

# Addressing Mental Health Issues of Hijra/Transgender people



## Reference Manual



Save the Children



VHS-MSA DIVA Project is being implemented under the guidance of National AIDS Control Organisation, Ministry of Health & Family Welfare, Government of India and in partnership with State AIDS Control Societies. The Project is supported by Global Fund to fight for AIDS, TB and Malaria (GFATM) Round 9 Programme through PR Agency: Save the Children International, Nepal



# Addressing Mental Health Issues of Hijra/Transgender people

## Reference Manual

Developed by

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## Foreword

I congratulate VHS on the publication of the “Reference manual on Mental Health Issues in Hijra / Transgender people”. Mental health issues in Hijra / Transgenders is a much neglected area in psychiatry and your work deserves appreciation and encouragement. I hope this manual would instigate more interest in the topic among mental health professionals. This manual synthesizes current literature on the topic and also adds findings from focused group discussions. I am sure this manual would be relevant locally and globally. Depression, anxiety, deliberate self harm, alcoholism and substance abuse are common mental health issues in Hijra / Transgender people. These issues have been well covered in the manual. The concept Hijra / Transgender people has also been introduced well. This book would be of immense use to all mental health professionals including psychiatrists, clinical psychologists, social workers and peer counselors. I once again congratulate your team on the successful publication.

Yours sincerely,

**Dr. Shanthi Nambi,**  
Director,  
Institute of Mental Health,  
Kilpauk,  
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## Foreword

Individuals who identify themselves as Transgender people tend to experience higher rates of mental health issues than the general population. According to a study published in July 2016 edition of The Lancet offers significant evidence that “distress and impairment, considered essential characteristics of mental disorders” among transgender individuals. It primarily arises in response to the discrimination, stigma, lack of acceptance and abuse they face on an unfortunately regular basis.

This reference manual on “Addressing the mental health issues of Hijra/Transgender people” by VHS-MSA DIVA Project is the first of its kind and has been prepared with the objective to make mental health professionals sensitive to the mental health needs of the communities on one hand and it intends to create awareness about mental health in communities on the other hand.

The manual covers the basic issues in Transgender mental health, initial evaluation & clinical impression, common psychiatric diagnosis or problem the Transgender people usually have, managing depression, self-harm, suicide attempts, anxiety disorders, adjustment disorders and other conditions like severe mental illness, bipolar disorder, autism among the communities. The last chapter refers to the questionnaires to be administered by professionals, certification required and recommendations & suggestions.

I acknowledge with thanks the inputs offered by Dr.Venkatesan Chakrapani, Chairperson, C-Sharp in developing this manual. I sincerely express my thanks to Dr.Jeyakumar, Professor, Institute of Mental Health, Chennai for drafting this manual. I specially thank Mr.T.D.Rajeenald, Program Officer, NACO for his inputs in refining the manual.

I thank the team of CBO – Sahodaran, Chennai for participating in the FGD during 2017 and highlighting the issues faced by communities.

VHS-MSA DIVA Project team needs special thanks especially Dr.A.Vijayaraman - Deputy Director, Mr.I.Johnson - Regional Manager and Ms.K.Priya, Senior Manager – Knowledge Management for their facilitation, coordination and support in bringing out this manual.

I hope the manual will serve its intended purpose and will help the Transgender communities through mental health professionals.

Yours sincerely,

**Dr. Joseph D Williams**

Director – Projects, Voluntary Health Services





## Preface

Mental health, as WHO states, is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. The World health organisation estimates that at any given time, 10% of global population suffers from some form of mental illness and one in four persons will be affected atleast once in their life time. Nearly nine out of 10 people (87%) with mental health problems have been affected by stigma and discrimination.

Among the other types of stigma, self-stigma is one of the major causes for mental health related problems among Transgender people that may prompt them for suicidal tendencies. On this basis, the promotion, protection and restoration of mental health can be regarded as a vital concern of individuals, communities and societies throughout the world.

This reference manual on “Addressing the mental health issues of Hijra/Transgender people” by VHS-MSA DIVA Project is the first of its kind. The manual covers the basic issues in Transgender mental health, initial evaluation & clinical impression, common psychiatric diagnosis or problem the Transgender people usually have, managing depression, self-harm, suicide attempts, anxiety disorders, adjustment disorders and other conditions like severe mental illness, bipolar disorder, autism among the communities. The last chapter refers to the questionnaires to be administered by professionals, certification required and recommendations & suggestions.

I owe my sincere thanks to the Director – Projects, VHS Management and the PR agency – Save the Children International, Nepal for their continuous motivation and support.

I hope the manual will be of use to mental health professionals in addressing the mental health issues of Transgender/Hijra people.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Dr. A. Vijayaraman'.

**Dr.A.Vijayaraman**

Deputy Director, VHS-MSA DIVA Project, Voluntary Health Services





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## **Background of the manual:**

1. To create awareness about Transgender people and their lifestyle issues and mental health issues among mental health counselors and professionals.
2. To create awareness about mental health issues in the Transgender community itself.
3. Creating awareness about mental health issues of Transgender people to other relevant bodies including government, NACO etc.

## **Objectives of the mental health manual**

1. Make mental health professionals sensitive to the mental health needs of Transgender so that they can deliver appropriate service
2. Create awareness about mental health in Transgender people so that they can seek appropriate help.
3. To give suggestions that would enhance mental health of Transgender people in the community

## **Methodology:**

A FGD with Transgender people was held at Sahodharan, A community based organization for welfare of Transgender people and MSM. The information thus collected along with review of literature and the author's experience has been synthesized into the manual.

## **Terms Used** (Reference: NACO Operational Guidelines on H/TG people)

### **Hijras**

Individuals who voluntarily seek initiation into the Hijra community, whose traditional profession is badhai but due to the prevailing socio economic cultural conditions, a significant proportion of them are into begging and sex work for survival. These individuals live in accordance with the community norms, customs and rituals which may vary from region to region. (Note: This definition is based on the consensus definition in a national consultation on hijras/ transgender people held in New Delhi in 2010).

### **Transgender people**

Transgender persons usually live or prefer to live in the gender role different to the one in which they are assigned at birth. The preferred gender role may or may not be related to their sexual preferences. It is an umbrella term that includes transsexuals,

cross-dressers, intersexed persons, and gender-variant persons. Transgender people may or may not have undergone gender transition-related surgery or may or may not be on hormonal therapy related to their gender identity. Transgender people can be ‘male-to-female’ (MtF) or ‘female-to-male’ (FtM), and sometimes referred to as ‘transgender woman/trans woman’ and ‘transgender man/trans man’, respectively.

### Aravanis and ‘Thirunangai’

Hijras in Tamil Nadu identify as “Aravani”. Tamil Nadu Aravanigal Welfare Board, a State Government’s initiative under the Department of Social Welfare defines Aravanis as biological males who self-identify themselves as a woman trapped in a male’s body. Some Aravani activists want the public and media to use the term ‘Thirunangai’ to refer to Aravanis.

### Men who have Sex with Men (MSM)

This term is used to denote all men who have sex with other men, regardless of their sexual identity or sexual orientation. This is because a man may have sex with other men but can still consider himself to be a heterosexual or may not have any particular sexual identity at all. (Note: Self-identified Hijras or male-to-female transgender people are not included under the term ‘MSM’).

### Kothi

Kothis are a heterogeneous group that includes both same-sex oriented males as well as male-to-female transgender people. ‘Kothis’ can be described as biological males who show varying degrees of ‘femininity’ - which may be situational. Some proportion of Kothis have bisexual behaviour and get married to a woman. Kothis are generally of lower socioeconomic status and some engage in sex work for survival. Some proportion of Hijra-identified people may also identify themselves as ‘Kothis’. But not all Kothi-identified people identify themselves as transgender or Hijras.

### Jogtas/Jogappa

Jogtas or Joggappas are those persons who are dedicated to and serve as a servant of Goddess Renukha Devi (Yellamma) – whose temples are present in Maharashtra and Karnataka. ‘Jogta’ refers to male servant of that Goddess and ‘Jogti’ refers to female servant (who is also sometimes referred to as ‘Devadasi’). One can become a ‘Jogta’ (or Jogti) if it is part of their family tradition or if one finds a ‘Guru’ (or ‘Pujari’) who accepts him/her as a ‘Chela’ or ‘Shishya’ (disciple). Sometimes, the term ‘Jogti Hijras’ is used to denote those male-to-female transgender persons who are devotees/servants of Goddess Renukha Devi and who are also in the Hijra communities. This term is used to differentiate them from ‘Jogtas’ who are heterosexuals and who may

or may not dress in woman's attire when they worship the Goddess. Also, that term (jogti hijra) differentiates them from 'Jogtis' who are biological females dedicated to the Goddess. However, 'Jogti Hijras' may refer to themselves as 'Jogti' (female pronoun) or Hijras, and sometimes even as 'Jogtas'.

### Shiv-Shaktis

Shiv-Shaktis are considered as males who are possessed by or particularly close to a goddess and who have feminine gender expression. Usually, Shiv-Shaktis are inducted into the Shiv-Shakti community by senior gurus, who teach them the norms, customs, and rituals to be observed by them. In a ceremony, Shiv-Shaktis are married to a sword that represents male power or *Shiva* (deity). Shiv-Shaktis thus become the bride of the sword. Occasionally, Shiv-Shaktis cross-dress and use accessories and ornaments that are generally/socially meant for women. Most people in this community belong to lower socioeconomic status and earn their living as astrologers, soothsayers, and spiritual healers; some also seek alms.

### Identity:

How one thinks of oneself, as opposed to what others observe or think about one. However, there is a close symbiosis in societies between the formation of a sense of self identity and the social and cultural application of labels to describe people. Identities are not acquired in isolation and are profoundly social in character.

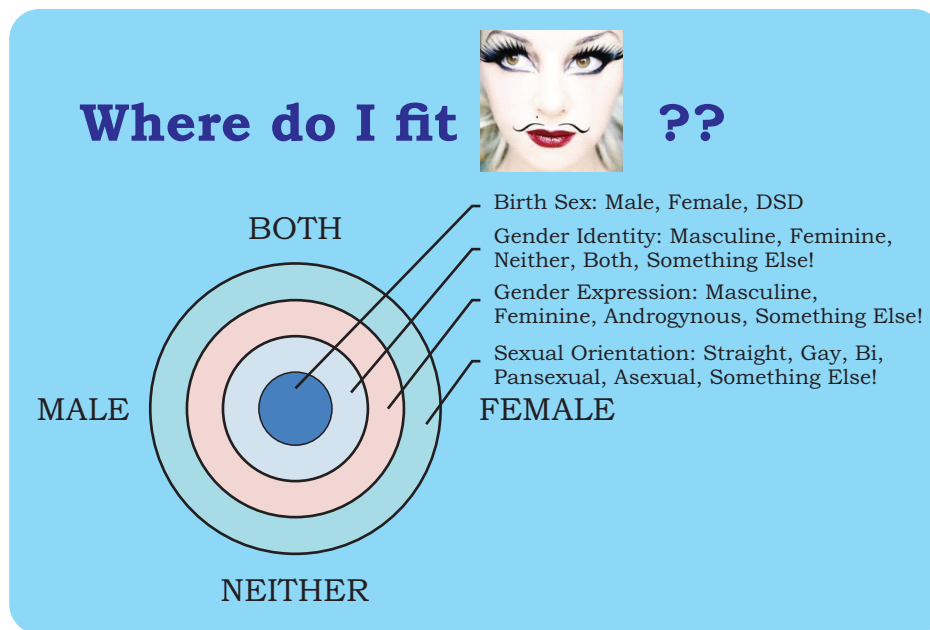
### Sexual minorities or Sexual minority community

Refers to lesbian, gay, bisexual and transgender/transsexual persons as well as persons with other identities (such as kothis and hijras) as a minority group in a predominantly heterosexual population. (Sometimes referred to as 'sexuality minorities'). These days, the terms '*Sexual minority communities*' or '*Sexual minority population*' are used to stress that, like the people they comprise, these communities or population are diverse.

# Chapter 1 Basic Issues in Transgender Mental Health

## Who is a Transgender Person?

Transgender person usually live or prefer to live in the gender role different to the one assigned to them at birth. Transgender people may or may not have undergone sex reassignment surgery or be on hormonal therapy for gender transition (NACO Operational guidelines & Supreme court Judgement on Third Gender)



This page contains a **short outline of issues that arise for transgender individuals**, particularly those effecting one's emotional and psychological state.

**Gender Dysphoria** – This is a fundamental unease and dissatisfaction with the biological sex one is born with which results in anxiety, depression, restlessness, and other symptoms. The dysphoria often acts as a catalyst to change one's body and gender expression (how one presents to the world) to be more in keeping with what is felt to be one's gender identity (the gender that one feels oneself to be).

**Problems associated with growing up with Gender Dysphoria** – The main problem of growing up with gender Dysphoria, aside from the body dysphoria itself is the social predicament. Essentially everyone expects the individual to be and act like a boy/girl, when they feel inside to be a girl/boy.

**Early Childhood** – Children get cues early on from parents about appropriate behavior, and internalize them. For example MTF (male to female) transsexuals have reported

getting the message from parents that it wasn't ok for them to play dolls with their sisters or neighbors, and that they were expected to do "boy" things – like rough and tumble play. Kids of this age start to get the idea that there is a part of them that must remain hidden.

**Puberty** – This is a particularly hard age, since the body begins to change and adapt gender specific features (breasts, changes in genitals, menses, etc). Transgender individuals have reported "I was disgusted by (hair, breasts...etc)". Many transgender individuals are aware of their issue by this age, but lack the means and agency to effect any change. This has been changing in recent years where some transgender youth are more "out", have supportive families and are able to access services.

In some cases medication is available to "delay" puberty until the individual is old enough to decide whether or not to transition. This has the benefit of essentially avoiding the trauma of experiencing the physical effects of puberty in the unwanted gender.

**Early Adulthood** – With emotional and financial independence some people feel free to begin to address transgender issues at this age and look into transitioning. However, some are not as free to do so, due to family and other obligations, or due to lack of information and access to services.

**Later Adulthood** – Some transgender individuals put off transitioning until later in life when they feel able to do so. This can be satisfying, but can also have the disadvantage of producing a less convincing outcome. In addition there can be regret about having lived so long in an unwanted gender. Friends and family may have a harder time understanding what is happening since they knew the person for so long in their natal gender.

**In all stages** – There can be isolation, hiding and secrets, which can lead to depression and anxiety. Transgender adults are much more likely to have suicidal thoughts, with 50% of adults reporting some suicidal ideation. (Source : FGD findings with Transgenders in Sahodaran CBO) here seem to be two paths that people take early on: either one tries to hide their inner feeling of being the wrong sex and "passes" for what looks like a boy or girl, or one is incapable of hiding and presents as either a tom-boyish girl or a feminine boy. Either path is fraught with problems for one's emotional development. The second scenario – of presenting as gender non-conforming is known to elicit harsh responses from society. This is true for non-transgender people as well and many gay men and women experience this early on.

**Deciding what to do** – This is a big part of the transgender Individuals experience. Making decisions about transitioning, what level to transition to, or whether to attempt



any transition at all are complicated decisions and require time and support. There are fears of how one will be accepted by family (parents, partners, children, grandparents and others), friends, colleges, fellow students, other religious groups, etc. There can be anxiety about ‘passing’ or how convincing one will be to others as a man or woman (i.e. whether or not one will be “read” as transgender).

There can also be the wish to not completely transition, but assume an identity as “gender queer” or “third sex”. All are perfectly acceptable options. Usually one doesn’t start at that place, so this requires some form of transitioning as well. At the point of decision making, many things are unknown and it can be very stressful. It can also be exciting and joyful to be able to act and move towards a more authentic self.

**Transitioning** – For those transgender individuals who decide to transition (to present and live in the other sex outwardly), these emotional/psychological issues may come up:

1. Fears about finding a partner
2. Impact on family relationships with parents, children, partners and other relatives
3. Impact of relationships at work and with friends.
4. Fears about violence and prejudice when one is read as transgender.
5. Feelings about having to experience surgeries, hormones, (and for MTF transsexuals) facial hair removal and voice changes.
6. Frustration of having to change or explain legal documents (drivers’ license, passport, titles to property, diplomas, etc)

**Post transition issues** – Some issues that may arise include:

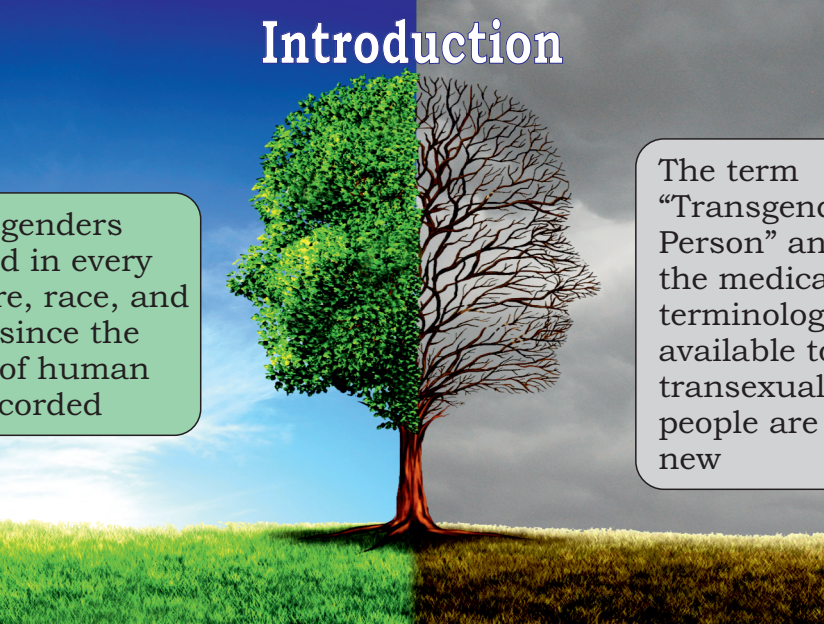
- Disappointment that transitioning didn’t solve all problems.
- Level of satisfaction with appearance
- Level of satisfaction with any surgeries
- Emotional issues that were not addressed before.

**When one decides not to transition:** Not everyone is able or wants to transition. This is a perfectly valid choice for people to make. However these individuals must learn to cope with the tension that the gender dysphoria produces. Sometimes this can be helped by having times when one can cross-dress, interact with others who are aware of one’s status, talk about the issue, and take low-levels of hormones (that don’t effect the body outwardly).

**Other mental health issues not related to being transgender.** Just because someone is transgender doesn't mean they don't have other issues in their lives. It can be hard for some people to let themselves seek treatment for other issues when the gender dysphoria is so prominent a concern.

**The good news:** It's important not to lose sight of the satisfaction one can have by acknowledging and (if possible) changing what can be changed and moving towards of one's authentic self.

## Introduction





Transgenders existed in every culture, race, and class since the story of human life recorded


The term "Transgender Person" and the medical terminology available to transexual people are new

History has documented the presence of TG people over several thousands of years

### Historical perspective

Bible talks about Transgender Person 

Many Transgender Persons adomed the palaces of kings and emperors in various capacities 

Indian mythology accepts TG as third gender. Shikhandi, Artha Nareeswara– there are many references to the third gender in our scriptures 

## Sexual Orientation

- Everyone has a sexual orientation and gender identity.
- Everyone falls on a scale of somewhere between purely heterosexual and purely homosexual.



Human tend to have an anxiety of sexual orientation, all masculine have few feministic characteristics, feminine genders do have some masculine characteristics and the degree does vary person to person emotionally. A transgender though is physically male or female demonstrate masculine or feminine characteristics.

While defining sexual orientation, social identity, behavior factors are taken into consideration.

## Defining Sexual Orientation

- Sexual orientation: A person's permanent emotional, romantic, or sexual feelings toward certain other people.
- Sexual orientation also refers to a person's sense of identity based on those attractions, related behaviors, and membership in a community of others who share those attractions.

## Key Definitions

**LGBT:** Abbreviation for Lesbian, Gay, Bisexual and Transgender. Also seen as GLBT and is inclusive of all backgrounds

- **Lesbian:** A term given to females who are attracted sexually and emotionally to some other females.
- **Gay:** A term typically given to males who are attracted sexually and emotionally to some other males.
- **Bisexual:** A term given to people who are attracted sexually and emotionally to some males and some females.
- **Transgender:** A umbrella term describing the state of a person's gender identity which does not necessarily match the gender they were assigned at birth.

Though LGBT classifies all the key terms under one umbrella, based on one's identity and sexual orientation.

### **Gender Expression and Gender Identity**

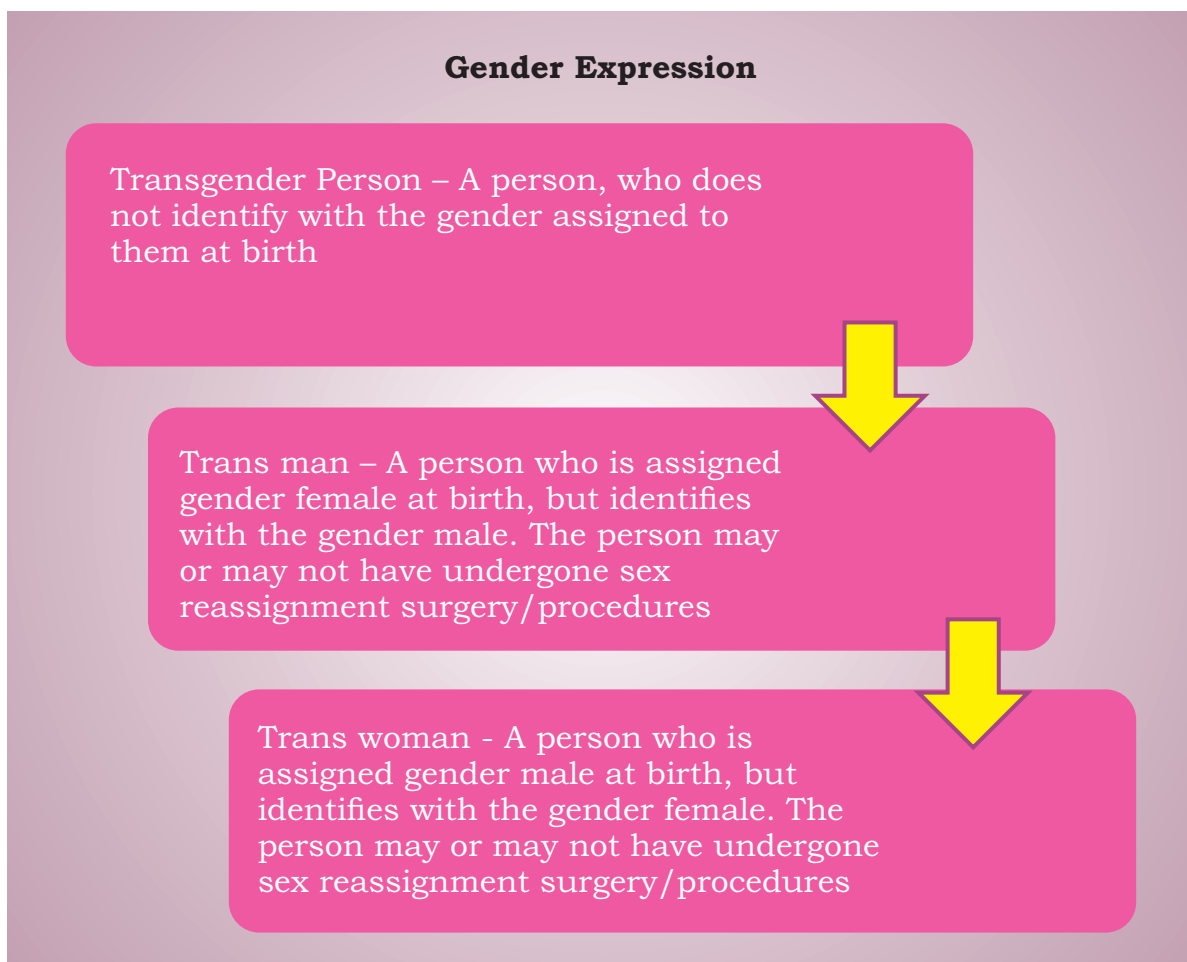
- **Gender Expression**

The way in which a person acts to communicate gender within a given culture; for example, in terms of clothing, communication patterns and interests.

- **Gender Identity:**

Our innermost concept of self as “male” or “female” or what we perceive and call ourselves. According to mainstream research, most people develop a gender identity that matches their biological sex.

Classic expression of Transgender is documented as follows with VHS experience working with over 100thousand Transgender people, Trans man or Trans woman-



Transgender people are classified according to Geographies and linguistics and are documented over thousands of years.

<b>Different Terminologies</b>	
<b>Transgender Person</b>	Live or prefer to live in the gender role different to the one in which they are assigned at birth. Transgender Person people may or may not have undergone sex reassignment surgery or be on hormonal therapy for gender transition (As per NACO )
<b>Thirunangai</b>	Biological males who self-identity themselves as a woman trapped in a male's body
<b>Jogappa</b>	Those persons who dedicated to and serve as a servant of Goddess Renukha Devi
<b>Shiv-Shaktis</b>	Males who are possessed by or particularly close to a goddess and who have feminine gender expression

- Why focus on Transgenders**
- Transgenders are highly vulnerable
  - Higher rate of HIV among TGs
  - High levels of stigma and discrimination - self, family and society
  - Challenges in accessing social entitlements
  - NACP IV prioritizes transgenders for special focus
  - Safeguard rights of transgenders

TGs are highly vulnerable to HIV and AIDS and over 7.5% (Source: IBBS, 2014-15) of the TG population is projected to be living with HIV AIDS because of the vulnerability.

### **TGs and HIV vulnerability**

Factors contributing to HIV vulnerability

- Violence and harassment
- Low self esteem and disempowerment
- Lack of family and social acceptance
- Frequent migration
- Poverty
- Double stigma
- Barriers in accessing services
- Fear of getting arrested
- Criminalization of sex worker activities

### **Rights of Transgender Persons Bill (Bill No. XLIX of 2014)**

- Aims to provide for formulation and implementation of a comprehensive national policy for ensuring overall development of the Transgender persons and for their welfare to be undertaken by the States

Unanimously supported by 22 MPs at Rajya Sabha

“The Bill is covering the various trans identities and talks about the inclusive policies at National level, which will allow trans people to enjoy the rights which they were deprived for decades”

– Shri Tiruchi Siva, MP, Rajya Sabha

## **Transgender Persons (Protection of Rights) Bill, 2016**

### **Salient Features of the Bill**

The Bill defines a transgender and makes provisions for safeguards against discrimination with India's 6 lakh transgenders {as per census 2011} in employment, education, property rights and health-care services. The salient features of the Bill are as follows:

#### **Prohibition against discrimination**

The Bill prohibits discrimination against a transgender person with respect to education, healthcare, access to goods, services, facilities and opportunities available to public; right to movement; right to reside, rent, own or occupy the properties; opportunity to hold public or private office; access to government or private establishments etc.

#### **Right of residence**

The Bill provides that a transgender will have right to reside and be included in his household. However, if the family is unable to care, the transgender may find place in a rehabilitation centre or the orders of a competent court.

#### **Employment, Education and Healthcare**

The Bill provides that neither a government nor a private entity can discriminate against a transgender in matters of employment, recruitment, promotion etc.

The private and public bodies which employ more than 100 people are required to designate a complaint officer to deal with the complaints related to this act.

The government recognized or funded educational institutions are mandated to provide inclusive education, sports and recreational facilities for transgenders.

The Bill asks the government to take steps to provide health facilities to transgenders including separate HIV surveillance centres, sex reassignment surgeries etc. Government will also review the medical curriculum to address the health issues of transgender persons.

#### **Certificate of identity for a transgender person**

The Bill provides that a transgender persons can apply to District Magistrate for certificate of identity, which indicates gender as "transgender".

District Manager would issue this certificate on the basis of recommendations of a district screening committee which will comprise of Chief Medical Officer, District

Social Welfare Officer, a psychologist, a representative of transgender community and an officer of the relevant government.

### **Welfare measures**

The Bill provides that relevant government will take measures to ensure the full inclusion and participation of transgender in society; and it will take measures to ensure rescue and rehabilitation, vocational training and self-employment of the transgenders.

Government will create schemes that are transgender sensitive and promote their participation in cultural activities.

### **Offences and Penalties**

The Bill makes penal provisions for forcing the transgenders for begging, forced or bonded labour, denial of use of public place, denial of residence or household, physical, verbal, emotional or economic abuse etc.

The penalties include imprisonment between 6 month to 2 years and fine.

### **National Council for Transgender persons (NCT)**

The government will set up a National Council for Transgender persons (NCT). Its composition will be as follows:

Union Minister for Social Justice (Chairperson)

Minister of State for Social Justice (Vice- Chairperson)

Secretary of the Ministry of Social Justice

One representative from ministries including Health, Home Affairs, Minority Affairs, Housing and Poverty Alleviation, Human Resources Development, etc.

Members including representatives of the NITI Aayog, National Human Rights Commission, and National Commission for Women.

Representatives of State governments.

Five members from the transgender community

Five experts from non-governmental organisations.

The function of the council will be to advise the government on formulation and monitoring of policies, legislation and projects with respect to transgender persons.



# Chapter 2

## Introduction and Initial evaluation of Transgender people

### Introduction:

Mental health is intrinsically connected to cultural, physical, sexual, psychosocial, and spiritual aspects of health. Complete mental health care for the transgender community must similarly be considered in the context of a holistic approach to transgender health that includes comprehensive primary care as well as psychosocial care (Keatley, Nemoto, Sevelius, & Ventura, 2004; Raj, 2002).

### Initial Evaluation:

When a Transgender person approaches a mental health professional she has to be evaluated in detail wherever time permits. If time constraints are present the pressing concerns addressed first and an appointment for detailed evaluation is fixed.

The goals of the initial evaluation are

1. To build therapeutic rapport,
2. discuss client and assessor goals and expectations,
3. record client history and objectives,
4. evaluate current psychological concerns and capacity to consent to care, and
5. form an initial clinical impression

### Potential Areas of Inquiry in Initial Evaluation

#### Medical history

- Does anyone in your family have a history of chronic physical or mental health concerns?
- Do you have any chronic physical or mental health conditions, and if so, what are they?
- Have you ever been diagnosed with a physical or mental health condition? If so, when and what was the diagnosis?
- Have you ever been hospitalized? If so, when and what for?

- Are you currently taking any medication (including illicitly obtained hormones), vitamins, or herbal supplements, and if so what is the name, dose, and length of time you have been taking it?
- Have you ever had any injuries or surgeries?

### Alcohol & drug

- Do you smoke, and if so how much per day?
- Have you ever had any concerns relating to drugs or alcohol?
- Has anyone else ever expressed concern about, or objected to, your use of alcohol or drugs?
- Have there been any unpleasant incidents where alcohol or drugs were involved?
- Do you have any concerns about drugs or alcohol now?

### Family

- How would you characterize your relationships with your family members when you were a child, and now?
- Do you have any concerns relating to your family?

### Sexuality

- Do you identify in a particular way in terms of your sexual orientation?
- Are you attracted to men, women, and/or transgender people?
- Are you currently involved with anyone romantically? If so, how do you feel about your relationship?
- Have you had any concerns about relationships or sexuality in the past? Any current concerns?
- Have you ever had any concerns about sexual abuse or sexual assault?

### Social

- What are your social supports? When you are under stress, who do you turn to for help?
- Are you currently working/in school/volunteering? Do you have any concerns relating to work, school, or community involvement?

- Do you feel connected to any particular communities – e.g., transgender community, cultural community, lesbian/gay/bisexual community, youth groups, seniors' groups, Deaf community...?
- What are your hobbies or social interests?

### Economic

- What is your primary source of income?
- Do you have any current financial stresses?
- Are you worried about future financial stresses?

### Housing

- Are you satisfied with your current housing? Any concerns about housing?

### Work

- Do you have any concerns about work?

### Gender concerns

- Have you ever had any concerns relating to your gender? Do you currently have concerns or questions relating to your gender?
- How do you feel about being transgender? Are there any cultural or religious conflicts for you as a transgender person?
- Have you ever pursued any changes to your appearance or body to bring it closer to your sense of self? Do you have any concerns relating to this now?
- Have you ever sought to change your body through hormones/surgery? Is this something you have thought about pursuing in the future?
- Are there any kind of supports you feel might be helpful as a transgender person?

### Initial Clinical Impression

After the interview is complete, the information gathered into an overall assessment of the client's presenting complaint, goals and expectations, background, and biopsychosocial adjustment. In complex cases the clinical impression may be tentative at this point, and will need to be confirmed during the course of treatment.

### Psychiatric diagnosis:

Psychiatric diagnosis has to be confirmed by Clinical psychologist and /or Psychiatrist.

### Treatment:

Counselling and pharmacological treatments are initiated and monitored.

### Common Psychiatric diagnosis /problem Transgender people usually have

Transgender people were forced out of their homes or chose to leave home because of parental rejection or fear of rejection, increasing their risk of homelessness, poverty, and associated negative sequelae. They are physically, verbally, and sexually abused, which gets manifested as depression, panic attacks, suicidal ideation, psychological distress, body image disturbance and eating disorders(Math &Seshadri 2013)

1. Depression
2. Deliberate self- harm and suicidality
3. Alcohol and substance abuse
4. Anxiety disorders
5. Adjustment disorders
6. Severe mental illness

## Chapter 3

### Depression in Transgender people

Emotional disorders including depression are highly prevalent among Transgender people (Math & Seshadri 2013). Most Transgender people experience depression. The depression may vary from mild to severe forms.

Transgender people experience stigma and discrimination in the society. They lack family support. Most of them have lost contact with families and have been abandoned by them. Some of them may have contact with primary family but even they do not have contact with extended families. Although the Transgender people provide money for their families, the families do accept the money but not the Transgender people. This causes lot of stress.

Most of them have experienced discrimination. Transgender people while visiting shops have been harassed by police. Shopkeepers also shoo away them which causes lot of shame to them and dents their self esteem.

They find it highly difficult to find employment in mainstream sectors. When they identify the transgender or MSM identity they usually lose their jobs.

Begging is common in Transgender people. This also adds to their poor self-image and self esteem.

Most of them indulge in sex work to earn money. This again results in poor self-image and self-esteem. They also feel ostracized.

During sex work the Transgender people may refuse some of their clients as they are drunk or violent. Then the Transgender people may be forced to perform sex with these people some of the clients.

In such instances Police may advise them to abstain from sex work and not anything to curtail the violent behavior of the clients.

Due to these various issues Transgender people experience some form of depression.

Following symptoms of depression are usually prevalent:

- 1) Sleep disturbance
- 2) Low mood
- 3) Crying spells
- 4) Easy fatigability
- 5) Poor attention and concentration
- 6) Loss of appetite
- 7) Loss of sexual interest
- 8) Death wishes, suicidal ideas, impulses behavior
- 9) Low self esteem
- 10) Lack of interest

**Sleep disturbance:**

Early morning awakening is characteristic of depression. They may get up 2 hours earlier than usual and remain very gloomy during that period. Multiple awakenings in the middle of sleep is also common.

**Low mood:**

Anhedonia is an inability to feel a sense of pleasure. This is very common in depressed people.

**Low self-esteem:**

They usually feel low about themselves. They have poor self-image.

**Lack of interest:**

Lack of interest in hobbies like singing, dancing which they usually enjoy. Lack of interest in their occupation is also common.

**Death wishes:**

Many of them might have a death wish.

Some of them have active suicidal ideas.

Some of them might have tried it at some point of time.

Presence of these above features is indicative of depression.

### **Ratings scales:**

- 1) Hamilton's depression rating scale
- 2) Becks depression inventory

These above scales can be used to assess the severity of depression.

### **Management of depression:**

Management of depression includes counseling, cognitive therapy, and medications.

Counseling is to be given by clinical psychologist or psychiatrist. It involves patient listening, an opportunity to ventilate, generating solutions, reassurance.

Cognitive therapy involves identifying cognitive distortions like black and white thinking, over generalization, maximization, selective abstraction etc; then the individual is encouraged to look at the situation in realistic and positive way.

Medications: Antidepressants, usually selective serotonin reuptake inhibitors (SSRIs) are prescribed by a general practitioner or psychiatrist.

Physical exercise, yoga and meditation can also help the individual to overcome depression. These would be add on strategies which would supplement the above mentioned core strategies to overcome depression.

Referral to a nearby Psychiatrist /clinical psychologist at a nearby government hospital is warranted. Counsellors to refer potential and probable clients to a nearby Government hospital.

Transgender people have their reservations in visiting government hospitals. They have expressed the need for exclusive mental health centers for Transgender people which could be independent or associated with a CBO working with Transgender people. Such suggestions can be made to the government.

## Chapter 4 **Deliberate self-harm and Suicidality in Transgender people**

Deliberate self-harm includes harming oneself by cutting a part of the body, usually forearms chest etc; this behaviour is common in borderline personality disorder. Many Transgender people have co morbid borderline personality disorder.

- 1) Lack of self-identity
- 2) Recurrent deliberate self-harm
- 3) Intense and unstable relationships
- 4) Anger outbursts
- 5) Fear of abandonment
- 6) Chronic sense of emptiness
- 7) Micro psychotic episodes characterized by hallucinations and delusions

Borderline personality disorder is personality disorder characterized by maladaptive behavior patterns which can be seen from adolescence. It includes usual precipitating factor for deliberate self-harm is relationship issues with Panthis. Many of them have boyfriends called Panthis. The Panthis are usually married and might have family. Hence conflicts between transgender and family usually results desertion of the transgender by the Panthis.

Also frequently the Panthis are not loyal to the Transgender people and might flirt with other Transgender people. This also results in emotional turmoil for the Transgender people resulting in deliberate self-harm.

### **Deliberate self-harm**

Deliberate self-harm usually might require hospitalization. It might also be minor injuries requiring out-patient treatment. Once the injuries are treated and patient's medical condition stable, they need counseling.

Counseling should allow Transgender people to ventilate their problems. The counselor suggest various solutions in the form of options and the Transgender person helped to arrive at decisions.



The Transgender people expressed that any counselor suggest them to give up on the Panthis as he is married or as he has a family. These biased views of the counselors prevent the Transgender people from approaching professional counselors. Hence Counselors are suggested to adopt non-directive counseling methods and help the Transgender take decisions and not force their decisions on the Transgender person.

### **Suicide attempts**

Suicide attempts by consuming poison or tablet overdose or pesticides are other methods. Jumping from buildings, self-immolation is other methods Transgender people resort to attempt suicide. Hence Prevention can be done by sharing existing helpline numbers in Transgender community. Also the NGOs working with suicide prevention also have to be sensitized and trained about Transgender issues.

Similar orientation programs about Transgender issues would be needed to clinical psychologist and psychiatrist and psychiatric social workers.

CBOs working with Transgender people also have to be aware of the possibilities and suicide attempts and restrict availability of phenol, cleaning acid, sharp weapons. They have to be in lock and key and released only when necessary.

**Management of deliberate self-harms and suicidal attempters** would involve counseling. Medications like SSR is and mood stabilizers, benzodiazepines; antipsychotics might be prescribed by psychiatrist. Using the prescribed medicine again to attempt suicide is a common problem. It can be avoided and minimized by supervising the medication intake. The role of CBO and the Transgender community in large is necessary. They have to be sensitized about suicide prevention.

**Dialectical behavior therapy** is a type of psychotherapy done by clinical psychologist and psychiatrist to reduce deliberate self-harms. It includes CBT, mindfulness techniques and behavioral approaches.

**Referral** to nearby Government hospitals and recruiting trained professionals by the CBOs are ways to access the mental services. Establishment of exclusive mental health centers for Transgender people has been already discussed which can address many of these issues.

# Chapter 5

## Alcohol and substance abuse

Heavy alcohol drinking and use of drugs remain a significant public health problem in the transgender population (Math and Seshadri 2013)

Almost 90% - 100% of Transgender people drink alcohol. This is their only relaxation to the various stresses they undergo. They also say that they feel bold to face the unfriendly public. Even when beaten up by Police if they are under influence of alcohol they would not feel the pain. These are the various reasons cited by Transgender people to their indulgence in alcoholics. Many of them have crossed the stage of alcohol use and have reached the stage of alcohol abuse and alcohol dependence.

### **Alcohol dependence is a stage of drinking characterized by**

1. Craving
2. Difficulty in controlling the onset duration and terminations of drinking,
3. Withdrawal
4. Tolerance
5. Drinking despite physical and psychological complications
6. Decrease in alternative pleasures

Alcohol abuse: This term is used for people who end up in social, family occupations problems due to drinking but don't fulfill the criteria.

### **Physical complications of alcohol:**

Physical complications of alcoholism mainly include Liver cirrhosis, Jaundice, blood-vomiting hemestemsis, head injury due to recurrent falls. Psychological complications of alcohol include alcohol induced psychosis and depression. Financial bankruptcy is also a complication of alcoholism. Transgender people also may not adhere to proper safe sex methods.

### **Screening questionnaire for alcohol use disorders**

1. CAGE
2. AUDIT

### **Management of alcohol dependence:**

- It involves admission in a general Hospital. A general physician treats the physical problems.
- Detoxification is done using benzodiazepines to tide over withdrawal phase.
- Counseling and 12 step AA methods to overcome alcohol addiction.
- Psycho education about biological disease model versus moral model.
- Motivation enhancement therapy.
- Cognitive behavioral therapy.
- Other substance and drug abuse.

### **Tobacco as smoking and chewable tobacco:**

Nicotine dependence is also quite common in Transgender people.

#### **Questionnaire used:**

Fagerstrom Questionnaire for Nicotine Dependence on Cigarettes

#### **Management:**

Involves motivation enhancement. Education about evil effects of smoking. Brief interventions are effective. Help to set up a quit date. Education that quitting is a long term process and relapses are part of the therapeutic journey.

#### **Cannabis abuse:**

Cannabis is a common substance abused by Transgender people. Cannabis abusers may have cannabis induced psychosis, a motivation syndrome. These psychiatric complications should be identified and referred to psychiatrist.

#### **Benzodiazepine abuse:**

Sleeping tablets (Nitrazepam) are commonly abused. It causes dependence. The number of tablets increases slowly from 1 or 2 to 10s or 20s. Referral to psychiatrist is necessary. In-patient and out-patients treatments are offered.

# Chapter 6

## Anxiety disorders

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Anxiety disorders are also common in Transgender people. It includes

- Generalised Anxiety Disorder
- Panic Disorder
- Social Phobia

### **Generalized Anxiety disorder:**

It's characterized by free floating anxiety which is present most of the day along with worries.

### **Panic Disorder:**

It is characterized by episodic anxiety episodes characterized by chest pain, breathing difficulty, palpitations, tremulousness, feeling of going crazy, feeling of impending doom.

### **Social phobia:**

Anxiety especially in situations where they are assessed or criticized or watched along with avoidance. Usually it includes being in exams, stage performances, being in buses and public toilets.

Many Transgender people suffer from the above disorders.

They must be identified and encouraged to seek treatment. Treatment involves relaxation exercises, breathing exercises, and counseling, cognitive behavioral therapy. Medications used to treat by doctors and psychiatrists include benzodiazepines, beta blockers, SSRIs.

# Chapter 7

## Adjustment disorders

Adjustment disorders are conditions where the person experiences emotional and behavioral symptoms due to a recent stressor. The symptoms may comprise anxious or depressive symptoms.

Management of adjustment disorder involves counselling and medications.

As already discussed Transgender people undergo multiple stressors. Hence Adjustment disorder is also quite common in Transgender people.

### Common Stressors undergone by Transgender people

- Housing
- Influence of religions
- Educational issues
- Acceptance by society
- Attitude of general public
- Lack of family support
- SRS as a major financial pressure
- Enrolment in Jamath system
- Sexual harassment in public areas
- Sexual violence in sex work
- Forced by family to marry
- Other harassments
- Social isolation

### Housing:

Sexual minorities find it difficult to get a house on rent, and frequently change their residence (Math & Seshadri 2013).

A Kothi mentioned that he had to use helmet to hide his long hair whenever entering his boy friend's apartment. This condition was imposed by his boyfriend.

Even when they find a house the MSM/Transgender people have great difficulties marinating it and are in the perennial danger of being evicted because of their identity and appearance.

### **Influence of religions:**

Some religions are more prohibitive towards Transgender people whereas some others are more accepting towards Transgender people. These attitudes of their religious groups influence the Transgender people.

### **Educational issues:**

#### ***Discrimination in colleges:***

Transgender people are not allowed inside the premises of the educational institutions. Hence, illiteracy is very common among the Transgender people. (Math & Seshadri 2013)

One of the Transgender people had to quit college as the authorities did not permit him to have long hair. Discrimination is very common in education institutes and many Transgender people discontinue studies because of that.

#### ***Reservation:***

Reservation proposals Bill for Transgender employment are proposed not passed yet.

#### **Discrimination in Public places:**

Transgender people are not allowed inside hotels, hospitals, cinema halls, and government offices as indeed in most public spaces (Math & Seshadri 2013) this can cause great stress to the Transgender people.

#### **Acceptance by society:**

Transgender people and Kothis provide a natural population control. Hence at least from that perspective due respect has to be given by the society.

“Say a transgender prevents the birth of at least 2 children who in turn would give rise to more children. That's our contribution to the society” says a Transgender.

“We are not accepted by the society. We have accepted all members of the society whatever they are. But the society does not accept us. So the society has to change” says a MSM.

The overall attitude of society towards more tolerance, acceptance and awareness has to be tuned. More transgender friendly attitudes need to be groomed.

People accept gender a typical behaviors but not female to male transgender. The reasons are not clear. The stigma created by begging, stealing, and sex work has lead to poor image of female to male Transgender people in the society is one plausible explanation.

### **Attitude of General Public:**

The general public looks at Transgender people as sex symbols. They never understand that Transgender people have their own rights. So they compel them to perform sex even they are not willing to do so.

### **Sex reassignment surgery (SRS) as a major financial pressure:**

Most of the Transgender people want to undergo Sex reassignment surgery. They undergo emasculation with or without vaginal reconstruction. The Transgender people usually resort to private hospitals for the surgery. Although the surgery is done free of cost in Government Hospitals, Transgender people don't prefer them.

“We want to undergo the surgery. Usually it costs one lakh rupees. To earn this amount, we have to indulge begging and even stealing”.

The cost of the SRS procedure is high in private hospitals. Most of the Transgender people want to change their gender biologically by undergoing SRS. This causes a great financial pressure to them which pushes them to indulge in stealing, sex work and begging.

### **Stealing:**

“When they refused to give money we also steal. Then we force them to give money from their pockets or snatch their money.”

Transgender people also sometimes resort to stealing as a desperate measure when the general public refuses to give them money while begging. This lands them in many legal problems and increases their stress levels.

### **Sex work and Begging**

The Jobs we do is like begging or sex work to sustain our livelihood. This also causes suffering to us as we ourselves don't like it. But there is no other way to earn money”. Most of them do job of sex work. They also beg on the streets or in markets to get money. These jobs cause a great suffering because they feel they are compelled by the society into these professions and they are left with no viable alternative.

## **Enrollment in Jamath system**

“We come into Jamaat system. Again here we face many problems”

The Transgender people are enrolled into hierarchical system called Jamaat. The North Indians call this relationship as “Guru-Chela” (Master-Disciple) whereas Tamilians call this system as “Amma-Ponnu” (Mother-daughter). Adjusting into this system can be difficult to many transgender women.

## **Lack of Family support:**

“As we want to live as females we have come away from the families and hence we are suffering”.

Most Transgender people felt they had to live away from the family. Therefore they had lost valuable support from family members. They perceived this lack of family support as major stressor in their lives.

## **Reluctance to support:**

Some Transgender people don't like sex work. So they request families to support them by allowing them to stay with family members. But the family members usually refuse the request. At the same time they receive financial help from Transgender people. So they view the attitude of family members as parasitic!

“They want our money! But they don't want us” says a Transgender

## **Stigma issues between MSM and Transgender people:**

MSM people are very friendly in CBOs with the Transgender people. But they try to avoid being seen with Transgender people in public as that may reveal their identity as MSM.

“MSM are friendly with us in the office. But they will not come out with us!” says a Transgender.

## **Sexual harassment in public areas:**

A Transgender said, “While going and coming on the streets, people approach us for sex even though we are not interested. They also force us”.

Harassment for sex also happens in public areas. The general public also harasses transgender soliciting sex. Some Transgender people are not interested in it.



### **Sexual violence in Sex work:**

“Even during sex work, some clients are drunk and act strangely. We refuse to have sex with them. But they beat us and force us to have sex with them”.

Rights of the Transgender sex worker during cruising and the right to refuse sex is another grey area.

Sex work by Transgender people invites exploitation by both, clients and the police. There has been a landmark judgement by Delhi High Court in Naz Foundation vs. Union of India case, on July 2009 that has upheld their rights. High Court of Delhi recognized the anachronism associated with Section 377 IPC and interpreted it to exclude sexual acts between consenting adults, thus decriminalizing homosexuality. This judgement may be regarded as one of the stepping stones to uphold the rights of the sexual minorities (Math & Seshadri 2013).

### **Lack of support from general public and police:**

“While being harassed in the Sex place, the onlookers don’t intervene and solve the issue. Nor do the police try to intervene. Rather they advise the Transgender people not to come and stand in cruising sites.”

The public do not intervene to support Transgender people while being harassed in sex places. This may be due to their attitude that Sex workers don’t have any rights. Or may be because of a general attitude to avoid involvement in public issues. The police also do not support Transgender people in these issues. They rather take moralistic or legalistic stand point advising not to solicit sex.

### **MSM / Transgender forced to marry by family:**

Many of the MSM/TRANSGENDER ends up in marital/heterosexual relationships against their will because of family and societal pressure. These marriages end up in marital disharmony, divorce or continue with poor quality of life (Math & Seshadri 2013).

They are forced to marry by the family. Parents may threaten to commit suicide if the MSM (Kothi) fails to marry. Under such compulsion many Kothis marry a woman. But later when the wife and their family come to know about the Kothi identity, they create problems, they demand money for compromise. They also accuse them of fraudulent marriage. They do not resort to counseling even in these circumstances.

“When their wife realizes the husband behaves like a woman, they bring their families and demand compensation”

Also they live lives of regret and remorse after getting married. They also live double lives-“Dual life” (one as a married man and another as Kothi) which cause guilt and internal conflicts in the Kothi.

“They force us to live a life of slavery”.

Even if the marriage survives the discovery of the Kothi identity, the Kothi then is treated like a slave in the family.

### **Other forms of Harassment**

#### **1. Harassment by Police:**

“They harass us with false cases of robbery” says a Transgender

#### **2. Harassment as magico religious treatment:**

“The Kothi was beaten they said he has been possessed by an evil spirit. Spirit of a woman” said a Kothi.

Some of the Kothis have been subjected to abusive rituals like beating etc.

#### **3. Harassment as Sex training**

“Some family members give training; “Walk straight! Talk fast don’t drag like a transgender” says a Transgender.

### **Grief and loss can appear at many levels.**

It is still not uncommon for transgender individuals to experience multiple losses when they come out as Transgender, including loss of work as well as rejection by family, friends, and ethno cultural/religious Community. This may be especially painful for transgender individuals who have high value for familial and cultural continuity. Grief counseling would be helpful.

### **Social Isolation:**

Visibly gender-variant individuals often have difficulty with public spaces, experiencing stares, harassment, and threats or actual violence. This can lead to increasing difficulty navigating public life, social seclusion and anxiety.

### **Access to Psychiatrist:**

Usually Transgender people do not approach psychiatrist for official help. This is

because they feel the Psychiatrists are unfriendly and unaware of the issues of Transgender people. Educating and orienting Psychiatrists to Transgender issues and inviting Transgender representatives to Psychiatry meetings and conferences would reduce the barriers between them.

### **Access to Endocrinologist:**

#### **Hormonal therapy:**

Hormonal therapy is obtained from over the counter medications without prescription or consultation.

There is a need to educate the Transgender people to consult an endocrinologist for hormonal therapy. If government hospitals can provide free hormonal therapy, the financial burden of Transgender people in this regard would be minimized.

### **Access to Surgeries:**

Common surgeries done by Transgender people include SRS (Sex Reassignment Surgery), Breast implant (silicone) and emasculation. Mostly surgeries are done illegally by quacks. Now after steps taken Government to legalize the surgeries, People approach the government hospitals for surgery. Many still find the government hospital environment and attitudes unfriendly or time consuming and approach private sector for surgeries. Surgeries are offered in many private hospitals which are expensive. The need for expensive surgeries again push the Transgender people to desperate beg, indulge in Sex work, or steal. Making government hospitals friendly and approachable and non-discriminatory to Transgender people would go a long way in this aspect.

### **Severe Mental Illness:**

Severe mental illness like Schizophrenia and Bipolar affective disorder with manic

presentations are similar to prevalence in Transgender people as in general population.

Schizophrenia is an illness characterized by perceptual disturbances in the form of hallucinations and thought disorder in the form of delusions, disorganized speech.

A Hallucination is an abnormal perception in the absence of an external stimulus.

A delusion is a false fixed belief held by the patient.

### **Bipolar disorder, Mania:**

In Bipolar disorder, manic episodes alternate with depressive episodes.

During the manic episodes they have elated mood. High self-esteem, grandiosity, increases speech and motor activity. They might have hallucinations and delusions.

These severe mental illnesses can arise in a Transgender and then appropriate referral to psychiatric services needs to be made.

### **Autism:**

Autism and asperger syndrome is co-morbid in many Transgender people especially those presenting in adolescence. Identifying and referral to psychiatric services would help the individual.

Autism is a severe neurodevelopmental disorder characterized by

Impaired language and communication

Abnormal or impaired social interaction

Restricted repetitive stereotyped pattern of behavior

Asperger's syndrome is characterized by

Marked abnormal non verbal communication, failure to develop peer relationships to expected level with intact cognition and speech.

# Chapter 9

## Gender concerns

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Transgender people or their families may report to counseling with Gender concerns. They are anxious to know what's happening with themselves or their son. Usual requests are to normalize him or make him masculine. Educating the family and the individual about Transgender people, life style issues, and surgery options. Family has to be clearly educated that efforts to change him back to masculinity would be counterproductive and worsen the mental status of the individual. An assessment and confirmation of the diagnosis of Gender Dysphoria is useful first step for the individual and family to plan the future of the individual.

### **Gender assessment:**

Such Gender assessment usually involves a detailed history of transgender identity development and gender expression.

### **Questions:**

#### **Gender Identity:**

- How would you describe your gender identity?
- How did you come to recognize that your experience of gender is different than most individuals?
- Were there any life events that you feel were significant in influencing your gender identity?
- Have there been changes to your gender identity over time?
- What do you remember feeling about your gender as a child? What was puberty/ adolescence like?
- How do you feel about your gender now? Do you have any questions/concerns about your gender?
- How does your gender identity impact how you feel about work, relationships, family, or other aspects of your life?

## **Gender Expression:**

- Are there any activities you did as a child or that you do now as an adult that you think of as being cross-gendered? If so, how have these been viewed by your family and others in your life?
- Did you prefer to be around individuals of any particular gender as a child? Is this different than your preferences now?
- Have you ever cross-dressed? If so, what was that experience like for you? If not, what do you imagine it would be like?
- If you could change your external appearance in any way you wanted to more closely match your sense of who you are, what would this look like in terms of your gender?
- Have you ever taken feminizing hormones or had feminizing surgery? What was that like for you?

## **Perception of others:**

How do you think others perceived your gender when you were a child? How do you think others perceive your gender now?

How do you want to be perceived in terms of your gender?

How important is it to you that there be a fit between how you feel about your gender and how others perceive you?

## **Sexuality**

- How does gender play out in your sexual desires or fantasies?
- Does it impact the kinds of sexual activities you do (on your own or with others) or wish you could do?
- What is a typical sexual fantasy for you?
- Do your sexual fantasies involve other men, women, or trans people, or do you mainly fantasize about yourself? If you are in your fantasies, do you imagine yourself to be female, male, or transgender?
- What are your feelings about the parts of your body that are often associated with sexuality (e.g., genitals, chest/breasts)?

## Support Resources

- Do the people in your life know that you are transgender? If so, what was it like to tell them? If not, how do you feel about them not knowing?
- Have you had any contact with other transgender individuals? What was that like for you?
- What do you see your relationship being to the transgender community now? What would you like it to be in the future?
- Have you used the internet to access support and information about being transgender? What have you learned? In what ways was it helpful or not helpful for you?

## Questionnaires' to be used:

1. Gender Identity Questionnaire Docter & Fleming, 2001
2. Transgender Identity Survey Bockting, Miner, Robinson, Rosser, & Coleman, 2005

## Certification as Gender Dysphoria:

- Certification as Gender Dysphoria is done by a government psychiatrist. This is usually done for issue of identity card as transgender.
- Certification is also needed before SRS and hormonal therapy.
- Many Transgender people approach psychiatrist for certificate.
- Hence awareness about Transgender people issues has to spread among mental health professionals and psychiatrists.
- A protocol and guidelines for proper assessment and certifications needs to be developed.
- Whenever a person is referred for Gender Dysphoria certification, she has to undergo tough assessment using the principles explained.

## Recommendations and Suggestions:

1. Training Transgender leaders so they could in turn train their community members to refrain from stealing which would be beneficial to the community in long run by improving the image of Transgender people as ethical people and also protect them from legal hassles.
2. The Government has to create jobs for the transgender women. They have to be brought into mainstream professions based on their talents and qualifications. The society also has to accept the transgender women in various professions rather than stereotyping them as “Sex workers”, “beggars”.
3. There is a need for family counseling for Transgender peoples along with their family member by trained mental health professionals to enhance acceptance of the transgender as a family member. Family members can be involved in transgender awareness programmes. The family has to respect the individual’s choice and help him pursue his passion rather than trying to change him or convert him or force him to conform to society’s expectations.
4. Strict laws prohibiting sexual violence and their enforcement in all contexts including sex work is necessary.
5. Revision of laws pertaining to legalizing sex work may go long way in addressing these issues. Also laws to ensure safety of the sex worker in the context of sex work is needed. Also training the police personnel to be more Transgender people friendly will be helpful.
6. Media has also played a negative role in depicting them as violent and criminal (Math & Seshadri 2013). Most movies in India portray Transgender people in a negative light. They are either cunning or comic characters with very less self-esteem or integrity. This reinforces the already poor image of Transgender people/MSM in general public.
7. Train doctors including Psychiatrists, Endocrinologists, Surgeons about Transgender people issues with emphasis in establishing Transgender people friendly attitudes and atmosphere.
8. Establishing Gender clinics in General Hospitals can be useful in treating Transgender people with specialized care.
9. In Government hospitals, including third gender in intake forms and having separate restrooms for third gender is essential.



## **Concluding Remarks**

Transgender persons and their loved ones are an underserved community in need of empathic, comprehensive, and clinically competent care.

Health and social service providers engaged in mental health care will likely be approached for assistance by transgender community members at some point in their practice.


Mental health clinicians can have a significant positive influence in helping transgender people and loved ones build resilience to heal from and cope with societal stigma, promoting healthy psychosocial development, and facilitating timely treatment of mental health concerns.

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