ISOC 1

Indian Standards of Care

Indian Standards of Care for Persons with Gender Incongruence and People with differences in Sexual Development/Orientation

Association for Transgender Health in India

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Preface

Why Indian Standards of Care?

Gender for "humans" is more a matter of the "Being" rather than the "Body". It is perception of "Who am I?" arising as a result of neural connections made in the biochemical milieu during early development, shaped by environmental influences. It is the pedestal on which the construct of "I" stands. It is an outcome of who one identifies as, the "my kind", prompted by the "cues" others around them provide, the "who, the person is expected to be", based on their own perception of "who, the person in question is". A mismatch of the perception of others with that of the individual is what is termed as Gender Incongruence. The degree of incongruence is propagated by the perception and behavior of the majority in the environment, magnified by their degree of acceptance of diversity which is deeply rooted in the culture and societal norms of the place that the individual belongs to. It has been unequivocally endorsed by the strength of scientific evidence that favorable outcome is directly proportional to the resilience shown by the immediate family and willingness of the care-providers to help the individual navigate the societal hurdles. The task is compounded by the binary viewpoint and poor understanding of the "Transgender Experience" by the agencies, entrusted with the task of giving succor. To make matters worse the majority of the transgender persons have poor health-seeking behaviour as a result of the judgmental attitude of the care providers. The misinformed impressionable "client" is drawn to "Procedures" being offered in an unethical covert manner to a privileged few who can afford the high costs. The nonexistence of Indian Standards of Care and nonadherence to existing protocols in the above situation caused more harm than good, hence necessitating the development of Standards of Care which are both current and Indian in content and context for addressing the needs of the persons with Gender Incongruence and people with differences in sexual development /orientation.

The seed for "ISOC-1: Indian Standards of Care for persons with Gender Incongruence and people with differences in sexual development /orientation" was planted by the "Association for Transgender Health in India (ATHI)" in its first International Conference on Transgender Healthcare, IPATHCON 2019, organized in collaboration with Jamia Hamdard deemed to be university, at New Delhi, on the 1st and 2nd November 2019, wherein more than 200 professionals from various specialties and subspecialities, both from the medical and social sciences, working in the field of Transgender Healthcare came together on a single platform to share their academic and clinical experiences and interacted with members of the community in order to understand and address their felt needs. Enriched by the collective experience and encouraged by the success of IPATHCON 2019, a core group of professionals, allies and community members, cutting across various specialties, took on the onerous task of revisiting the rich heritage of the Indian culture which has celebrated and worshipped diversity, reviewing the existing guidelines and current medical evidence, brainstorming with policy makers to curate the best. It is indeed a result of their hard work that we announce with a resounding "Yes" on the 1st of November 2020, the release of benchmark document ISOC-1 to the medical fraternity during the IPATHCON 2020 aptly themed "Indian Standards of Care, are we there?"

The ISOC-1 endorses the progressive view of WHO which has de-pathologized Gender Incongruence and seeks to fill the lacunae in Transgender Healthcare by formulating best practices which are in sync with the globally accepted Standards of Care published by WPATH, SOC 7 and based on the emerging evidence that conflict arising as a result of incongruity between assigned sex and desired gender magnifies dysphoria and non-resolution may further distort psychosocial development compounded by the insensitive callous attitude of the cisgender majority, perpetuating an environment of mistrust and intolerance forcing the gender incongruent person to further harm at the hands of unscrupulous professionals who peddle pseudo-scientific 'quick fix' procedures.

ISOC-1 is a proponent of Affirmative Care, favoring early recognition of gender incongruity, provisioning of a gender-sensitive environment for psychosocial development and early access to Healthcare services stressing the need for adopting a multipronged proactive approach for the management of gender incongruence. The ISOC-1 aspires to be the base document for addressing the stakeholders' felt-need to acquire and share knowledge, facilitate the delivery of multispecialty Healthcare, empower through advocacy and implement legislation. It presses for a holistic public health approach to be adopted by all agencies, both Governmental and Non-Governmental, working to ensure equity in the delivery of Healthcare and mandates that existing policies be reworked to address the cause rather than manage the outcomes.

ISOC-1 seeks to be a dynamic document, constantly evolving and stimulating the professionals working in the field of Transgender Health, educationists, academicians, social workers, and community members to step out of their silos, interact with each other, undertake research and share their experiences to improve the successive editions of the Indian Standards of Care, making it a benchmark document for providing holistic and affordable Healthcare to all human forms irrespective of their self-affirmed gender identity or sexual orientation, harnessing the time tested strengths and expertise of the various national and international agencies working with or assisting the government to provide Social Justice and Health for All, laying the foundation of an all-inclusive society, wherein, all forms of gender identity and expression are nurtured and celebrated, where, new abilities emerging as a result of scientific progress permit all form of the human to live in harmony with dignity, embracing diversity and enjoying equal rights and privileges, as bestowed by the constitution.

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Table of Contents

1. Gender Affirmative Care: Mental Health
2. Public Health Approach to Gender Incongruence
3. Parents Support Group

Gender Affirmative Care: Mental Health

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Introduction

The problem is social.

The mental health of any individual is impacted by the structures and shape of the world in which they are born and raised. The first step, therefore, in any guideline that aims to help the LGBTQIA+ community would be to identify the nature of the problem and locate it to where it belongs.

We are far from being a world that is affirming of differences and diversity in relation to gender related matters. Historically, many systemic and psychosocial factors have intertwined and led to poor mental health outcomes among LGBTQIA+ individuals (Hafeez et al, 2017). These factors span various social systems such as family, education institutions, employers, government, health care organizations.

Most individuals within these social structures and systems remain unaware of these contributing factors and therefore mental health care of LGBTQIA+ individual is often left to the individual or else to a therapist they are able to access (Wilson et al, 2020). This in itself creates a much higher level of stress and possibly adds to adverse outcomes for an individual. Therefore, the immediate necessity to acknowledge and attempt to address them is essential.

This guideline emphasizes that purely biomedical treatment aimed at the individual is not a complete solution.

"The solutions also need to be created within the social structures, by the social structures."

The guideline is written in sections. The various sections aim to include the possible role of anyone who is a member of this society, or else part of a social structure or the leader of an organization. Each of these sections attempts to outline and therefore empower the social structure or individual within them, by providing specific ways to help, support and nurture LGBTQIA people.

It fosters the belief that it is as much our responsibility, as members of society, to ensure that each and every individual has the right to an equitable, respectful, safe and healthy life, as it is that of the larger systems, we reside in (Ross et al, 2006).

Understanding the context of a child being brought up in our culture.
The developing sense of self from birth

Every child needs a secure base, to develop and grow to their full potential. A secure base is formed when the child's basic needs for physical and emotional safety are met, through a secure attachment with a caregiver who is usually, although not necessarily, the mother in the first instance. As the child grows, this widens to include other close members of the family, teachers and friends. It is this secure 'felt experience', during this important stage of early brain development, that will help the child make sense of the world and create a secure sense of self.

The sense of self can only be developed in the context of the 'other' (Brown et al, 2009). It is the sound and tone of a caregiver's voice, their expression and their behaviour in response to a child's needs that allows for the development of a healthy sense of self; of feeling valued,

loved, nurtured and also feeling deserving of this. If, for any reason, this is not achieved, the child is likely to develop problems with self-worth, self-esteem and self-confidence, which create an innate vulnerability for the development of mental health difficulties in later years.

The sense of self is also shaped by the complex interplay between Nature (innate inborn traits) vs Nurture (the environment the child grows within; Rutter, 2002). This environment is shaped by the quality and nature of caregiving. Gender forms one part of an integral core of the self. However, even before the child develops an internal awareness of their gender and much later their sexual preference, the world, including parents/caregivers/doctors/nurses, begin to impose their perceived gender upon the child. This, in our culture is usually within a binary male/female construct.

The parents impart this 'supposed fact' to the child, through the use of a male/female name, pronoun, dressing, play and in the direct language and instructions of what their gender role is assumed to be.

Ordinarily, acceptance by the child of their assigned gender is influenced by many factors, including their own internal construct of gender together with the modelling/teaching given by caregivers. Where there is congruence between 'felt sense' of gender and assigned gender, we would not expect dissonance, but one can only imagine the confusion and distress for a child where this is not the case. By now, we are aware that this does occur and is part of natural diversity (Egan et al, 2001).

The perception of not quite 'fitting in' within the expected gender construct unsurprisingly leads to emotional distress, and because this is frequently associated with social rejection and 'non acceptance', the child's interactions with the world are perceived through a lens of feeling 'flawed/different.' We know that such hurtful and invalidating experiences occurring in a repeated and sustained manner over time, are known to result in emotional trauma, which in turn have a profound impact on the developing brain and future learning.

Thus, it is important to understand the hidden inner world of a child who is growing up in a family and society where the prevailing construct of "binary gender" is seen as a "universal truth". If such an environment does not entertain even the possibility of existence of a different way of being, this child will need to keep their experience of self, invisible or hidden and perceive it as flawed and therefore, as a corollary themselves as inadequate or flawed. This sense of self has many ramifications on their mental health and wellbeing, many of which are adverse.

The parents and family

It is important to remind ourselves that the behaviour of caregivers may well stem from a well- meaning and non-malevolent stance - with no intent to harm the child, but the dissonance caused by expectations from parents, that the child conform to their assigned gender, nonetheless leads to many of the difficulties described above (Pullen et al, 2020).

Not recognizing that the child might not wish to conform or is unable to naturally conform is just the beginning of the problem between child and the caregiver, or the social structure like school or peer group. Over time this may tragically progress to non-acceptance, ridicule, prejudice, humiliation, frank coercion and even outright abuse and rejection.

The above contextualizes how the child and then adult, grows and gets nurtured in a plethora of social discourses that propagate their "differences" as inadequacy leading to stigma and chronic stress.

The resultant distress may be perceived by society and professionals, as a result of a "disorder" located within the individual. Therefore, the responsibility as well as the need of intervention or care is also mostly targeted at the individual.

However, the contributing determinants resulting in objective distress are also clearly social, therefore, it is essential that the possible management and "care of" is also targeted at the family and social structures.

The following sections indicate possible areas of awareness and solution making.

Section 1: What can you do?

The role of systems

The lived experiences of LGBTQIA+ people are often affected by the larger systems they reside in (Wagaman, 2016). Each person has distinct and dynamic experiences within these social contexts. As a result, there needs to be a greater understanding of individuals and their needs while considering inclusive mental health care and wellbeing in the context of these different social factors. The community discourses and interfaces with the individual often heighten the conflict and create a bigger problem that needs to be navigated essentially by the individual. It is imperative that institutions in varied systems (educational, medico-legal, socio-cultural) are educated about sexual and mental health and human rights of LGBTQIA+ individuals through awareness campaigns and provision of access to basic resources for improved wellbeing. We propose specific guidelines for each of these varied systems and the role they may play in ensuring the well-being of the LGBTQIA+ individual. We provide the following guidelines for individual systems which we hope will be the torchbearers of this change.

What am I?

1. I am a school
2. I am a higher educational institution
3. I am an employer/workplace
4. I am Family
5. I am a Mental Health organization

I am a school

What can you as a system do?

1. Most schools in India advocate binary stereotypes. For example: schools are often described as an "all girls' school, or an "all-boys school - or the term "Co-education" as a description speaks to a school where "boys and girls" learn together. However, there is absolutely no space to even consider any other framework. Making spaces

gender neutral at the very least, and if possible, promoting affirmative practices for acknowledging respect and equality of diversity is essential for social reform practice.

2. The ability to be mindful of developing a non-binary and inclusive system would include educating teachers, management as well as administrative staff
3. Teaching in the school curriculum: Like teaching on sex education and sexual orientation, there should be modules incorporated in the school teaching programmes for gender identity & gender variation. A mindful representation in literature of diversity based on gender and sexual preferences is advised.
4. Normalization of gender variation: Right from preschool/school stage to continue into higher education and the workplace.
5. The established presence and visibility of advocates for the child, role models and supportive adults and peers. For example: calling guest speakers, enacting plays and theatre with representation of diversity would be advised.
6. Supportive and affirming clubs or teams that value and celebrate diversity in gender and sexual preferences in middle school and higher grades.
7. Extra curriculars: Certain sports, dance forms, and even subjects are often populated in a skewed way due to gender-based narratives. For example: Common narratives include "Indian dance forms are overwhelmingly populated by girls in schools", whereas "sports like football are often populated by boys". A mindful attempt in schools to help children explore all activities, and encourage gender neutral narratives related to activities, skills and qualities is essential.

<u>I am a higher educational institution</u>

Over the years creating awareness and protecting discrimination against the LGBTQIA+ community has become a matter of concern for everyone including higher educational institutions in India. University Grants Commission, the governing body of Higher education has given a mandate of including an anti-harassment cell, gender sensitization policy which also takes care of ZERO Tolerance for such things in Universities and Colleges. However, currently there are no guidelines for LGBTQIA+ youth.

Here, we propose recommendations at the University/ College level for Teachers and Management to create Emotional Space for LGBTQIA+ youth. These recommendations have been framed after exploring the challenges which the LGBTQIA+ community is facing, what are the related causes, and can be the possible solutions.

What can you as a system do?

1. Abide by the mandatory guidelines given by Higher education regulatory bodies such as UGC and NAAC regarding Gender Sensitization. Along with it, include norms related to the LGBTQ community.

2. Create Awareness among Faculties, Staff, Students, and Administrative people regarding existing policies related to Gender Cell through media campaigns and awareness workshops.

3. Empower Employees, Staff, and students at the time of Orientation about Gender sensitization and norms that everyone needs to abide by at the College/ University Premises.
4. Include Gender Sensitization as part of the course curriculum taught to students in the first semester. Along with its topics related to challenges, causes, and needs of the LGBTQIA+ community should also be included. Inclusion of LGBTQIA+ Topics in Value-added courses will be of great help in promoting awareness and sensitizing students. Inclusion of topics such as Nature Vs nurture, Social Nuances, Diversity in sexual orientation, Gender identities can be included on a wider spectrum.
5. Provide Training, Workshops, Faculty Development Programs, Seminars, Discussion forums for knowledge sharing, and understanding challenges of people belonging to the LGBTQIA+ community and how to overcome them will be very helpful in promoting diverse gender-sensitive environments.
6. Along with teaching exposure in forms of reading material, films, Guest lectures especially by prominent people for LGBTQIA+ community may be organized to understand lived experiences and challenges people are facing and marking the relevance of transformation needed.

<u>I am an employer/workplace</u>

Diversity and Inclusion in the workplace is not just a social but also a business imperative. Diverse workforces create sustainable organizations. Furthermore, companies that embrace LGBTQIA+ policies ensuring mental health of the employees, outperform their competitors. Diversity helps draw top talent and foster innovation, and people perform significantly better when they can be themselves at work (Steiger et al, 2020).

What can you as a system do?

1. Universal Diversity and Inclusion Policy
    - Include an equality statement in your company's mission. A well-written mission statement should reflect not just the goals, but also the values of your company.
    - Train staff on diversity and inclusion through awareness campaigns and sensitization workshops. In order to be most effective, diversity and inclusion training should be made available to employees at all levels, not just management. Have consistent focus on building greater awareness around LGBTQIA+ inclusion through workshops and sensitization campaigns
    - Forming buddy groups or support groups between those who are part of a community and those who are not is a good way to sensitize each segment to the other segment's thought process.
    - Adopt a clear non-discrimination policy. To ensure that all employees feel safe and comfortable, it's important for organizations to develop clear anti-discrimination policies and then enforce them consistently and fairly. When an employee voices a complaint, be sure to promptly investigate the issue.
2. LGBTQIA specific Diversity and Inclusion Policy

- Support and fund employee assistance programme for mental health resources
    - offer regular counseling sessions where experts are brought in to offer advice to all employees.
    - Offer a support network and organize awareness and sensitization workshops.
3. Create, support and fund employee resource groups to encourage open discussions on policy changes that are needed and the support that can help LGBTQIA+ employees perform better in the workplace.
    - internal Diversity & Inclusion team to raise awareness about LGBTQIA+ individuals in the workplace.
    - Regular and focused sensitization programs to enable individuals to overcome their inherent biases and homophobic ideas.
4. Change workplace culture:
    - Employees should be allowed to select gender when they join the company.
    - Terminology such as 'spouse' could be changed to 'partner'.
    - LGBTQIA+ individuals may be given a paid break for primary caregiving if they choose to adopt.
    - Health insurance coverage and hospitalization benefits should include same sex partners.
    - medical health coverage for any transition-related procedures.
    - Sponsorship of LGBTQIA+ events and job fairs
    - Involvement of senior leadership in all events
    - Mental health leave for LGBTQIA+ individuals

I am Family

In different times in life

1. At birth: Acknowledgement of gender variability at birth: At birth, only the biological gender can be noted and there needs to be acceptance that this may not align with the child's internal representation of self.
2. In early childhood
3. Early puberty
4. If and when a young person comes out: Coming out to family is a defining moment for a queer person. In many ways it informs and shapes how they navigate not only their identity from this point onwards but also their journey as a queer person.

When a loved one comes out to you, they're looking to release a secret they've held for a very, very long time. You are being trusted with a piece of information a lot of queer people feel they can never share with the outside world. For this reason, they can be in a particularly vulnerable state of mind.

As a parent, sibling, friend, or even just as someone important in their lives, your response means the most to them (Politt et al, 2020). There are certain things to remember when this happens:

What can you as a system do?

1. This is about them. Coming out is an emotional moment, as a loved one, despite your own feelings and concerns about the subject, the first and foremost thing to

do is to show them support in their identity as well as their decision to share it with you.

2. Do not imply that you were waiting for them to tell you, unless they ask you. This can set many young queer people into a shame or guilt spiral about not coming to terms with their identity faster. At this present moment, you just need to receive this information.
3. Don’t gloss over the more difficult conversations. It’s understandable to have questions. Establish an open line of communication with them about their identity. This is going to be a journey they’d like to take you on as they navigate it for themselves. Ask them if they have other queer people in their lives, how they feel about their own identity, what their interaction with the community has been.
4. It’s valid to take time for yourself during this time. This is a shift, and for many loved ones, it forces them to shift their own understanding, ideas and expectations of the life you thought your loved one was going to take. Please communicate this to them, let them know that you need time to process this information while reinforcing your love for them.
5. You have the largest resource pool in your own house, it’s on your phone. It’s likely that your loved one has gone through many readings, videos and resources in their own attempt to understand themselves. Use these resources to understand queer experiences and lives in India. Indian media is known to report horror stories, particularly about queer people. While it’s important to keep updated on these, as well as where your loved one’s identity stands in our current legislature, it’s also equally important to expose yourself to the positive parts of a community that has always managed to fight and thrive
6. As time goes on, talk about telling others. This can be the hardest part for many people. Speak to your loved one, gauge if they’d like to tell other people or keep it a secret for the time being. Indian societal structures are tricky, particularly familial elders. In addition, maybe you’re not comfortable with certain people in your life knowing. This is all part of the conversation you need to have with them, and at times help them come out if they’d like you to, to certain people. Do what you feel will cause minimum dissension in both yours and their lives.
7. Queer people navigate their identities in many, different ways after coming out. Some choose to dress in ways that can be perceived as queer, some choose to go further into their shells, some don’t do any of these. There is no linear way to explore your identity, but it is something they look towards doing after they’ve unloaded their largest secret off of themselves. This is a time you need to let them know they’re protected by you.
8. Speak about safety. India being a politically and culturally volatile country, there are many times queer people have to police their own behaviour or expression in order to stay safe. Help them identify these circumstances for their own protection. Furthermore, if you’re comfortable discussing if they’re sexually active, this is a great time to bring up safe sex and consent

I am a Mental Health Organization

Mental health providers working with LGBTQIA+ youth should be prepared to address disclosure and integration of sexual orientation or gender identity, sexual behavior and risk reduction, use of alcohol and drugs to manage low self-esteem, the effects of discrimination, and the availability of support systems, including families, in and outside the LGBTQIA+ community (Kuzma et al, 2019).

You also need to be aware of your role as an enabler of access and availability for assessment and treatment for those who wish to transition – medical and surgical, together with psychological help for the child/young adult, as well as their caregivers, if this is deemed to be appropriate, on a case-by-case basis (Rutherford et al, 2012).

What can you as a system do?

1. Create an inclusive and nondiscriminatory mental health care environment. Right from the provision in
    a. the physical spaces, for e.g., Waiting areas with diversity affirmative visuals and messages indicating an LGBTQIA+ -friendly environment (rainbow flags, pink triangles, etc.)
    b. Including LGBTQIA+-affirming books, magazines, and videos in libraries for waiting areas
    c. Administrative procedures: Using respectful and inclusive terminology that does not make assumptions about another individual's sexual orientation or gender identity
    E.g., Incorporate culturally and linguistically appropriate language and procedures into the intake, data collection, and information sharing process. (provide for preferred name, preferred gender, preferred pronoun)
        i. Review the intake and data collection process and refine the process to accommodate the needs of LGBTQIA+.
        ii. Create procedures to support and respect youths' ability to self-identify and use language that supports their identity.
        iii. Include information with youth about how confidentiality is maintained and how information will be shared among staff.
    d. The service needs to be mindful of usage of affirmative language,

2. Making sure all staff and team are aware of their own concept of gender and sexuality. As this is often binary, it therefore likely to invisibilize the spectrum of difficulties that a LGBTQIA+ individual might bring. The first step usually is for the team and service to acknowledge their own stance and position.

3. Promote reflective practices within the professionals in your organization, and all other staff that help to make diversity visible. Most of the discriminatory stereotypes that exist in a heteronormative structure are invisible to even mental health professionals growing up within that structure.
   Ensuring fora and spaces that promote active reflective practice and questioning of dominant discourse about gender and sexual orientation is essential in the workspace.

4. Mental Health Professionals should undergo and subsequently develop staff training programmes for queer affirmative practices. These should address at least the following topics:
    a. A review of vocabulary and definitions relevant to LGBTQIA+ youth including culture specific labels and not just western labels.
    b. An exploration of myths and stereotypes regarding LGBTQIA+ youth and adults
    c. Developmental issues and adaptive strategies for LGBTQIA+ children and youth
    d. Promoting positive development of LGBTQIA+ children and adolescents
    e. A review of the coming-out process and how families and adults can support a young person who is coming out
    f. The issues and challenges unique to transgender youth
    g. Approaches to working with the families of LGBTQIA+ youth
    h. Guidance on how to serve LGBTQIA+ youth respectfully and equitably
    i. organizational and community resources available to serve LGBTQIA+ youth and their families

5. Maintaining confidential information appropriately.

6. Adopt written non-discrimination policies
    a. prohibit all forms of harassment and discrimination, including jokes, slurs, and name calling.
    b. apply to all personnel from managers to caseworkers, and all direct care staff, and facility staff.
    c. include a formal grievance procedure that allows for confidential complaints and neutral third-party investigations.

7. Prohibit practices that pathologize, punish or criminalize LGBTQIA+ youth.
    a. should not condemn, criticize, or pathologize youth who explore their attractions for same-sex youth in an age appropriate, consensual manner.
    b. Should not practice intervention or therapy that seeks to change sexual orientation or gender dissonance or fluidity.

8. Promote practices that affirm and celebrate gender and sexual diversity.
    a. Educate families attending the service about LGBTQIA+ identity and encourage families to allow youth to participate in family activities.
    b. Openly reaching out to the LGBTQIA+ community to recruit personnel, facility staff, mentors

9. Promote a progressive and culturally competent environment.
    a. Include LGBTQIA+ youth and adults in the development of policies, procedures, and practices by creating positions on advisory boards and governing bodies.
    b. Display signs and symbols that positively represent the LGBTQIA+ community where services are delivered.

The role of Individuals

Stereotypes of all kinds can have an impact on the way LGBTQIA+ people living with mental health issues are treated, both within the LGBTQIA+ community and within the mental health system. People who identify as LGBTQIA+ who also happen to have mental health issues often experience a double stigma or dual alienation in which they feel they are not accepted within the mental health community because of their LGBTQIA+ identities and are also not accepted within the LGBTQ community because of their mental health issues. It is very important that we as individuals and peers in this community can provide support to ensure the wellbeing of LGBTQIA+ individuals with or without mental illness. As an individual, nonjudgmental and empathetic support towards LGBTQIA+ members of society is intrinsic to improving the well-being and quality of life of these individuals (Garcia et al, 2020).

Who am I?

1. I am a family member/caregiver
2. I am a teacher
3. I am an ally
4. I am a therapist/Mental Health Professional

<u>I am a family member/caregiver</u>

What can you as an individual do?

Role of the family members is probably the most difficult and the most demanding one.

1) When a child comes out to you, you need to put your own fears and apprehensions aside and understand what the child is going through. The child is more scared than you are and is putting all their trust in you. Don't break that trust.

2) First, accept, and then try to understand. Accept the child's identity, the preferred name and pronoun. Help them with the process. Talk to them on one-to-one basis, discuss options, be an ally rather than an adversary. Read, discuss, know. The documentation and legal procedures may appear daunting to the individual already having identity issues, help them sort it out.

3) Be honest in your approach to the child, family, friends and society. Talk to your friends and family. Associate with other families and parents. Meet other parents, children and members of LGBTQIA+, learn from their experience, and share yours with them. Help others go through the process, it will in turn help you understand.

4) Don't forget to take care of yourself and other members of the family. There are times when the other sibling feels left out or ignored because too much focus is being given to one child, make sure, they also feel as involved.

5) Guide them towards safe spaces, safe attire and safe environments. Help them choose appropriate clothes and accessories.

I am a teacher

What can you as an individual do?

1. Assist and Support Student' needs and concerns individually and separately. It is important to understand gender expression is not a very easy thing in our existing society and culture. And thus, without knowing Gender status, it is not right to impose certain norms which maybe are not suitable for that person.
2. Ensure the right usage of Language: The teacher is an important communication point for any student in the workplace. They help in building the trust of a student in the environment. Thus, it becomes important for them to be sensitive while talking to any student, need to know what words should be avoided, especially the use of homophobic or transphobic language to be avoided as it can offend someone.
3. Confidentiality: A Teacher should be very careful in providing an inclusive environment for all community students. No comments inside or outside should be made on any student related to their gender expression.
4. Promote Positivism: Promoting the culture of positive ethos and providing an environment of open discussion is very important. A teacher needs to talk about the expected environment which will be appreciated in the class. And if discussion on sexual orientation is done that will give students confidence and will provide them validation of their existence.
5. Produce relevant material: While teaching it is very important to cover a broad range of examples related to all categories of gender. Scientific temper and evidence-based examples will help in critical thinking and creating awareness among students about the real facts.

I am an ally

A sense of belonging in a community where we can be ourselves, feel accepted and express ourselves is critical to our mental health. In fact, being set apart and ostracized has long been seen as a way of punishing what is unacceptable. This happens often with LGBTQIA+ people in mainstream spaces. Finding places and people that are accepting, welcoming, celebrate your identity and make space for fuller expression can be a huge source of relief when you have constantly experienced rejection and suppression. For someone with mental health issues, the community can be a great source of support and acceptance. Any ally is someone who advocates for and supports members of a community other than their own, reaching across differences to achieve mutual goals

Begin initiating conversations around mental health and support a friend who may be experiencing emotional distress. Here are a few ways in which you can help them:

What can you as an individual do?

1. If you think that your loved one is distressed, initiate a conversation with them. At the same time be prepared for the possibility that they are experiencing self-doubt or

lower self-esteem and may question their own judgment. This is a period when they require acknowledgement and validation of their emotions from their loved ones.

2. Learn to recognize/identify signs of emotional distress
    a. Do they begin isolating themselves from others (including people they like), and from their daily activities?
    b. Do they show a sudden drop in functioning and skip school/work?
    c. Do they lose interest in things that they used to love doing?
    d. Do they look consistently sad, teary-eyed?
    e. Do they have an acute fear of various things and places?
    f. Are they extremely anxious and irritable?
    g. Do they have frequent bouts of frustration or uncontrollable anger, or severe mood swings?
    h. Do they behave in a way that's out of the ordinary (in comparison to how they usually are) They show drastic changes in their sleep patterns, appetite, self-care habits?
3. Listen: Focus your attention on the person you are speaking to and maintain eye contact — this will give them the reassurance that you are being fully present to them. Ask them how they're coping with their challenges, and how they're feeling. Acknowledge how they feel. Ask specific, open questions: "How are you dealing with that?", or "How can I help?"

4. Offer empathy, not sympathy: Sympathy is when a person feels pity for another person because of what they're going through. We may often feel sympathy for other people when they share their problems with us. Empathy on the other hand is trying to truly understand where the person is coming from. It means hearing someone out, engaging with them, and offering support while keeping aside our own urge to fix their distress. This can happen when we reach out to the other person and connect with what they're experiencing.
    a. Stay open to their experience, don't assume you understand what they're going through.
    b. Be aware of the urge to offer suggestions, give advice or share your own story. Remember to keep the focus on the other person.
    c. Wait until they are finished before you share your own experience or suggestions.
    d. Ask them how they're feeling instead of making assumptions. For instance, saying, "How do you feel about it?" instead of "Oh! That sounds terrible!" It's okay to not fully understand their circumstances or the situation.
    e. Listening is about being able to connect with how they are feeling in the moment. Ask before offering suggestions or advice.
    f. Ask clear, open questions that will help you support them. Such as "How can I help you with that?" or "Is there something you'd like me to do?"
    g. Gauge your situation and let them know that if they would like to talk, you're there for them

I am a therapist/Mental Health Professional

What can you as an individual do?

1. Introspection and acknowledgement of own bias: It is entirely likely that you have grown up in a heteronormative, gender binary, promoting culture. This is sure to have constructed an internalized homophobia at worst, or a "normative led social construct for gender and/or sexual orientation "The first step is to acknowledge the possibility and become aware of your own stance. As a psychologist or Mental Health Professional you must remain aware of how your own attitudes about, and knowledge of, gender identity and gender and sexual preference and expression may affect the quality of care you provide to LGBTQIA+ individuals and their families.

2. Self-reflective practice: Ensure that you have created enough opportunities and forums for self-reflection and continued questioning of your own internal bias.

3. Most Mental Health Practitioners (MHP) in India have not had any training in working with children or youth or adults with gender incongruence, or the spectrum of sexual orientation. However, this is no longer a reason to not support or to not acknowledge the mental health issues that such a client brings in. Create opportunities to read up and stay well informed about current research and ongoing advances about affirmative practice.

4. Learning from the experts: as part of your continuing professional development, learning from clients, advocates, and people with lived experience is essential.

5. Aim to provide nonjudgmental counseling and support and affirm the individual's intrinsic worth regardless of his or her sexual orientation or gender preference.

6. Keep abreast of the language used and the changing terms in the classification systems, as well as the use of appropriate and respectful, non-pathologizing language.

7. Make yourself conversant with the known Mental health difficulties and comorbidities commonly associated with the consequences of navigating the inner world of this diversity and the outer social constructs.

8. Respect confidentiality: There is a reason why most youth keep their "coming out" secret and choose certain spaces and people to come out to. It is a journey and a choice. Confidentiality is not a choice for you as an MHP. It is a necessity.

9. Within the therapeutic space: When someone "comes out" within a session, your first step is to listen. Be accepting and affirming. Strive to understand the specific challenges that the individual is facing. Do not assume that you understand the "generalized challenges" that all diverse individuals would have.

“***If you have met one transgender individual, then you have met one transgender individual”. Do not assume that they are representative of the entire LGBTQIA plus community.***

10. It is equally important to highlight and amplify the resilience they can develop. Therapeutic space is just as much about identifying and nurturing strengths as about identifying vulnerabilities.

11. There is no particular singular technique of “therapy” that can be learnt. This is not a specialized therapeutic approach. Many therapists in our country refuse or refer out clients for therapy who are seeking help for their journey. This guideline advocates that MHP’s need to change this approach and train and equip themselves to say “yes” to all clients with gender and sexual diversity. The learning is about being inclusive and affirmative.
12. Align practice towards understanding how social change and creating a shift outside the individual therapeutic space is also the work of an affirmative practice.

13. Recognize and remain aware that transgender individuals are more likely to experience positive life outcomes in India when they receive social support, are integrated into their social fabric and/ or receive trans-affirmative care.

14. Documentation: Maintain records and documents about sessions and therapeutic work. Clients should have access to these documents in case they wish to. This may become an important part of witnessing their journey of transition.

15. Taking responsibility and making an effort to enhance Interdisciplinary collaboration - Due to the wide-ranging impact on health, physical and mental health, sexual and reproductive health, surgical and endocrine procedures, family and systemic therapy, legal and social systems, most individuals of the LGBTQIA plus communities have to exert extra effort to navigate the processes required to find appropriate solutions for themselves. Many practitioners in India operate in silos. This leaves the burden of interdisciplinary navigation on the client as an individual. This in itself may result in increased stress and impact the mental health of the individual.

16. Encourage other MHPs’ - strive to increase awareness and a feeling of competence in peers as well as other colleagues and professionals about gender affirmative and diversity celebrating care practices.

17. Writing in popular media: Creating dialogue and increasing conversations that help to generate awareness in popular media, amongst other families, other professionals and medical specialties.

Section 2: Mental Health Care

Expanded guidelines for care of the mental health of LGBTQIA+ identifying Individual as well as their family.

This section will seek to expand on the common findings specifically related to the mental health of **the individual** located within our culture. However, it also strives to understand that more often than not, in India, the mental health care of the **entire family** is often impacted. The acknowledgement that the family needs intervention and "care" is missing.

Common social narratives which directly impact the mental health of this population are represented below (Hall et al, 2018). These act as possible determinants towards adverse outcomes and therefore identifying them clearly and addressing them adequately are an essential part of the mental health care of the identifying individual.

Psychosocial care

1. **Identified psycho-social** determinant: Lack ***of present and "normative" role models***. For e.g., Gender Incongruence does not exist in children's literature, our storytelling, teen movies, or even in adult serious movies or literature except rarely. It is hard to find it even in our local vocabulary. The concept of it being a natural diversity is unavailable therefore the risk of children growing up understanding this as diversity is highly unlikely.
   Most narratives that include gender incongruence are mired within mental ill- health, pathology, transition, or sensationalism. It forms the basis of "marginalization" and exclusion rather than of being part of a known and natural difference.

   Possible solutions: Making sure that LGBTQIA heroes and protagonists are prevalent, the vocabulary, role models and media as well as education systems provide opportunities for these differences to be seen as ordinary human differences is imperative. Popular media, movies, news, print literature to carry stories of real-life role models.

2. **Identified psychosocial determinant: Inequality** and Social-determinants - transgender and gender non-conforming individuals are at higher risk of experiencing poor health outcomes and restricted access to health care due to increased risk for violence, isolation, and other types of discrimination both inside and outside the health care setting.
   Possible solutions: Adding sensitization to medical school curricula, making hospital policies progressive and increasing mandatory diversity-based practices for all health care institutions.

3. **Identified psychosocial determinant**: Increased risk and prevalence of Trauma and its related impact and consequences on both the individual and the family.
   This does not just arise from the prevalence of known and established research outlining factually heightened levels of abuse once an individual or family has "come out" to their next level of connectedness.

It is also carried from history and has the burden and force of decades of historical marginalization, invisibility, aggression and violence against individuals who dared to express their individuality or raise their voice. This history that has included the many generations of individuals and their families who had to choose to become invisible and be excluded from living fully integrated social lives, carries the potential to intimidate and create a high degree of perceived trauma in a family and/or child who is growing up with the belief that the collective around them is disapproving and therefore would "punish" or exclude their expression of reality and authenticity.

This reduced and constricted sense of possibility leads often to hopelessness that is pervasive and insidious in its presence within the family and individual's existence. It often leads to distress and an adverse impact on mental health and social integration of the family and individual.

It also often leads to a feeling and desire of "escape "from the country and culture to allow the idea of possibility that seems to exist in other countries in today's time.

Possible solutions: Institutions that are held in importance in social narrative may need to come forth to not just acknowledge but apologies for these decades of exclusion and a publicly respectful and compassionate stance towards families and individuals of the LGBTQIA community needs to prevail to help to correct this imbalance and inequity. The author group of these guidelines believe that unless diversity is celebrated, the inequity would continue to prevail.

4. **Identified psychosocial determinant**: Myths and untruths prevalent in social discourse. For example: *Individuals of the community are often misconstrued as hypersexualized/steelworkers*: Due to the prevalent social narratives around nonconformity or else diversity in the gender or the sexual preference dimension - there is a "notion" that all individuals identifying as the LGBTQIA community are somehow driven by their sexual desire in all their acts. The reason this statement is used as an example of a "myth" here is because of The absolute untruth in this statement, as well as the prevalence of it despite it being untrue.
   Possible solutions: Stories of relatability carried by media, in children's literature, in news, on TV, in professional fora and a deliberate attempt to include and highlight multidimensional personalities who belong to the community. Rather than sensationalizing the narrative, the attempt to make it relatable and affirming is advised.

5. **Psychosocial determinant**: Absence of accurate or/and respectful language and vocabulary in the vernacular and the resultant adverse impact on mental health.
   For example:

   a. A meta-analysis of the National Transgender Discrimination Survey examined respondents who used the "gender not listed here" option on the survey and their experiences with accessing health care. Over a third of the people who chose that option said that they had avoided accessing general care due to bias and fears of social repercussions.[29]
   b. Most retail outlets, public places, demographic forms, government offices and buildings have toilets, shower rooms, queues, etc. with specific designated "Male" and "female" locations. Most government forms which collect personal

or demographic data, all laboratory results of hormonal assays, all identifying surveys that collect results of research studies have gender binary boxes or blanks. The number of places which make the "non-conformist" invisible is too long a list to include here. The invisibilization of individuals who are gender non-conforming or have diverse sexual orientation occurs in the way the entire structure of the above tools is conceptualized and is highlighted due to its absence.

c. Incorrect name and pronoun use: Often even after "coming out", the incorrect use of pronouns continues often to be trivialized/dismissed.

These examples outlined lead to a subtle yet intense sense of alienation, or invisibilization and marginalization. Such experiences of pervasive social exclusion prove erosive to the self-esteem of the individual and can cause immense anticipatory fear and anxiety in both the child growing up, and the family.

Possible solutions: Creating respectful language and awareness regarding the importance of inclusion of diversity in all aspects outlined above.

6. Identified psychosocial determinant:
   Continuing marginalization in many areas and social structures; Examples of some absences and inequity as follows

   6a. Fewer employment opportunities

   6b. Role of policies- e.g., Trans Bill, legalization of same-sex marriages etc.

   6c. Protection in law: Freedom of choice for the individual to identify and live freely and safely in their chosen gender, should be enshrined in law and include all rights available to other citizens, including the right to work in their field of interest, marry and have children (biological or adopted).

   6d. Intersection with class/caste/sex/language/gender

   -The role of societal structures in a patriarchy needs to be addressed.

   -Gender: focus on female sexual health as well as male sexual health not just the latter. (refer to relevant section of the guideline)

7. The premise that existing as an individual identifying with the LGBTQIA community, within the current social structures in the present India, limits healthy expression, exploration and therefore the opportunity of fulfilling the potential of human existence and growth in the individual. This aspect seeks to highlight the limiting nature of possibilities for progress and growth rather than just an established adverse impact of an external or internal factor.
   For example:

   -Limited social circle and difficulty to date and make friends.

   -Othering and marginalization becoming an anticipated and expected part of social interface leading to avoidance of exploration.

   -Internalization of shame and hate which often could limit exploration of possibility and own potential.

8. In case of development of resilience and the ability to express and assert ----impact on mental health.

Biomedical Care

Psychosocial determinant:

The prevalent medicalization/pathologisation of the LGBTQIA population within prevailing medical services and professionals

Possible Solutions: Policies to provide gender-transition related services and sensitive management of intersex variation are needed. Free or subsidized gender transition services, including hormonal therapy and gender-affirmative surgeries, for trans people, and sensitive surgeries, if required, for intersex people need to be provided in government hospitals after proper informed consent – at least in tertiary level government hospitals to start with. (Please refer to relevant section of guidelines for actual recommendations.)

Possible mental healthcare related solutions

Mental Healthcare vulnerabilities and patterns that are historically known to exist via research in our as well as other countries need further study and need to be studied and better known. Identification and looking out for these determinants may in themselves lead to better and efficacious solutions. Studying guidelines like the WPATH guidelines and its evolution and wisdom base may be truly beneficial, if we are able to in parallel understand and truly apply the cultural and local wisdom of prevailing narratives and practices.

Some of these knowledges and patterns are outlined below with citations.

1. STI related mental illness
    a. HIV and greater risk of STDs and consequential mental health issues
    b. HIV prevalence among India's transgender community is 26 times higher than the national rate
    c. HIV prevalence in men who have sex with men is higher
    d. BUT important to differentiate that not all LGBTQ people in this category are at risk---- role of participation and self determination

2. Transition related care for trans individuals who seek it.
    a. Government has been offering free gender affirming surgery since 2009. However, it is important to remember that this is not available everywhere and NOT all trans people want it.
    b. Gender affirming treatment associated adjustment to transition are: voice, body image, hormonal changes etc. The availability of this also impacts the sense of hope and possibility that has the potential to alleviate mental distress and consequent ill health.
    c. NO set length of time for psychotherapy, in order to facilitate support and referral to transition services in a timely way

d. Those who are transgender are significantly more likely to be diagnosed with anxiety disorders or depression than the general population.
e. Self-harm/ mutilation: The vulnerability towards this is likely to increase, especially in the absence of accessible and affordable healthcare and safe procedures.
f. Post transition sense of loss, regret, recalibrating expectations. There is emerging research-based evidence for this.

3. Non-transition related care for trans people
   a. Not all transgender people seek gender affirming treatment.
   b. Perceived "need" for surgery to be identified as trans. The narrative of trans individual who do not prefer gender affirming surgery may impact the owning of gender identity for some.
   c. Re-learning autonomy through gender expression

4. Reproductive care for queer cis women
   a. Polycystic ovaries and infertility were identified as being more common amongst lesbians than heterosexual women. The associated mental health morbidity may need to be looked for specifically.
   (refer to relevant section in guidelines)

5. Comorbidities with other mental health problems
   a. depression, mood and anxiety disorders are 2–3 times higher than the general population.
   b. Transgender youth are far more likely than their non-transgender peers to experience depression — nearly four times the risk, according to one study (Reisner 2015). Similarly, LGBQ teens experience significantly more depression symptoms than their heterosexual peers (Marshal 2011).
   c. In a 2016-2017 survey from HRC, 28 percent of LGBTQ youth — including 40 percent of transgender youth — said they felt depressed most or all of the time during the previous 30 days, compared to only 12 percent of non-LGBTQ youth (HRC Foundation 2017).
   d. High rates of suicide, and self-harm
      i. LGBTQ young people are more than twice as likely to feel suicidal, and over four times as likely to attempt suicide, compared to heterosexual youth (Kann 2016); the rates may be especially high for bisexual teens (Marshal 2011). According to one study, a third of transgender youth have seriously considered suicide, and one in five has made a suicide attempt (Reisner 2015). •
      ii. Basic issues like restroom access have a profound effect on transgender youth well-being. For instance, one study showed that transgender students denied access to gender appropriate facilities on their college campuses were 45 percent more likely to try to take their own lives (Seelman 2016).
      iii. According to the CDC's 2015 Youth Risk Behavior Survey, 60 percent of LGBQ youth reported being so sad or hopeless they stopped doing some of their usual activities (Kann 2016).

Psychosocial care targeting family:

In a collectivist culture like ours where the individual and family is often more closely intertwined than in other more individualist cultures, the "coming out" process, too, is not the individual's alone. It happens in stages and at various levels, the "coming out" to oneself, then the family, and then the family as a unit "coming out" to society at large.

As such, the ripples, challenges and struggles of this process, and the resolution thereof, cannot be seen as an individual process alone. The mental health consequences and challenges of the non-conforming journey, as well responsibility and standards of care, need to address the needs of the familial system just as much as the individual.

Therefore, mental health care practice in India, needs to mindfully include (with the individual's consent) the family.

This also means that recognizing the vulnerable members in the family, and the adverse impact on the family especially siblings and parents and supporting them in their journey is an essential component of the "care".

1. Addressing the anxieties and fears within the family:
   When a family accompanies or is made aware, or approaches a mental health professional, the ability to discern the needs of the family and answering their doubts and questions is important. To also help them understand their potential role in the affirming journey and address not just their role as caregivers but be alert to the possibility of anxiety disorders or depression or stress related disorders within the members of the family is advised.

   Therefore, involving and being able to include the family is an essential ingredient in the mental health practice.

2. The need to balance individuality with the often-unexpressed wish to be accepted within the family.
   a. The Mental Health Practitioner should be willing to balance and respect the need for an individual's confidentiality with the attempt at creating acceptance within the family.
   b. Often, the anticipatory fear and the knowledge of the importance of social image to the family is part of the stress on the individual and may contribute to the avoidance of sharing their identity within their family. The MHP needs to remain sensitive and alert to Identifying the appropriate time in the journey of the individual where involvement of the family is possible and may become beneficial.
   c. The stigma, the shame and potential "letting down" the family - that is often feared but also associated with the context of Indian families and how a child or adolescent represents not just themselves , but as legacy carriers of the entire clan/family which in turn carries the legacy of the community they identify with is a remarkable cultural factor that needs to be acknowledged

and addressed by mental health practitioners and needs to be addressed and located firmly in context and local wisdom.

3. Many of the solutions and advocacy for the community ultimately resides in and is grown by family and allies. Therefore, identifying potential advocates and encouraging colleagues, friends and family members to spread further awareness may also be something that an MHP would be able to do given their vantage point.

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Public Health Approach to Gender Incongruence

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Introduction

Gender incongruence is defined as the mismatch an individual feel as a result of the discrepancy experienced between their gender identity and the gender assigned at birth. The discomfort associated with this incongruence is described as gender dysphoria (Gires, 2019).

The term 'Gender Incongruence' has been introduced as a condition under 'Conditions related to Sexual Health' in the latest International Statistical Classification of Diseases and Related Health Problems (ICD-11), released by the World Health Organization on 18th June 2018 (M. Fernández Rodríguez, 2018). These changes of ICD-11 represent a breakthrough and a great sense of freedom for transgender people. This step, which undoubtedly reflects the progressive mindset of the Medical Fraternity, will go down in the annals of the history of Modern Medicine as the turning point. Henceforth the existence of the Gender Spectrum has been validated and a platform prepared for addressing the issues arising out of nonconformity to the populist binary view of gender held by the society at large without the attached stigma of Mental Illness. Though the debate on the appropriateness of the label of Gender Incongruence continues to rage among the academicians and several other wrinkles also need to be ironed out, it is nevertheless a positive step towards delivery of healthcare to this marginalized and oft-neglected subset of society. Another significant step is the complete removal of Homosexuality from the ICD-11, which validates the current scientific stand that 'Sexual orientation' is a matter of personal choice and not a medical issue.

'Gender' is the pedestal on which the construct of 'I' or 'Self' stands. It is the foundation of 'Identity', what one sees oneself as and what one desires to project to the environment irrespective of the genotype inherited or phenotype exhibited. Gender is by and large a social construct and has cultural relevance. Gender Identity and Sexual orientation are recognized as separate entities and are not binary. Gender is a multifaceted spectrum manifested by the self-assigned role and expression which cannot be limited to Male or Female.

There have been a few studies to enumerate transgender population; however, no such enumeration is available for Gender Incongruence. Transgender is an umbrella term used to describe a wide range of identities whose appearance and characteristics are perceived as gender-atypical —including transsexual people, cross-dressers (sometimes referred to as "transvestites"), and people who identify as the third gender (UNFE, Definitions, n.d.). A study published in The Lancet in June 2016 estimates 25 million people, or 0.3 to 0.5% of the global population, as Transgender (Balakrishnan, 2016). Perhaps this is the only accurate estimation available for the worldwide population of Transgender. In the same article, the author cites significant health inequities leading to inaccessible health services because of their social and economic marginalisation. The findings on the health aspect were published by Reisner and his colleagues in The Lancet. A GAP report from UNAIDS cites that estimates from countries indicate that the transgender population could be between 0.1% and 1.1% of reproductive age adults (UNAIDS, 2014). As per Census 2011 in India, there are approx. 4.9 Lakhs people in the Others category (which includes Transgender) in the country.

There are very few estimates available for gender incongruence. Two recent population studies have aimed to estimate the prevalence of people who identify as such. Kuyper & Wijsen (2014) examined self-reported gender identity and dysphoria in a large Dutch population sample, and found that 1.1% of people assigned male at birth and 0.8% of people assigned female at birth reported an 'incongruent gender identity', defined as stronger

identification with other sex as with sex assigned at birth (Lisette Kuyper, 2014). Similarly, Van Caenegem et al. (2015) reported results based on two population-based surveys in Belgium. In the general population, gender incongruence was found in 0.7% of men and 0.6% of women. In sexual minority individuals, the same was 0.9% in men and 2.1% in women (Van Caenegem E, 2015).

Census, an exercise to count the population in India, never recognised Hijra/ Transgender until 2011. In 2011, for the first time, it collected data of Transgender with details related to their employment, literacy, and caste. As per this, out of the total estimated population of 1.247 billion, people who have identified themselves as transgender persons, constitute 4,87,303 (Mandal, n.d.). Though Census 2011, mentions above number in the "Others" category (GoI, 2019), various other literature hints towards a higher figure of about 5-6 million eunuchs in India (Mal, 2018).

Even if the census gives a figure of the transgender population, we do not know how many people with gender incongruence are there, or how many of them experience a need for health care, which poses a big problem for healthcare planners. The first challenging task for the survey researcher in this area will be to decide whom to count and by what means in the upcoming census.

Gender identification is the steppingstone for psychosocial development. Gender recognition, though starting very early in childhood, may remain fluid through a large portion of the growing years before gender affirmation finally crystallizes. This fluidity, in some cases, may extend right through adolescence into adulthood. A conflict arising as a result of incongruity between assigned sex and desired gender leads to dysphoria and non-resolution may distort psychosocial development, thereby manifesting as deviant behaviour, delinquency, mental ill-health, high-risk behaviour and conditions related to sexual health. This is further compounded by the insensitive callous attitude of the cisgender majority looking at them through the narrow prism of their own preconceived notions, perpetuating an environment of mistrust and intolerance and threat of ostracization, thus forcing the gender incongruent child/adolescent to solicit advice through the unmonitored electronic media exposing themselves to further harm at the hands of unscrupulous professionals who peddle street hormones and offer unscientific 'quick fix' procedures.

It has been documented that early recognition of gender incongruence, provisioning of a gender-sensitive environment for psychosocial development and early access to Healthcare services when coupled with social support, especially acceptance by parents, markedly reduces dysphoria, incidence of mental illness, risk-taking behaviour and sexual health issues. Hence it is of paramount importance that a multipronged proactive approach is adopted for the management of gender incongruence. The stakeholders need to acquire and share knowledge, facilitate the delivery of multispecialty healthcare, empower through advocacy and implement strong legislation for getting these outliers of society into the mainstream as productive citizens.

Discussion:

A holistic public health approach needs to be adopted by all agencies working to ensure equity in the delivery of healthcare. Existing policies, designed to address the problem, need to be reworked to address the cause rather than manage the outcomes. The task is compounded by not only the binary viewpoint and inadequate understanding of the "Transgender

Experience" by the agencies, both Governmental and Non-Governmental, entrusted with the task of giving succor, but also the inherent mistrust by the community of the cis population. To make matters worse, the majority of the transgender persons have poor health-seeking behaviour. The misinformed impressionable "client" is drawn to "Procedures" being offered in an unethical, covert manner to a privileged few who can afford the high costs. The non-existence of Indian Standards of Care and non-adherence to existing protocols lead to further harm. The absence of recognized Centers of Excellence adhering to the norms laid down by national and/or international professional bodies in the country capable of providing Training, Certification and Continuing Medical Education to the professionals desirous of / working in the field of Transgender Medicine and Surgery, adds fuel to the fire by promoting the growth of self-styled experts, who assume the role of gatekeepers, ready to cut corners and flaunt rules for financial gains. Their demand for unnecessary affidavits designed to absolve them of any legal action for procedures carried out over and above the minimum documentation needed for the protection of the interests of the transgender person, further adds to the dysphoria and make the journey of transitioning more arduous. Non-availability of trained manpower working in the Government Sector and absence of the much-needed Government aid / Political will and infrastructure puts affordable healthcare out of reach of this misunderstood, marginalized and often ostracized subset of society. Thus, denying them the fundamental human rights and opportunities to live with dignity as bestowed upon each citizen by the Constitution of India and reinforced by the various international fora of which India is a signatory.

Concerted efforts are needed to bring together, the professionals already working in the field of Transgender Health, educationists, academicians and social workers, on a common platform, wherein, they can step out of their silos, interact with each other and share their experiences to undertake formulation of Indian Standards of Care and work towards provisioning of a holistic and affordable Healthcare to all human forms, irrespective of their self-affirmed gender identity or sexual orientation. Dissemination of knowledge regarding Gender to the Primary Care Providers is essential for early recognition and prevention of gender dysphoria. Development of a progressive society mandates provisioning of a robust, customized healthcare infrastructure which addresses the unique needs and a nurturing, inclusive, social environment which seeks to harness the full potential of this often neglected vibrant human resource by encouraging empowerment and mainstreaming.

Recommendation:

It is important to nurture and promote collaboration between academic institutions, implementing structures and international bodies working on or with the Transgender communities to not only fill the lacunae in Primary, Secondary and Tertiary Healthcare but also to lay down the benchmarks in the delivery of standardized healthcare to the Transgender community in India.

The following action plan, based on a Public Health approach resting on the four domains of Knowledge, Healthcare, Empowerment and Mainstreaming, is proposed.

The domain of Knowledge:

1. **Setting up of a "Centre of Excellence in Transgender Health" at an academic institution**
   As the first step in the multipronged approach, it is recommended to set up a "Centre of Excellence in Transgender Health" at one of the top Universities of India having on its

campus all the requisite departments needed for imparting education in the Medical, Nursing, Paramedical, Social, and Legal fields, but also houses a Pharmacy and a Hospital.

The Centre shall function as the seat of academic excellence imparting training and education to the professionals from the Medical, Nursing, Paramedical, Legal and Social streams in the best practices in Transgender Health in collaboration with WPATH (World Professional Association for Transgender Health). It shall promote evidence-based care, education, research, advocacy and public policy in Transgender Health and set the benchmark for the delivery of Transgender Healthcare in the country. Taking a cue from the current Standards of Care developed by WPATH, the Centre shall, in light of the Indian cultural context, set the Indian Standards of Care. It shall formulate a curriculum specific to the Indian cultural context to enable proficiency in the implementation of the current Indian Standards of Care for delivery of healthcare to the Transgender and Gender nonconforming persons.

The Centre shall run Short term courses starting with a foundation course followed by Advance Courses leading to a Certification course in Transgender Medicine and Surgery.

The short term training courses shall include a Foundation Course in interdisciplinary Transgender Healthcare, Advanced Courses in Mental Health, Advanced Course in Non-Surgical Gender Affirmation Therapies, Advanced Course in Surgical Gender Affirmation Therapies, Advanced Child and Adolescent Transgender Healthcare Course, Course in Transgender Health Planning and Documentation and a Course in Law and Ethics in Transgender Health.

The Centre shall also conduct Continuing Medical Education Workshops containing highly specialized 4-8-hour interactive and/or case-based sessions focused on specific areas of interest for professionals who have completed the Foundations in Transgender Health course. Topics would include - Working with Children and Adolescents; Planning and Documenting for Medical Transition; Ethical Considerations; Pre and Post-Operative Surgical Care; Voice and Communication.

The Centre of Excellence shall also run an outreach programme for sensitization of the primary caregivers, schoolteachers, parents and employers regarding gender-related issues and help them develop gender-friendly safe spaces

The long-term goal is to create a faculty of international standing who shall mentor professionals to excel in the field of Transgender Health and pioneer research aligned to meet the needs of the community.

2. Conduct intensive IEC activities

Intensive IEC activities need to be conducted for raising awareness and among all stakeholders for mitigating the risk of communicable and non-communicable diseases as a result of the high vulnerability of the community members. For running innovative IEC campaigns, the involvement of national and international agencies with prior knowledge and expertise will be required.

The domain of Healthcare:

3. **Setting up of a Gender Clinic at the Hospital**
   Provisioning of affordable and accessible primary, secondary and tertiary care to the community members will be made possible by setting up a Gender Clinic at the Hospital. The gender clinic shall not only provide a hands-on training ground to the students but also allow them to closely interact with and develop a deeper understanding of the community.

4. **Develop a Department of Transgender Medicine and Surgery at Medical College**
   Introduction of Transgender Medicine and Surgery as a separate subject in the Medical curriculum is needed to ensure that every Medical student is aware of the special needs of the Transgender and Gender Nonconforming Persons and issues such as sexual and reproductive health, care of the aging transgender person and preventive healthcare can be addressed by professionals having sound knowledge and proper training. Role of National Medical Council and the Ministry of Health and Family Welfare is supreme for achieving this goal.

The domain of Empowerment:

5. **Setting up of a Gender Ethics Committee and Legal Cell**
   It is of paramount importance to set up an ethics committee and legal cell at the University, to prevent gatekeeping and unethical practices. This cell will work closely with the Gender Team to protect the interests of the Transgender persons and also that of the professionals providing care.

6. **Providing Health Insurance cover and Government Support for Gender affirming therapies**
   Gender Affirming therapies for affecting transition, though considered essential for reducing/preventing dysphoria, are not covered by Medical Insurance/government health schemes. The exorbitant price of treatment in private institutes makes it inaccessible for the large majority. A dialogue with the Insurance sector to address this issue and engagement with the Government to include gender-affirming therapies under the purview of the Government Health Schemes such as Ayushman Bharat will be required to move ahead.

7. **Provisioning of a Single Window for change of Gender in official documents**
   Change of name and gender in official documents such as Aadhar Card, PAN Card, Driving License, Voter ID card, Passport, educational qualifications etc. is an integral part of social transitioning. The Transgender person is often harassed and their dysphoria increases, as he is forced to come face to face with insensitive and prejudiced officials. It is proposed that a single window be set up by the Government for change of name and gender in all official documents.

Domain of Mainstreaming:

8. **Reservation and Social protection as regards Education, Housing and avenues for earning a livelihood.**
   It is recommended that all State Governments should act in accordance to the directions of the Honorable Supreme Court by engaging with the community and form the

Transgender Welfare Boards to address the felt needs as regards Education, Housing and avenues for earning a livelihood.

Conclusion

The vision of an all-inclusive society, wherein, all forms of gender identity and expression are nurtured and celebrated, where, new abilities emerging as a result of scientific progress permit all form of the human to live in harmony with dignity, embracing diversity and enjoying equal rights and privileges, as bestowed by the constitution, can indeed be converted into reality by making a concerted and coordinated effort, harnessing the time tested strengths and expertise of the various national and international agencies working with or assisting the Government in providing Social Justice and Health for All.

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Parents Support Group

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How Parent Support Groups Can Help Improve Healthcare for Transgender Youngsters

As a parent, one often wonders as to whether one is doing parenting right. At the best of times parenting is a challenging job. It's a non-stop, relentless 24/7 job. Most of us struggle even when times are good, and the going is all along a beaten path. When it comes to supporting transgender children, the job gets infinitely more complex. There is no help, no guidance because no one around us knows anything. With little to no societal guidance or help, parents of transgender children are often helpless and are on the lookout for help, support and guidance. Internet may help but it is not reliable. In matters pertaining to trans issues, the internet may actually even be a bit problematic. The authenticity of information available and also the quality of it can very well be suspect. Most of it comes from western sources and is therefore not quite what works in our sociocultural milieu. Even the medical info available is mostly of western origin and therefore can be a bit off context for our country. How can we develop a support system for parents of transgender children? Where do the parents of trans kids go, when they need moral support and guidance?

Our country has lacked support groups for almost everything. Unlike the west, support groups have not existed in our country, in general. But things are beginning to change. Support groups have recently come up to help parents find support from other parents who have similar lived experiences. I am myself, a member of Sweekar. The Rainbow Parents group. It's a group of parents of Indian origin from across the globe. All of us in this group are parents of LGBTQIA+ children. The group provides a safe space for parents where they can find support from other parents having similar lived experiences. The group has been a source of much needed moral support and often beyond. Here, I have met many parents of LGBTQIA+ children. We all share the same concerns and challenges and have all been the source of great help for each other. Moral support that we offer to each other is priceless. And, it's not just that. The very fact that we see other parents proudly standing up for their children gives us hope courage and strength. So far however, our role has been to support each other and to provide advocacy for the cause of LGBTQIA+ communities. Through this write up, I plan to suggest a more comprehensive role for such groups (PSGs from now), especially in the context of transgender children and their specific needs. Let me highlight some areas where parents support groups (PSGs) can be of great help.

The bridge between medical care givers and families of transgender children

Transgender children and their families have this difficult challenge of finding the right medical care givers. Trans kids require many different medical interventions. They need psychiatric treatments and counselling to mitigate their dysphoria and distress related with social issues they face. They need endocrinologists to supervise their feminizing/masculinizing hormone therapies. Also, many if not all need surgeries to alter their primary and secondary sex characteristics. In addition, they might require medical interventions to help them with other medical conditions. PSGs can help children to develop an understanding of the medical procedures and their realistically expected outcomes. Also, the help that such PSGs can provide in identifying competent and gender friendly medical professionals would be simply

priceless. Such medical care providers are rare and therefore hard to find. PSGs can therefore be that much needed bridge between medical professionals and trans youngsters.

Help parents of transgender children understand their medical needs

Transgender children have a lot of needs that are specific to them. These require parental support. For instance, they need to be their 'authentic self.' They have to explore their true identity to get to know themselves. It may be very difficult for parents of a child they have brought up say, as a boy, to explore their feminine side. It is however of existential importance to the child. Parents often need to be counselled and should seek help from professional counsellors. They need to be convinced to reach out to counsellors for their own mental health and that of the child. The PSGs can easily provide this guidance and convince parents to take the right steps in this direction. Here a PSG can be the ideal bridge between mental healthcare professionals/counsellors and families of trans children.

Watchdogs

PSGs also have an important role in guiding parents in avoiding medical procedures that are detrimental for children. A lot has been discussed in this regard in the IPATHCON conferences. This is of special importance in case of surgeries that are performed on intersex children before they attain the age of consent. Any lifelong body alterations must wait till the child has attained maturity and is capable of understanding their gender identity and expression. Such surgeries have been performed routinely in the past and the practice must stop. PSGs can easily be the watchdogs and help the parents of intersex children avoid such catastrophes. There is also the need to stop other malpractices like DIY hormone therapy tried out by children. Such instances are very common in countries like the UK, where there is a three to four year waiting list for appointments at NHS gender clinics. In such instance's parents must guide children and their families to find professional help where it's is available before taking up any treatment. Any and every treatment must be under medical supervision, by appropriate medical professionals. PSGs can easily act as watchdogs in this regard and safeguard the children.

Here, I would also like to make two important points regarding practices by young trans children. One is the practice of using breast binders by young transmen to 'pass' as men. This is fine if done occasionally. However, if it's done on a regular basis for prolonged periods of time, it starts to alter the nature of tissues creating problems for appropriate surgeries later. The exact same caveats can be made for the practice of 'tucking' the genitals by young transitioning transwomen. This too causes similar problems for surgeons performing gender affirming surgeries later. Parents must make themselves aware of these issues and help their children avoid these practices.

Ensuring a conducive environment for diverse children in schools and educational institutions

There is a huge need for parents to find representation in the PTAs of schools to guide school managements to have policies in place so that children who belong to the LGBTQIA+

spectrum have their needs taken care of. Such children are often bullied and therefore end up deprived of the education they deserve.

For instance, transgender and intersex children have a need for gender neutral bathrooms in schools. Schools need to be made aware of this need. PSGs can do the job here. They can help schools in ensuring inclusive policies and practices for LGBTQIA+ children.

Bring in policy changes at the government level for ensuring equity

According to some recent research, as much as 15% of the population belongs to the LGBTQIA+ spectrum. Hence, they are not the miniscule minority as was the belief earlier. There is a need for activism to ensure political representation for such communities. Here, PSGs can be the activists to ensure policy changes at the level of government to make our country truly inclusive. PSGs can be the harbingers of change at the highest levels of government.

Be the change

The last but not the least. Parents can be the change agents in the society by being the change themselves. By proudly supporting their children and being the example for the society, parents of transgender children can be the agents of change.

When we saw other parents in our parents support group, we felt that we are not alone. To see other parents like ourselves, supporting their children, was a great source of strength and courage for us. Here lies the single most important role that the PSGs can play. To all parents who are struggling with the challenges faced by them we offer a hand of help. As parents and PSGs we promise to be the paradigm for the world at large. We appreciate the work being done by **ATHI** in association with **Jamia Hamdard.** These are stellar organizations and the work being done by them must be recognized. Let us all stand together and be the agents of positive change.

When it comes to being the change agents, parents of transitioning trans children do need advice from those with experience. Therefore, to give parents a helping hand, we have compiled an ABC of parenting checklist. I would suggest parents of transitioning young children to go through this and benefit from it. So here it goes.

The Alphabet of parenting a Transgender child

Accept

Be an ally, not an adversary

Confidence of the child is very fragile, maintain it.

Do not be afraid, and do not be in a denial

Embrace the child wholeheartedly

Follow the lead given by the child

Get rid of guilt, and get information, arm yourself.

Happiness of the child is paramount, get Help if needed.

Ignore all kinds of negativity, whether from relatives or friends.

Judging a person on the basis of their preferences or gender is never right. Your child deserves this consideration.

Knowledge is power, educate yourself

Laws are there to protect you and your family. Know the legality.

Mental health professionals are needed only to dispel dysphoria, seek medical help when required.

Not an illness, No treatment can "cure" gender incongruence.

Be Open in communication, not opinionated.

Professional help for hormonal/surgical treatment should be sought when necessary

Question/ queries often help getting you on the right path. Ask continuously.

Raise happy children

Support groups are helpful. Get in touch with similar minded people.

It's a Teamwork where the leader is the child.

Understand the child's viewpoint

Variation is part of nature, accept it.

"Why me?" is to be replaced with "Yay me".

Xpress yourself positively.

You are the chosen one to bring about a change.

Embrace your calling with a Zeal.

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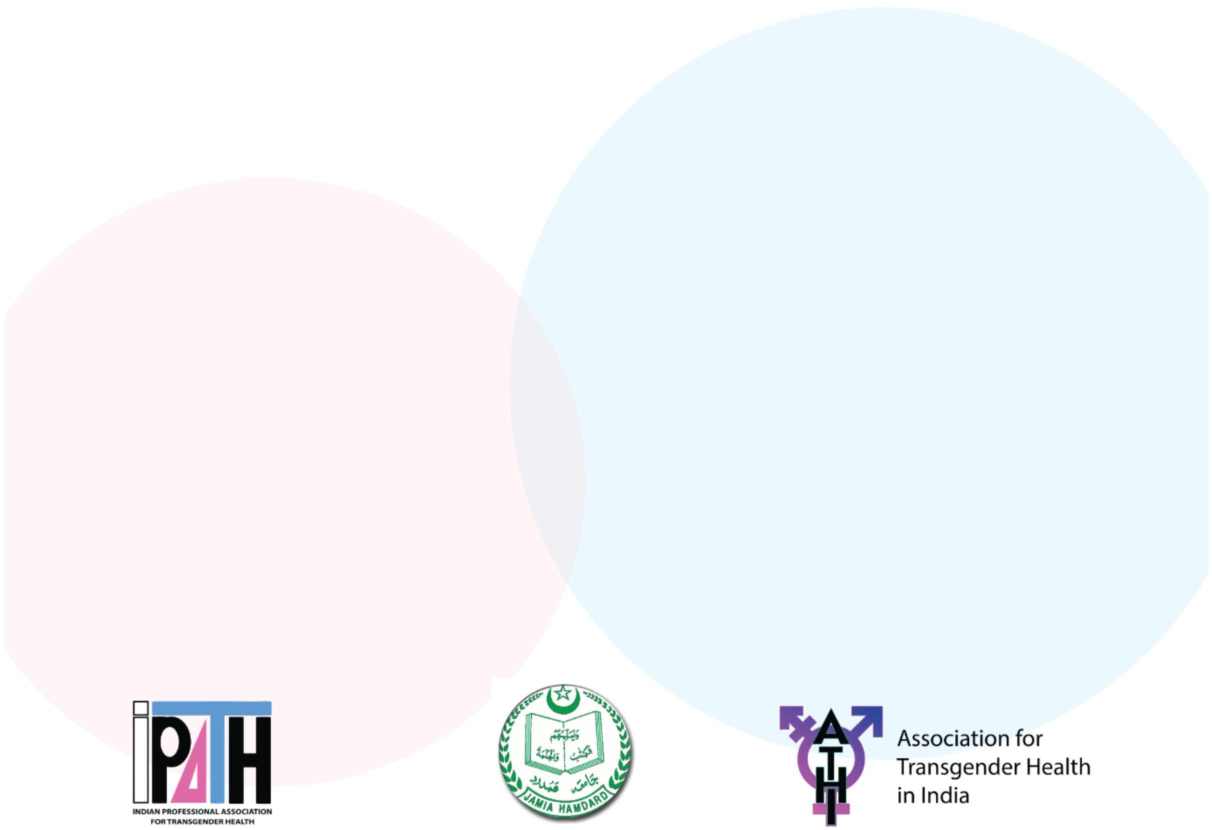

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