
STRENGTHENING BRIDGES

**A Manual for Counselors to
Support Parents of LGBTQ**



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This manual has been designed by our enthusiastic young friend Kamlesh Gade and illustrated by our supporter Poornima Sukumar.

We would also like to acknowledge parents of LGBTQ individuals who have accepted and supported their children through the journey of coming to terms with their sexuality or gender identity. They make a difference to their child's life every day. A special thanks also goes to community members and other professionals who have been supportive towards them and have sensitized parents of LGBTQ individuals.

List of Abbreviation

AIDS: Acquired Immunodeficiency Syndrome

APA: American Psychological Association

DSM: Diagnostic and Statistical Manual

ECT: Electroconvulsive Therapy

HIV: Human Immunodeficiency Virus

HST: The Humsafar Trust

ICD: International Classification of Diseases

IPS: Indian Psychiatric Society

LGBTQ: Lesbian, Gay, Bisexual, Transgender, Queer

NALSA: The National Legal Services Authority

POCSO: The Protection of Children from Sexual Offences Act

SRS: Sex Reassignment Surgery

WPA: World Psychiatric Association

TABLE OF CONTENTS

Section 1:		
Introduction		6
Section 2:		
Glossary of Terms		8
Section 3:		
Client Counseling Relationship- WHAT and HOW to prepare for sessions?		13
Section 4:		
Stages of Coming Out		17
Section 5:		
Four Scenarios How Parents Can Learn about Their Child’s Sexuality/ Gender Identity		21
Section 6:		
Four Possible Stages in the Process of Acceptance		23
Section 7:		
Conflicts in Accepting - Frequently Asked Questions		26
Section 8:		
Stories from the Heart		32
Section 9:		
How to Tackle a Parent Coming To Know About a LGBTQ Minor Child		47
Section 10:		
Taboos around Talking About Sex to the LGBTQ Child		37
Section 11:		
Information for All Ages		38
Section 12:		
List of Resources		40
References		45
IPS Letter		46
WPA Letter		48
About The Humsafar Trust’s Counseling Manual Project		53

SECTION 1

Introduction

Why the need for a manual?

The Humsafar Trust initiated counseling services in 1994. Since then the organization has documented case histories and addressed issues such as depression, anxiety, sexuality- and identity-related queries, relationship, family and coming out, suicidal ideation, societal and marriage pressure. Beyond individual clients, counseling cases at HST have also shed light on the difficulty of dealing with parents of LGBTQ individuals.

Our counseling experiences at the Humsafar Trust highlight that most parents express discomfort toward children experiencing same-sex attraction and/or have alternate gender identities. The difficulty of coming to terms with a child's sexuality has an impact on LGBTQ children as parents play an integral part in raising a child and acceptance level of parents is strongly connected with the child's mental health as well as self perception of sexuality and/or gender. LGBTQ children with unaccepting parents report marriage pressure, pressure to be an ideal child by acting straight, pressure to have children and thus show greater anxiety, higher levels of depression and poor mental health in general.

In many instances, parents blame themselves for their child's gender and/or sexual orientation or try to rationalize the situation with faulty thoughts, such as the notion that sexuality/gender identities can be altered, changed, or repaired by treatment or cures. Often, when parents seek professional help, the psychologists, psychiatrists, and allied professionals are not informed about sex, sexuality or gender diversity or are unsure of ways to address gender and/or sexual orientation differences. Some psychologists and psychiatrists may

even incorrectly offer cures under Ayurveda, Allopathy, Homeopathy, electroconvulsive therapy (ECT), and Aversion therapy as well as sometimes via medications for psychiatric disorders and other treatments.

However, it is a psychologist's and a psychiatrist's responsibility to understand issues of the LGBTQ community and treat clients accordingly, without discrimination. As LGBTQ issues continue to take center stage in the coming times, parents will seek professional help to understand sexuality/gender identities. It is thus crucial that mental health professionals have access to adequate and appropriate resources that provide correct direction around addressing mental health concerns for LGBTQ issues.

Vrushali Deshmukh (the first counselor who worked with HST and counseled over 6000 LGBTQ clients) says:

“While counselling LGBTQ, it is often seen that they undergo stress and anxiety resulting from their inability to share one of the most important aspects of their lives with their parents. The stress permeates into other facets and may limit them from forming long lasting relationships. On the other hand, parents who are gifted to understand the tiniest nuances of their children, fail to comprehend what is affecting their relationship. As mental health professionals, we have to address this issue very sensitively. Hence, one cannot undermine the usefulness of a manual that guides us to effectively deal with such issues. The manual should be treated as a guiding block and adapted according to each unique case.”

Hemangi Mhaprolkar (Clinical Psychologist working with HST for over 15 years) says:

“ *There are several myths and misconceptions that keep many away from discussing LGBTQ issues. Many professionals avoid counseling LGBTQ individuals due to lack of information due to their preconceived notions. Here is a manual with our learnings and experiences that we have gathered over years of counseling the LGBTQ community. This is for the counselors who want to make a difference in that one life that approaches them with lot of hope. This manual will be handy for those who are sensitive to counsel LGBTQ individuals but need a little push in making that big change for their client and have to deal with the relatives of the client.* **”**

In India, family is the strongest support system as well as the very basis of social structure. Therefore, it is important to work with family members of LGBTQ individuals as well, while dealing with issues of acceptance and coming out as it affects both parents and children. It is a journey that a child and parent both have to deal with holding hands and cross the path together.

Through this manual, we aim to train counselors on how to support parents of LGBTQ, overcome the challenges of working with them, and rightly guide all clients regardless of their sexual or gender identity.

Background on the manual

All the information in the manual is derived from qualitative research study of the parents with LGBTQ-identified children. In this research study, in-depth interviews were conducted which focused on parents who have accepted their LGBTQ child. Parents (mother/father) were purposively sampled based on the LGBTQ child's opinion of their comfort level. Data from these interviews and case histories from our counseling sessions have informed the manual's development.

SECTION 2

Glossary of Terms

The following are some working definitions of terms and concepts that counselors need to have knowledge of, to be able to further explain them to parents of LGBTQ. For reference, the authors have used the definitions listed by Parents, Families and Friends of Lesbians and Gays (PFLAG) and the American Psychological Association (APA).



AIDS

Acronym for Acquired Immune Deficiency Syndrome, a syndrome caused by a virus that damages the immune system and weakens the body's ability to fight infection.

Bisexual

An individual who is emotionally, romantically, and/or physically attracted to the same gender and different genders is sometimes stated as "bi." People who are bisexual need not have had equal sexual experience with people of the same or different genders and, in fact, need not have had any sexual experience at all; it is the attraction that helps determine orientation. This attraction does not have to be equally split or indicate a level of interest that is the same across the genders an individual may be attracted to.

Child

For the purpose of this manual, a child refers to any son/daughter/offspring of any age.

Cisgender

A term used to describe an individual whose gender identity aligns with the one typically associated with the sex assigned to them at birth.

Client

The term used by clinicians who think of psychological disorders as problems in living, and not as mental illnesses, to describe those being treated.

Closeted

An individual who is not open to themselves or others about their sexuality or gender identity. This may be by choice and/or for other reasons such as fear for one's safety, peer or family rejection or disapproval and/or loss of housing, job, etc. Also known as being "in the closet." When someone chooses to break this silence they "come out" of the closet.

Coming Out

The process by which one accepts and/or comes to identify one's own sexuality or gender identity (to "come out" to oneself or others). For most people who are lesbian, gay, bisexual, transgender, or queer, coming out is the process of self-acceptance that continues throughout one's life, and the sharing of the information with others. It's important to remember that coming out is an incredibly personal and transformative experience.

Community

The entire set of individuals to which generalizations will be made.

Confidentiality

Not disclosing information discerned or communicated during counseling.

Counselor

An individual trained to give guidance on personal or psychological issues.

Discrimination

The unjust or prejudicial treatment of different categories of people, for e.g.: on the grounds of race, age, sex, sexuality or gender.

DSM

The current diagnostic and statistical manual of the American Psychiatric Association that classifies, defines, and describes mental disorders.

ECT

A procedure, done under general anesthesia, in which small electric currents are passed through the brain, intentionally triggering a brief seizure.

Emotion

A complex pattern of changes, including physiological arousal, feelings, cognitive processes, and behavioral reactions, made in response to a situation perceived to be personally significant.

Effeminate

It is used as an adjective in a 'derogatory' sense. Used for a boy/man having characteristics regarded as typical of a woman; unmanly. For example, "he lisps and his handshake is effeminate". Other synonyms are womanish, unmanly, effete, foppish, affected, niminy-piminy, mincing, postering, informal – campy, queeny, poncey, limp-wristed, pansyish, faggy, girlish. In Hindi, Marathi and Gujarati it is 'ladki jaisa', 'bailya', 'bayaki' and 'hilela dulela'.

Fear

A rational reaction to an objectively identified external danger that may induce a person to flee or attack in self-defense.

Gay

A term used to describe individuals who are primarily emotionally, physically, and/or sexually attracted to members of the same sex and/or gender. More commonly used when referring to males/men-identified people who are attracted to males/men-identified people, but can be applied to females/women-identified people as well.

Gender

"Gender" refers to the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women.

Gender Expression

External factors that describe one's gender identity. This includes behaviour, clothing, hairstyle, walk, voice which may not match socially constructed behaviours and characteristics associated with being masculine or feminine.

Gender Identity

The internal perception of one's gender, and how they label themselves, based on how much they align or

don't align with what they understand their options for gender to be. Common identity labels include man, woman, genderqueer, Trans, and more.

Health

A general condition of soundness and vigor of body and mind; not simply the absence of illness or injury.

Heterosexual

A person primarily emotionally, physically, and/or sexually attracted to members of the opposite sex. Also known as straight.

Heteronormative

A worldview that promotes heterosexuality as the norm in sexual orientation.

HIV

Human immunodeficiency virus, a virus that attacks white blood cells (T lymphocytes) in human blood, thereby weakening the functioning of the immune systems.

Hijra

Hijra is a cultural identity and community. It is called by many different names across India e.g. Aravani, Jagappa. It refers to a transwoman who is part of the hijra community. The community is complex and diverse with numerous rituals, customs and rules. Primarily, the hijra community works under a Guru-Chela system (loosely meaning Teacher-student).

Homophobia

Dislike or prejudice against homosexual people (often used loosely as a term denoting dislike of the LGBTQ at large as well).

Homosexual

A term used to describe a person primarily emotionally, physically, and/or sexually attracted to members of the same sex/gender. This term is considered stigmatizing due to its history as a category of mental illness, and is discouraged for common use (use gay or lesbian instead).

Intimacy

The capacity to make a full commitment — sexual, emotional, and moral — to another person.

Judgment

The process by which people form opinions, reach conclusions, and make critical evaluations of events and people based on available material; also, the product of that mental activity.

Label

A classifying phrase or name applied to a person or thing, especially one that is inaccurate or restrictive.

Lesbian

A term used to describe women attracted romantically, erotically, and/or emotionally to other women.

LGBTQ Community

The LGBTQ community is not a physical or single space. It refers to a larger group of people who feel a sense of community due to their shared experience of stigma and discrimination and of being different from the acceptable norms of society.

Mental Disorder

Mental illness refers to a wide range of mental health conditions — disorders that affect your mood, thinking and behavior. Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviors.

Minor

In India, a minor is anyone below the age of 18.

Norms

Standards based on measurements of a large group of people; used for comparing the scores of an individual with those of others within a well-defined group.

Outing

Involuntary or unwanted disclosure of another person's sexual orientation, gender identity, or intersex status.

Queer

Queer is an umbrella term for LGBTQ and other sexualities/ genders. It signals the various gender and sexual differences that fall neither into heterosexual or binary gender (man/woman) categories.

Questioning

A term used to describe those who are in a process of discovery and exploration about their sexual orientation, gender identity, gender expression, or a combination thereof.

Same Sex Attraction

This term refers to emotional, physical and sexual attraction to the same sex, i.e. males attracted to males or females attracted to females.

Sex

In this manual, sex refers to two things:

1. Sex refers to the biological and physiological characteristics that define male and female.
2. Sex refers to sexual acts or behaviours.

Sexual Attraction

An affinity for someone that evokes the want to engage in physical intimate behavior (e.g., kissing, touching, intercourse), experienced in varying degrees (from little-to-none, to intense). Often conflated with romantic attraction or emotional/spiritual attraction.

Sexual Minorities

Refers to a group whose sexual orientation or identity is different from those of larger society.

Sexual Orientation

The type of sexual, romantic, emotional/spiritual attraction one feels for others, often labeled based on the gender relationship between the person and the people they are attracted to. One's sexual activity does not define who one is with regard to one's sexual orientation; it is the attraction that helps determine orientation.

Sexuality

Refers to how people experience and express themselves as sexual beings through sexual feelings and behavior

SRS

Sex reassignment surgery is defined as a treatment for gender dysphoria which changes the physical appearance and function of a person's genitals to bring them into alignment with their gender identity. Also called gender confirmation surgery.

Stigma

The negative reaction of people to an individual or group because of some assumed inferiority or source of difference that is degraded.

Transgender

A term describing a person's gender identity that does not necessarily match their assigned sex at birth. Other terms commonly used are "female to male" (FTM) and "male to female" (MTF). Transgender people may or may not decide to alter their bodies hormonally and/ or surgically to match their gender identity. This word is also used as a broad umbrella term to describe those who transcend conventional expectations of gender identity or expression.

Transition

A term sometimes used to describe the process—social, legal, or medical—one goes through to discover and/ or affirm one's gender identity. This may, but does not always, include taking hormone; having surgeries; and changing names, pronouns, identification documents, and more. Many individuals choose not to or are unable to transition for a wide range of reasons both within and beyond their control.

Transman

An identity label sometimes adopted by female-to-male transgender people or transsexuals to signify that they are men while still affirming their history as assigned female sex at birth.

Transwoman

Identity label sometimes adopted by male-to-female transsexuals or transgender people to signify that they are women while still affirming their history as assigned male sex at birth.

Transsexual

Refers to people who are transgender who use (or consider using) medical interventions such as hormone therapy or sex reassignment surgery (SRS) (or a combination of the two) or pursue medical interventions as part of the process of expressing their gender. Some people who identify as transsexual do not identify as transgender and vice versa.

Unconditional Positive Regard

Complete love and acceptance of an individual by another person, such as a parent for a child, with no conditions attached.

SECTION 3

Client Counseling Relationship: WHAT and HOW to prepare for sessions?

First Step

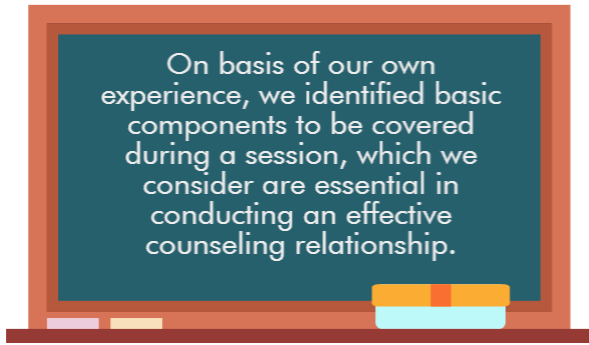
The first step towards counseling is always difficult as clients often express preconceived notions and judgments about counseling in general. It is important to counter stigma associated with seeking mental-health support as it is considered as the last resort towards addressing concerns. Clients usually feel stressed before their appointment but it is your responsibility so that they leave the session feeling at comfort and ease. Approaching a counselor is always the first step towards acceptance as effective counseling provides space and clarity to better understand sexuality.

Before the first session, you may have had a chance to talk to your client over the phone to book an appointment. Always make sure to ask what is the chief issue being faced by the client for you to know what to expect in your first session and prepare accordingly. If a client has come without an appointment, you may not have the opportunity to do so. If the client expresses the desire to get their parents in for counseling then use that opportunity to understand a little more about their parents before the client gets them in for counseling.

There are two ways how a parent would approach a counselor: They can directly present the problem by saying that they want to know more about their child's gender/sexual identity. However, some parents

indirectly mention experiencing depressive symptoms which is why they might want to come see you. Sometimes parents might approach you seeking a cure for their child's same-sex attraction and/or alternate gender expressions and expect you to help them. At times, they might approach you to help them understand same sex-attraction better now that they know about their child's sexuality. It is important to acknowledge the difficulties faced by parents prior to taking this step towards counseling but stating this upfront can be reassuring for parents. Further, encourage them to continue their sessions with you as it takes more than just one session for counseling to be effective.

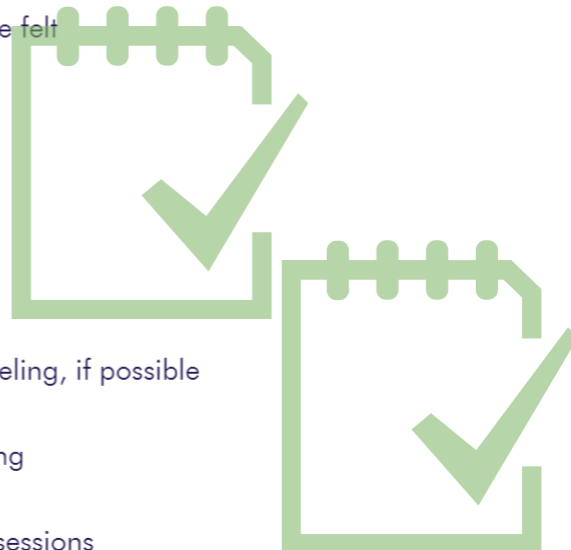




On basis of our own experience, we identified basic components to be covered during a session, which we consider are essential in conducting an effective counseling relationship.



1. Build rapport between you (the counselor) and the client
2. Help parents feel welcome and safe by listening to their experiences
3. Assess the reason for them seeking counseling
4. Understand the seriousness of the presenting problem
5. Assess the client's counseling expectations
6. Take a complete case history
7. Allow client to describe what feelings are felt
8. Determine a counseling structure
9. Obtain a commitment to counseling
10. Working on goal-setting
11. Practicing new behaviors, in the counseling, if possible
12. Summarizing, reviewing, and evaluating
13. Detail homework to practice between sessions
14. Evaluation



EQUIP YOURSELF

8 things to follow during counseling sessions 



ACCEPTANCE

1

It is very important to be clear in your thoughts about LGBTQ to be able to deal with their challenging parents. Your discomfort with homosexuality or any negative perceptions/judgments will be evident and could affect the nature and impact of counseling. If you feel this is the case, kindly refer your client to another counselor.

CONFIDENTIALITY

2

Respect confidentiality of your clients, be it a LGBTQ child or parent. When a parent shares information pertaining to their child's sexual orientation or gender identity, you have client's trust that must be respected.



CONSENT

3

I agree
 I disagree



Consent by the LGBTQ child or parent is a must whether it is to a proposed counseling session or shared confidentiality. For any consent to be informed, the client must first achieve a clear understanding of all relevant facts, risks and benefits, and available alternatives involved. Clients possess the right to know what is going to be provided to him/her and cannot be denied their rights due to their mental health status.

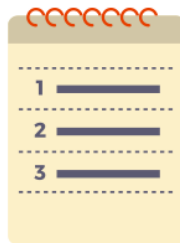
INCLUSIVITY

4

Create a supportive atmosphere by using language that is relatable to them, have books about LGBTQ subjects, etc.



LABELLING **5**



One should call oneself an LGBTQ friendly counselor only after obtaining the necessary training or self learning in understanding of LGBTQ issues and topics. Furthermore, it is crucial not to label or assign LGBTQ identities to any clients. Only a client can choose to identify as LGBTQ if they wish to. Often, parents request to know about their children’s LGBTQ identities from a counselor. However, the right to divulge this information rests only with the child, not the counselor.

LEGALITY **6**



It is important to acquaint oneself with legal aspects of Section 377 to be able to handle concerns that parents could ask about their LGBTQ child. The counselor must have information and knowledge of few more sections on extortion, blackmailing, abuse and threat in case questions arise in the course of counseling.

SUPPORT **7**



Explain that many people have struggled with these issues in the past. Admit that, while dealing with a child’s sexual and/or gender expression there are no easy and fast answers. Keep the door open for more conversations and assistance.

UNCONDITIONAL POSITIVE REGARD **8**

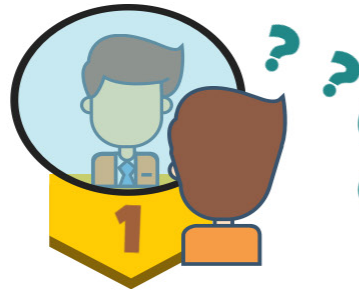


Accept and respect both child and parent as they have not met a LGBTQ friendly counselor before you and will appreciate non-judgmental attitude.

SECTION 4

Stages of Coming Out

Coming out is a personal journey and with each individual reaching different stages in different durations of time. These stages may overlap or may occur at distinctly different times. The following are some stages:



**COMING OUT TO
ONESELF**



**COMING OUT TO A
SIGNIFICANT OTHER**



**COMING OUT TO
LARGER SOCIETY**

COMING OUT TO oneself



“WHO AM I?”

This is a stage marked by identity confusion. Awareness of difference in sexuality and/or gender



DENIAL

Refusing to acknowledge or accept one's feelings is common at this stage as the person tries to think of these feelings as 'just a phase'.



ISOLATION

feeling alone and different from others can be a fearful thing. The person may actively seek support.



ACCEPTANCE

In this stage a person gains some sort of acceptance of their gender/sexuality. With proper help they may accept themselves but without it, they may feel the need to change and may attempt to harm themselves.

COMING OUT TO A SIGNIFICANT OTHER



"Umm.. we need to TALK"

In this stage the person takes the larger step of letting people close to them know about their gender/sexual identity.



Coming
Out

If a person has decided to come out to a significant other, it is a step they take with a lot of thought and preparation.

They have the conversation with a few people they trust.

This could be a best friend, family member, brother, sister or anyone most important to them in their life.



Series
of
Conversations

Once they have come out, a series of conversations follow which may lead to some level of acceptance from the significant other.

At this stage, being misunderstood by those they trusted the most can be a set-back to self-esteem.

It is an important step to negotiate their comfort level with their sexuality and acts as a bridge between society and the self.

COMING OUT TO LARGER SOCIETY



"MY LIFE, MY RULES"

People who are in this stage feel a sense of comfort interacting in and with other LGBT people. They may even have close relationships with them.



Love is love



From the family, spouse, close friends to the workplace, in this stage the LGBT person feels comfortable coming out to the larger society.

SECTION 5

Four Scenarios How Parents Can Learn about Their Child's Sexuality/ Gender Identity

When the child tells the parent about themselves

Usually, a child approaches the parent they feel closer to. Our counseling data indicates that LGBTQ individuals express greater comfort in first coming out to their mothers.

“*Mumma, I have more of your hormones and less of Papa's hormones*”
A Transwoman to her mother.

In some families, an LGBTQ individual finds it easier to write than talk to the parents about their feelings towards the same sex either through letters or emails. Further, parents might probably just know about their child's orientation but would wait for their child to admit it.

“*I knew since a long time, but whenever I approached her with this topic, she always ignored it. I was waiting for her to tell me*”
A mother of a Bisexual woman.

When parents accidentally find out

Parents might inadvertently learn about their child's gender and/or sexual orientation on finding out that the latter access LGBTQ groups on social networking sites, have LGBTQ dating apps/profiles on dating websites, or find homoerotic material in their child's possession. In some scenarios they may walk in on their children while the latter are in intimate situations with their partner.



When parents have a doubt and find ways to find out

Occasionally, parents suspect their child's alternate sexual orientation and/or gender identity before their child even thinks about approaching them.

A mother of a gay son said, "Initially I thought my son was addicted to drugs, so I tried the '10 ways to find out if your child is a drug addict'. While investigating through his personal things, I found out that he is same-sex attracted and I was rather relieved as I was suspecting something else".



When a third person tells the parent

This is the most difficult of all mentioned scenarios as neither the parents or the child are ready for a conversation to address the issue. The outing could happen directly or indirectly, by purpose or by accident. If a third person approaches the parents with information about their child's sexuality, the parents could feel confronted, embarrassed, humiliated and ashamed and could in turn transfer their sentiments strongly to the child.

A counselor needs to explain to the parent that they are not alone after finding out about their LGBTQ child. Just as there are so many LGBTQ individuals, there are also many parents who have children with same sex attraction or gender identity.



SECTION 6

Four Scenarios How Parents Can Learn about Their Child's Sexuality/ Gender Identity

After a parent comes to know about his/her child's sexuality/gender, there are several stages until parents accept their child's sexual and/or gender identities. Often, parents could experience an emotional upheaval and a flurry of reactions. Explained below are possible stages parents might go through and how you, as a counselor can help them through this journey. Keeping in mind, everyone's journey looks different so each stage will likely be unique to each parent and their LGBTQ child. Further, do note that individuals do alternate back and forth, between these stages or experience different emotions all together.



Stage 1: Shock/ Shame/ Denial

Shock could be among the first reactions that parents of LGBTQ individuals primarily report experiencing.

This is more a reaction than a stage. Some parents feel betrayed as the coming out adversely impacts their perceptions, notions and experiences about their child's childhood, adulthood and future. After finding out, they feel a sense of loss as they always thought of their child as a heterosexual and/or cisgender. They experience shock as they find their hopes and dreams of their child's marriage or of being grandparents themselves suddenly shattered. Parents who never had an inkling also report experiencing feelings of shame or denial they never anticipated having an LGBTQ child in their family.

Some parents who always had an inkling or knew occasionally experience minimal to shock at all as they have had time to process their feelings. In these instances a counselor's task will be considerably easier, as parents already worked through some of the stages on their own.

It is important for counselors to stress on the importance of parents exercising control on their thoughts, words and actions, as these, if done as a reaction or sans thought, could impair the parent-child relationship. Some parents express that they would be better off not knowing that they have a LGBTQ child. A counselor should explain that someone who has come out has usually gone through a long and hard process of acknowledging their sexual orientation. The fact that the parent and the child are having this conversation shows their love for the parent and desire to have an honest relationship with them. Counselors need to focus on this being a sign for parents to show support that the child has reached out to them for.



“

Why did you become like this? You were my son, the one I thought I knew from birth

Mother of a Gay son.

”

“

My husband blamed me for my son being gay, he said I loved him too much and that spoiled him

Mother of a Gay child.

”

Stage 2: Grief/ Pain/ Anger

After a while, reality sets in and parents by now have grasped the information their child has shared with them. Parents usually use defense mechanisms such as looking for someone or something to blame for their child's sexual and/or gender identity. Parents often accuse their child, the child's friends or a childhood sexual experience. "Something went wrong at some point", they think. With no clear answer explaining their child's homosexuality and/or alternate gender expression, that internalized anger finds expression in ways that can be damaging. They think if they can find a cause, a cure is not far behind. At such times, parents will seek professional help to "cure" their child.

Pain and grief alter rationality. Counselors need to emphasize that getting angry with their child will not bring them any closer to understanding the situation. Sometimes it is best to take a moment to settle down and think things through. Explain to parents that this is the time to have a role reversal between the parent and the child so that they can learn about sexuality or gender.

Stage 3: Guilt/ Bargaining/ Deflection

Although both parents usually feel guilty, often mothers blame themselves for their child's sexuality. They feel moments of self-blame, feel that they've raised the child wrong or may blame their genes. At times, when one parent is slower than the other in accepting their child, it influences the other parent's thoughts as well.

“

Her father used to think that because we let her wear pant and shirt since childhood, never forced her to groom herself, like other ladies get groomed, that must've made her that way

Mother of a Bisexual woman.

”

The bargaining stage is when parents set boundaries or propose plans of action that may seem convenient for them but not for the child. Some parents might just say that they are okay with their child as long as the child does not disclose their sexual and/or gender identity to the larger world. At times, they set unrealistic expectations such as their child never settling down with a same-sex partner or not being vocal about their inner feelings. A counselor needs to take a parent through this stage by clearing their doubts. Parents that are stuck in this stage and don't resolve them, can alienate their LGBTQ children by presenting them with ultimatums.

“ I told him that I will accept you like a girl but you cannot ever leave me and go or settle down with a man ”
Mother of a Transwoman

At this stage, there are some parents who respond by making it clear it's an issue that no longer requires discussion. There might be situations that the LGBTQ individual might wish to discuss LGBTQ issues but the parents are too fragile to deal with or face the situation. They might express that they have progressed this far but don't wish to talk further on this topic. A counselor can still make efforts to reach out to them by focusing on their mental blocks. In our interviews, parents accepting of their LGBTQ children say that meeting other LGBTQ friends of their child helps them look beyond LGBTQ stereotypes.

Stage 4: Acceptance

“ We still call him by his male name as that just automatically comes out and also because he was and will always be my son. But that doesn't change the fact that I accept my transgender child ”
Mother of a Transwoman.

Of all parents on the journey to understand their child's sexual and/or gender identities, a few reach this stage. Most may love their child without finally accepting the child's sexual orientation and/or gender identity. Some parents begin to realize and see the aftermath of situations they created for their child. Even though there might be parents who have reached the stage of acceptance, there's always a possibility for them to relapse and question their child's sexual and/or gender identities.

“ When someone from my society brings up the topic, I tell them that it was not in our hands, and it was God's plan ”
Mother of a gay son.

When you know that parents have reached this stage of acceptance, motivate them to speak out against the feeling of suppression, to talk to friends about the issues involved as a means of educating others. Some parents have supported LGBTQ friends of their son or daughter; they attend parent meetings to help other parents. In short, they become committed to a cause and find a way that is comfortable for them to make a positive contribution.

SECTION 7

Conflicts in Accepting: Frequently Asked Questions

After the child comes out to a parent, parents have a lot of questions and doubts that need to be urgently addressed. This is a set of questions that have come up during sessions and possible answers for counselors to have better clarity in explaining sexual and gender identity.



1. Is same sex attraction natural or unnatural?

LGBTQ is not unnatural since it exists in nature. It is just as natural for one person to be heterosexual as it is for another to be homosexual. Same-sex attraction is found in other species of animals too apart from humans. Similarly, it just as natural for someone to be either cisgender or transgender. Most recognized and globally renowned scientific and health organizations accept same-sex attraction as one of the natural forms of human sexuality. This is easily explained with the analogy of left handedness. Some people are left handed and some are right handed. There is no real explanation why this happens but it exists in nature. Analogies make it easier for people to relate to the question so giving examples helps explaining better. When a parent asks his/her child to behave otherwise, it's asking them to behave unnaturally or to be something they are not.

2. Why does my son want to be a girl and want to wear women's clothes?

It is first important to understand that sex and gender are different. Sex refers to biological characteristics like chromosomes, genitals, estrogen production versus testosterone, etc. On the other hand gender refers to the social roles that one is expected to perform on the basis of their sex. It is important to remember that gender by itself and the rules around it have always been constructed by society. Eg. Women were at one time not allowed to step out of the house and were only meant to take care of the children. This is not the case in many parts of India today. Rules around gender change with time, place and context. So the counselor must try to explain that just because the LGBTQ individual was born a certain sex, their gender identity need not conform to it.

They should also acknowledge that it can be difficult, especially for parents, to understand why one's gender expression does not match the biological sex the person was born with. For most people, there is match between the two however for transgender individuals, their gender identity doesn't match their biological sex. The counselor must explain that gender identity is fluid and that often children experiment and explore the conventions of gender and it's perfectly normal.

3. Is same sex attraction a mental disorder?

The definition of a disorder involves the inability to function in everyday situations. There is pain, difficulty in adjusting to usual situations and mental issues. This is not the case with sexual/ gender identity.

In the 1970s, both the International Classification of Diseases (ICD 10) and the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) have declassified it as a mental disorder. On 17th May 1990 The World Health Organisation (WHO) declassified homosexuality as a mental disorder. The APA states "Homosexuality is not an illness. It does not require treatment and is not changeable."

In early 2016, the Indian Psychiatric Society (IPS) and the World Psychiatric Association (WPA) have issued position statements clearly stating that homosexuality is a normal variant of human sexuality.

As same-sex attraction is not a mental disorder, it does not require a cure.

4. Can same-sex attraction and/or alternate gender identities be changed?

A child's gender/sexual identity is not curable and cannot be changed by so called "corrective measures." Many families may never recognize that their child is having severe difficulties or is questioning their sexuality since childhood, while others report children as young as age five identifying with the other gender or experiencing same-sex attraction.

Any doctors or therapists offering cures are perpetuating quackery as the techniques often employed by them are ineffective and counterproductive at least and harmful, even life threatening at most.

The counselor needs to explain that the parents are not at fault for their child's orientation and/or gender identity. During counseling, emphasize the need to think beyond cures toward supporting their child with acceptance. Offer comparisons to left-handedness where in some cultures left-handedness is considered a curse or a deviation. In reality, however, physical abuse, therapy, prayers or even coercion toward making a person use their right hand does not "fix left-handedness". This is also true with sexuality - it cannot be changed. Above all, parents need to understand that a child needs their nurturing the most.

5. Does my child have hormonal imbalance which caused sexual/ gender identity mismatch?

No, there is no scientific evidence to indicate that sexual orientation/gender identity are influenced or affected by a person's hormone levels. Studies done around this have been inconclusive. LGBTQ individuals who have undergone hormone level tests almost always have similar hormone levels as compared to their heterosexual counterparts. However, it is certain that no amount of hormone therapies can change same-sex attraction or gender identity.

5. How does my child feel same sex attraction/ have a different gender identity when no one else in my family does?

There is no evidence to suggest that same-sex attraction and/or alternate gender identities are exclusively hereditary or genetic. Just like both parents may be right handed but a child may turn out to be left-handed, same sex behaviour and being transgender is also an influence of factors yet not entirely understood by science. Not just homosexuality or being transgender, but heterosexuality or being cis-gender too is yet to be entirely decoded.

6. Is being LGBTQ a choice?

Counselors need to explain to parents that their child's sexual and/or gender identity is their true nature. Being attracted to the same sex or questioning one's gender is not a choice. It is an inherent trait, just as being heterosexual or cisgender is. It is not something a person chooses for him/herself. Moreover, because contemporary societies are predominantly homophobic, someone who is heterosexual would

not choose to live as gay and invite stigma, ostracism, ridicule and hatred. On contrary, a number of LGBTQ individuals pretend to be heterosexual and live dual lives that subject them to intense stress, anxiety and distress due to lack of acceptance and understanding from their families and friends. The counselor can even ask why someone would choose to live a life which makes them face stigma.

7. Is it legal or illegal? If Illegal, why should I accept my child?

Being LGBTQ is not illegal. However, the sexual act of non-penovaginal sex is criminalized under Section 377 of The Indian Penal Code irrespective of one's sexual and gender identities i.e. Section 377 is just as applicable to heterosexual cis-gender individuals. The counselor needs to highlight how this law is unfairly used against LGBTQ individuals and put them at an added risk of extortion and blackmail from various malicious elements, particularly when LGBTQ individuals do not have support and acceptance from their families.

Further, highlight that sexuality should not be the only reason for parents' rejection toward their child as people are more than their sexuality. Sexuality is an important part of personality and cannot be reduced only to sex. The counselor must remind parents that their acceptance will affect the way their child functions in the world.

The counselor can also remind the parent that many countries including Britain (whose originally introduced Section 377 in British-ruled India in 1860s) decriminalized homosexuality in 1900s and today is among leading nations that support and uphold LGBTQ rights. Therefore laws are up for debate and keep changing as society does. Legality or illegality shouldn't affect their relationship with their child.

If the parent is concerned about the child's gender identity not being recognized, reassure them that by law, India now recognizes the third gender as a legitimate category in all official purposes. According to the NALSA judgement, this gives them equal and special rights as citizens.

8. Did I do something wrong while bringing him/her up?

Parents usually blame themselves and strongly feel it's their fault that their child is different. The idea that parents are responsible for making their children LGBTQ is a myth. As a counselor, you need to assure them that they played no role in their child's sexuality/gender identities and no one, including a parent, influenced a child to become LGBTQ. Giving examples such as, being LGBTQ is an inherent trait, like eye and hair color, helps to explain better. Even more important, they need to be told that there's nothing wrong about their child's identity, and it's just the way some people are.

9. Why didn't my child tell me for so long?

It takes a child a very long time to be able to share this part of themselves with their family about what they're feeling as they fear being judged. For many, it takes them sometime to understand what they have been feeling before telling anyone else. In addition, Indian culture teaches us that same sex attraction/nonconformity to gender is not "okay," causing many to internally hate themselves and their different sexual orientation and gender expression. The fact that the child has decided to tell the parent now means that he/she is finally ready for an open and honest relationship keeping in mind the criticism he/she might face.





10. What if this is a phase? How can he/she be sure?

Parents frequently feel that their child is just ‘experimenting’ and they haven’t met the right opposite sex partner yet/ are having fun experimenting with gender expression. After a certain age, usually around adolescence people are usually sure of their sexuality/ gender identity. At this point their identity becomes a large part of their personality and is then no more a phase. It is important to note that when repeated signs of same-sex attraction are exhibited it is prudent to equip the parent with information about LGBTQ.

Keep in mind that you would probably never ask someone else “Are you sure you’re straight?” As this is something you know from within about yourself. Trust that the LGBTQ individual has gone through those questions internally and has come out after being sure.

11. Did sexual abuse during early years change his/her orientation?

A child cannot be ‘turned gay’ or converted to being LGBTQ. Sexual orientation is not determined by any kind of abuse, be it mental or sexual. Yes, child sexual abuse is very common but it occurs globally. Sexual orientation is not determined by abuse. Just as we do not question heterosexuality among individuals who have survived child abuse and/or rape, it is prudent

to not do the same to survivors who are same-sex attracted and/or have alternate gender identities. In fact, one must be observant as children who have alternate gender identities, sexualities and gender expressions are often more susceptible to bullying and abuse, sexual or otherwise.

12. My child was in the influence of wrong company which made him/her this way

A child cannot be ‘turned gay’ or converted to gay. As much as they may keep wrong company, they cannot change their natural orientation. Again here, you may use the example of left handedness. Just because the child may have a left handed friend, they may try to write with their left hand for a while but they are not going to “convert” to left handed from right handed because that is not natural to them. In the same way, nobody can be turned gay and nobody can be turned straight because of the kind of company they keep.

13. Isn’t this a western concept and against Indian culture?

A counselor should explain that LGBTQ individuals are present in and outside of India and that it is a misconception that same sex attraction is a western concept. What is different is that in some of the western countries, there is legal acceptance, support and freedom to the LGBTQ due to which there is LGBTQ visibility. This is not the case in India and hence there is a popular belief that it is a western concept. Society changes with time, so what is culturally acceptable today may not have been acceptable twenty years ago. Women working outside the home used to be seen as taboo but this is no more the case now. Counselor must highlight how the law was introduced by the British and did not have a place in our society prior to British colonization. Provide references to books such as “Same Sex love in India” by Ruth Vanita and Saleem Kidwai for further reading and understanding.

14. I have only one child, how will the generation go ahead?

LGBTQ individuals are not impotent, they can have children if they wish. Ultimately, to have children or not is upto their children and their wishes. Surrogacy and legal adoptions allow individuals to be parents

irrespective of their partnership status; however, as a society we have a long way to go toward accepting children who do not come from traditional heterosexual unions. Stress that forcing one's children to get into heterosexual unions just to have children and continue the family line often proves to be counterproductive for all parties involved in the long run. In such scenarios, it's wiser to focus on wellbeing of children present versus generations and family lines that may or may not be around in future.

15. Will my child get HIV/STI due to his/her orientation?

HIV/AIDS/STI is not a “gay” disease, and it is nothing to be ashamed of. It can be transmitted to a heterosexual, bisexual or a homosexual and has got no connection with the child's sexual orientation. The way a parent must deal with HIV/STI must be through having a sex education talk with the child on how important it is to follow safer sex practices. It must be kept in mind: all people with HIV/STI need love and care and parents should show their support even when a person has HIV//STI.

16. I have heard being gay is all about SEX...

When parents think that being LGBTQ is just a matter of sex, explain that it is far more. A loving same –sex relationship involves the same levels of trust, affection, companionship and commitment as any other. Any long term commitment to a same-sex partner will involve all the emotional input that a male-female partnership demands – and sex will be just a part of this relationship. Parents may not understand this at first, but it will help them to hear you say it; and yes, sex does play a part in it as it does in all romantic relationships.

17. How will I face family and society?

Commonly, a parent's concern is around how their relatives and friends would react if they came to know about their child being LGBTQ. Coming out as a parent of an LGBTQ child is a very individual and personal matter and it's their choice whether they want to tell anyone or not. Many a times, mothers and fathers need time to live with the truth about their child before they tell others.

If they do want to take this step, advise them to test the waters by bringing up topic of sexual minorities



in social gatherings. Depending on the reaction, they may then take a step forward. Eventually, confiding in trustworthy relatives or friends can help speed the process of acceptance and understanding. Attitude of relatives and friends towards a LGBTQ child will be largely determined by the confidence and strength a parent exudes.

Instill confidence that greater their acceptance toward the LGBTQ child, the stronger will be the family in facing the society together. Further, knowing that the child has their parent's love and support does at times invite support and understanding from the society too.

18. Why does my child want the whole world to know? Is it necessary?

It is not easy to keep mum about sexuality and gender issues because ‘who you are as a person’ is determined by these facets. When someone comes out they are looking for support and help. They are not looking to give you a difficult time they want to be honest and are in need for help.

Many a times, these conversations are not verbal due to which it goes unnoticed to a lot of parents. A person needs to be open about his/her sexuality as they want to have the same rights as a heterosexual individual without being discriminated. To a LGBTQ individual working in the public and private sector where he cannot bring his/her partner to official parties is discrimination. To

not be able to have a partner who is legally and socially accepted is discrimination. Understand that just the way heterosexual individuals wish to have a partner who is socially accepted and welcomed, LGBTQ individuals too may desire the same and may wish to talk about their lives in the same way. The desire to be accepted and to be able to talk about one's rights and/or the lack of them cannot take a backseat because a person is LGBTQ.

19. Will my child face Stigma or Discrimination in the outside world?

Unfortunately, both situations are quite possible in India. Attitudes around sexuality and gender differences are largely hostile. In school your child is more vulnerable to bullying and teasing. If their gender expression is noticeably different, the child may face abuse in public spaces and even among family and friends. What is important for parents to know that as citizens of India, their child has fundamental rights as enshrined in the Constitution of India, and they can consider seeking legal course if there are violations.

On the brighter side, attitudes about differences in sexual orientation have begun to change as society becomes better informed. There are many places where a LGBTQ individual will be accepted for who they are and will be able to live safely. However, until homophobia no longer exists in our society, the child may encounter some significant obstacles. In many cases the discrimination exists within a child's own family. Therefore, strive to create safe spaces for your child by talking to them and supporting their journey. Parents will have to accept that this process will be a long drawn one.

20. Who will take care of my child after I die?

This type of question stems from the fear of living a life that they have not seen examples of. The counselor should advise the parent to think of the present and how they can equip the child to be self-sufficient. The counselor can also remind the parent that many LGBTQ individuals live full happy lives with friends, partners, families and pets. It is not necessary that only a wife/husband will provide for them. Notions about traditional family and kinship models will have to be challenged.

21. It is against my religion...

For many parents, this can be the most difficult issue to reconcile. For others it is not an issue at all. Though some religions still condemn homosexuality, a counselor can share examples of respected leaders within nearly every religious group who believe that it is wrong to pass judgment on gay people. Also, what should be against religion is stigma and discrimination. It would be best to follow the teaching that calls for acceptance and compassion toward all children of God. Besides, a sin is something you do knowingly, and a LGBTQ individual doesn't choose their sexual orientation.

22. How do I support my child now that I know?

The fact that the parent has come to see a counselor is the first step he/she has taken to understand their child's sexuality. A concerned parent who is willing to show some support should be willing to talk, listen, and learn together with the child. In some cases, it may help the parent if he is vocal about his/her feelings. One way you can support your child is to educate yourself as much as possible about gay, lesbian, bisexual, and transgender orientation and then help reduce some of the homophobia that exists in our society.

23. I was told there is a lot of Biphobia in the LGBTQ Community, should I be worried as my child professes herself/himself as a bisexual?

The LGBTQ community might consider a bisexual person as someone who is not loyal to one side and swings both ways by choice/ is an opportunist. Once a parent has accepted their child's bi-sexuality they have to prepare their child emotionally to be able to deal with the negativity/ biphobia. Also parents have to be open towards their child's bisexuality and not enforce the heterosexual side on him/her.

One way you can support your child is to educate yourself as much as possible about gay, lesbian, bisexual, and transgender orientation

SECTION 8

Stories from the Heart

Stories from the Heart' is a section sharing real life experiences of parents of LGBTQ individuals. Some of these parents had no idea of their child's sexuality or gender expression. Some had never heard of these terms. These excerpts are inspiring snapshots of the crucial moments in their journey of acceptance.

Note that despite learning about their child's gender identity parents still refer to their child with their assigned biological sex. This is not to say that they do not accept their child, but that they are used to referring to their child a certain way and these take time to change and may require appropriate guidance from the counselor.



What was your relationship like before you knew about your LGBTQ child?

“Very close. It is like I am both the mother and father. Whatever she feels she comes and opens up to me directly. She was quite frank about what feelings she had towards whom. She always kept me in the loop. Her choices are different from other girls and when girls differ in their interests, they are chastised and are asked to ‘mend’ their ways. But she has never known this type of behaviour. She stays late and returns home only after finishing her work. We gave her the freedom for that also. But she is stout. So she has the feeling that she is not one of those who is going to be cowed down and be intimidated like other girls. She handles it well.”
(Father of a lesbian woman)

How did they come out?

“But he kept on crying, saying that ‘Mummy, I’ve not been a good son to you, I’m very bad, I am not a good child, people will criticize you, taunt and tell you all sorts of things’ I told him ‘No one will tell me anything. When I’ll say that I’m proud of my children, how will the other person taunt me then? You know I tell everybody with immense pride that I’m proud of my kids. How will people come and taunt me then? You have not done anything to deserve taunts and I will not even entertain such taunts. I will tell them myself that this is my son and I’m not ashamed of him’. Since childhood my son has done nothing because of which I should be ashamed. There are so many boys who steal, do stuff with girls etc. because of which their parents are ashamed. I told him that he hadn’t done any of these things because of which I would be ashamed. He cried a lot. Seeing him cry made me cry too. The tears in my eyes were not because he had let me down as a son but because he was in pain. I was just thinking about how to make his sadness go away.”
(Mother of a gay son)

“She came out to me first, but then I scolded him, so she went to his dad, his dad consented to the surgery immediately. We tried to understand the situation

from him, then we went to Mumbai and spoke with a doctor and then decided to go ahead with a surgery. We realised that it’s mostly about the society and that it’s not a big deal.”

(Mother of a transman)

What was your reaction?

“So even though I did not express it out loudly I was crying deep down in my heart. I was scared that now it can’t go ahead. When I say things can’t go ahead, I mean... hmm... if he remained a guy, I would have a daughter in law and grandchildren but now that won’t be possible. My husband was the only son, and so was my son. Now the family will not progress forward. The family line will come to an end.”

(Mother of a transwoman)



How was the process of acceptance?

“Once the psychiatrist gave the green signal we had to accept it. Nothing really changes. Because I had to accept I accepted. One thing happened to me when we were taking him to psychiatrist we were travelling by train and since I was working I had first class’s pass,

those days we used to stay in Kandivali, I was standing at the (train) door. Even my sister had taken half day off. We left bit early and we were to meet at Dadar. We had planned to take CIDCO buses to Panvel and my son also said that he will visit site at Sion and join us there. We all had planned to meet at Pritam Hotel post office in Dadar. From where one get private taxi for Pune. Two days before only we had learnt the truth so we were doing everything so fast that my sister being a doctor helped us. I was standing on the door in the train holding the pole near the gate. There... for few seconds I thought of jumping off the train. I thought I would commit suicide and the immediate next thought was that if I took this step who will be there for him? My sister is there but at the end of the day she is his aunt. If I died who will be there? This is a time I have to stand for him I had to be his strong pillar. I knew if I didn't support him no one would support him. I told myself that i have to make up my mind and be there for him always. I will never forget that particular moment. How much that moment has changed me. I had picked up my foot to jump off but I did not. ”
(Mother of a gay son)

What is the relationship like now?

“There’s no point sitting and feeling sad about what has happened. If he sees me sad, he would be sad. He’d think that I am responsible. I only have one worry that I should be able to see him in front of me every day. Nothing else. Now he comes and he holds me first thing and goes mamma, mamma. He loves me a lot, He gets annoyed if anyone tells me anything, even if it is his father. He gets very upset when someone says something to me in anger. He loves me and his sisters very much. Even they wait deep into the night, waiting for him to come home.”
(Mother of a transwoman)

Weren’t you upset?

“I’ve heard some parents ask the kids to leave home. I can’t imagine how they can do something like this with their own child when the child has no fault at all. Being gay isn’t a fault. He’s born with it. It’s not like he decided one day to become gay...”
(Mother of a gay man)

What advice would you give to a parent of an LGBTQ child?

“I would suggest to them that this is a totally new experience for you. So go those ten more steps so put yourself in the same way as your daughter or son. Take this extra step, you have to take it. No one can put that to you, no counselor, you have to do it, if you want to accept the child.”
(Mother of a Bisexual woman)

SECTION 9

How to Tackle a Parent Coming To Know About a LGBTQ Minor Child

When a parent comes to you with questions about their LGBTQ minor child reassure them of several key issues.

It is probably not a phase

Firstly it is important to remember that children need to be given space to figure their gender/sexuality out. Sexuality is fluid and keeps evolving with age. It is not necessary that they may know or understand their sexuality fully.

It is important not to confuse this as a phase. Rather it is important to advise this to be a sign and a time to educate themselves about how to deal with having an LGBTQ child.

Prepare for the possibility that he/she may be LGBTQ

Rather than trying to change their child and the way they walk/talk or express themselves, you should recommend that they support their child. While doing so also encourage them to read up on and prepare themselves about the possibility that they may have an LGBTQ child. Encourage the parent to wait for the child to talk to about it and make an environment where children can tell the truth about themselves.

Be aware of the Risks

There are many risks involved when your child is struggling with their gender expression and sexuality. Most notably that there is a real possibility that the child may face bullying because he/ she is different. Any child whose gender expression is different from the norm become noticeable and they stand out. Advise parents to speak to their child about issues at school. Also make sure they are alert of the risks they may face of abuse, low self-esteem, depression and in extreme cases suicidal tendencies.

This doesn't mean that you advise parents to snoop on their children. It's important to respect a child's privacy too – do not try and access their social media accounts, their phones, diaries without their knowledge or consent as this may cause distrust in the child's mind and further push the child away from confiding in their parents.

In case the child is an adolescent or teenager, insist that parents have a talk with their child about safe sex practices and condom usage. As the age of sexual debut gets lower, the risks of STIs and HIV become even more pronounced. If there is an open and positive communication on these matters, it helps the child to take appropriate decisions regarding the sexual debut and relationships and also helps in focusing on academic and career goals.

Safety from Sexual Predators

Make your children aware about possibilities of sexual abuse from peers and adults alike. Legally a child is a person below 18 years hence the onus of sexual act is always on an adult. Make your child aware about the fact that any kind of romantic involvement with adults will put them at the risk of hurt, abuse and exploitation and has long-term negative implications. Child as well as parents have a right to seek protection in such instances under the laws prescribed by Protection of Children from Sexual Offences Act (POCSO, 2012 refer to the Appendix). The Humsafar Trust is country's first ever LGBT organization to formulate and strictly abide by its Child Protection Policy. Although the organization does not work with children, they can guide the parents on any above-mentioned sensitive issues. There are organizations that work with children irrespective of their sexual and/or gender identity. Parents may seek support by contacting them.

Parental concern about effeminate or masculine body language and gestures modification

In India any behavioral traits and gestures in a boy or girl, which are of opposite sex are a subject of curiosity and social ridicule. Parents at times may reconcile to a girl's masculine choices fully or as a passing phase, but a boy's feminine gestures such as talk, walk and inclination towards the feminine side are in the area of 'no tolerance'. Often parents openly criticize and try to modify body language of their son by adopting measures like 'send him for physical training and exercise', 'will put you in a hostel', 'join NCC' and 'I will hit the hell out of him'. Some parents often avoid social interaction along with their child. Such measures can have a negative effect on a child's self esteem and confidence. This may also push the child further away from parents and towards those people who could take advantage of his vulnerability. The counselor needs to make parents aware about the negative impacts of their actions. Counselor may advise parents to direct their efforts towards acceptance and help the child with his/her strengths.



SECTION 10

Taboos around Talking About Sex to the LGBTQ Child

Sex education and conversations around sex are a long-running taboo in India. Despite the history of a rich and open sexual culture, contemporary India shies away from the topic. Parents may find it extremely difficult to talk to their child about these topics especially when same-sex behaviours are involved. As many of the times there is very little clarity about the nature of the relationships that LGBTQ individuals may have, the discomfort is compounded.

However, it is important to address the inhibition and talk about sex/ bodies with children. Advice parents to broach the subject as avoiding the topic will only mean that they will seek knowledge from sources that are not trustworthy.

Part of the education should be to teach the variants of human sexuality and that these variants are normal and natural. Also, while doing so remind parents not to invade their child's privacy. The need to talk about sex is mainly to help reduce the tendency of risky sexual behaviours and situations which makes them likely to be infected by to HIV/ STD and the idea is to make them feel comfortable about their own sexuality.



SECTION 11

Information for All Ages

DSM

The Diagnostic and Statistical Manual of Mental Disorders (DSM) manual is published by the American Psychiatric Association and offers a common language and standard criteria for the classification of mental disorders. It is used, or relied upon, by clinicians, researchers, psychiatric drug regulation agencies, health insurance companies, pharmaceutical companies, the legal system, and policy makers together with alternatives such as the International Statistical Classification of Diseases and Related Health Problems (ICD), produced by the World Health Organization (WHO). The DSM is now in its fifth edition, DSM-5, which was published on May 18, 2013. The process of de-classifying homosexuality as a mental disorder began in the 1970s and was finally removed in DSM III R in 1987.

ICD 10

The International Statistical Classification of Diseases and Related Health Problems (ICD) The ICD, produced by the World Health Organization (WHO), is the other commonly used manual for mental disorders. It is distinguished from the DSM in that it covers health as a whole. While the DSM is the official diagnostic system for mental disorders in the US, the ICD is used more widely in Europe and other parts of the world. The World Health Organization removed homosexuality from ICD-10 in 1992.

POCSO 2012

The POCSO Act 2012 defines a child as any person below the age of 18 years and provides protection to all children under the age of 18 years from sexual abuse. Under this Act, penetrative and aggravated penetrative sexual assault, sexual and aggravated sexual assault, sexual harassment, and using a child for pornographic purposes are the five offences against children are punishable. The Act envisages punishing even abetment or an attempt to commit the offences defined in the Act. It recognizes that the intent to commit an offence, even when unsuccessful needs to be penalized. The punishment for the attempt to commit is up to half the punishment prescribed for the commission of the offence.

Section 377

Section 377 of the Indian Penal Code (IPC) was enacted in 1860. It prohibits penile non-vaginal sex with a maximum imprisonment up to 10 years or life. Section 377 applies only to penetrative sexual acts, including penile-anal sex and penile oral sex, between men and between men and women. It does not cover sexual acts between two women.

Section 389

Sometimes, police use Section 377 against people they know to be LGBTQ or people working for LGBTQ rights by creating fear of accusation of offence, in order to commit extortion. This is a punishable offence by the Indian Penal Code. The punishment includes imprisonment of either description for a term which may extend to ten years, and also a fine.

NALSA

National Legal Services Authority v. Union of India & others. [Writ Petition (Civil) No. 400 of 2012 ('NALSA')] On 15th April, 2014 in a path-breaking judgment, the Supreme Court affirmed the constitutional rights and freedoms of transgender persons, including those who identify as third gender and those who identify in a gender opposite to their biological sex, i.e., persons, assigned female sex at birth, identifying as male and vice-versa. By recognizing diverse gender identities, the Court broke the binary gender construct of 'man' and 'woman' that has pervaded Indian law. The judgment was pronounced in National Legal Services Authority v. Union of India & others. [Writ Petition (Civil) No. 400 of 2012 ('NALSA')] by a division bench of Justices K.S. Radhakrishnan and A.K. Sikri.

WPA Letter

In March 2016, The World Psychiatric Association issued a statement which declared that homosexuality is not a disorder and therefore there is no need to treat or cure it. "The world psychiatric association (WPA) holds the view that lesbian, gay, bisexual and transgender individuals are and should be regarded as valued members of the society, who have exactly the same rights and responsibilities as all other citizens. This includes healthcare and the rights and responsibilities that go along with living with civilised societies."

<https://www.facebook.com/queersagainstquacks/posts/275531786121147>

IPS Letter

In March 2016, The Indian Psychiatric Society issued a statement which declared that homosexuality is not a disorder and therefore there is no need to treat or cure it. "The Indian psychiatric Society recognizes the universality of same sex expression, across cultures. It holds the position that homosexual orientation per se does not imply any objective psychological dysfunction or impairments in judgement, stability and vocational capabilities. The Indian Psychiatric Society considers same sex attraction, orientation, behaviour and lifestyles. It acknowledges the lack of scientific efficacy of treatments, which attempt to change sexual orientation and highlights the harm and adverse effects of such therapies."

<https://www.facebook.com/queersagainstquacks/posts/275512956123030>

SECTION 12

List of Resources

LGBTQ Friendly Psychiatrists/ Psychologists in India

<u>SR NO</u>	<u>NAME</u>	<u>NUMBER</u>	<u>CITY</u>	<u>ADDRESS</u>	<u>DESIGNATION</u>
1	Advaita Nigudkar	9867783723	Mumbai		Counsellor
2	Bharathi Chawathe	022 2649 9461	Mumbai	Spring Counselling Center	Psychologist/ Career Counselor
3	Dr Anjali Chhabria		Mumbai	Mind Temple	Psychiatrist
4	Dr Armaan Pandey	7045030616	Mumbai		Psychiatrist & Psychotherapist
5	Dr Ashish Deshpande	9820134944	Mumbai	Flat 1, Krishna Cottage B, Paranjape B Scheme Road 3, Off Hanuman Road Highway End, Vileparle, Landmark: Near Datta	Psychiatrist
6	Dr Bhooshan Shukla	020 32319922	Pune	Trimiti Clinic B-22, Swapnaganari, 20, Karve Road, Near Alurkar Music House	Psychiatrist

7	Dr Bhupendra	OPD: +91-80-25024444/3344	Bangalore		Psychiatrist
8	Dr Devendra Save	022 30293157	Mumbai	Gomati Apartments, Ground Floor, Mandapeshwar Road, Borivali West. Landmark: Near Bhagwati Hospital, Mumbai	Psychiatrist
9	Dr Eshita Mandal	9833122303	Mumbai	Medicenter	Clinical Psychologist
10	Dr Kranti		Mumbai	Sion Hospital, OPD no 21	Psychiatrist
11	Dr Monica Chib	01126925801, 01126925858	Delhi	Apollo Hospital	Psychiatrist
12		9821839887	Mumbai		
13	Dr Nilesh Shah		Mumbai	Sion Hospital, OPD no 21	Psychiatrist
14	Dr Parvati Nair		Mumbai	Medicine Sans Frontiers	
15	Dr Pulkit Sharma	9810190837	Delhi	08, Vishal Bhawan, 95, Nehru Place Road, Block 10, Nehru Enclave East, Kalkaji, New Delhi	Clinical Psychologist
16	Dr Rajiv N. Jerajani	9870066282	Mumbai		Counselor
17	Dr Shalini Anant	9167782233	Mumbai	Sindhi Society, Chembur	Clinical Psychologist
18	Dr Sushama		Mumbai	Sion Hospital, OPD no 21	Psychiatrist
19	Dr Bharat Shah	022-25229200/ OPD: 91-22-26751000, 26568000	Mumbai & Thane	Lilavati Hospital and Chembur Clinic	Psychiatrist
20	Dr H.P. Bedekar	022 38585964	Mumbai		Psychiatrist

21	Hemangi Mhaprolkar	022 2667 3800	Mumbai	The Humsafar Trust	Clinical Psychologist
22	Magdalene Jeyarathnam		Chennai	East West Center for Counselling	Counsellor
23	Monica Lahiri	022 2536 6577	Mumbai		Counsellor
24	Parivarthan	080-25298686	Bangalore		Counseling Facility
25	Richa Vashista	022 2667 3800	Mumbai	The Humsafar Trust	Clinical Psychologist
26	Sweta Fernandes	022 2649 9461	Mumbai	Spring Counseling Center	Psychologist

Resources for Parents

Sr	Title	Director	Producer	Language	Link
1	Just Another Day	Shobhna Kumar	Queer Ink	English/Hindi	-
2	Boy	Lucas Helth Postma	Station Next	Swedish	http://bit.ly/1rrFXZs
3	Tell Me A Story: Urmi	Rucha Pathak	Queer Ink	Hindi	http://bit.ly/2au9kZA
4	Tell Me A Story: Sid	Ashish Sawhny	Queer Ink	English	http://bit.ly/2aguyLP
5	Coming Out: Chanchal's Story	Ashish Sawhny	101 India	English/Hindi	http://bit.ly/2azJYaw
6	Coming Out: Justine's Story	Ashish Sawhny	101 India	English/Hindi	http://bit.ly/2at5Umu
7	Coming Out: Gautam's Story	Ashish Sawhny	101 India	English/Hindi	http://bit.ly/2aLGDrM
8	Coming Out: Shivali's Story	Ashish Sawhny	101 India	English/Hindi	http://bit.ly/2aO83hU
9	Satyamev Jayate: Season 3, Episode 3	Satyajit Bhatkal	Kiran Rao, Amir Khan	English/Hindi	http://bit.ly/ZKIbc1
15	We're All Hiding something, let's find the courage to open up: Ash Beckham	-	TEDx	English	http://bit.ly/2aP9gGw

16	A Message to Gay Teens: It gets better: Joel Burns	-	TEDx	English	http://bit.ly/1jYkG9W
17	Family is Still Family	-	National Queer Asian Pacific Islander Alliance	Hindi	http://bit.ly/1R78EDv
18	Geena Rocero: Why I must Come Out		TEDx	English	http://bit.ly/1hUF8aU
19	Love, No Matter What	-	TEDx	English	http://bit.ly/1SVW-wHm
20	Connect Conversations	-	Saathi Connect	English/Hindi	http://bit.ly/2b3Uokn
21	Magician perfectly destroys anti-transgender bathroom argument in 2 minutes	Justin Willman	Justin Willman	English	http://bit.ly/2b3VJaG

Reading for Parents:

Powerful Parenting: Protecting our Children from Hidden Harm, (2010) *Parents, Families and Friends of Lesbians and Gays (PFLAG)* <<https://pflagmd.files.wordpress.com/2013/03/powerful-parenting.pdf>>

Tips for Transgender Allies, GLAAD <<https://www.glaad.org/transgender/allies>>

Why is My Sister a Boy Now? (2009) *Transgender Allies* <<http://transgenderallies.blogspot.co.uk/2009/10/why-is-my-sister-boy-now.html>>

15 Young LGBT Indians Share Their Coming out Stories (2015) *Homegrown*, <<http://homegrown.co.in/15-young-lgbt-indians-share-their-coming-out-stories/>>

Resources for Counselors

Sex Ki Baatein, *Agents of Ishq* <<http://agentsofishq.com/category/sex-ki-baatein/>>

Love Matters <<https://lovematters.in/en>>

Video Resources

<u>S r . No.</u>	<u>Title</u>	<u>Director</u>	<u>Producer</u>	<u>Language</u>	<u>Link</u>
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1	68 Pages	Sridhar Rangayan	The Humsafar Trust	Hindi	DVD
2	Project Bolo	Sridhar Rangayan	The Humsafar Trust	Hindi/English	http://bit.ly/2aOcxVT
3	Our Family	Anjali Monteiro	TISS	Tamil	DVD
4	Aa Muskura	VivekAnand	The Humsafar Trust	Hindi	DVD

Reading for Counselors:

A provider's Guide to Substance Abuse treatment for Lesbian, Gay, Bisexual and Transgender People (2007). <<https://www.nalgap.org/PDF/Resources/ProvidersGuide-SAMSHA.pdf>>

'Come and Be Who you are', *Counseling today*(2011) Vol 53/ No.11, pp. 24-37
<<http://ct.counseling.org/2011/05/come-and-be-who-you-are/>>

A Guide for Families and Friends, (2012) *Families and Friends of Lesbians and Gays (FFLAG)*
<<http://www.fflag.org.uk/images/pdf/familyandfriends2012.pdf>>

A Practitioner's resource Guide: Helping Families to Support Their LGBT Children (SAMHSA)
<<https://store.samhsa.gov/shin/content/PEP14-LGBTKIDS/PEP14-LGBTKIDS.pdf>>

Supportive Families, Healthy Children (2009) *Family Acceptance Project*
<http://familyproject.sfsu.edu/sites/default/files/FAP_English%20Booklet_pst.pdf>

Stepping Out (2010) *Equal Grounds*
<https://issuu.com/equalground/docs/parents_guide-eng?e=3590036/3768761>

How Do I Tell My Parents? (2012) *Families and Friends of Lesbians and Gays (FFLAG)*
<<http://www.fflag.org.uk/images/pdf/parents2012.pdf>>

Our Trans Loved Ones, (2008) *Parents, Families and Friends of Lesbians and Gays (PFLAG)*
<<https://www.pflag.org/sites/default/files/Our%20Trans%20Loved%20Ones.pdf>>

Our Daughters and Sons, (2008) *Parents, Families and Friends of Lesbians and Gays (PFLAG)*
<<https://www.pflag.org/sites/default/files/Our%20Daughters%20And%20Sons.pdf>>

Guidelines for Psychological Practice With Transgender and Gender Nonconforming People, (2015) *American Psychological Association (APA)*
<<http://www.apa.org/practice/guidelines/transgender.pdf>>

Guidelines for Psychological Practice With Lesbian, Gay, and Bisexual Clients, (2012) *American Psychological Association (APA)* <<http://www.apa.org/pubs/journals/features/amp-a0024659.pdf>>

Gender-Nonconforming Lesbian, Gay, Bisexual, and Transgender Youth: School Victimization and Young Adult Psychosocial Adjustment, (2010) *Developmental Psychology Vol. 46, No.6, 1580-1589*
<http://familyproject.sfsu.edu/sites/default/files/FAP_School%20Victimization%20of%20Gender-nonconforming%20LGBT%20Youth.pdf>

The Protection of Children from Sexual Offences Act POCSO (2012) <http://bit.ly/2ar5fnu>

Helping Families Support Their Lesbian, Gay, Bisexual, and Transgender (LGBT) Children, (2009)
Family Acceptance Project
<http://nccc.georgetown.edu/documents/LGBT_Brief.pdf>

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<<https://www.pflag.org/glossary>>

Glossary, *American Psychological Association APA*,
<<http://www.apa.org/research/action/glossary.aspx>>



IPS LETTER



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The Indian Psychiatric Society's Position Statement on same-sex attraction, orientation, behaviour and life style

Modern medicine and psychiatry, since the 1970's, have abandoned pathologizing same-sex orientation and behavior.¹ The World Health Organization accepts same-sex orientation as a normal variant of human sexuality.² The United Nations Human Rights Council values Lesbian Gay Bisexual and Transgender (LGBT) rights.³

India's Supreme Court recently issued a ruling against human rights by reinstating a law that bans gay sex by restoring Section 377 of the Indian Penal Code.⁴ The prevalent circumstances and recent controversies in India suggests the need for clarity and hence this position statement.

The Indian Psychiatric Society recognises the universality of same-sex expression, across cultures. It holds the position that homosexual orientation per se does not imply any objective psychological dysfunction or impairments in judgement, stability and vocational capabilities.⁵ The Indian Psychiatric Society considers same-sex attraction, orientation and behaviour as normal variants of human sexuality.⁵ It recognises the multi-factorial causation of human sexuality, orientation, behaviour and lifestyles. It acknowledges the lack of scientific efficacy of treatments, which attempt to change sexual orientation and highlights the harm and adverse effects of such therapies.⁵


The Indian Psychiatric Society acknowledges social stigma and consequent discrimination of people with same-sex orientation.⁵⁻⁶ It recognises that the difficulties they face are a significant cause for their distress and calls for the provision of adequate mental health support.⁵⁻⁶

The Indian Psychiatric Society supports the need to de-criminalise same-sex orientation and behaviour and to recognise LGBT rights to include human, civil and political rights.⁶ It supports efforts at seeking the repeal of Section 377 IPC as the 19th century law has no place in a 21st century democracy. It supports the legal recognition of same-sex relationships, civil unions and marriage, adoption and parenting.⁶ It also supports anti-bullying legislation, anti-discrimination student, employment and housing laws, immigration equality, equal age of consent law and hate crime laws providing enhanced criminal penalties for prejudice-motivated violence against LGBT people.⁶ The Indian Psychiatric Society supports government efforts and encourages Parliament to leave a lasting legacy of progress by repealing Section 377 IPC.

7th Mar 2016

gprasad
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Once you label me, you negate me ~ Soren Kierkegaard

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WPA Position Statement on Gender Identity and Same-Sex Orientation, Attraction, and Behaviours

Background

Recent controversies in many countries suggest a need for clarity on same-sex orientation, attraction, and behaviour (formerly referred to as homosexuality).

Along with other international organisations, World Psychiatric Association (WPA) considers sexual orientation to be innate and determined by biological, psychological, developmental, and social factors.

Over 50 years ago, Kinsey et al (1948) documented a diversity of sexual behaviours among people. Surprisingly for the time, he described that for over 10% of individuals this included same-sex sexual behaviours. Subsequent population research has demonstrated approximately 4% of people identify with a same-sex sexual orientation (e.g., gay, lesbian, and bisexual orientations). Another 0.5% identify with a gender identity other than the gender assigned at birth (e.g., transgender) (Gates 2011). Globally, this equates to over 250 million individuals.

Psychiatrists have a social responsibility to advocate for a reduction in social inequalities for all individuals, including inequalities related to gender identity and sexual orientation.

WPA LETTER

Despite an unfortunate history of perpetuating stigma and discrimination, it has been decades since modern medicine abandoned pathologising same-sex orientation and behaviour (APA 1980) The World Health Organization (WHO) accepts same-sex orientation as a normal variant of human sexuality (WHO 1992). The United Nations Human Rights Council (2012) values Lesbian Gay Bisexual and Transgender (LGBT) rights. In two major diagnostic and classification systems (International Classification of Diseases (ICD-10) and DSM-5), same sex sexual orientation, attraction, and behaviour and gender identity are not seen as pathologies (WHO 1993, APA 2013).

There is considerable research evidence to suggest that sexual behaviours and sexual fluidity depend upon a number of factors (Ventriglio et al 2016). Furthermore, it has been shown conclusively that LGBT individuals show higher than expected rates of psychiatric disorders (Levounis et al 2012, Kalra et al 2015), and once their rights and equality are recognised these rates start to drop (Gonzales 2014, Hatzenbuehler et al 2009, 2012, Padula et al 2015)

People with diverse sexual orientations and gender identities may have grounds for exploring therapeutic options to help them live more comfortably, reduce distress, cope with structural discrimination, and develop a greater degree of acceptance of their sexual orientation or gender identity. Such principles apply to any individual who experiences distress relating to an aspect of their identity, including heterosexual individuals.

WPA believes strongly in evidence-based treatment. There is no sound scientific evidence that innate sexual orientation can be changed. Furthermore, so-called treatments of homosexuality can create a setting in which prejudice and discrimination flourish, and they can be potentially harmful (Rao and Jacob 2012). The provision of any intervention purporting to “treat” something that is not a disorder is wholly unethical.

Action

1. The World Psychiatric Association (WPA) holds the view that lesbian, gay, bisexual, and transgender individuals are and should be regarded as valued members of society, who have exactly the same rights and responsibilities as all

2

WPA LETTER

other citizens. This includes equal access to healthcare and the rights and responsibilities that go along with living in a civilised society.

2. WPA recognises the universality of same-sex expression, across cultures. It holds the position that a same-sex sexual orientation per se does not imply objective psychological dysfunction or impairment in judgement, stability, or vocational capabilities.

3. WPA considers same-sex attraction, orientation, and behaviour as normal variants of human sexuality. It recognises the multi-factorial causation of human sexuality, orientation, behaviour, and lifestyle. It acknowledges the lack of scientific efficacy of treatments that attempt to change sexual orientation and highlights the harm and adverse effects of such “therapies”.

4. WPA acknowledges the social stigma and consequent discrimination of people with same-sex sexual orientation and transgender gender identity. It recognises that the difficulties they face are a significant cause of their distress and calls for the provision of adequate mental health support.

5. WPA supports the need to de-criminalise same-sex sexual orientation and behaviour and transgender gender identity, and to recognise LGBT rights to include human, civil, and political rights. It also supports anti-bullying legislation; anti-discrimination student, employment, and housing laws; immigration equality; equal age of consent laws; and hate crime laws providing enhanced criminal penalties for prejudice-motivated violence against LGBT people.

6. WPA emphasises the need for research on and the development of evidence-based medical and social interventions that support the mental health of lesbian, gay, bisexual, and transgender individuals

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The writing group was led by Professor Dinesh Bhugra and constituted Drs Kristen Eckstrand (USA), Petros Levounis (USA), Anindya Kar (India), Kenneth R Javate (Philippines)

Geneva, March 2016

Dinesh Bhugra

President

World Psychiatric Association (WPA)

Ref: **WPA Position Statement on Gender Identity and Same-Sex Orientation, Attraction, and Behaviours/ March 2016**

5

About The Humsafar Trust's Counseling Manual Project

The Humsafar Trust

The Humsafar Trust (HST) is a Community Based Organization (CBO) of sexual minorities in Mumbai, India working for the health and human rights of LGBTQ individuals since 1994.

About the Project

HST's Counseling Manual Project was ideated looking at the need to create an India-specific, culturally appropriate, adaptable manual based on research. The manual aims to bridge the gap and inadequacies rendered by the education system, cultural biases and years of stereotyping thus hampering effective counseling of LGBTQ individuals.

All the information presented here—including quotes—are from the qualitative research study in which data collected from qualitative interviews with accepting parents of LGBTQ individuals. This evidence reiterates the need for a descriptive manual for counselors to effectively counsel parents of LGBTQ individuals. The experiences documented in this manual provide actionable measures that can be implemented in counseling settings.

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To support The Humsafar Trust and its activities please visit <http://www.humsafar.org/> or send us an email at info@humsafar.org

Feedback

Write to us at counseling.hst@gmail.com and let us know if this manual helped you and ways to improve it.

Support

To support our project and to have an interactive session discussing these issues with your local community of doctors/ counselors, write to us as info@humsafar.org

Special thanks

A special thanks to volunteers who helped us with transcription and to parents who were interviewed to share their journey of acceptance.