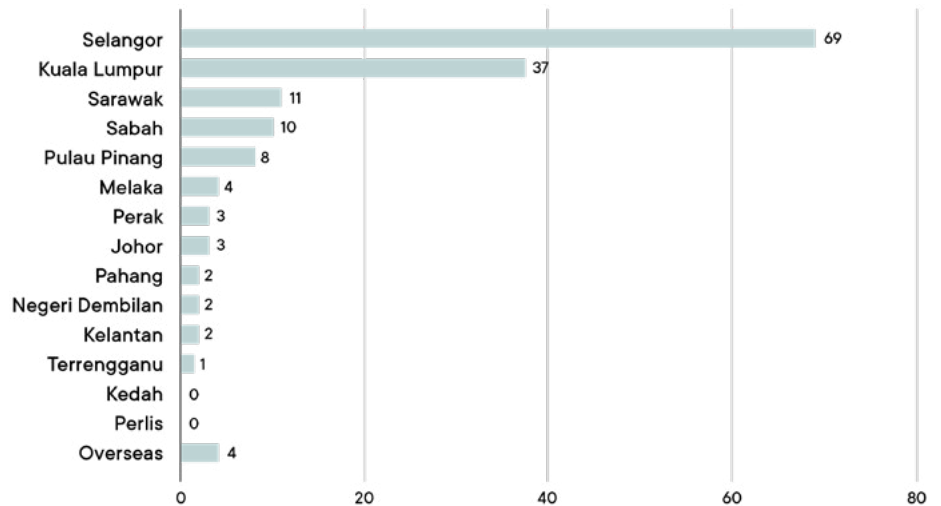
The survey respondents' ages ranged between 12 to over 61 years old. At least one respondent noted that they were 61 years and above. 3 others were between the ages of 51 – 60 years old. Over half of the respondents (54.8%) were 30 years old and below. Meanwhile, 29.9% were between 31 – 40 years.

Figure 1.2 Respondents, by age group (n=156)



The survey respondents came from 11 of the 13 states and the Federal Territory in Malaysia, with 43.9% based in Selangor, and 23.6% from Kuala Lumpur. 21 respondents were from Sarawak (7%) and Sabah (6.4%). Aside from Pulau Pinang, the rest of the states saw between 1 – 4 respondents. 4 respondents were based outside of Malaysia.

Figure 1.3 Respondents, by state birth (n=156)

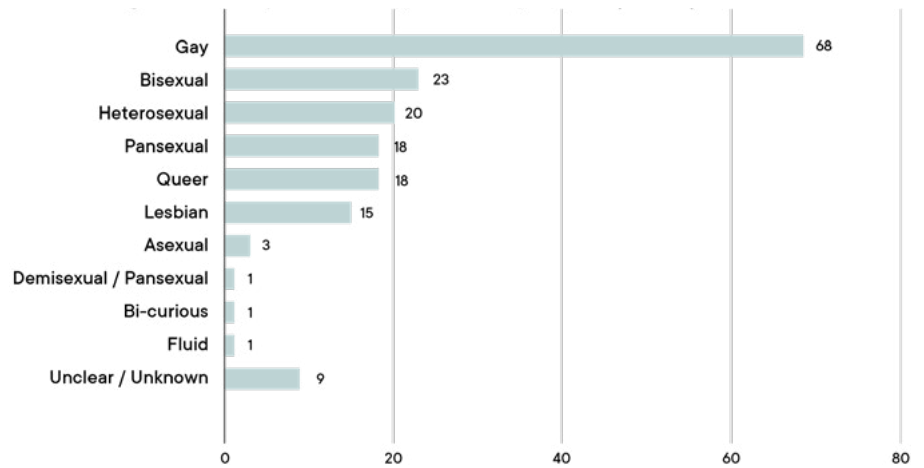


Out of 156 respondents, 152 (98.1%) stated their nationality as Malaysian; 2 noted that they are non-Malaysian, while 1 respondent stated they are stateless. 1 preferred not to say.

All respondents answered the question on sexual orientation, though 9 of the “unclear/unknown” responses were not based on sexual orientation, but were for gender identity or assigned sex. These responses were subsumed under the gender identity question. The responses of the 9 were consistent for both questions on sexual orientation and gender identity.

Out of the 156 respondents, 43.6% of them self-identified as gay, 14.7% identified as bisexual, while 9.6% identified as lesbian.

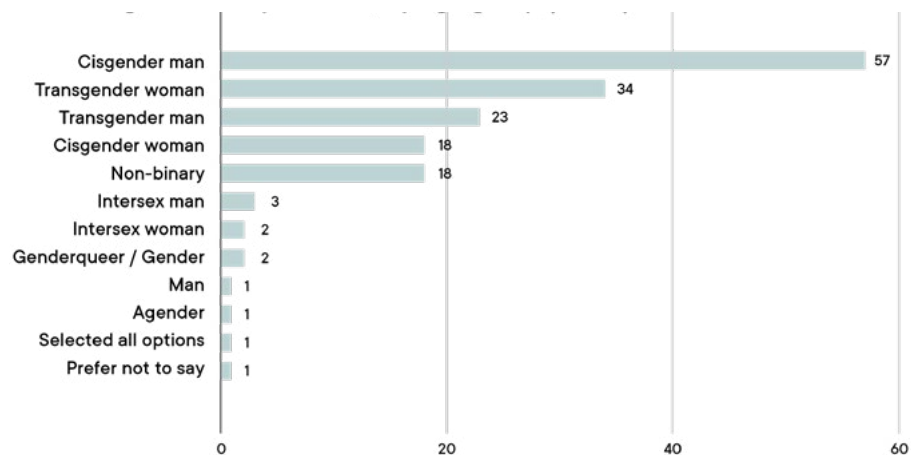
Figure 1.4 Respondents, by sexual orientation (n=156)



All respondents answered the question on gender identity and sex characteristics, though one respondent indicated they prefer not to say, and another one selected all response options; however, we decided to include this respondent's responses in other questions as the pattern of response appeared authentic.

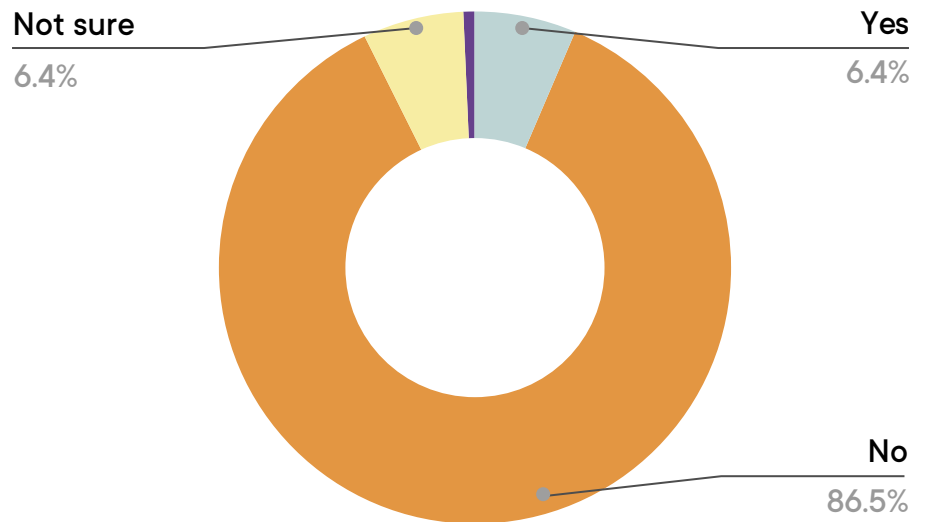
Of the 156 respondents, the majority of the respondents (36.5%) identified as cisgender men, followed by 21.8% who identified as trans women, 23 respondents (14.7%) identified as trans men, and 5 respondents self-identified as intersex.

Figure 1.5 Respondents, by gender identity (n=156)



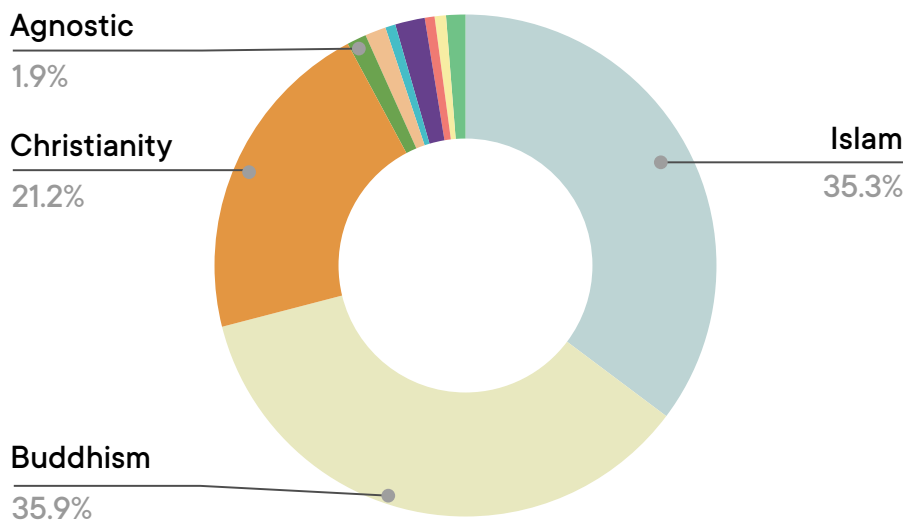
10 of the 156 respondents (6.4%) shared they are persons with disabilities, 10 others (6.4%) responded "Not sure," and one respondent identified as being neurodiverse.

Figure 1.6 Respondents, by disability (n=156)



In relation to religion, 56 of the respondents (35.9%) noted that they were assigned Buddhist at birth. 55 others (35.3%) were assigned Islam as their religion at birth, while 33 respondents (21.2%) noted that they were assigned Christianity at birth.

Figure 1.7 Respondents, by assigned religion at birth (n=156)



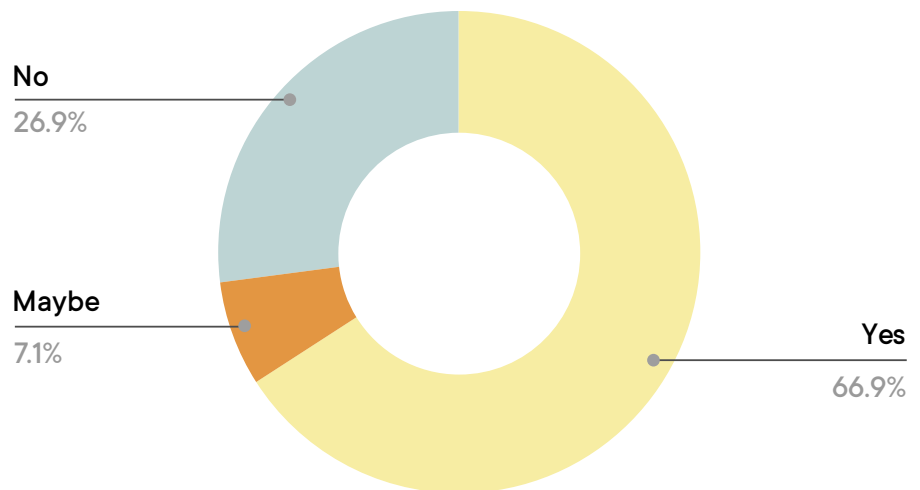
Of the 156 respondents, 65 (41.7%) stated that they were still practising the religion assigned at birth, while 28 (17.9%) stated “Maybe”, 62 (39.7%) noted they are no longer practicing the religion, and 1 (0.6%) stated they believe in more than one religion.

The questions in this section sought to understand the types of pressure that respondents faced in relation to changing their sexual orientation, gender identity, and gender expression (SOGIE), as well as the actors exerting such pressure and the impacts on their lives.

Section 2.1: Prevalence of pressure to change SOGIE

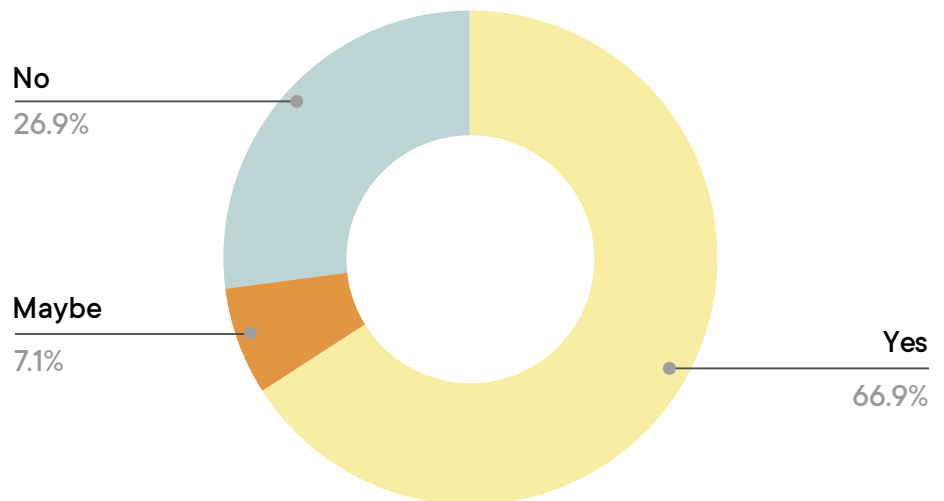
103 out of 156 (66%) respondents stated they have faced pressure to change their SOGIE in their lifetime; 11 (7.1%) others said “Maybe.”

Figure 2.1 Percentage of respondents who experienced pressure to change their SOGIE (n=156)



46 respondents stated they were still experiencing pressure to change their SOGIE. Of those, 18 (39.1%) are between 19 – 24 years old, while 17 (37%) are between 25 – 30 years old. 3 persons who identified between 12 – 18 years old also stated that they are still pressured to change their SOGIE.

Figure 2.2: Age groups of respondents who are still facing pressure to change their SOGIE (n=46)

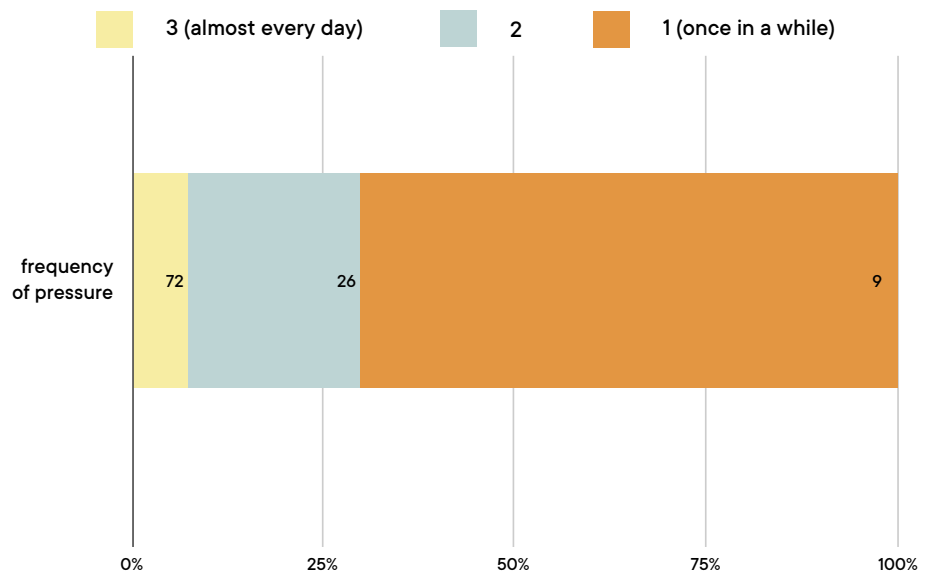


Of the 46 respondents who are still experiencing pressure to change their SOGIE, the highest group are trans women, at 13 respondents (28.3%); followed by cisgender queer men and trans men, each group with 11 respondents (23.9%) respectively. 7 others identified as cis queer women, 3 as non-binary and 1 as an intersex man.

Almost half of the respondents, 20 of 46 (43.5%), were assigned Islam at birth. 12 (26.1%) others come from Christian backgrounds. 11 (23.9%) were assigned Buddhist at birth. Of the 46, one is a non-Malaysian, and 3 are persons with disabilities.

The frequency of pressure exerted by various actors to change the respondents' identities varies. For 69 of the 98 respondents who answered the questions (70.4%), the pressure manifested once in a while. Meanwhile, 7 (7.1%) respondents noted that they experience pressure almost every day, and 22 (22.4%) selected a response in between the two options.

Figure 2.3 Frequency of SOGIE-change pressure reported by respondents (n=98)

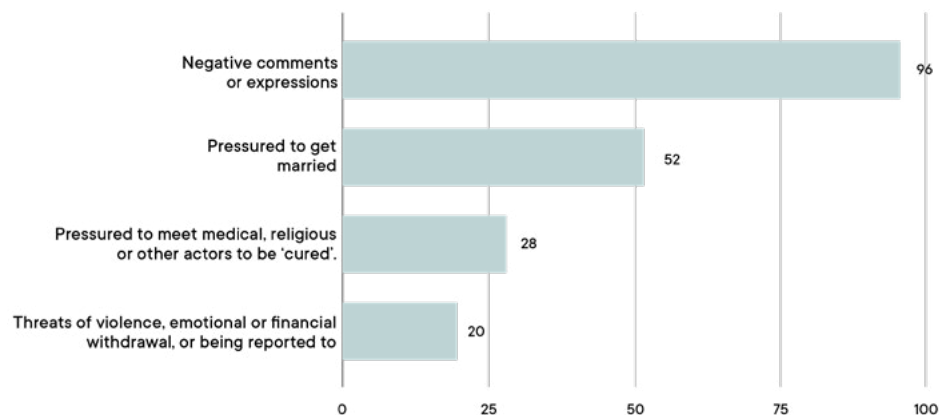


Section 2.2: Manifestation of pressure to change SOGIE

The most common manifestations of the pressure to change SOGIE are negative comments; expressions of disappointment, shame, or sadness; or projection of guilt because of the respondents' identity. 96 (83.5%) of the 115 who answered the question noted that they have experienced some form of pressure. 45.2% have faced pressure to marry a cisgender heterosexual or 'straight' person, or start a family.

28 respondents (24.3%) stated they have experienced pressure to meet mental health or health providers, religious persons, or others to heal, cure, or correct them. Meanwhile, 20 (17.4%) stated they have experienced threats of violence, emotional or financial withdrawal, or being reported to state agencies. Out of the 115 respondents, 58 selected more than one response.

Figure 2.4 Types of SOGIE change pressure reported by respondents (n=156)



125 respondents stated they experienced actions by others to change their SOGIE, out of which 53 (42.4%) noted that they were picked on or 'bullied' because of their identity, which is the most common action reported. This is followed by verbal violence, including name-calling, which was experienced by 51 respondents (40.8%).

44 respondents (35.2%) stated that they were forced to perform gendered roles or engage in gendered activities.

71 out of the 125 respondents selected more than one response, indicating they have experienced multiple kinds of actions to change their SOGIE. Out of the 125 respondents, 33 (26.4%) said they did not experience any actions to change their SOGIE.

Table 2.1 Types of SOGIE-change actions experienced by the respondents (n=156)

SOGIE-change actions	No. of responses	% responses
Picked on or bullied e.g made a bad 'example' at school, workplace, family or in other spaces because of your identity	53	42.4%
Verbal violence, including name-calling	51	40.8%
Forced to perform gendered roles, engage in activities that supposedly can make you more feminine or masculine	44	35.2%
Emotional withdrawal by the person or people who pressure you to change. This includes cold shoulders, lack of desire to communicate with you or make eye contact with you, refusing to spend time or be seen in public with you, etc.	41	32.8%
Movement and communication with your romantic partners, LGBTIQ people or non-LGBTIQ people monitored or restricted	20	26.4%
Setting you up on dates or match-making	16	16.0%
Physical violence	12	12.8%
Enrolled you in boarding or religious schools	10	9.6%
Forcibly sent to a religious leader or traditional healers to be 'corrected' or 'healed'	10	8.0%

Financial withdrawal, including refusing to pay for education, being cut off from inheritance	9	7.2%
Subjected to rituals, religious or spiritual intervention or exorcism	9	8.0%
Forcibly sent to a mental health professional to be 'corrected' or 'healed'	7	7.2%
Sexual violence, including being set up by your family members or friends to engage in sexual intercourse with heterosexual person	2	5.6%
Reported to government agencies	2	1.6%
Forcibly sent to a religious or traditional healer to be "corrected" or "cured"	1	1.6%
Given medical treatment, like hormones to make you more feminine or masculine	1	0.8%
Forced to join religious outdoor activities during university	1	0.8%

Out of the 44 respondents who selected “Forced to perform gendered roles, engage in activities that supposedly can make you more feminine or masculine” as a response, 30 of them (65.2%) identify as transgender or gender-diverse persons.

Out of the 9 respondents who selected “Financial withdrawal, including refusing to pay for education, being cut off from inheritance” as a response, 7 of them (77.8%) are aged 24 or younger.

Section 2.3: Actors who exert pressure to change SOGIE

The acts of pressure and other related actions to change the respondents' SOGIE came from a range of actors, with the most common actors being family members (70.2%). Teachers, school counsellors, and administrators made up 17.4%.

74 of the 121 respondents (61.2%) selected more than one response, indicating they have experienced pressure from multiple actors.

Table 2.2 Actors who pressured and/or carried out acts to change respondents' SOGIE (n=156)

Actors	No. of responses	% responses
Family members	85	70.2%
Friends	50	41.3%
Extended family members	35	28.9%
Religious persons in your community	28	23.1%
Teachers, school counsellors and school administrators	21	17.4%
Online users	18	14.9%
Neighbours or people in the neighbourhood	14	11.6%
Co-workers	14	11.6%
LGBTQ friends who have changed their sexual orientation, gender identity and/or gender expression	9	7.4%
Healthcare providers	8	6.6%
Employers	4	3.3%
Government workers or agencies	4	3.3%
Classmates	3	2.5%
Intimate partner or their family	2	1.7%

Section 2.4: Short- and long-term impacts as a result of pressure to change SOGIE

Out of the 123 respondents to this question, 79 (64.2%) noted that they have experienced multiple forms of impact, while 12 (9.8%) respondents disclosed no impact at all.

The most common forms of impact among respondents were the suppression of sexual orientation, gender identity, and gender expression by:

- Pretending to be straight (45.5%);
- Tried to change my sexual orientation, gender identity and gender expression on my own (29.3%);
- Changed my gender expression and try to look more androgynous or gender conforming (26%);
- Met with religious leader(s), mental health professional(s) or others to appease person who was putting pressure on me (4.9%);
- Met with religious leader(s) to try to change myself (3.3%); and
- Met with mental health professional(s) to change myself (2.4%).

In addition, the increased burden on mental health scored equally high. This includes:

- Increased stress, anxiety, isolation, and other forms burden on mental health (45.5%);
- Feel unmotivated and loss of interest in school, work, family activities, social activities and others (36.6%); and
- Suicidal thoughts and attempts (32.5%).

The respondents also note a strained relationship with family members, friends, and others as a significant impact:

- Strained relationship with some family members, friends and others (41%);
- Moved out or stopped living with my family members (20%); and
- Migrated to other countries or sought asylum (7%).

Lastly, the pressure to change the respondents' SOGIE has had an impact on their right to education—6 respondents noted that they dropped out of school as a result of the pressure they faced.

Table 2.3 The short and long term impacts as a result of the pressure and/or actions to change respondents' SOGIE (n=156)

Impact	No. of responses	% responses
Pretended or pretend to be straight	56	45.5%
Increased stress, anxiety, isolation, and other forms burden on mental health	56	45.5%
Strained relationship with some family members, friends and others	51	41.5%
Feel unmotivated and loss of interest in school, work, family activities, social activities and others	45	36.6%
Suicidal thoughts and attempts	40	32.5%
Tried to change my sexual orientation, gender identity and gender expression on my own	36	29.3%
Changed my gender expression and try to look more androgynous or gender conforming	32	26.0%
Moved out or stopped living with my family members	25	20.3%
Migrated to other countries or sought asylum	8	6.5%
Met with religious leader(s), mental health professional(s) or others to appease person who was putting pressure on me	6	4.9%
Dropped out of school	6	4.9%
My family members and others start accepting my sexual orientation, gender identity, and gender expression (SOGIE)	6	4.9%
Met with religious leader(s) to try to change myself	4	3.3%
Met with mental health professional(s) to change myself	3	2.4%
Thought about migrating to other countries	2	1.6%
Avoid discussing about relationships with family members	2	1.6%
Become stronger and steadfast in personal beliefs	1	0.8%

This section aims to understand the prevalence of and reasons for forcibly sending LGBTIQ people for correction; the actors subjecting LGBTIQ persons to forcible SOGIE-change attempts and the situations that triggered it; the actors to whom they sent them and what happened next; and the impacts on their lives.

The findings show that religious actors are the most common actors to whom LGBTIQ persons were sent for correction; 11 of the 16 respondents (68.8%) who reported being forcibly sent for correction disclosed that they were sent to religious persons. Family members, religious actors, and teachers are ranked higher in terms of actors who have subjected respondents to SOGIE-change efforts.

Section 3.1: Prevalence of forcible SOGIE-change attempts

In total, 16 respondents stated that they were forcibly sent to medical, mental health, religious, or other actors to be corrected or changed, which means that 1 of every 10 respondents were forcibly sent to an external party to be corrected. Meanwhile, 24 others noted that it has been suggested to them. Of the 24, 2 respondents also selected “No,” meaning that the SOGIE-change efforts were suggested, but may not have materialised.

In spite of only 16 respondents stating that they had been forcibly sent to various actors to be corrected, the questions in this section were answered by between 40 – 43 respondents. This includes those who selected the following options:

- “No, it has been suggested.” — In some contexts, the respondents provided details of circumstances that led to their being recommended conversion practices or SOGIE-change efforts, and the number of times it occurred, among others. In some cases, it appears as if they were subjected to conversion practices or SOGIE-change efforts.
- “No.” — At least 9 respondents who said they had not been forcibly sent to various actors to be corrected, answered the subsequent questions.

4 respondents stated they are still experiencing forcible SOGIE-change efforts; 6 said “Maybe.”

Table 3.1 Number of respondents who were forcibly sent to medical, mental health, religious, or other actors to be ‘corrected’ (n=40)

Actors to whom LGBTIQ people were sent for correction	Total	% responses
Religious persons and mental health professionals	3	1.9%
Religious persons only	8	5.1%
Mental health professionals only	3	1.9%
Medical professionals only	1	0.6%
Others (not specified)	1	0.6%
I was not forcibly sent, but it has been suggested	24	15.4%

Section 3.2: Actors who forcibly sent respondents to external actors to be corrected

35 respondents identified actors who had forcibly sent them or recommended SOGIE-change efforts to them. Of those, 6 respondents said they have not been forcibly sent to an external actor to be corrected or changed in the previous question in this section; 15 of them said it has been suggested to them.

Family members were the most common actors named as having forcibly sent the respondents for correction or suggested it, with 62.9% responding; followed by religious actors in the community at 25.7%, and teachers, school counsellors, and administrators at 20%. Friends and extended family members followed closely behind with 17.1% and 14.3%, respectively. At least one respondent noted that they have been forcibly sent to an external actor to be corrected by state actors.

Table 3.2 Actors who forcibly sent respondents to SOGIE-change services (n=35)

Actors	No. of responses	% responses
Family members	22	62.9%
Religious persons in your community	9	25.7%
Teachers, school counsellors and school administrators	7	20.0%
Friends	6	17.1%
Extended family members	5	14.3%
Online users	3	8.6%
Neighbours or people in the neighbourhood	1	2.9%
Friends who have changed their sexual orientation, gender identity and/or gender expression	1	2.9%
Co-workers	1	2.9%
Employers	1	2.9%
Government workers and agencies & religious enforcement	1	2.9%

Section 3.3: Situations that led to the respondents being forcibly sent

35 respondents shared the situation that led to the above-mentioned actors forcibly sending them to an external party to be corrected, or suggesting it.

The top two most common situations that led to respondents being forcibly sent to an external party or it being suggested were being outed to their family members, friends, and others, as experienced by 15 respondents (42.9%). 11 respondents (31.4%) reported pressure or advice from extended family members and others, resulting in family members forcibly sending them to medical, religious, or other actors to be corrected.

In addition, 4 respondents shared that accidents and illness that they had experienced were perceived as retribution to their SOGIE or a sign to change their identity. 3 of the 4 respondents identified as Muslim, while one respondent identified as Buddhist. In terms of gender identity and sexual orientation, 2 of them were trans women, 1 identified as a queer woman, and 1 identified as a queer man. 2 of the respondents were 19 – 24 years old, while the other two were between 25 – 30 years old and 31 – 40 years old, respectively.

The findings suggest that parents lack affirming SOGIESC related information and support services, and are vulnerable to pressure and prejudicial comments about their LGBTIQ children. In the absence of information and affirming support services, their children are vulnerable to exclusion and violence, including in the form of SOGIE-change efforts. Affirming information and support services could significantly minimise the harm based on ignorance caused by parents towards their LGBTIQ children.

7 respondents (20%), on the other hand, were selected by teachers, counsellors, discipline teacher, or principal to participate in corrective programmes for gender-diverse students based on their gender expression and perceived sexual orientation and gender identity. The 7 respondents identified as:

- Trans women (3)
- Queer men (3)
- Queer woman (1)

A non-binary and gender-fluid respondent shared that their teacher suggested their church's conversion therapy after the respondent accidentally outed themselves in school.

2 respondents who were forcibly sent to meet an external actor after being arrested by the state Islamic Departments are Muslim trans women.

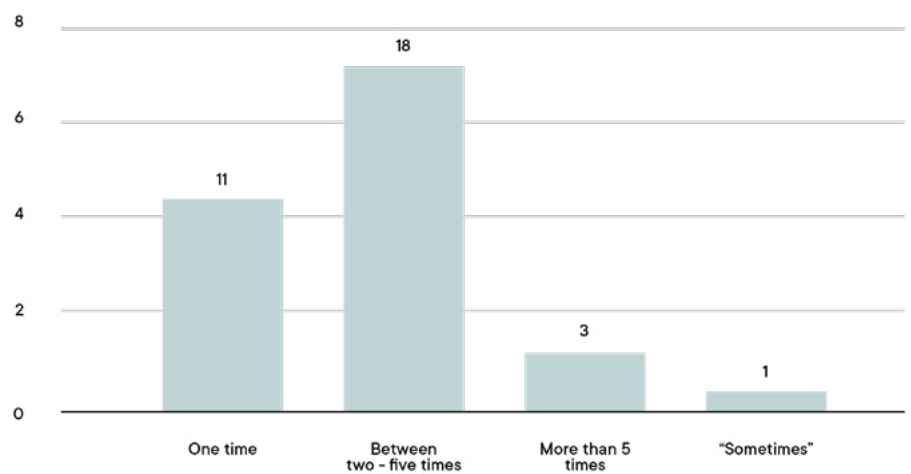
Table 3.3 Situations that led to respondents being forced to SOGIE-change sessions(s) (n=35)

Situations	No. of responses	% responses
I was outed to my family members, friends, and others	15	42.9%
My family members were pressured or advised by others (extended family members) to change my identity	11	31.4%
I was selected by teachers, counsellors, discipline teacher, or principal to participate in programmes for students who are seen as lembut, keras, or based on gender expression	7	20.0%
I came out or outed myself accidentally	4	11.4%
I fell ill or got into an accident and my family members thought by changing my sexual orientation, gender identity and gender expression I will be better	3	8.6%
I was hospitalized for an health issue and based on their assumption of my sexual orientation, gender identity and gender expression, I was forced to see a medical professional or others about my identity	2	5.7%
I was arrested by state Islamic Department	2	5.7%
I had a mental breakdown	1	2.9%
Religious actors	1	2.9%

Section 3.4: Prevalence of being forcibly sent to external actors to be corrected

Of the 33 respondents who shared the number of times they were forcibly sent to medical, religious, or other actors to be corrected, or had it suggested to them, 22 (66.7%) noted that they experienced it multiple times, while 11 (33.3%) experienced it one time.

Figure 3.1 Number of times respondents were forced to a mental health professional, religious person, or other actors to be 'corrected' (n=33)

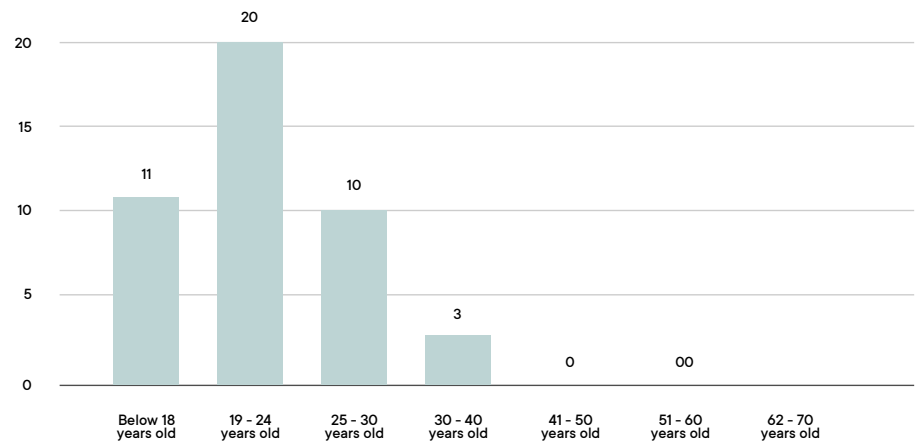


The findings also show that the respondents' experience of being forcibly sent to medical, religious, or other actors occurred in their teens or as young adults, as 23 respondents (62.2%) were between the ages of 18 – 24. 11 (29.7%) of the respondents experienced it when they were below 18 years old, suggesting increased vulnerability faced by LGBTIQ children.

Another 10 respondents (27%) experienced being forcibly sent to medical, religious, or other actors between 25 – 30 years old.

6 respondents selected more than one age range, suggesting they experienced forcible SOGIE change over a prolonged period of time. 1 of the 6 respondents selected three age ranges, indicating they experienced it for at least 6 years (from 18–25 at the minimum). 2 of the 6 respondents also experienced forcible SOGIE change as minors (below 18) into adulthood (19 and older).

Figure 3.2 Ages of respondents when they experienced forcible SOGIE-change (n=35)



Section 3.5: What happened when respondents were forcibly sent for SOGIE change with an external actor

25 of 32 respondents (73.5%) noted that, when they were forcibly sent to medical, religious, or other actors to be corrected, they talked to them about how their SOGIE could be changed, and shared tips on how to change or suppress their identity. 3 respondents (8.8%) were given medical treatment, while 5 (14.7%) were subjected to rituals and exorcism. Only 2 respondents noted that the medical or religious actors told their parents and others that there was nothing wrong with them and they should be accepted as who they are.

Table 3.4 Occurrences during forcible SOGIE-change sessions (n=32)

Occurrences	No. of responses	% responses
They talked to me about how my sexual orientation, gender identity and/or gender expression can be changed, and shared tips to change or suppress it	25	73.5%
They recommended or introduced me and/or my family or others to ex-LGBT groups	6	17.6%
They performed rituals, interventions or exorcism	5	14.7%
I was given medical treatment in order to change my sexual orientation, gender identity and gender expression. This includes giving me medication to make me more feminine or masculine or remove my sexual desires	3	8.8%
They told my parents or others that there is nothing wrong with me and that they should accept me for who I am	2	5.9%
They said at least I had morals but continued to misgender and 'deadname' me	1	2.9%

They bullied me by asking me to run a few laps around the field because I answered their questions femininely	1	2.9%
They asked invasive questions and questioned my "intentions"	1	2.9%
They advised me not to decide so soon, as I may regret it later	1	2.9%

11 respondents (34.4%) experienced multiple of these occurrences. The 3 respondents who were given medical treatment to change their SOGIE also received counselling on how to change their SOGIE (2 respondents); were recommended or introduced to ex-LGBT groups (1 respondent); and had rituals, interventions, or exorcism performed on them (1 respondent).

Section 3.6: Short- and long-term impacts of forcible SOGIE change on respondents

43 respondents replied to this question. 10 out of the 43 had previously responded “No” to the initial question on whether they had been forcibly sent to an external actor, but as established, they had continued to answer the subsequent questions.

Out of the 43 respondents, 7 reported that they experienced no impact at all. However, 6 out of these 7 had also responded “No” to the initial question.

The findings show a high impact on mental health, with 48.8% reporting increased stress, anxiety, isolation, and other forms of burden on mental health. Meanwhile, 37.2% were not interested in engaging in group or communal activities. 27.9% indicated that they had lost interest in work and school, among other things. 14 or 32.6% experienced suicidal ideation and attempts; of those, 10 (71.4%) are below 30 years old, and 10 (71.4%) identified as transgender, intersex, or non-binary.

Additionally, there is also a significant negative impact on relationships with family members and others. 39.5% noted that their relationship with family members, among others, was severed.

27.9% noted that they had moved out. The pattern of response shows moving out as a strategy following a deterioration of mental health, isolation, and even violence. At least 4 people who noted that they moved out also faced suicidal ideation and attempts. This suggests that the home was an extremely hostile place, even though they may not outwardly be facing violence.

All 5 respondents who noted that they sought asylum showed a similar pattern of response. They pretended to be straight, experienced increased burden on mental health, had strained relationships with their family members, moved out, and migrated or sought asylum. All five respondents are transgender women and men between 19 – 45 years.

7 out of the 8 (87.5%) respondents who changed or suppressed their SOGIE following forcible SOGIE change also reported suicidal ideation and attempts.

6 respondents, however, noted that their experience resulted in acceptance of their SOGIE by their family members and others. 3 of them were in their 40s and had experienced forcible conversion practices in childhood or between 18 – 30 years old.

The responses by two respondents showed a journey of acceptance based on selection of multiple impacts, suggesting that the acceptance developed over an extended period of time at a cost. The two, a lesbian woman and a gay man, selected a similar pattern of responses: they changed their SOGIE and pretended to be 'straight', moved out, and later family members began to accept them. The lesbian woman, who is also assigned Islam at birth, shared additional impact on mental health, including suicidal ideation or attempt. Both the lesbian woman and the gay man were subjected to conversion practices by religious actors.

Meanwhile, a Muslim trans woman in her 40s who was enrolled in a boarding or religious school because of her gender identity, experienced name-calling and physical violence. She indicated that religious actors had a discussion with her once about her gender expression or perceived sexual orientation and gender identity. She reported no impact as a result of the talk. She also noted that she has found family acceptance as a result of her experience.

Table 3.5 The short and long term impact of forcible SOGIE-change on respondent (n=43)

Impact	No. of responses	% responses
Increased stress, anxiety, isolation, and other forms burden on mental health	21	48.8%
Strained relationship with some family members and friends	17	39.5%
Not interested in engaging in familial, workplace, or communal activities	16	37.2%
Suicidal ideation and attempts	14	32.6%
Feel unmotivated and loss of interest in school or workplace	12	27.9%
Pretended or pretend to be straight	12	27.9%
Moved out or stopped living with family members	12	27.9%
Changed or suppressed my sexual orientation, gender identity and gender expression to be 'straight', 'normal' or a cisgender heterosexual person	8	18.6%
My family members and others began to accept my sexual orientation, gender identity and gender expression (SOGIE)	6	14.0%
Migrated to other countries or sought asylum	5	11.6%

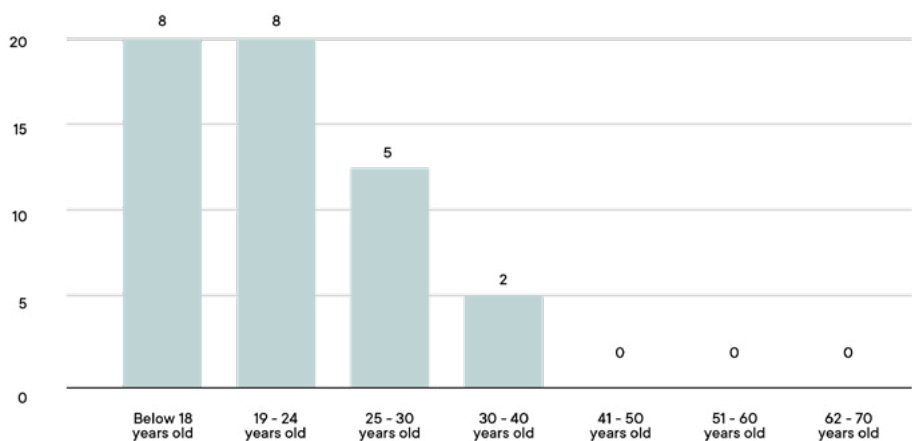
Section 4.1: Prevalence

15 out of 156 (9.6%) respondents stated they have voluntarily sought services and/or support to change their SOGIE. Of those, 7 respondents (46.7%) identified as transgender, 7 (46.7%) identified as cis gay men, and 1 identified as a cis queer woman (6.7%).

However, between 21 – 31 respondents replied to subsequent questions.

21 respondents disclosed the ages when they sought SOGIE-change services. Those who voluntarily sought support ranged in age from below 18 to 40 years old. 19 out of the 21 (90.5%) respondents sought services while aged 30 or younger.

Figure 4.1 Ages of respondents when they sought SOGIE-change services (n=21)



Section 4.2: Contributing factors to LGBTIQ respondents seeking support to change their SOGIE

23 people answered questions about contributing factors to seeking SOGIE-change efforts. 11 of the respondents (47.8%) were below 30 years old; 10 (43.5%) were cis gay men.

7 respondents (30.4%) to this question may be or are persons with disabilities, which represents one-third (33.3%) of the 21 overall respondents who disclosed they may or do have disabilities. At least 5 respondents are below 30 years old, with two being between 19 – 24 years old. All three of them voluntarily sought support as children and between 19 – 24 years old. Two respondents with disabilities, a gay man and a trans man, changed their SOGIE and noted they are fine with their SOGIE change. However, both indicated that, following the change, they face increased burden on mental health, including suicidal ideation and attempts and loss of interest in school or work, among others. The trans man, below 24 years old from a Christian background, noted the change did not lead to any positive outcomes, and that they face challenges in finding acceptance and seeking services.

69.6% of the respondents noted that they sought support to change their SOGIE as they wanted to seek clarity about themselves and their existence. Meanwhile, 52.2% noted that they sought support as they had negative emotions about their identity. In this context, it is important to note that the burden falls on service providers to provide ethical service and accurate information about SOGIE, instead of further confusing, misleading, or harming those seeking support. The findings show that 45.8% of 24 respondents who voluntarily sought support felt even more confused. Even among those who have changed their SOGIE, acceptance seems low and harms appear to be high. At least two persons who have changed their SOGIE reported increased mental health burden, loss of interests in school or work, and suicidal ideation and attempts, among others.

9 respondents noted that they sought support as they did not want to continue to face discrimination or violence, while 2 respondents shared that they are older and/or ill and in need of life support to survive.

Family pressure was the contributing factor for 6 respondents to seek support from medical, religious or other actors to change their SOGIE.

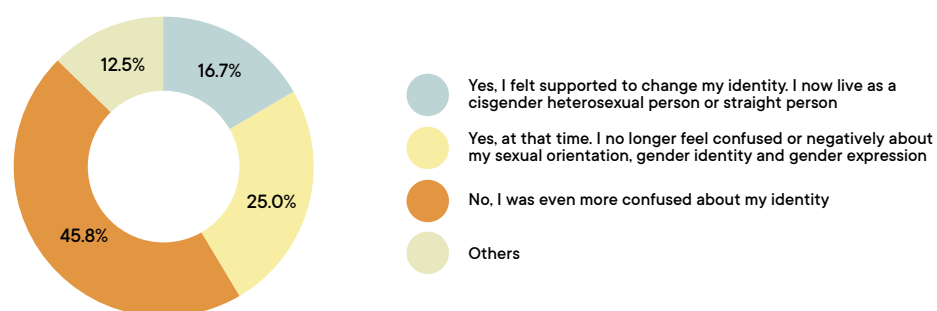
Table 4.1 The reasons why respondents sought SOGIE-change services and/or support (n=35)

Reasons	No. of responses	% responses
Because I felt confused and wanted to seek clarity about my existence	16	69.6%
Because I felt confused, worthless or negative emotions about my identity	12	52.2%
Because I don't want to continue to face discrimination and violence	9	39.1%
Because I was pressured by my parents or others	6	26.1%
Because I am older and/or ill and need life support	2	8.7%

Section 4.3: Effects of SOGIE change services and alternative support methods

Of the 24 respondents who had ‘voluntarily sought’ services or support to change themselves, 11 (45.8%) felt more confused about themselves. Only 4 (16.7%) live as cisgender heterosexual persons. 6 (12.5%) others noted that, while they felt supported at that time, they no longer feel the same way about their SOGIE.

Figure 4.2 Helpfulness of SOGIE-change services reported by respondents (n=24)



The respondents overcame their negative feelings about themselves by seeking more LGBTIQ-affirming information (78.6%) and connecting with LGBT groups and friends who affirmed their identity and supported who they are (67.9%).

Table 4.2 Strategies used by respondents to overcome their situations (n=28)

Strategies	No. of responses	% responses
Looked for more LGBTIQ affirming information	22	78.6%
I found LGBT groups and friends who affirmed and supported me	19	67.9%
I was/am okay with my choice to change my identity	6	21.4%
I still feel confused about my sexual orientation, gender identity and gender expression	1	3.6%

Section 4.4: Short- and long-term impacts of voluntary SOGIE change on respondents

The impact of respondents voluntarily seeking SOGIE-change efforts are varied. 7 respondents shared that, even though they had changed their SOGIE, they were still facing discrimination and challenges in finding acceptance. 3 respondents noted that their relationship with family members have strained.

However, one respondent said that they no longer face discrimination by the government sector. 3 respondents also noted that they have increased acceptance by their family members after changing or suppressing their identities.

At least 7 respondents stated that they face increased mental health burden. While 6 noted that they experienced suicidal ideation and attempts as well as low level of motivation and interest in school, work and other things, respectively.

In summary, out of 26 respondents,

- 3 respondents (11.5%) reported positive impact, i.e. an increased acceptance by family members and friends; and less discrimination when seeking government services and support.
- 13 respondents (50.0%) reported negative impact, i.e. continued challenges in accessing services, support and acceptance; increased stress, anxiety, isolation, and mental health burdens; suicidal ideation and attempts; demotivation and loss of interest in school and work; and strained relationships with family and friends.

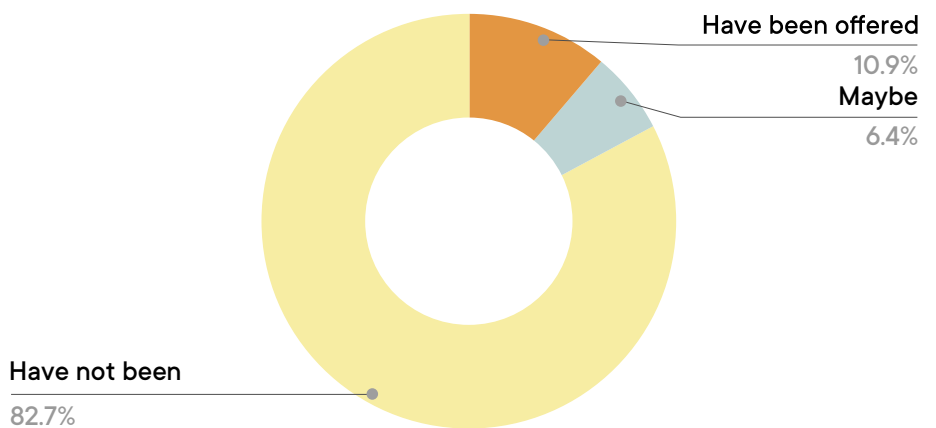
Table 4.3 Short and long-term impacts of voluntary SOGIE-change services on respondents (n=26)

Impact	No. of responses	% responses
No impact at all	10	38.5%
Nothing has changed since I changed or suppressed my identity. I still find it challenging to access to services, support and find acceptance	7	26.9%
Increased stress, anxiety, isolation, and other forms burden on mental health	7	26.9%
Suicidal ideation and attempts	6	23.1%
Feel unmotivated and loss of interest in school, work and other things	6	23.1%
I have increased acceptance by family members and friends after changing my identity	3	11.5%
Strained relationship with family members, friends and others	3	11.5%
I am able to seek government services and support with less discrimination after changing my identity	1	3.8%

Section 5.1: Prevalence

17 out of 156 (10.9%) respondents stated they have been offered SOGIE-change efforts in their lifetime. Of these 17 respondents, 12 (70.6%) were assigned Islam at birth, while 11 (64.7%) identified as transgender or non-binary persons.

Figure 5.1 Percentage of respondents who have been offered SOGIE-change services (n=24)

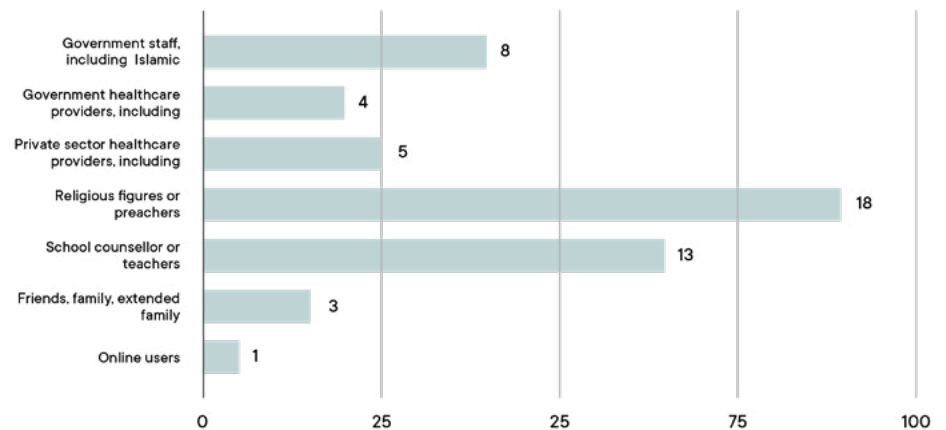


However, in total, between 29–34 respondents replied to subsequent questions in this section. The responses suggest a pattern of being offered SOGIE-change efforts. As such, based on the overall responses in this section, between 18.6%–21.8% have been offered SOGIE-change efforts in their lifetime.

Section 5.2: Actors who offered SOGIE-change efforts

29 respondents noted that they were offered SOGIE-change efforts by actors. 18 (62.1%) were offered SOGIE-change efforts by more than one actor.

Figure 5.2 Actors who offered the respondents SOGIE-change efforts (n=29)



The most common actors were religious actors from various religious backgrounds and school counsellors or teachers. The 18 respondents who selected religious actors come from the following religious backgrounds

- Islam - 11 (61.1%)
- Christianity - 3 (33.3%)
- Buddhist - 2 (11.1%)
- Spiritual - 1 (5.6%)
- No religion - 1 (5.6%)

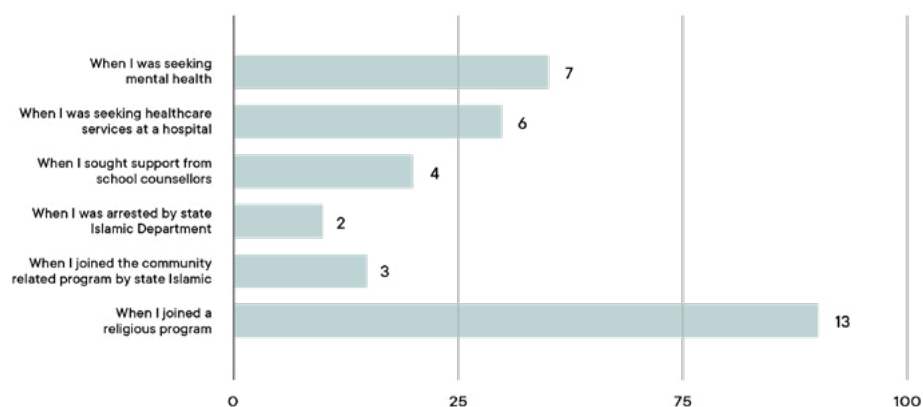
8 respondents shared that they were offered conversion practices by healthcare providers, including mental health professionals from government and private sectors.

8 respondents were also offered conversion practices by government actors; 5 of whom (62.5%) came from Muslim background, and 5 respondents (62.5%) identified as trans women. These findings show an increased vulnerability faced by trans women and Muslim persons to government-led conversion practices.

Section 5.3: Situations that led to the offer of SOGIE-change efforts

32 respondents shared situations that led to them being offered conversion practices. 8 of 32 (25%) were offered conversion practices or SOGIE-change efforts on multiple occasions, with participation in religious programmes being the most common. The findings also show government actors are key actors who offer SOGIE-change efforts through healthcare settings, educational institutions, activities by the state Islamic Departments like religious programmes, and arrests.

Figure 5.3 Situations that led to the respondents being offered SOGIE-change efforts (n=32)



The 13 respondents who were offered SOGIE-change efforts as a result of participation in religious activities come from the following religious backgrounds:

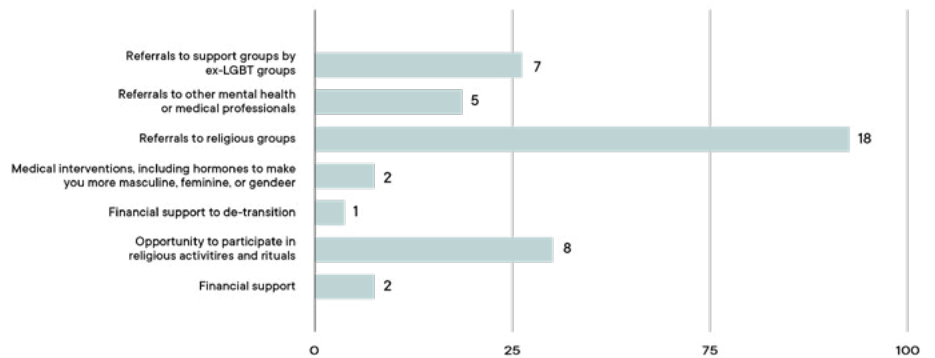
- Islam - 6 (46.2%)
- Christianity - 4 (30.8%)
- Buddhism - 2 (15.4%)
- No religion - 1 (7.7%)

In terms of gender identity and sexual orientation, 5 of the 13 identified as queer women, 4 as queer men, 3 as trans women, and 1 as non-binary.

Section 5.4: Types of support and expectations of SOGIE-change efforts

30 respondents shared that they were offered or received various support to change their SOGIE. 14 of 30 (46.7%) noted that they were provided more than one form of support to change their SOGIE.

Figure 5.4 Methods or types of SOGIE change support offered to the respondents (n=30)



The most common support offered were referrals to religious groups, as reflected by 60% of the respondents.

Section 5.5: Taking up offers of SOGIE-change efforts

Out of 34 responses, 3 (8.8%) stated they took up the suggestions or recommended efforts to change their SOGIE. However, a respondent who answered 'no' indicated that they changed their SOGIE or pretended to be 'straight' in order to access opportunities and support, making it 4 people in total.

The 4 were a cisgender girl, a transgender woman, and two cisgender men.

Of the 4, only one respondent indicated that they were okay with the choice to change their SOGIE. Meanwhile, 2 respondents said that, while they changed their SOGIE temporarily, they could not be 'straight'. Both also noted that they changed their SOGIE or pretended to be 'straight' in order to access opportunities and support. In total, 3 of the 4 respondents noted that their motivation to change their SOGIE was in order to seek support and opportunities, making it the most common driver of SOGIE-change efforts among the respondents.

Related to the point above, another respondent stated that they would pretend to be 'cisgender' or 'straight' while on campus to avoid being bothered or threatened. Additionally, a respondent shared in this section that SOGIE-change efforts were forced upon them.

Section 5.6: Impact

The impact of being offered SOGIE-change services are varied. The highest impacts revolve around adoption of self-protection measures, including self-censorship and trust deficit in institutions and service providers.

Of the 30 who responded to the question, half (50%) reported being more cautious in sharing their SOGIE with others. In keeping with the trend, 12 (40%) noted that they have made their social media accounts private to avoid 'outing' themselves. 5 (16.7%) have stopped or reduced sharing LGBT-related posts on social media, and 5 reported isolating themselves in schools.

12 (40%) noted that they stopped attending religious events, while 4 (14.4%) stopped seeking health care services due to lack of trust.

Table 5.1 The short and long-term impact of being offered SOGIE-change services (n=30)

Impact	No. of responses	% responses
I am more cautious of sharing my sexual orientation, gender identity and gender expression with others	15	50.0%
I stopped attending religious events because I could not trust them anymore	12	40.0%
I made my social media accounts private so that people wont know my sexual orientation, gender identity and gender expression	12	40.0%
Nothing has changed since I changed or suppressed my identity. I still find it challenging to access to services, support and find acceptance	7	23.3%
I isolated myself in school	5	16.7%
I stopped or reduced sharing LGBTIQ related posts on social media	5	16.7%
I stopped seeking health care services because I could not trust them anymore	4	13.3%
I am able to seek government services and support with less discrimination after changing my identity	2	6.7%
I have increased acceptance by family members and friends after changing my identity	2	6.7%

Out of the 30 respondents, 9 reported that they experienced no impact at all. However, 2 out of these 9 had also responded “No” to the initial question (on whether they have been offered SOGIE-change services in their lifetime).

7 respondents (23.3%) reported that nothing changed since they changed or suppressed their identity and still found it challenging to access services, support, and find acceptance. Of these 7, 3 identified as transgender persons and 3 identified as cis queer men.

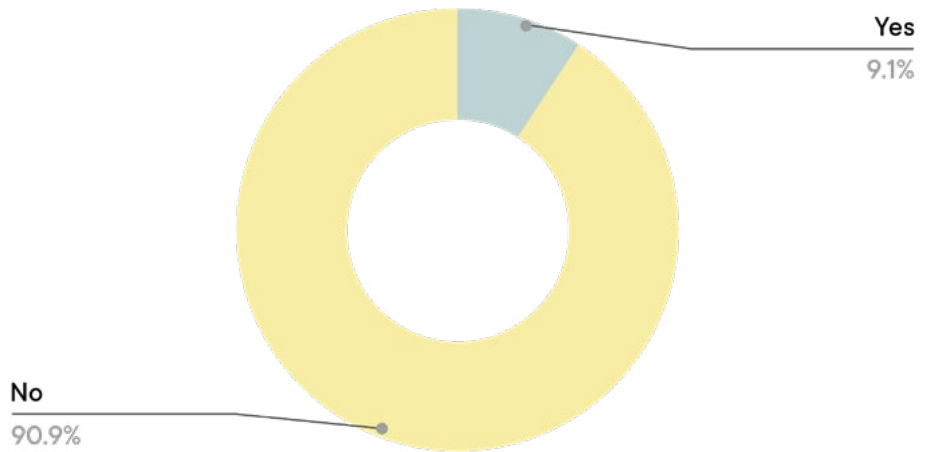
Interestingly, the pattern of response by respondents who changed their SOGIE shows mixed outcomes. All of them selected multiple responses. The 2 respondents who reported being able to seek government services and support with less discrimination after changing their identities are a cis gay man below 40 years old and a trans man below 24 years old. The gay man also noted increased family acceptance and friends. Nonetheless, both also noted that nothing has changed since they have changed their SOGIE and that they still face challenges in accessing services, support, and acceptance. In addition, one of them indicated that they isolated themselves and stopped attending religious events.

The other respondent, a cis lesbian woman, who experienced increased acceptance by family members and friends after changing their SOGIE, also noted that they stopped attending religious events.

Section 5.7: Reporting of cases of conversion practices

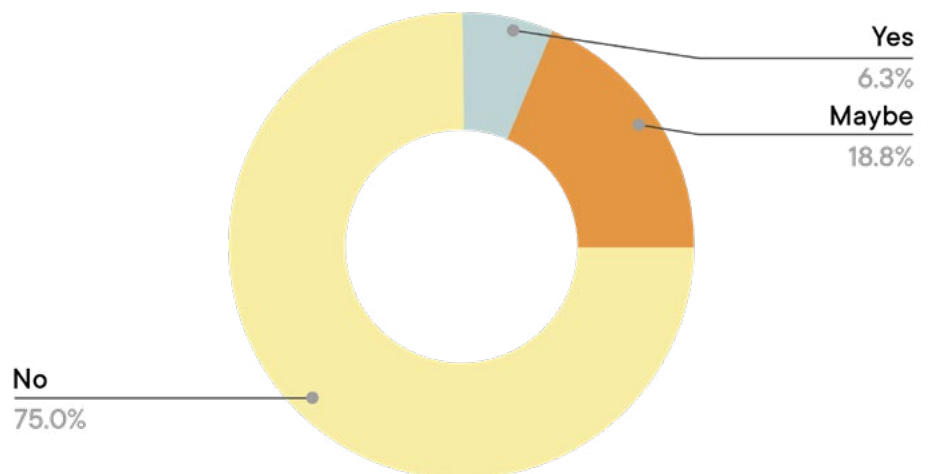
30 out of 33 (90.9%) respondents stated they have not reported service providers who offered them SOGIE-change efforts.

Figure 5.5 Percentage of respondents who reported service providers who offered SOGIE-change efforts (n=33)



24 out of 32 (75%) respondents stated they do not know where and how to report service providers who offered them SOGIE-change efforts.

Figure 5.6 Percentage of respondents who were aware of reporting mechanisms (n=32)



Section 6

Impact of promotion of LGBT rehabilitation in the media & opinion on conversion practices

Section 6.1: Media narratives about ex-LGBT

Of the 156 who responded to the question, 46 (29.5%) respondents stated that media narratives about ex-LGBT have added pressure on them to change their SOGIE. 2 Mandarin respondents could not respond to this and the following questions as they did not understand the term SOGIE used in the questions.

In terms of religion, the 46 respondents come from the following religious backgrounds:

- Islam - 20 (43.5%)
- Buddhism - 14 (30.4%)
- Christianity - 10 (21.7%)
- Others (hinduism, spiritual) - 2 (4.3%)

Table 6.1 Effect of ex-LGBT media narratives on the pressure felt by respondents to change their identity (n=156)

Do media narratives about ex-LGBT people and how LGBT people can change their SOGIE add pressure to you to change your identity?	No. of responses	% responses
Yes	46	29.5%
No	105	67.3%
It does not pressure me to change my identity completely, however it does pressure me to continue pretending to be straight as these narratives have convinced many that it's effective to "cure" the LGBTQ	1	0.6%
Sort of in the middle ground? It is definitely discouraging but I try to refocus on who I am	1	0.6%
It used to	1	0.6%
N/A (respondent not able to answer as they did not understand the term SOGIE used in the question)	2	1.2%

Consistently, respondents from Muslim backgrounds are most affected by media narratives about ex-LGBT persons. This correlates with the ex-LGBT narratives in the Malay language media.

The data also shows that young people are more affected by such media narratives with 26 of the 46 respondents(56.5%) being between 19 – 30 years old; 4 (8.7%) are between 12 – 18 years old.

Table 6.2 Prevalence of ex-LGBT media narratives being used to pressure respondents to change their identity (n=156)

Are media narratives about ex-LGBT people and how LGBT people can change their SOGIE used by others to pressure or encourage you to change your identity?	No. of responses	% responses
Yes	51	32.7%
No	101	64.7%
(I'm) closeted & as such exempted from such treatment	1	0.6%
They don't add pressure but I feel annoyed by it. As if it's easy to change. Tried to but failed.	1	0.6%
N/A (respondent not able to answer as they did not understand the term SOGIE used in the question)	2	1.2%

51 out of 156 (32.7%) respondents stated that media narratives about ex-LGBT are used by others to pressure or encourage them to change their SOGIE. 34 of the 51 (68.6%) are between 19 – 30 years old; 3 (5.9%) are between 12 – 18 years old; and 13 others (25.5%) are between 31 and above 61 years old.

22 of the 51 respondents (43.1%) come a Muslim background, 15 from Buddhist backgrounds, 12 from Christian, while 1 respondent each is from Hindu and a spiritual background, respectively.

A lesbian woman below 24 years old shared that, as they are closeted, they are 'exempted' from such pressure. They, however, note its chilling effect on their ability to express their identity.

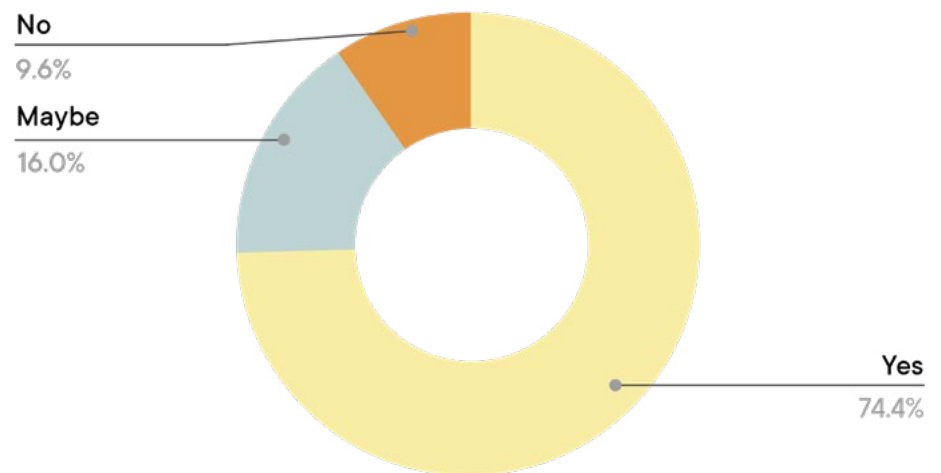
It does not pressure me to change my identity completely, however it does pressure me to continue pretending to be straight as these narratives have convinced many that it's effective to "cure" the LGBTQ.

Another gender-diverse person from a Buddhist background below 24 years old noted that it 'Sort of' affects them and that 'It is definitely discouraging but I try to refocus on who I am'. Another trans man noted that it used to affect him.

Section 6.2: Should efforts to change SOGIE or conversion practices be ended?

116 out of 156 (74.4%) respondents think that efforts to change SOGIE or conversion practices should be ended, while 25 (16%) said “Maybe”. Only 9.6% of the respondents said “No”. However, even among the 10 who said “No”, they recommended several actions to end discrimination against LGBT people. For example, three respondents called for non-discriminatory media coverage of LGBT issues, regulations, and guidelines for medical practitioners, and public education on human rights of LGBTIQ persons while addressing conservatism.

Figure 6.1 Percentage of respondents who think conversion practices should be ended (n=156)



The respondents recommendations targeting various actors have been clustered into the following categories, in order of popularity:

- **Awareness raising** was the most popular recommendation to state and non-state actors. Largely, the respondents proposed awareness raising surrounding the harms of conversion practices and SOGIESC in general, correction of SOGIESC-related misinformation, among others. Respondents also recommend awareness-raising measures using scientific, historical and other evidence through various methods. Together with awareness raising, the respondents also share the need for exercises to foster acceptance of LGBTIQ and gender diverse persons.

A respondent recommendation succinctly summarises the need for awareness-raising:

Scientific proofs should be reported more frequently to increase awareness to the public as most of the public still do not understand LGBTQ is not something that can be changed, some may still hold a sceptical point of view seeing LGBT a form of contagious disease/able to influence others/curable.

- **Political intervention**, including actions by the state to review discriminatory programmes and practices against LGBT persons, followed by meaningful actions such as to defund discriminatory programmes. Additionally, increasing political participation among LGBTIQ persons to initiate political changes.
- **Legal intervention**, mainly revolved around two recommendations - the enactment of a comprehensive anti-discrimination act and prohibition of conversion practices

- Introduction of comprehensive sex education & SOGIESC education in school curriculum
- Shifting media's approach in relation to LGBTIQ issues. The respondents call for positive and affirming representation and coverage of the issues.

“Kerajaan perlu menghadkan media dari melaporkan kenyataan yg bersifat corrective approach ... , lebih banyak info yg tepat berkenaan SOGIE disebarkan di media massa untuk meningkat kefahaman masyarakat, SOGIE perlu dimasukkan dlm.slot pendidikan negara”

“The government needs to limit the media from reporting statements that promote corrective approach..., more accurate information about SOGIE should be disseminated in the mass media to increase public understanding, SOGIE needs to be included in the national education slot”

- Engagement with religious actors and state actors
- Research to increase evidence based advocacy
- Awareness among LGBTIQ persons to increase self-acceptance.

The findings are consistent with other findings relating to conversion practices or SOGIE change efforts in Malaysia. For example, this survey found 16 of 156 respondents (10.3%) were forcibly sent to an external party to be ‘corrected’.

Similarly, Suhakam’s Study on Discrimination against Transgender Persons Based in Kuala Lumpur and Selangor found 15 of 100 trans and intersex respondents (15%) were forcibly subjected to conversion practices, while 9 (9%) were sent to religious leaders to be corrected by their family member, family friend and state religious authority.

The study also found 18 respondents ‘voluntarily’ sought support in relation to their gender identity from religious actors to seek their advice, inquire about their gender identity, among others. This survey found 15 of 156 respondents (9.6%) voluntarily sought support to ‘correct’ themselves.¹

The study reveals that LGBTIQ persons face high levels of pressure to change their SOGIE. This suggests that the minority stress among LGBTIQ people is high. While some studies have shown that SOGIE-change pressure and pressure to get married result in low health-seeking behaviour, among gay, bisexual, queer and other MSM², the overall impact of SOGIE-change pressure and efforts remains under documented. Against the backdrop of increasing anti-LGBT sentiment and promotion of SOGIE change efforts, such environment further adds pressure to assimilate into cis-heteronormativity.

1 Study on Discrimination against Transgender Persons Based in Kuala Lumpur and Selangor, (2019)

<https://drive.google.com/file/d/1wEJ2pVGheprNhgFquoQtMNVO1nmfbK48/view?pli=1>

2 “You Have to Keep Yourself Hidden”: Perspectives From Malaysian Malay-Muslim Men Who Have Sex With Men on Policy, Network, Community, and Individual Influences on HIV Risk, (2018)

<https://www.tandfonline.com/doi/abs/10.1080/00918369.2018.1525946>

The following recommendations are some immediate and critical actions that the government can undertake to protect and improve LGBTIQ people's health and well-being. This includes

Ministry of Education

- Introduce comprehensive sexuality education and SOGIESC education in schools through various curricula and subjects
- Establish an accessible, friendly, and trustworthy complaint mechanism that LGBTIQ students can access in schools
- Increase awareness-raising programmes aiming to create inclusion of LGBTI and gender-diverse students

Ministry of Health

- Review existing government medical guidelines
- Strengthen existing regulations and make existing complaint mechanism more accessible
- Include SOGIESC and harmful practices in medical curriculum
- Strengthen capacity of medical practitioners

Ministry of Women

- Implement LGBTI related CEDAW concluding observations
- Review and repeal all discriminatory laws that discriminate LGBT people on the basis of SOGIESC and consensual sex between adults
- Allow and introduce a legal gender recognition
- Introduce supplementary guidelines for Welfare department officers and police in relation to Domestic Violence Act and Child Rights Act to improve access to redress for LGBTIQ and gender diverse persons across age group facing conversion practices by family members
- Develop rights and evidence based resources and information targeting parents on steps to deal with coming out, transitioning for trans and gender-diverse children and SOGIESC.

The Legal Affairs Division or BHEUU

- Introduction of comprehensive anti-discrimination law

Suhakam

- Make Suhakam's complaint mechanism more accessible and address trust deficit issues
- Review consistency of existing conversion practices programmes with international human rights law
- Build awareness on SOGIESC and the harms conversion practices among religious actors
- Undertake research on conversion practices in Malaysia

National Health Associations

- Issue statements to highlight the harms of conversion practices or SOGIE change efforts and importance of ensuring well-being of LGBTIQ and gender diverse persons

Funding agencies and embassies

- Make available fund for LGBTI+ civil society organizations in undertaking educational efforts, providing and establishing holistic support services for survivors, and other advocacy efforts in addressing conversion practices