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STREE MANORAKSHA NEWSLETTER

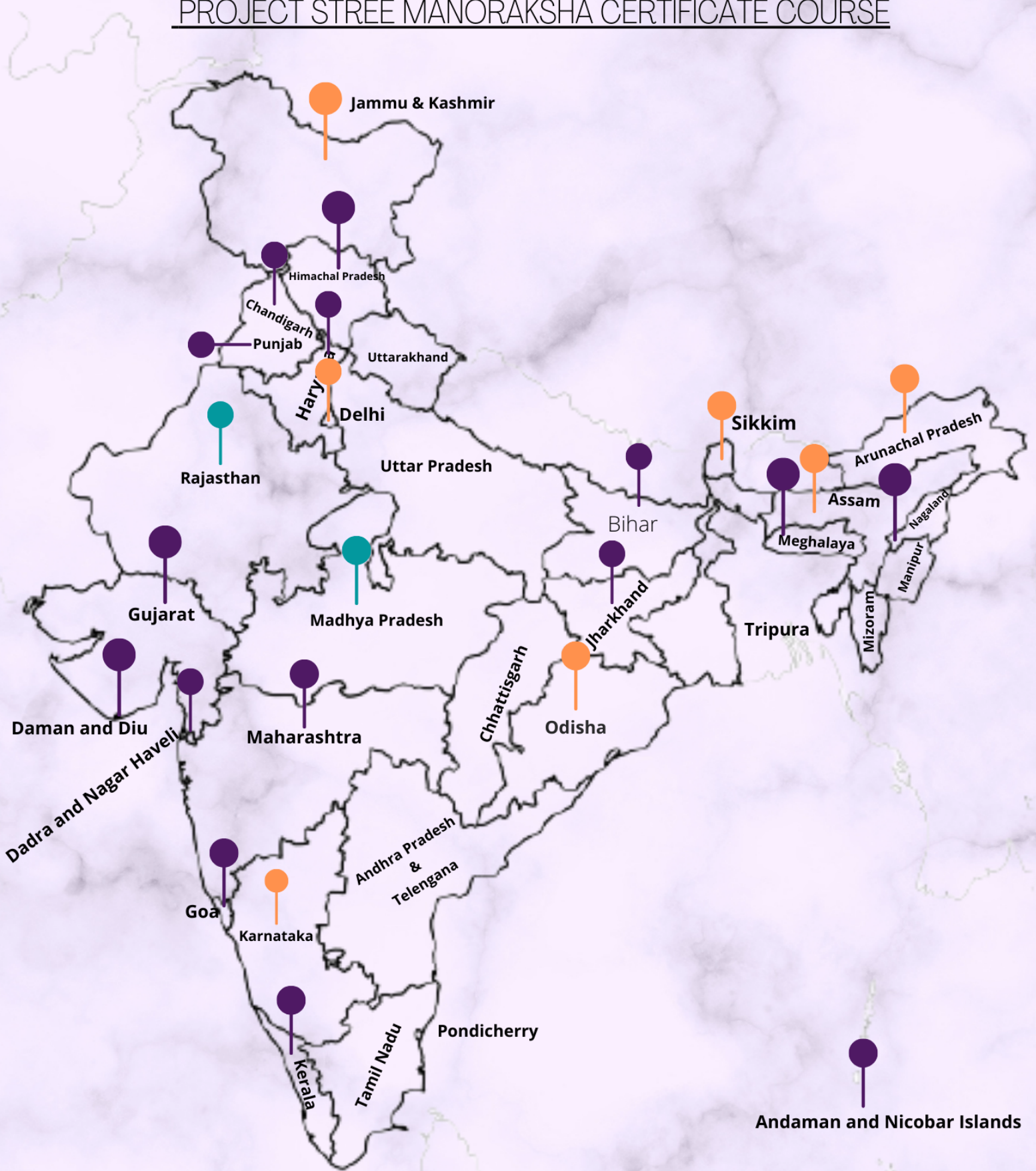
National Institute of Mental Health and Neuro Sciences
(NIMHANS)

Hosur Road, Bangalore – 560029
Karnataka, India

Contact us: +91-8026995227 | +91-7019656138
wcdcounselling@gmail.com | wcdcounsellingl@gmail.com

ON THE MAP:

PROJECT STREE MANORAKSHA CERTIFICATE COURSE



States and UTs with completed certificate course

States and UTs with ongoing certificate course

States and UTs with upcoming certificate course



A BRIEF HISTORY OF THE LGBTQ+ MOVEMENT IN INDIA

AN INTRODUCTION



L- LESBIAN
G- GAY
B- BISEXUAL
T- TRANSGENDER
Q- QUEER
Q- QUESTIONING
I- INTERSEX
A- ASEXUAL AND PANSEXUAL
A- ALLIES
A- ANDROGYNOUS



A BRIEF HISTORY OF THE LGBTQ+ MOVEMENT IN INDIA

WHEN, WHERE AND HOW IT BEGAN

WHEN

August 11, 1992

WHERE

New Delhi, India

HOW

200 delegates staged a protest (walk-out) against the government's stance on homosexuality in an international conference on AIDS .



A BRIEF HISTORY OF THE LGBTQ+ MOVEMENT IN INDIA

THE FIRST WALK OF PRIDE



**INDIA'S FIRST EVER
PRIDE MARCH TOOK
PLACE IN
KOLKATA (1999)
UNDER THE NAME
FRIENDSHIP WALK '99**



DOMESTIC VIOLENCE FACED BY LGBTQ+ FOR BEING 'DIFFERENT FROM OUR IDEA OF NORMALITY'

BY NEHA YADAV



Lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQ+) people face tremendous difficulties growing up in a family and society where heterosexuality is often presented as the only acceptable orientation and homosexuality is regarded as deviant. They continue to face discrimination, stigma, and exclusion across the world in all spheres of life in this binary world.

The stigma attached to sexual orientation and gender identity or expression puts down many LGBTQ+ people to the margins of society. There is sexual stigma faced by LGBTQ+, which is attached to non-heterosexual behavior, identity, relationship, or community. There is a pervasive socially shared attitude about homosexuality's devalued status in domestic and social life.

Disclosure (Coming Out) is considered an integral part of forming an LGBTQ+ identity. Disclosure validates and develops self-acceptance of one's sexual identity. It creates congruence between various aspects of one's life. Most LGBTQ+ people wait until they are adults to talk about their sexual identity with others because of fear of rejection and serious negative reactions.

UPHOLD ALL IDENTITIES!

Family is the primary support for everyone, however, LGBTQ+ people face a certain degree of violence in their families. Their family members often fail to accept them for their sexual orientation, non-conforming gender behaviors, and dressing style. The violence occurs in families toward LGBTQ+ in the form of hitting, hostility, abusing, humiliating, sexual abuse, or assault by relatives. Sometimes, their family members do not allow them in family functions and often take them to physicians or psychiatrists, considering it to be an illness.



Children and youth who identify themselves as LGBTQ+ or are perceived to be so can face tireless teasing and bullying by their peers and seniors in school. They can get bullied by inappropriate sexual comments or gestures; hitting, kicking, punching, or physically hurting; mocking or imitating their voice or mannerisms. They are also called sexually offensive names about their gender or sexuality, which deliberately makes them feel uncomfortable.



Violence can also be in the form of rejection, such as withdrawal of emotional warmth, affection, love, and support. These hostilities and violence often lead to dangerous risky behaviors and injurious outcomes, such as abusing alcohol and illicit drugs, engaging in illegal activity, and running away from home. Family violence can also lead to internalizing behaviors such as withdrawing from others, depression, and suicidal ideation.

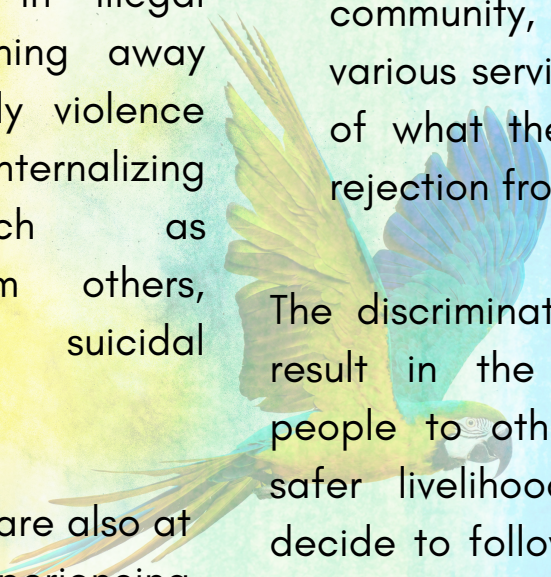
LGBTQ+ individuals are also at a higher risk of experiencing psychopathology, including depression, anxiety, substance misuse, suicidal ideation, and suicide attempts. One in eight LGBTQ+ people aged 18-24 tries to attempt to end their life and almost half of the transgender think about taking their life (Hass et al., 2010). There is also a high rate of sexual assault and related trauma among LGBTQ+ people compared to heterosexual people.

LGBTQ+ people are also vulnerable to experiencing exclusion, discrimination, or separation from extended family and friendship networks after disclosure. This can lead to early school dropout or harassment, lack of family and social support, illness, being unable to find regular jobs, having fewer options than others, being ignored in the community, being unable to access various services, and being unaware of what they are entitled to, and rejection from religion.

The discrimination and isolation might result in the migration of LGBTQ+ people to other countries to seek a safer livelihood and acceptance or decide to follow their parents to marry the opposite sex and then divorce.

Young LGBTQ+ people who have been rejected by their families because of their sexual orientation have much lower self-esteem and fewer people to whom they can turn for assistance.

It is therefore a very difficult journey for people from the LGBTQ+ community to continuously be shamed and rejected for being non-gender-conforming while being coerced to correct themselves according to societal "norms".



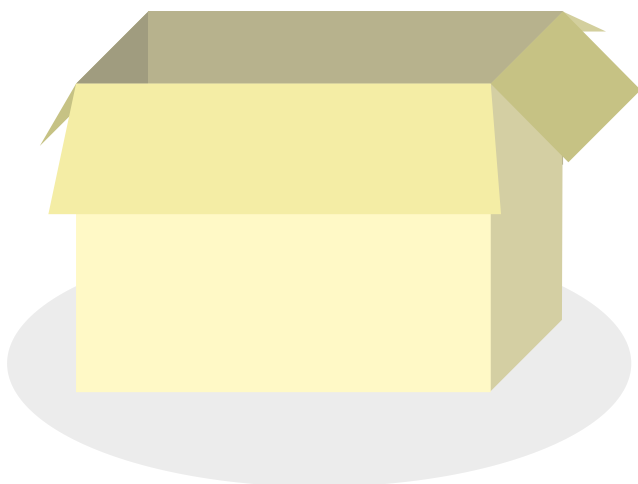


UNDERSTANDING INTIMATE PARTNER VIOLENCE AMONG SAME-SEX COUPLES

BY ROSINA ARUL

There are several reported instances of Intimate Partner Violence (IPV) in the LGBTQ+ community. Research study has shown that the prevalence of intimate partner violence among the LGBTQ+ community is much higher than in heterosexual relationships. While there are similarities in intimate partner violence between heterosexual and LGBTQ+ partners, there are also unique features and dynamics present in LGBTQ+. In India and overall globally, there is a lack of studies that address the LGBTQ+ individuals facing IPV; this is mostly due to the silence that has historically existed around the LGBTQ+ community. A silence built on stigma and fears has obstructed public discussions.

In the western population, it has been seen that 50% of gay men and 75% of lesbians have been victims of IPV (specifically Psychological IPV). Even the lifetime prevalence has been seen same or higher among the LGBTQ+ compared to heterosexuals; 61.1% of bisexual women, 43.8% of lesbians, 37.3% of bisexual men, and 26% of homosexual men experienced IPV during their life, while 35% of heterosexual women and 29% of heterosexual men experienced IPV (Breiding et al., 2013). Research has revealed that some of the obstacles in understanding and recognizing IPV in the LGBTQ+ community can be as follows:





It is a frequently claimed aspect that recognizing IPV in LGBTQ+ can be used in stigmatizing the community itself, thereby leading to additional oppression and social marginalization.



The feminist community believes that recognizing IPV, particularly in lesbian partners will lead to minimizing the concern of male violence against women as it is believed that usually, men are the perpetrators influenced by misogyny and patriarchy.



Many LGBTQ+ individuals experienced additional victimization and homophobia when they reported the abuse to the police.



Cultural ideologies regarding masculinity and femininity make IPV victims hesitant to openly discuss their experiences. This happens because the perceived stigma reinforces their stereotype that homosexual men are less masculine than heterosexual men or attributed to the common belief that this is happening because of breaking religious and socio-cultural rules.



Research has examined same-sex domestic violence, which has a greater concentration of lesbian cases rather than among gay men and bisexuals. It has been seen that men do not want to see themselves as unmasculine and unable to defend themselves. Thus it is stated that IPV is not about gender but power and control dynamics. IPV represents a form of violence where anyone perpetrates violence irrespective of sexual orientation.

INTERVENTIONS TO HELP AND SUPPORT THE LGBTQ+ COMMUNITY

HOW CAN A MENTAL HEALTH PROFESSIONAL HELP?

Adequately
train to
respond to
LGBTQ+ IPV

Be aware to be
able to identify
signs of
escalation

Use of
focussed
assessment
skills

SAFETY TREATMENT PLAN

Compassionate
response to
heterosexual
clients

Predict the
possibility of
subsequent
violent episodes

Plan a
self-protective
response like
emergency bag

OFFERING SUPPORTIVE PSYCHOTHERAPY

- 1) Letting the person vent out, practice active listening, and validating the person's emotions and cognitions
- 2) Reinforcing a client's strength and determination
- 3) Offering Psychoeducation programs to:
 - Identify abusive behaviors and perpetrators' tactics
 - Examine the psychological consequences of violence
 - Describe the cycle of violence
 - Avoid common prejudice regarding LGBTQ+ violence
- 4) Ensure Queer Affirmative counselling tailored to meet the needs of people from the LGBTQ+ community

INTERVENTIONS TO HELP AND SUPPORT THE LGBTQ+ COMMUNITY

FOCUSSED INTERVENTIONAL MEASURES

Develop
intervention
models for IPV
survivors

Working on
reducing
symptoms

Working on
breaking the
cycle of
violence

INTERVENTION THROUGH COUNSELLING

Offer couple
counselling after
establishing no-
violence policy in
relationship

Recommend
separate
services to
couple if
needed

Therefore, while working with IPV survivors in the LGBTQ+ community, adopting a person-centered approach and being gender affirmative helps them realize the cycle of violence, the experience of abuse, and the consequences. Thereafter, tailoring a strength-based approach and validating and affirming the sense of identity can effectively motivate them to gain confidence to seek help and adopt useful resources to bring an end to the abusive condition and obtain independence from the abusive partner.
