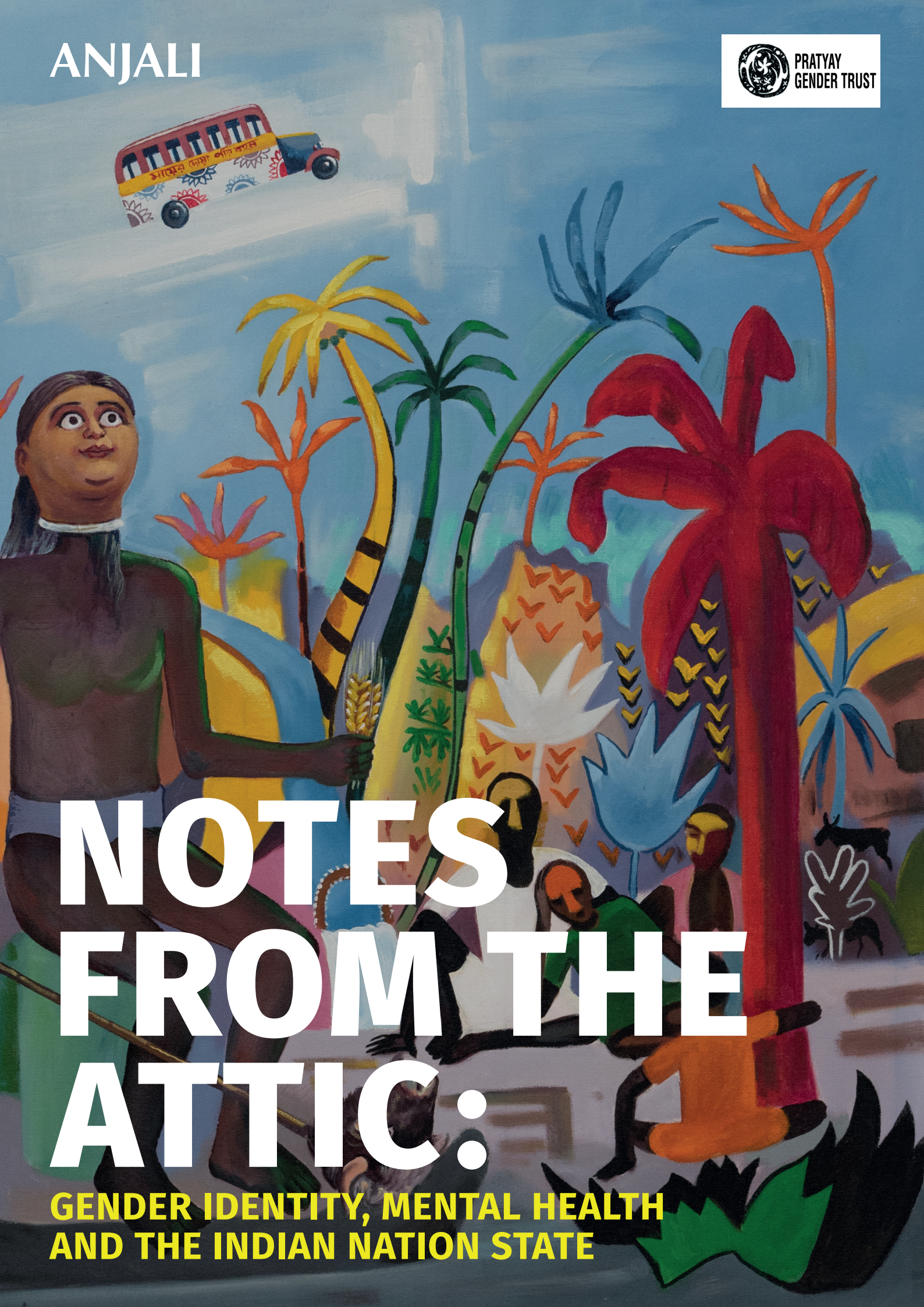
ANJALI

PRATYAY GENDER TRUST



NOTES FROM THE ATTIC:

GENDER IDENTITY, MENTAL HEALTH AND THE INDIAN NATION STATE

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GENDER IDENTITY, MENTAL HEALTH AND THE INDIAN NATION STATE

Conversations with Trans-Hijra-Koti Persons
on Mental Health Experiences

A STUDY BY
ANJALI MENTAL HEALTH RIGHTS ORGANISATION
& PRATYAY GENDER TRUST

WITH SUPPORT FROM
Applied Research Works IPL-Cozeva

ANJALI PRATYAY GENDER TRUS

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It has been edited and reviewed by **Anindya Hajra** and **Ratnaboli Ray.**

This Report is a publication of the **ANJALI Mental Health Rights Organistion** and **Pratyay Gender Trust.**

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Transgender activists from Kolkata and districts who showed extraordinary leadership in organising the group discussions with the diverse communities and our various allies.

We remain indebted to:
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"Pratyay would like to acknowledge the support from T**he Fund for Global Human Rights (FGHR)** and **Mama Cash** for enabling us to explore the foundation of this work - particularly the aspect of labour and economic justice of transpersons - that introduced us to the multidimensional and intersectional nature of mental health. Deep gratitude to **Seema Nair**, of FGHR, who is our stringest critic and strongest ally and **Barbara Lotti** of Mama Cash who trusted our vision and **Shikha Sethia** who continued to support the journey. And last but not in the least we remain more than just thankful to **Sanhita** and **Soma Sen Gupta** who provided the space to nurture and expand the scope of the economic justice element of transpersons' work in its formative years."

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CONTENTS

TERMINOLOGIES USED IN THIS REPORT

ASSIGNED GENDER refers to a person's initial assignment as male or female at birth. It is based on the child's genitalia and other visible physical sex characteristics.

CISGENDER describes individuals whose gender identity or expression aligns with the sex assigned to them at birth.

GENDER EXPRESSION or role refer to characteristics in personality, appearance, and behavior that in a given culture and historical period are designated as masculine or feminine (that is, more typical of the male or female social role). It is the manner in which a person communicates about gender to others through external means such as clothing, appearance, or mannerisms. This communication may be conscious or subconscious and may or may not reflect their gender identity or sexual orientation. While most individuals present socially in clearly masculine or feminine gender roles, some people present in an alternative gender role such as genderqueer or specifically transgender (see below). People tend to incorporate both masculine and feminine characteristics in their gender expression in varying ways and to varying degrees.

GENDER DYSPHORIA involves a conflict between a person's physical or assigned gender and the gender with which he/she/they identify. People with gender dysphoria may be very uncomfortable with the gender they were assigned, sometimes described as being uncomfortable with their body (particularly developments during puberty) or being uncomfortable with the expected roles of their assigned gender. People with gender dysphoria may often experience significant distress and/or problems functioning associated with this conflict between the way they feel and think of themselves (referred to as experienced or expressed gender) and their physical or assigned gender. The gender conflict affects people in different ways. It can change the way a person wants to express their gender and can influence behavior, dress and self-image. Some people may cross-dress, some may want to socially transition, others may want to medically transition with sex-change/ gender-reaffirmation surgery and/or hormone treatment. Socially transitioning primarily involves transitioning into the affirmed gender's pronouns and bathrooms. Gender dysphoria is not the same as gender nonconformity, which refers to behaviors not matching the gender norms or stereotypes of the gender assigned at birth. Examples of gender nonconformity (see below), also referred to as gender expansiveness or gender creativity, that include girls behaving and dressing in ways more socially expected of boys or occasional cross-dressing in adult men. Gender nonconformity is not a mental disorder. Gender dysphoria is also not the same as being gay/lesbian. The term gender dysphoria replaced the term gender identity disorder used in an earlier version of Diagnostic and Statistical Manual of Mental Disorders (DSM).

GENDER FLUIDITY having different gender identities at different times.

GENDER IDENTITY refers to each person's deeply felt internal and individual experience of gender, which may or may not correspond to the sex assigned at birth, including the personal sense of the body which may involve a freely chosen, modification of bodily appearance and functions by medical, surgical or other means and other expressions of gender, including dress, speech and mannerisms. Gender identity, therefore, refers to an individual's self- identification as a man, woman, transgender or other identified category.

GENDER NON-CONFORMING is an adjective to describe individuals whose gender identity, role, or expression differs from what is normative for their assigned sex in a given culture and historical period. Many people identify as being under the gender nonconforming “umbrella” and there is great variation in the extent to which voice, appearance/ dress and communication changes are undertaken or desired by gender nonconforming individuals. Some gender nonconforming persons seek to develop multiple or two presentations of their selves (one more masculine and one more feminine) either because they identify as bi-gendered or because external pressures (family, employment, cultural community, friends) prevent living full time in a way that is consistent with their felt sense of self. Some people may have a sense of gender that is not at either pole of cisgender (see above) - cismale/cisfemale scale but is on the continuum of masculine and feminine. They would like a more flexible gender presentation to reflect this gender identity.

GENDERQUEER Identity label that may be used by individuals whose gender identity and/or role does not conform to a binary understanding of gender as limited to the categories of man or woman, male or female.

TRANS BINARY refers to persons who are transgender but identify exclusively within the male/female binary.

TRANS used interchangeably with transgender, it refers to an umbrella term applicable to an array of multiple forms of sex and gender crossing and mixing.

TRANSGENDER Adjective to describe a diverse group of individuals who cross or transcend culturally defined categories of gender. The gender identity of transgender people differs to varying degrees from the sex they were assigned at birth. There are other gendered identities, like hijra and kot(h)i in India and dhurani in West Bengal, which are identities that have specific social and cultural (and sometimes economic) origins. These are often mapped onto western terms such as transgender. However, they do not always or completely overlap because of the specificity of these identities. However, trans persons may decline the use of such terms to identify themselves and some may find such terms derogatory. For some, these identity terms may also be inadequate to map the experiences of a spectrum of gender non-conforming and/or trans experiences. Many prefer the usage of the term ‘trans’ in place of these indigenous identities. We acknowledge that it is best left to individuals themselves to choose the terms to be used to define their identity, based on what they find most comfort and power in.

TRANSITION or ‘transitioning’ is a process by which individuals come to inhabit their gender identity. Gender transitioning may take many forms, and only some people will choose to include medical assistance in their transition process. There are both medical (use of hormones) and surgical options in a gender transition.

ABOUT THE ORGANIZATIONS

ANJALI is a mental health rights organisation, based in Kolkata, which began in 2001 and is working to secure large-scale systemic changes in the mental health field, by making mental health institutions, systems and communities intersectional and inclusive. Its aim has been to achieve this, through ongoing advocacy for human rights and policy development through cross-sectoral partnerships with the Government of West Bengal, the media and the civil society. Anjali works within government mental institutions as well as in the communities of West Bengal.

ANJALI

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PRATYAY GENDER TRUST is community led initiative that began in the period 1997-98 as a support space for and by members of Calcutta’s ‘transgender’ identified and other gender non-conforming persons facing stigma and violence for our gender identity and gendered expressions. It remains as one of the earliest community-led sexuality rights collectives in the country. Over the past one and half decade and more our understanding of ‘trans’ oppressions have grown deeper with the nuance of multiple and intersecting registers across which these narratives are set – those of social class and caste in addition to language, ethnicity and disability amongst others.

PRATYAY GENDER TRUST

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Report Designed By **Studio Eksaat**

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My hand wrapped around his finger, he taught me to walk

With pride, flaunted me to the world

Shared his future with me

With the dream, I'd reinstate his position

I as a 'FATHER' and he as a 'GRANDFATHER'

The wind of changes visited

And disturbed the hopes, dreams and beliefs

My dolls provoking him[1]

Their orthodox pity is no taller than a Falkland Road pimp

It's true, they haven't raised any ceremonial tent for us in the sky

After all, they are the feudal lords; they've locked all light in their vault

In this lowered life imposed on us, not even a pavement belongs to us

They've made us so helpless; being human's become nauseating to us

We can't find even dust to fill up our scorched bowels

The rising day of justice, like a bribed person, favours only them

While we are being slaughtered, not even a sigh for us escapes their generous hands[2]

[1]"My Father," by Santa Khurai, in "The Word That Belongs to Us: An Anthology of Queer Poetry from South Asia," edited by Aditi Angiras and Akhil Katyal.

[2]"Their Orthodox Pity", Namdeo Dhasal, translated by Dilp Chitre in "A Current of Blood", Navayana.

FOREWORD BY ANJALI

"I do not belong here" - a request that was repeatedly denied by a heteronormative mental health system with no space for any deviation from the norm.

There was a person living in the male ward of a mental hospital for many months. One day we heard him wailing for her rightful sindoor (vermilion) and shankha (white bangles made of conch shells worn by married women). As startled as we were fearful for this person, we found out who they were and that they had, in fact, implored to be shifted to the female ward stating categorically, "I do not belong here" - a request that was repeatedly denied by a heteronormative mental health system with no space for any deviation from the norm. This was my first foray into the disturbed thought that perhaps Anjali was not doing enough for the mental health of transgender or gender non-conforming persons, and that we needed to. It had not been the first time that a transgender or gender non-conforming person had been forcibly admitted into a mental hospital in hope of some 'conversion therapy' to fit into the male/female bracket, and it would not be the last.

This discourse is not restricted to the mental health of transgender persons. It is about their inclusion within the mental health discourse and praxis. It is about access to mental health care and whether their narratives are given enough value within the mental health practice and/or discourse a rightful place of its own. To club it along with other narratives, in order to find quick fix solutions, will end up doing irreversible harm to a community already grossly marginalised and misunderstood. There has been a slow growth in the visibility and expansion of discourse when it comes to the rights of transgender persons in India, however, their mental health has not been part of that conversation. There has been extraordinary silence despite evidence on discrimination and violations and its debilitating impact on their mental health through anxiety, depression, substance use and suicide.

So, when **Applied Research Works IPL-Cozeva** came forward with financial support, I thought- why not conduct a research? I immediately thought of a piece on mental health of transpersons. The world of opportunities opening up finally made me excited to collaborate creatively with Anindya Hajra, Co-founder of Pratyay Gender Trust, who has not only been a dear friend and ally but who has been working tirelessly with transgender identified and gender non-conforming persons of Kolkata for several years, and is the best person to have anchored this piece of work. Not only was it an opportunity to embark on this explorative study but it was a crucial need of the hour to prioritise the mental health needs and interventions of transgender and gender non-conforming persons. It was crucial for both of us to not turn this into a victim narrative but a trans-led approach to understand needs, desires and choices while also being mindful about very real oppressive structures.

What resulted was a rich repository of narratives and stories that have in a small way enabled us to identify how mental health care really is not for everyone, how there are people who fear that their lived experiences will not hold value to the mental health fraternity. As a mental health advocate, a human rights defender, this is a personal failing, one that I hope I have begun to correct with this first step.

RATNABOLI RAY
Founder & Managing Trustee
Anjali

FOREWORD BY PRATYAY GENDER TRUST

The mental health of transgender and gender non-conforming persons remain an area of extraordinary silence despite trans - activist - communities having foregrounded, for well over two decades now, what constitutes, an extensive body of evidence about the degree and level of human rights challenges, discrimination and institutionalised violence that we have faced.

While these narratives offset the impunity with which trans/queer and gender nonconforming persons' lives are lived precariously on various accounts – and have also formed the basis of several legal challenges and recent court judgments – the impact of these experiences on the mental health conditions of diverse trans communities have not received proportionate attention. Despite a growing discourse on transgender persons' rights and visibility in India currently, deepening the conversation on trans persons' mental health realities seem to have gathered less traction than what the communities have been flagging for some time now. Communities have maintained and offered staggering evidence to show that we have significantly higher vulnerability to debilitating mental health conditions such as anxiety, depression, substance use issues and suicide compared to our cis-gender peers. It isn't difficult to imagine the barriers that exist to having these conversations, precisely because of the lopsided power inequity that perpetuate the social and clinical pathologisation of trans and gender non-conforming persons' expressed gender. Also, like all marginalised groups transgender communities aren't a homogeneous category and as such any exploration of our mental health realities need to bear in mind the context of other intersectional dimensions that cut across our lives. The lack of empathy and understanding and an absence of a trans-led approach of understanding what are trans persons' mental health issues prompted the need for this study.

While we are listing out what prompted us to think about exploring the terrain of transpersons' mental health it would be extremely important to flag what this study is *not* about. This study is not about presenting a victim narrative or embodying one. This study is based on the empirical trust that like all individuals trans and gender non-conforming persons have agency and decision-making capacities to take control of our lives. It affirms and validates the choices trans persons make – recognising the structures and enormous challenges that are presented to our communities regardless of the diversities that exist within. This study is premised on the belief that it is high time that efforts are mobilised and resources are allocated that puts a high priority on mental health care and intervention for transgender and gender non-conforming persons.

Anjali and Pratyay Gender Trust, the two organisations that have come together to facilitate this exploratory conversation remain committed to the issues of mental health and trans lives inseparably, quite indistinct from each other as an act of political belief, rooted in the larger idea of justice, agency and rights. We were delighted when Ratnaboli Ray of Anjali approached us to embark on this study. She has been a long standing friend and an ally to transpersons' movements and its intersections with mental health and has been a particular mentor to Pratyay for nearly two decades.

The study was scheduled to be conducted over a period of 1 year between April, 2019 and March, 2020. The outbreak of Covid-19 globally and the ensuing lockdown affected the Study, especially towards its end quarter. The global pandemic and its aftermath including the economic and social consequences left a deep impact on the mental health universe of transgender persons. We have tried to incorporate some of these experiences in this report.

I remain thankful to *Sayan Bhattacharya* for taking up the daunting task of writing the final version of this Report. Sayan who uses 'they/he' as gender pronouns is a PhD student at the University of Minnesota and is involved in trans-queer activisms in West Bengal. Sayan 'teaches and writes for love, livelihood and politics' which he describes as, 'one and the same but not quite'.

This report would not have been possible without the support of the staff team at Pratyay and Anjali and I would like to specially mention *Aanchal Rai, Debasish Ghosh, Bhanu Naskar, Julie Saha* and *Rajesh Chauhan* from our respective teams. *Kathakali Biswas* was there throughout gently reminding us whenever we were waylaid and distracted – immense appreciation for the critical role she played.

The extensive support offered by the wider trans communities was key in helping us have access to these 'difficult' and triggering conversations and renew some from our collective past. I shall remain forever thankful for these. A big word of appreciation for *Sougata Mukherjee* of Jalpaiguri to help us connect to key individuals in Coochbehar and also in the Nagrakata sub-division in north Bengal for the fact finding on an incident of public lynching and eventual death of a gender-nonconforming person with which we begin this Report. To *Madhuja Nandi, Sudeb Sadhu* and *Rahul Mitra,* long standing saathis in this journey, my deepest gratitude.

ANINDYA HAJRA
Co-founder
Pratyay Gender Trust

TRIGGER WARNING:

Please note that this report is comprised of narratives of transgender and gender non-conforming individuals that speak of physical and sexual assault, incarceration, suicide attempts, mob violence and various acts of transphobia. It has been distressing while writing this report and we can imagine that it will be distressing reading it. However, each and every account detailed here is based on the consent of our respondents. This is what they shared with us when we asked them about their mental health. That they shared these stories with us along with their survival strategies speak to their resilience. We suggest pauses, breaks and whatever you need to do to look after yourself while engaging with this study.

INTRODUCTION

A video started circulating on various Facebook and WhatsApp groups on the night of July 22, 2019 - a recording of the lynching of a gender non-conforming individual in Nagrakata in the Dooars region of West Bengal.[3] While a few media outlets reported that the individual had been stoned to death, others claimed that the police had reached the spot and rescued the victim but they died on the way to the hospital[4].

[3]Neither the media outlets nor the local Facebook pages could identity the person by her chosen name. At a subsequent fact finding conducted by Pratyay and Anjali, a journalist claimed to know the person by their birth name but we refuse to deadname a person. For absence of any substantial evidence of how the person chose to identify their gender identity, we are using "they/them" pronouns.

[4]https://www.hindustantimes.com/india-news/suspected-of-being-a-child-lifter-deaf-mute-woman-lynched-in-bengal-s-jalpaiguri/story-3jztMM7YEXTrd6g2JuylaO.html, https://www.indiatoday.in/crime/story/wb-transgender-beaten-to-death-on-suspicion-of-being-a-child-lifter-1572822-2019-07-24, https://www.khabarsamay.com/nagrakata-a-man-dressed-as-a-women-killed/

The very next day after this gruesome incident, a deaf and mute woman was lynched, 15 kms away from where the gender non-conforming person was. Details emerged that locals, mostly comprised of tea plantation workers, were afraid about a child trafficking racket and had become vigilantes to protect their children from those who looked suspicious. While on what basis, the locals deemed two individuals as potential criminals could not be empirically established, it is not hard to guess that the former's perceived deviation from gender norms and the latter's perceived deviation due to disability tied them to yet another form of deviance – namely, criminality. A few days later, a non-governmental organisation working with transgender communities in Cooch Behar went to gather more facts and issued a paragraph long report on social media stating that the former could be a transgender person. They were not associated with the hijra profession but dressed up as Hindu deities and begged for alms in the region. Given the fear about child racketing, the locals found them suspicious and fatally assaulted them. The police had made some arrests. After this initial set of details emerged, the Nagrakata tragedy was mostly forgotten. However, outside of the brutal violence of the incident, there were two questions that kept recurring. Many commentators on the Facebook page where the video was circulated claimed that they had seen the individual earlier and mostly referred to them as a "man dressed as a woman" and many of these commentators also argued that the person could have had mental health issues. The video documents local men repeatedly asking them where were they from and the person maintained a stoic silence. Why would they keep quiet despite being repeatedly asked about their whereabouts, several commentators asked, unless they were mentally ill? Putting these two observations together, it is not difficult to note how the individual's gender non-conformity and their putative mental health condition are conjoined to incite suspicion that leads to a deadly act of lynching.

Most importantly, this incident goes into the heart of the political stakes of this research study. Pathologisation of our gender identity has meant that our sense of selves is always already tied to questions of mental health. While this incident marks that violence, we wanted to go further to ask what our mental health needs are when perceived from a rights-based paradigm. In order for us to feel and be affirmed in our gendered sense of selves, what are the support systems needed? While our gender identity needs to be depathologised and cannot be treated as a mental illness, do we have networks of support if we have mental health issues? What are these mental health issues? How are they socially and culturally produced and how do we cope with them? With these set of initial questions, we embarked on this study. At one of our focus group meetings, Rita, 25, a transfeminine person succinctly pointed out how gender identity and mental health intersect through a series of questions,

"There are problems in family, sometimes problems with friends, problems at work, problems with partner- all this creates a lot of mental pressure. Sometimes I wish I could lead a 'normal' life like others – get married, have a baby, make a home. I do not attend marriages, family gatherings or any parties because people humiliate me. I am made to feel ashamed for who I am and feel depressed. Do all of us have the same freedom of expression? Why can't I freely express myself without worrying about someone mocking me? Who do we share our feelings with? About our identity? About our sexuality? You can't wear what you want to wear, you can't love who you want to love...how do we not have mental health issues with so many obstructions in our lives?"

In the following section, we will describe our research methodology for this study. Next, we will lay out the legal context to our struggle for recognition and our right to being depathologised. In the subsequent sections, we will lay out our experiential realities with mental health, our strategies of self-care and in the final section, we will lay out our demands and resolutions on mental health.

RESEARCH METHODOLOGY

This report has been prepared by using qualitative interviews and secondary research. We have conducted focus group discussions and in-depth qualitative interviews with 60 trans and gender non-conforming persons from all across West Bengal. An effort was made to ensure that they were from different regions in the state and across registers of class, caste and mental health status.

We used a purposive sampling method where we identified each of the interviewees keeping in mind the objective of this study. We wanted a wide variety of narratives and through these, have the opportunity to reflect upon the collective concerns and the power dynamics which affect the life experiences of transgender and gender non-conforming persons. For the group discussions and in-depth interviews, we used a semi-structured interview format by having a set of guideline questions which would allow us to frame the conversation on identity-based experiences with particular regard to mental health and associated concerns. These questions were open-ended, allowing for the respondents to not only share their personal experiences but expand on their perspectives on lived experiences of equal opportunities, access, violence and discrimination and coping strategies. We also drew from these responses to pose follow-up questions to delve deeper into each respondent's experience. The interviews were conducted in person and were recorded with the verbal consent of the interviewees. These interviews and discussion recordings were later on transcribed and translated.

This report is based on inputs received from 6 structured group discussions conducted across 5 districts in West Bengal: 2 districts in North Bengal (Jalpaiguri and Coochbehar) and 3 districts in South Bengal (North and South 24 Parganas and Kolkata). The group discussions were held amongst transgender persons from both the transfeminine and transmasculine spectrum. In addition to these interviews, this narrative incorporates observations from a visit to a subdivision in North Bengal where a transgender/ gender non-conforming person was lynched on suspicions of being a 'child lifter'.

The names of the interviewees wherever they appear have been changed in order to protect their identity.

LAW: MEDICO-LEGAL REGIMES, STATE INSTITUTED LAWS AND THE DAILY

DE-PSYCHOPATHOLOGISATION:
GENDER DIVERSITY IS NOT A MENTAL ILLNESS

INTERNATIONALLY, INCLUDING WITHIN ASIA AND THE PACIFIC, TRANS PEOPLE, SUPPORTED BY MANY HEALTH PROFESSIONALS, ARE STRONGLY ADVOCATING FOR TRANS HEALTH NEEDS TO BE NO LONGER DEFINED BY A MENTAL HEALTH DIAGNOSIS.

This is sometimes referred to as "de-psychopathologisation." In May 2010, the World Professional Association for Transgender Health (WPATH) Board of Directors issued the following statement "urging the de-psychopathologisation of gender variance worldwide" (WPATH Board of Directors, 2010).

> *The expression of gender characteristics, including identities that are not stereotypically associated with one's assigned sex at birth, is a common and culturally diverse human phenomenon which should not be judged as inherently pathological or negative. The psychopathologisation of gender characteristics and identities reinforces or can prompt stigma, making prejudice and discrimination more likely, rendering transgender and transsexual people more vulnerable to social and legal marginalisation and exclusion, and increasing risks to mental and physical well-being. WPATH urges governmental and medical professional organisations to review their policies and practices to eliminate stigma toward gender-variant people.*

The health services that trans people seek to medically transition are currently coded as mental health diagnoses in both the International Statistical Classification of Diseases (ICD) and Diagnostic and Statistical Manual of Mental Disorders (DSM). Until recently, both used the term "gender identity disorder." In 2013, the DSM reverted to an older term—"gender dysphoria." The transition from disorder to dysphoria has been perceived as a positive step. Gender identity disorder was typically viewed as a negative label placed on trans people's very identity, whereas gender dysphoria focuses more specifically on the distress some trans people feel when their gender identity does not match their body. It describes psychological distress that can disappear as a person's relationship to their body changes (perhaps a result of taking hormones or having surgeries). Arguably, the new DSM term "gender dysphoria" offers a route to healthcare coverage without imposing a permanent label such as "gender identity disorder."

World Health Organisation (WHO) revised the 10th version of ICD and replaced terms like "transsexualism" and "gender identity disorder of children" with "gender incongruence of adolescence and adulthood (GIAA)" and "gender incongruence of childhood (GIC)" respectively in the 11th version of ICD that was approved by the World Health Assembly in May, 2019. Most importantly, this so-called gender congruence was moved out of the "Mental and behavioural disorders" chapter and into the new "Conditions related to sexual health" chapter. This shift largely signals attempts on the WHO's part to destigmatise transgender identities by delinking them from mental illnesses. However, in 2013 a civil society expert working group convened by Global Action for Trans* Equality (GATE), while strongly supporting the removal of gender identity from the Mental and Behavioural Disorders chapter of ICD cautioned that the then proposed categories of GIAA and GIC required further scrutiny. It provided a detailed alternative proposal for addressing the issues that gender-variant children experience without pathologising their gender diversity (GATE, 2013). However, for now these categories stand, till further activisms help replacing these as well.

* * *

The expression of gender characteristics, including identities that are not stereotypically associated with one's assigned sex at birth, is a common and culturally diverse human phenomenon which should not be judged as inherently pathological or negative.

MENTAL HEALTHCARE ACT, 2017 & TRANSGENDER PERSONS

Chapter V (Section 18[2]) of the Mental Healthcare Act (MHA), 2017 emphasises the right to access mental health care and treatment without discrimination on the basis of gender, sex and sexual orientation (amongst other identity locations). This is interpreted to be a recognition of the prevalence of mental health issues among the transgender community and enabling them to access barrier free treatment and care. Incorporating positive measures such as access to public healthcare, insurance cover for mental health patients and most importantly, the decriminalisation of suicide attempts, will be an affirmative move towards helping trans people address their mental health.

However, the Act does not provide any guiding principles to mental health care givers or therapists on the protocol for treatment of transgender persons seeking mental health care and/ or treatment. Prevalent attitudes of health professionals that are rooted in the gender binary and hetero-patriarchal codes, are often sites that perpetuate further harm to the mental health of trans and gender non-conforming persons.

THE TRANSGENDER PERSONS (PROTECTION OF RIGHTS) ACT, 2019 & MENTAL HEALTH

The Transgender Persons (Protection of Rights) Act, 2019 provides no express mention of mental health needs of transpersons; neither does it enlist any real or substantive measure that affirm the wide spectrum of gender identities in India. According to transgender communities, this new law will unleash further trauma and bureaucracy on trans lives.

Chapter III of the Act deals with Recognition of Identity of Transgender Persons. Ironically, this recognition is premised on obtaining a certificate of identity in order to be considered as a transgender person. Section 5 of the Act requires transgender persons to make an application to the District Magistrate for issuing this certificate. According to the Act, surgery or hormonal intervention is a prerequisite for, a transgender person self-identifying within the gender binary (as male or female). They will be further required to apply to the District Magistrate for a revised certificate in order to be considered as such. Such an application must be accompanied by a certificate from a Medical Superintendent or Chief Medical Officer of the medical institution where the surgery was conducted. The District Magistrate, shall, upon the receipt of such a certificate from the concerned medical professional and on being satisfied about the correctness of the document will allow the transgender persons to identify in the gender binary.

What does this extremely convoluted bureaucratic process mean for already oppressed individuals seeking identity documents in their chosen gender identity? What does it mean for their mental health when the state refuses to delink gender identity from the pathologizing processes of the medical establishment despite international guidelines and a progressive legal judgment? What this process does is precisely this: it puts multiple and insurmountable barriers for transgender individuals to have any recourse to self-affirmation and validation of their selves before the State. It also medicalises their identity. Prevalent attitudes of a largely hostile medical establishment towards transpersons push them towards greater risk of being pathologised and create hindrances and red tape in the process of obtaining identity certification. It refuses to recognise or engage with the fact that how these become systems of exclusion and pose the risks of deepening experiences of dysphoria in trans and gender non-conforming people's lives.

Transpersons have expressed their fears that this denial of agency to self-determine their gender and concentration of power in a bureaucratic system of government offices, departments and hospitals will perpetuate the violence by not only denying them the dignity of a self-identity but building institutional sanction for transphobia and the infantilization of their decision-making capacities. We have already encountered narratives in our research where our respondents have been asked to show gender dysphoria certificates at the police station when they have gone for passport verification. Meanwhile, this state sanctioned mode of certifying transgender bodies are already deepening distressing fissures within the community where those not undergoing surgery are being deemed as inauthentic and hence unworthy of any state welfare. During the ongoing Covid lockdown, some of our research participants have complained how community leaders – who have received rations from the state for community wide distribution – have refused to provide them with rations because they do not wear feminine clothes despite identifying as transfeminine.
The findings of this study bear testimony to the impunity with which natal families subject transgender and gender non-conforming persons to torture and violence in the name of rehabilitation through institutionalised incarceration. This is further aided by commonly held associations of psychopathologisation with transgender persons. Yet, the model of 'rescue and rehabilitation', a predominant model adopted by the State in the case of the mentally ill, finds resonance in Chapter IV, Section 8(4) of the Act whereby if a natal family is unable to look after a transgender person, they may be placed in a rehabilitation centre after an order from a competent court.

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What does this extremely convoluted bureaucratic process mean for already oppressed individuals seeking identity documents in their chosen gender identity?

While, the Act does speak about sex reassignment surgery and hormonal therapy for transgender persons while dealing with the issue of trans health, the aspect of mental health counseling remains limited and tied to surgical transition alone. Nowhere in the entire section that deals with transgender persons' health is any mention of provisions for a general mental health care and support system. This undermines a vital aspect of the lived experiences of trans lives. While the Act mentions a review of medical curricula and research for doctors to address specific trans health issues, including the setting up of sero-surveillance centres for HIV, mental health aspects are not mentioned specifically or at all. Institutionalised transphobia encountered by the spectrum of trans communities especially at the hands of mental health practitioners have been ignored. The silence around provision of mental health care within the scope of the Act is significant.

Mental health trauma suffered by trans individuals is invisibilised partly due to insufficient attention paid to the subject, given the false binary that exists between physical health and mental health related experiences. The latter is also placed lower in hierarchy to seemingly more pressing issues involving physical interventions for trans and gender non-conforming persons, such as gender reassignment and hormone therapy.

Significantly, the law was passed in the Parliament without any debate and community generated feedback was mostly ignored and the rules to implement the law were also published during the Covid pandemic lockdown.

SEXUAL ORIENTATIONS, GENDER IDENTITIES AND EXPRESSION [SOGIESC] AND PERSONS WITH PSYCHOSOCIAL DISABILITIES

A STUDY BY ANJALI MENTAL HEALTH RIGHTS ORGANISATION & PRATYAY GENDER TRUST

THE TRANSGENDER BODY IS LOCATED AT THE INTERSECTION OF MULTIPLE LIVED EXPERIENCES. SELDOM HAS PSYCHOSOCIAL DISABILITY OF TRANS PERSONS BEEN AN AREA OF STUDY AND ENGAGEMENT.

At the outset, there is a great degree of similarity between experiences of transgender persons and persons with intellectual or psychosocial disabilities, which include physical and chemical restraints, forced medication, coercion, physical abuse, humiliation, electroconvulsive therapy (ECT), shackling, forced labour, and corporal punishment. The prejudice from which such violative and violent interventions are carried out for both transpersons and persons with intellectual and/ or psychosocial disabilities often overlap.

The Committee on the Rights of Persons with Disabilities' concluding observations on the initial Report of India (Adopted by the Committee at its twenty-second session, held between 26 August – 20 September 2019) builds an intersectional lens while taking into account the prevalent scenario – connecting the seemingly disconnected dots of sexual orientation and gender identity/ expression and that of psychosocial disabilities.

While expressing its concern regarding the absence of measures to combat 'multiple and intersecting forms of discrimination', the Committee takes cognisance of:

> *"...persons with disabilities in scheduled castes and scheduled tribes, including Dalits and Adivasi, older persons with disabilities, persons with disabilities living with HIV/ AIDS, indigenous persons with disabilities, persons with disabilities belonging to ethnic, linguistic and religious minorities, and lesbian, gay, bisexual, transgender and intersex persons with disabilities"*

It further recommends that the State party adopt measures to ensure the respect of the right to life of all persons with disabilities and that it protect intersex children from attacks against their lives and any related harmful practices (such as sex assignment surgeries or "sex normalising" surgery on intersex children, stigmatisation, bullying, and restricted access to community services).

Besides these various resolutions, judgments and laws, what is important to note here is that since the first petition against Section 377 of the Indian Penal Code was filed in 1994 and which was followed by a long legal struggle against the law that criminalised any sex other than peno-vaginal penetration, the Section was finally read down on September 6, 2018, meaning that consensual non peno-vaginal sex was no longer a criminal offence. While the number of prosecutions under the Section was very low, the law was used by the police to blackmail and extort money and even sexually assault queer individuals, particularly gender non-conforming individuals. However, mainstream coverage of the judgment and its histories have largely perceived it to be about gay men and their right to participate in consensual sexual activities in privacy. The judgment also lends credence to such a reading by harping on sex in private. (Navtej Singh Johar v. Union of India, 2018) In effect, sexuality is cleaved away from the question of gender.

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In other words, the Indian State can still use various vagrancy laws and obscenity laws to apprehend transgender individuals. This is of course further exacerbated by rampant transphobia in our legal establishments coupled with lack of awareness on the changing field of law and legal recognition. In our research, we have come across several instances where the police have either wilfully ignored complaints from transgender persons or have participated in violence against them.

For example, Rupa, 41, who currently works as a hijra was walking with a koti friend along the river bank in north Kolkata. A few men started harassing her friend. When Rupa protested, they started beating both of them and stole their cash and mobile phones. Rupa was enraged and both of them rushed to the nearest police station to file a complaint but the officer in charge refused to file a complaint and sent her to another police station which then sent her to yet another. Finally, she was so enraged that she took out a blade and placed it on her throat and warned the police officers that if they did not file her complaint, she would kill herself. Soon they took out a jeep and rushed to the spot where the men were arrested and they were able to retrieve their phones and money as well. Since that incident, no one has dared to harass Rupa in her neighbourhood.

FAMILY

“ও কি লাইনে নেমে গেছে?”[1]

“ওকে নাতি বলছেন কেন?

ও তো মেয়েছেলে!”[2]

“একটা মগার সাথে আবার কি কথা বলব?

I don’t want to waste my time!”[3]

“আপনি মরছেন না কেন?

একটা হিজড়ে কে জন্ম দিয়েছেন!”[4]

EACH AND EVERY RESPONDENT ON OUR RESEARCH STUDY HAS PAINSTAKINGLY SHARED WITH US HOW FAMILY IS THE MOST SIGNIFICANT INSTITUTION THAT SHAPES THE STATE OF OUR MENTAL HEALTH THROUGH THE RELENTLESS POLICING AND ON RARE OCCASIONS, AFFIRMING OUR SENSE OF SELVES.

The surveillance mechanisms range from the daily, the banal to the most spectacular forms of violence as well as violation of bodily integrity. It could be triggered by anything – from body language, the choice of career to the length of one's hair. One of our transmasculine interviewees, Avik, now in his early 20s recounts how he stole a razor and slashed through his hair when his parents would not allow him to cut his hair for months. That is when his family was forced to take him to a salon and shave his head. Later Avik became an inspiration for his friend, Deep whose father and elder brother would not allow him to cut his hair. His elder brother would repeatedly declare that Deep was a shame to his family. When months passed and Deep's hair kept growing making him feel more dysphoric about his assigned gender, Avik helped him by slashing through his hair and asked him to go home and claim that some harasser on the street had slashed through his hair before he realised what had happened. Finally, Deep's father relented and took him to a salon for a haircut. Deep is also in his early 20s now and this incident is from his high school days. We cannot discuss mental health without addressing the trauma inflicted by families on our respondents in their adolescent years, simply on account of their gender nonconformity. Yet, what is also most disturbing that the scene of trauma is not simply in the past. The past not only bears down on the present but the present itself is quite traumatic for most of our respondents. Deep's ordeal did not end with that act of resilience. The violence was scaled up.

Deep's family refused to fund his college education because he refused to become "a girl" for them. Surveillance on his daily movements also increased meanwhile. Curfew hours were imposed and he had to return home before 9 pm. While curfew hours are not exceptional in a gendered society where those assigned female at birth are heavily policed, Deep was also being policed because his family negated his sense of self. They refused to see him as a "boy." The consequences of this repeated negation of gender identity soon culminated in horrifying few weeks in Deep's life. He tells us:

> *"One day I was attending a transfeminine friend's birthday and I had overshot the 9 pm limit. My girlfriend's sister tagged me on a photo from the party on Facebook. She was wearing a short dress. My brother saw that photo on my profile. When I came back, they started shouting at me. What was I doing at a hijra's place? Who was that girl in the short dress? Was she doing something illegal (sic)? Who are my friends? They asked me to leave the house at night. Even one's pet dog is treated better. I said I would leave next morning. I left and stayed with a friend. My father would keep calling me and I told him I would not return as a woman. One day, he called and said that he was standing outside my friend's house. I said I would not meet him but he convinced me that he was alone. I stepped out. He asked me for a cigarette. I did not have one. We walked to a nearby shop where my brother and several men were already waiting. They covered my face with some cloth and pushed me like a bag into a car and rushed out. I was put into rehab. My father signed a bond that they would not be responsible if I died there. He had paid them 24000 for my treatment. He told them I was a drug addict and left."*

[6]"Has she got into the 'line'?" "Line" connotes a pejorative term for the hijra profession, the implication being any feminine person is destined to become a hijra – a demotion in heteronormative life goals of finding a so-called respectable job and settling into marriage and making a family.
[7]"Why are you calling her your grandson? She is just a girl!" "Meyechele" is a patriarchal and dismissive term for persons assigned female at birth.
[8]"What is there to talk with a feminine man?" "Mawga" is a transphobic slur used against transfeminine and gender non-conforming persons.
[9]"Why aren't you killing yourself? You have given birth to a hijra!"

There is a lot to unpack in Deep's account - from the way a woman's sartorial preference is immediately connected with sex work to any gender non-conforming person being labelled a hijra. Both sex work and the hijra profession are criminalised in a Brahmanical society because they question its very foundations by troubling what gender means and can do. Feelings of anger and disgust get aggravated further when a person assigned female at birth refuses the role of ideal womanhood – that is marriage and motherhood and identifies in a different gender. Deep was made to pay a price for these transgressions, so much so that he could not be let alone even when he had moved out of his natal home. His father traced him and hired people to kidnap him and put him into a rehabilitation centre. Deep rendered a lethal blow to a casteist Hindu society by refusing his assigned gender and hence his father did not care if the institution killed Deep while trying to "reform" him. Interestingly, another so called sign of disgust was stuck to Deep's body now, that of a drug addict to justify his incarceration. We will read more about his experience at the centre in the following section but suffice it to say, that it required interventions from a minister and a renowned transgender activist for the institution to release him. Transgender activist Aparna Banerjee forced the police to lodge an FIR against Deep's family. Before this, Deep's friends and his sister who was his only support at home had failed to convince the police of the gravity of the situation. The police forced Deep's father to disclose the address of the institution. The police brought Deep to the police station. His brother and father were already there. His brother tried to hit him while complaining to the police that Deep had been a disgrace to his family. It has been two years since the incident and Deep's family still tries to harm him. This is by no means an exceptional experience.

* * *

Both sex work and the hijra profession are criminalised in a Brahmanical society because they question its very foundations by troubling what gender means and can do.

Families have gone to extreme lengths to try and mould our respondents as per societal expectations. A transfeminine activist, Debika who is now in her early 40s reminisces about her friend Pallabi. Her mother paid money to local men to physically assault Pallabi and lock her up in a room. Pallabi could not bear this torture and died by suicide. At our focus group, Debika wanted to bring her friend Tina to speak with us but could not due to Tina's weak health. Tina lost her parents early in life. Her aunt and her son took all her property and put her in a rehabilitation centre where they used to beat her so much that she lost one eye. She stays in a shelter home currently. While in Tina's case, her gender identity was simply a ruse to deprive her of her property, in Pallabi's case, her gender identity was so transgressive that her mother would not stop at anything in order to mould her into her assigned gender. Debika tells us that this devaluation began with Pallabi's mother throwing away her makeup kit regularly, each time Pallabi bought some makeup.

A transmasculine participant, Ritam, 19, told us how he had caught his mother tearing his binder. Yet this was the same parent who had bought him the binder when as a young adult, Ritam would wear slim fit tee-shirts. The painful irony here is that the garment that Ritam's mother used to police Ritam's perceived femininity was now redundant because Ritam not only refused that femininity but chose to identify as a transmasculine person. What connects Ritam's experiential reality with Pallabi's is that any object, be it an inner garment or some cosmetics, both of them helped affirm Ritam and Pallabi's felt gender and hence they were deemed worth destroying.

Sometimes, the physical assault diminishes with financial stability as Ahona, 35, tells us. She remembers how her father would drink and hurl the "choicest of abuses" at her at night, would lock her in a room, starve her, kick her on her stomach and chest. Neighbours advised him to beat her with sticks to make a man out of her. As if it is so simple. Thankfully, a counsellor at Antara, a mental health hospital asked him to stop hitting her. Ahona was already pursuing a masters in vocal music and proudly tells us that she has a stable career and her father has stopped harassing her. However, Ahona is an exception in that her father accepted her choice of career because the choice of career also reflects one's caste and gender position and a caste Hindu society strictly codes our labour practises.

Families often believe that gender nonconformity is only a passing phase that can be dealt with by imposing normative gender roles. For instance, Rupa tells us wryly, "We are encouraged to smoke cigarettes and stand outside girls' colleges to become men. If we get married, make babies, we will become men. If I have sex with a woman, I will become a man." This belief is so strongly held that sometimes parents even refuse to believe therapists that one's gender identity is not an illness. Avik remembers how his mother had hid the therapist's prescription where she had clearly mentioned that Avik had no mental health issues and told his father that they should consult another therapist because the one they had just seen was not equipped to understand Avik's condition. Deepika, 28, has overheard her mother discussing her body with neighbours. She heard her mother wondering if Deepika's body had changed with time because when she was young, she had "male" genitalia. What do we expect when it comes to mental health when even the most intimate details of one's body is discussed by one's parents with the outside world? Deepika's parents would force her to play football and cricket. Deepika tells us wryly that older boys in the neighbourhood would get covered in mud while running around while Deepika would not participate in the game but simply bathe in the mud water. Once they put her right in front of the goalpost, the ball hit her hard and her daily trips to the field ended in 2 days due to the injury. Instead she loved playing hide and seek and blindman's buff, deemed feminine sports. Deepika wanted to dance but her neighbours told her father that a time would come when he would have to touch her "son's feet" and "tie" the anklets. Giving birth to a feminine "son" was a marker of emasculation and the neighbours' snide remarks reflected that. Deepika threw away her anklet in disgust. However, her ordeal did not end with this act of defiant surrender. Every time there is some problem at home, her father blames her for it. They had a tenant, comprised of a family of three. The son in the family who studied in high school used to like Deepika and would visit her often and they would chat. This did not sit well with the boy's family and they moved out. Deepika's father not only blamed her for his loss of income but also vulgarly gestured to her that she must have performed fellatio on the boy for the family to have left. This brings us to the brute violence of verbal assault which is as debilitating as physical assault.

* * *

"You are a lesbian. Are you even a human being?"

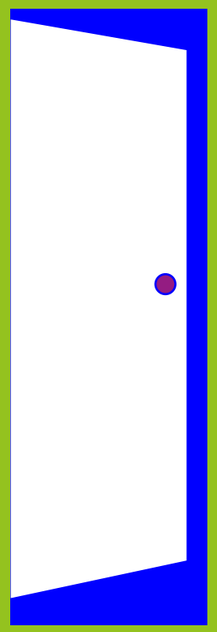
When their attempts to police bodies are belied by the intransigence of transness, then families resort to violent speech acts that further exacerbate the trauma of gender non-conforming individuals. Sara Ahmed notes that if a word is used in a certain way, again and again, then that "use" becomes intrinsic to the word, a form of signing. Resistance to the word acquiring new meaning is not about the referent, the resistance is an effect of the histories of that repetition. This repetition has a binding effect because it blocks the word from acquiring new meaning and value and has a particular impact on those who feel to be the addressees of the word. (2014, 91) Words like "mawga", "hijra", "chakka", "meyechele" are such words that do not easily acquire any emancipatory meanings because of the derogatory and demeaning ways in which they are weaponised against transgender individuals. Ravi, 25 fondly recalls how his grandmother had accepted him as her grandson. If he touched her, she would playfully complain to his mother that a stranger was touching her but his mother refused to see him for who he was. She would chide her mother-in-law and say, "Why are you calling her your grandson? He is a girl! (second opening quote)" Ravi tells us how his mother never flinched from humiliating him even if his extended family was around.

Avik had a somewhat similar experience. He was in love with one of his classmates in high school and they would write each other letters and his partner would refer to him as her boyfriend. One day his mother discovered a letter from his bag and called the girl's mother and told her that her daughter had imagined Avik to be a boy but that he was a "girl." There were relatives sitting in the room when Avik's mother was having this telephonic conversation. He asked her why did she have to make the phone call without even talking to him. She said, "You are a lesbian. Are you even a human being?" This was the first time Avik encountered the word "lesbian" and looked it up online and realised even in perversely recognizing his queer desires, his mother had failed to recognise his gender identity. Several of our transfeminine respondents informed us how the moment they started wearing feminine clothes, their families would call them "hijra" or would ask if they had taken up the hijra profession or entered sex work (refer first quote). Here, hijra not only becomes a placeholder for any form of gender non-conformity but also the word is supposed to evoke shame, disgust and stigma. Our participants kept performing the emotional labour of trying to make families, neighbours and medical establishments understand the difference between "hijra" and "transgender" but neither were hijras accorded any dignity for their labour practices nor were the gender identities of our respondents recognised. Hijra was not the only slur used to decimate our research participants. Preeti, 31 remembers how on a particular Sunday during a family dispute, her cousin's wife while arguing with her suddenly told her that she could not waste her time fighting with a feminine person. Preeti could get lost (refer third quote).

Families also extract care labour from our participants even as they refuse to affirm their identities. Sudipa, 40 recalls how she would stay with her grandmother at hospital every night when all the other family members could neither find the time to perform the care labour nor the resources to hire a professional helper. Yet, when Sudipa's grandmother returned home, these were the same family members who claimed that Sudipa had brought disgrace to her family because she wore feminine clothes to the hospital. Sudipa says, "It broke my heart." Another participant, Rimi, 23 asserts that she performs all household chores, contributes money to the family but her elder brother who lives in another city refuses to come home unless Rimi reverts back to her assigned gender. Sonu, 19 says that her parents allow her to wear feminine clothes but they have made her promise that she will never become a hijra. So, they assault her every time they notice her talking to a hijra on the streets. Even as they learn to accept her gender identity, that acceptance is tied to a sense of caste Hindu respectability. It is from this sense of respectability that families often refuse to be seen in public with our participants. Families refuse to take them to any social gatherings. Riya, 26 who lost her parents very early in life painfully tells us that she notices how her extended family avoids interactions with her but at least they do not object to her wearing lipstick. She knew Pallabi and tells us that at least her family did not throw away her lipstick unlike Pallabi's mother. This narrative demonstrates our minimal expectations from natal families such that one feels thankful for even the most grudging acceptance of one's identity. This acceptance also extracts a price. Sudipa tells us that though she has always wanted to medically transition to her chosen gender, she cannot because her elder brother has warned her that if she undergoes surgery, it will bring shame to the family and her nephew and niece will never find matches in the marriage market. This anecdote drives into the heart of how caste and gender are implicated in each other – so much so that the publicness of one's gender becomes a disruption to the perpetuation of the family through marriage.

Even if families accept one's identity, that does not necessarily mean support and care. Those of our research participants who have or are just deciding to medically transition tell us that taking hormones could involve dealing with mood swings and hot flushes but families refuse the support and patience they need during this phase which increases their anxiety. Some of our participants tell us that even though their parents have accepted their gender identity because they love them, parents face a lot of societal pressure to force our participants into normative gender codes through marriage, choice of career, sport and so on. We will end this section with an extended quote from Debika, the transgender activist:

> *"I had gone to Maldah for a training. When I came back, I saw my father was crying. A neighbour's dog barks a lot. So, another neighbour was complaining about the dog. My father and the dog owner tried to talk to this person to make him stop complaining about the dog but he told my father you have no right to be alive. You have given birth to a hijra (refer 4th quote). Your son (sic) should be on the road clapping. This broke my heart. I speak so much about transgender empowerment, women empowerment. I have been working on HIV-AIDS, mental health, been in the NGO sector for 22 years and this is all it comes down to? It hurts me less when people insult me but a lot more when they insult my parents."*



THE CLINIC

WHEN ONE THINKS OF THE MEDICAL INSTITUTION IN CONJUNCTION WITH TRANSGENDER LIVES, THE FIRST THOUGHT THAT COMES TO MIND ARE THE HOST OF CLINICAL PRACTICES AND CERTIFICATION AND EXAMINATIONS NECESSARY BEFORE A PERSON CAN TRANSITION TO THEIR CHOSEN GENDER.

While our respondents did discuss some of their experiences of navigating the medical establishment, what is imperative to underline here is that one’s gender identity does not only depend on medical procedures. One could identify in any gender, irrespective of surgery or the intake of hormones. Yet, this does not mean that one’s life is not touched by the clinic. Most of our research participants informed us how at some point in their lives, their families called them “abnormal” or even “mad” for the way they felt about their genders and that families took them for psychiatric treatment or even admitted them into rehabilitation centers that treat drug addiction in order to “cure” them of their ideas of selfhood.

Here we could go back to Deep’s experience with one such rehabilitation centre. After his father signed a bond and left Deep there, the staff at the centre beat him till his face started bleeding and tied his hands and feet. They had already learnt from his father that Deep could not eat spicy food when they asked him if he had any dietary preferences but they used this information to opposite effect. They made a paste of chillies and rubbed it on Deep’s mouth and gagged him with a piece of cloth and covered his head with a helmet. They would force him to smoke 25 bidis every day. He would be lashed if he smoked any less and he was even forced to take anti-depressants. The staff there had already decided that he was mentally ill and also had a problem with addiction even though a visiting doctor had certified that he was fit. In fact, they had forced the doctor to prescribe electroconvulsive therapy (ECT). However, Aparna Banerjee’s intervention just happened on time. Earlier, Avik who helped Deep to cut his hair, had a similar experience with a so called rehabilitation centre, named Agnisikha. His parents had tied him up and called the centre. They came and took him, all the while physically assaulting him. The centre housed mentally ill women and women with addiction issues. The doctor there kept asking Avik, “What is wrong with you?” When he told the doctor how his parents refused to accept that he identified as a transman, the doctor asked him to go to the bathroom to check his body and to start behaving like a woman. When Avik tried to explain to him the concept of gender identity, the doctor gave him some leeway and started identifying him as lesbian but would still refuse to acknowledge him as transgender. This meant that they would not allow him to wear his tee shirt and shorts. They forcefully medicated him. Avik does not know what medicines were administered to him. Thankfully, his ordeal was shorter than Deep’s because after a week, his parents took him back. His sister who had tried tracing him earlier informed him that it was hard because the centre had no social media presence or even a website.

Our participants also told us how they form networks of support for information sharing on trans affirmative medical practitioners. However, most of these are private surgeons and therapists who perform surgeries at prohibitive costs or each therapy session costs more than a thousand rupees. Hence, not everyone can access their services. We were told about how unlicensed doctors have performed botched up surgeries that have permanently disfigured bodies leading to more depression and trauma.

* * *

"After the session, I would lie almost lifeless and had to be kept in hospital for a day before I could be taken home. I pleaded with my family before the 3rd session. I said I would work at a tea stall, do anything to become independent but would not go back. I moved in with a friend."

However, such unethical, unscientific and inhuman treatment has not been the exclusive domain of dubious institutions. Government hospitals are also culpable when it comes to inducing lifelong trauma in our participants. Neeru, 29 tells us that her parents would visit a therapist at the SSKM hospital, a government hospital in Kolkata. The therapist asked her a lot of questions in session after session. Finally, one day, she asked Neeru to do a self-portrait and how she imagined herself a few years later. Neeru says, "I used to dream of myself as a woman. I drew myself in a sari and I had a bun. I had a husband and kids. She saw the sketch and slapped me hard and said you will not change. Repeat after me, I am a man, a man, a man." Then the therapist sent Neeru out of the chamber and spoke with her father and decided to give her ECT across 3 sessions. Neeru vividly remembers how they used to tie her hands and legs before each session. Neeru says, "After the session, I would lie almost lifeless and had to be kept in hospital for a day before I could be taken home. I pleaded with my family before the 3rd session. I said I would work at a tea stall, do anything to become independent but would not go back. I moved in with a friend." She was also administered drugs during and after the ECT. She suffered a temporary memory loss and used to feel numb. Till date, any shrill high-pitched sound brings back the horrid memories of those two sessions when current was made to flow through her body. Neeru complains often of her veins and limbs swelling.

Our research is filled with such dehumanizing narratives and wrong diagnosis. Before being taken to Agnisikha, Avik was taken to a psychiatrist named Kedar Ranjan Banerjee who said that this was a phase that would pass but Avik needed medicines and those medicines were for bipolar disorder. Avik says that he had lost sleep and his sense of time. However, even through this torture, he kept alive his desire to achieve his chosen body. He wanted a flat chest and wanted a masculine voice. He voiced his desires publicly. His parents took him to a gynaecologist who told him that he did not need surgery at the moment but just some medicines. After a few months, Avik could not recognise his own body.

He had started putting on weight and would have a lot of mood swings. Finally, he discovered with the help of a transfeminine friend that he was actually being given medicines that increased his estrogen levels. He immediately stopped taking the pills. Another transfeminine participant, Lipi, 25, tells us when her parents took her to a psychiatrist, he gave her pills to "improve" her sexual desire and asked her to visit a sex worker to become a "man." The spuriousness of diagnosis seemed to be more of a norm than an exception. Debika tells us,

> *"I cannot even trust a professional counsellor with all my life details for fear of judgment. We have had traumatic experiences with government doctors. 5-6 of them make a committee to assess you. I remember a friend crying while coming out from the session. She was shown a man's photo and a woman's and asked who did she want to have sex with. She was asked if she was a receiver or a giver. She was called a man and asked how could she be a receiver being a man. Many people have died of suicide after being subject to such sessions."*

We also encountered one instance of sexual harassment where a doctor was asked to examine a young adult who had just come out as "transgender" and the doctor touched this person inappropriately. Multiple participants told us that they had to teach therapists the difference between sexuality and gender identity, the difference between intersex and transgender, the meaning of hijra among other basic facts of our lives. There were a few notable exceptions like the therapists at Antara who would ask parents to stop harassing their children.

We were also struck by the fact that sometimes parents even resort to faith-based healers to "cure" their children of transness. Ironically, Reema, 22, tells us that even though her mother took her to an ojha, the ojha said that there was nothing wrong with her. However, Reema's mother continued stuffing her pillow with sundry fruits and herbs imagining that Reema would become a man. It is not enough to denounce superstitions and belief systems when the clinic, supposed to be the foundation of science, refuses to be scientific!

WORK

* * *

“Today if I have a job, I can rent a place to stay when family torture becomes unbearable or if I wish to wear a skirt, I can buy one. Work reduces stress.”

Yet, jobs are hard to come by.

IN ONE OF OUR FOCUSSED GROUPS, RIYA TOLD US THAT WE CANNOT TALK OF MENTAL HEALTH WITHOUT TALKING ABOUT OUR FINANCIAL STATUS. RIYA SAID, "TODAY IF I HAVE A JOB, I CAN RENT A PLACE TO STAY WHEN FAMILY TORTURE BECOMES UNBEARABLE OR IF I WISH TO WEAR A SKIRT, I CAN BUY ONE. WORK REDUCES STRESS. YET, JOBS ARE HARD TO COME BY."

Anu, 27 had gone to meet a local political leader asking for a job but he told her bluntly that he had jobs for men, jobs for women but not for someone like her. She asks rhetorically, "What use is my graduate degree if it cannot find me a job? My education, my work skills do not matter. What matters is just my gender identity?" However, if transgender persons end up finding jobs, the daily harassment, that range from the sexual, physical to the verbal, make the space of work itself panic and trauma inducing. Rwik, 21 tells us how he found a job with a Momo outlet but his colleagues kept calling him a "hijra." When he complained to his supervisor and demanded that all the employees at the unit be sensitised, the supervisor refused to do so and Rwik had to resign within a month of joining his first job. Neeru, 33 tells us wryly that she keeps changing jobs because harassment is constant wherever she works and none of her seniors ever take a stand for her. As it is, most transgender individuals are employed in the vastly unregulated informal sector where they work for low pay, long hours and without job contracts. Their gender identity renders them even more vulnerable to financial precarity.

Our respondents narrated to us how they are subjected to snide remarks on everything – from their supposed lack of job skills to their sartorial preferences. In fact, one Sunday when we were conducting one of these conversations, a respondent, Sanjana, 34, told us that she was coming to our meeting directly from work and she had chosen to dress up because she was going to meet friends at the meeting. However, her decision did not sit well with her colleagues who started whistling at her, referring to her as boudi, the literal translation of which is sister-in-law but a term which is used pejoratively to hail middle aged women who are perceived as sexually active. Sanjana tells us that earlier when she found that there was a vacancy at the factory where she works, she had brought a friend of hers for the job interview. Her supervisor immediately chided her and said that he did not want hijras gathering in the factory. When Sanjana had joined this bag manufacturing unit for the first time, it was not a smooth process either. Her interview went well, she had submitted all the requisite documents but she was informed that a hijra could not be employed in a factory. Months later, when the vacancy could not be filled, Sanjana was asked to join.

At this point, Priyanka, 25, chimes in and asserts that for a transperson to feel safe in a workspace, it is necessary for other transpersons to also work there. That way, they can talk and exchange notes with each other and most importantly, support each other through moments of crisis. Priyanka is the only "non-mainstream" person in the police station where she works. Earlier she had worked as a driver. She is one of West Bengal's first transfeminine drivers and a civic volunteer and for that people congratulate her, appreciate her but this does not mean that the word "hijra" is not flung at her like a slang. She has overheard colleagues lament that a hijra works in their police station. Priyanka says, "If there were more like me at my workplace, our collective strength won't allow the bosses to bully us so much. Unless more of us come to the workplace, our mental health will not improve."

* * *

"If there were more like me at my workplace, our collective strength won't allow the bosses to bully us so much. Unless more of us come to the workplace, our mental health will not improve."

Sexual harassment is also quite rampant in workplaces. Several of our respondents who work in small factories complained that their colleagues have sexually propositioned them at some point, have molested them, have tried to follow them into toilets. One of our transfeminine participants who is a launda dancer loves her job because it has given her financial stability and also allows her to wear the clothes, she desires but she also acknowledges that the job entails a lot of risks, sometimes forced sex at gunpoint. Those of our respondents who work as hijras complained about the hierarchies between the castrated and those who are not in hijra households and how those who have not undergone castration are subject to physical assault and hard labour. Yet, this does not mean that that they want to leave these households. This speaks to the complexity of the workplace and the hard work needed to create a gender affirmative and emotionally nurturing space.

Our respondents also bear the brunt of age-old stereotypes about hijras. Najma, 44 who works as an independent, stitches garments. She goes to her suppliers early morning and ends up being subject to abusive language because seeing a "hijra" at the start of a day is supposed to be an ill omen. However, there are others who say the exact opposite, that seeing a "hijra" at the beginning of the day is supposed to bring good luck. She asks, "If there is no peace at work, how will you feel emotionally stable?" Debika builds on this point and says that if she has to worry every day about being able to return home from work without being harassed on the streets, how will she concentrate on the job at hand, in her case, it being writing long reports, documents and workshop presentations that demand a lot of intellectual labour and concentration? There are also other perceptions to deal with. Rita was distributing leaflets for a pathological laboratory one day. Suddenly a passer-by stopped by her and started mocking the way she spoke. Rita confronted him, "I am in the middle of work and you are distracting me, insulting me while I am working in this heat. Do you even know what I am doing? Neither do you know me nor are you my friend that you can joke with me." The man was taken aback by Rita's confrontational approach and paused and then retorted saying that she must be distributing leaflets about sexual ailments. He had not even read the leaflet. Firstly, even if the leaflets were about some sexually transmitted disease, does that justify the harassment? Secondly, what does it say about societal perceptions of transfeminine persons that their bodies are always already thought to perform labours related to sex? It is within these violent regimes of belief systems and prejudices that transgender people continue to seek means of livelihood.

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In school, boys would follow her to the toilet to check whether she was male or female.

Here it is important to note that there is another issue that needs to be discussed when we talk of work. Transpersons' employment opportunities are also severely impacted by the fact that many of them are not able to complete their education because of the violence they face at school. Rita narrates to us how at school, boys would follow her to the toilet to check whether she was male or female. When she complained to the headmaster, he blamed her for instigating them with her femininity. Her teachers would harass her in class and that emboldened the boys to bully her even more. Several of our transfeminine research participants informed us that teachers would call them "ladies". There have also been instances where the school teachers have also sexually assaulted some of our respondents and in one instance, the level of harassment had become so intense that one of our interviewees attempted suicide.

Ritam tells us that even though his parents allowed him to wear tee shirts and shorts, there was a strict imposition of rules, in terms of the school uniform. Even though he studied in a co-educational school, his teachers would not allow him to wear the boys' uniform. He would wear shorts underneath his skirt and the moment the school ended, he would take off the skirt. His teachers had noticed that and repeatedly called his mother to complain against him. They would even force him to grow his hair and when he refused, they threatened to expel him. They ridiculed the way he spoke and walked. This trauma with the school uniform has been experienced by all of our transmasculine respondents. How does one thrive in a space for learning with such relentless policing and bullying? Many of our participants have been forced out of school due to this rampant transphobia and all of them demand that schools should have trans affirmative counsellors attached to them.

SOCIAL

আমায় যতই মারো, আমি পুরুষ হব না!

কি এত দেখার আছে?

আমরা কি সুন্দরবনের জন্তু?

THE DEPRESSION, ANXIETY, STRESS AND THE TRAUMA OUR RESPONDENTS HAVE HAD TO ENDURE THROUGH FAMILIAL VIOLENCE PERMEATES THE SOCIAL AS WELL – IN THE WAY THEIR BODIES ARE READ IN PUBLIC SPACES, THE WAY THEY ACCESS PUBLIC SPACES OR ARE ALLOWED OR PREVENTED FROM ACCESSING THESE SPACES.

For example, places of worship are crucial spaces which everybody, irrespective of caste, gender and ability, should be able to access. But just as caste permeates every aspect of our social, so does gender. Hence, supposedly universal spaces of faith are strictly bordered through markers of caste and gender in terms of who gets to enter the temple, who gets to offer the puja or who gets to touch the feet of the idol and so on. Deepika thanks Pratyay for organizing the Ardhanarishwar Durga Puja by and for the transgender community.[10] She could participate in every aspect of the puja unlike in her neighbourhood puja. She says,

> *"On **Dashami,** the mother (Durga)'s **boron** ritual was going on.[11] I wanted to go and touch her feet. At the pandal, I saw there was only one queue for women, where my mother was standing. I went and stood beside her, when some people told me that I wouldn't be allowed to go up on the stage. I told them that I only want to go and touch the goddess' feet. I was severely insulted and thrown out of the pandal. My mother asked me to return home and wait for her. I came back and felt tears gushing out of me. I stood in front of our altar and broke down. I like rituals and in our home altar we have a photograph of Durga and I touched her feet. After that day, I have never returned to our neighbourhood's puja pandal. They used to misbehave with me when I would go to offer **anjali** because my hair was kept long and as my manner is feminine, they used to push me to the side."*

Deepika asks why should there be so much discrimination even during a festival where people across classes are supposed to come together in happiness and devotion. Yet, some people can touch the goddess and others cannot. She adds that she is used to neighbours calling her "mad" and "psycho" right since her childhood because she used a gamcha to tie a bun on her head and she wore her mother's petticoat around her chest. Yet, each year when other children would run behind the tempo that brought the clay idol of Durga to the neighbourhood, like other kids, she would also run behind the tempo in her petticoat, her gamcha bun and a doll wrapped around her chest. She was just another child, whose heart was filled with joy seeing the goddess but the society around her ruined her joy with dehumanizing labels. Rehana, 24, says that she faces similar problems when she goes to her neighbourhood masjid for the Friday prayers. Elders look at her and lament that she was a "good boy" when she had short hair but now if she starts behaving like a woman, should "real" women start becoming men? There is no peace even in the space that is supposed to bring peace and calm.

Rita asks angrily, "Why can't we be simply recognised as human beings? Wherever we go, people of all ages laugh at us, stare at us. What is there to see? Are we animals from the Sunderbans? (refer second quote)" Outings with friends – to railway platforms, river banks, parks, cinemas that double up as cruising zones – are supposed to be filled with laughter and banter but often become heavy with humiliation and sadness, the moment the much familiar transphobic abuses are hurled. Rwik spells out the insulting terms, "chakka, mawga, hijra..." Puja, 38, says that she wants to dress up, roam around, make friends but physical, verbal and sexual assault are the norm. Yet, the steely resolve in her voice cannot be missed, "Beat me as much as you want. I will not become a man." (refer first quote)

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Why should there be so much discrimination even during a festival where people across classes are supposed to come together in happiness and devotion?

Runa, 45, says that the moment the public sees a transfeminine person on the streets, they assume that she is a criminal, who could be associated with an extortion racket or who could be a child lifter or who assaults children. The horrors of such mass perceptions are borne out in the lynching incident, we began the report with. Yet the irony here is, as Runa points out, that many who believe in their criminality also crave them sexually. The body can be sexually exploited but not accorded any dignity. Debika asserts that one may conduct many an advocacy project for transgender individuals but unless our mental health conditions improve, nothing can be achieved.

[10] In 2015 (repeated the following year in 2016), Pratyay initiated a trans community led Durga Puja staking claim to the public space and manner in which the festival is held. See here for more details: https://www.huffingtonpost.in/2015/10/14/india-transgender-durga_n_8292488.html

[11] Performed both as a ritual act of welcoming and farewell to the goddess; here the reference is to the farewell ritual where traditionally sadhaba (married women whose husbands are still alive – note that widowed, childless or unmarried women aren't usually allowed as part of the custom) women gather together to conduct it, ending with ritual smearing of sindoor or vermillion on each other after offering it to the goddess.

DISAPPOINTMENT WITH NGOs

A STUDY BY ANJALI MENTAL HEALTH RIGHTS ORGANISATION & PRATYAY GENDER TRUST

GIVEN THAT WE ARE TWO NON-GOVERNMENTAL ORGANISATIONS WORKING WITH THE MOST MARGINALISED, IT IS ALSO IMPERATIVE ON OUR PART TO INTROSPECT ON WHAT ARE OUR RESPONSIBILITIES WHEN IT COMES TO ADDRESSING MENTAL HEALTH NEEDS OF OUR PARTICIPANTS.

It was revealing to witness their loving attachment to community-based organisations and also their tragic and hopeless disappointment in many of them. "I wish we had some organisational support," Rupa tells us,

> *"We are often harassed on the streets. If we call you, you just ask us to grit our teeth, not react and move on but you do not come to provide us strength. Earlier, if we called the organisations, folks would come and we would collectively protest harassment. When you all came, people saw that we were associated with organisations and did not disturb us but that support system is not there anymore. We have to help ourselves."*[12]

Earlier when drop-in centres were there, kotis could visit them, get to know other kotis, dress up, have fun. Rita tells us that she had picked up books from her local DIC and had made her parents read them to clear their confusion on gender identity and this information from books helped them accept her. She misses these community spaces. She succinctly pointed out that one needs a room to even cry without having to worry about surveillance and a DIC would earlier provide her that space. The strongest critique of our limitations came from a young koti, Mohini, 18:

> *"I have to say something. You all have come for meetings earlier too. You have done your research, written your reports but nothing has changed in our lives. I don't care what you think but I have to speak my truth. A few days back, a koti was murdered by her lover. The local group here did not even bother to visit her family or take out a march for justice. We need employment but no one is willing to give us work. Everybody thinks that we only want sex. Weaving mats is a skill that is intrinsic to this area (Cooch Behar) but the local group goes around claiming that it is training us which is false. We are where we used to be. Nothing has changed."*

As organisations working on transgender issues and mental health, we have to reckon with this hopelessness and anger and think about how we can address some of the immediate mental health needs of our constituency besides long term goals as well.

[12]Manas Bangla was an umbrella network of various community-based organisations across West Bengal that worked on advocacy and awareness on HIV-AIDS in transgender and gender non-conforming communities between 2003 and 2012. Its work was not just limited to sexual health but it inculcated community spirit, affirmed one's sexual and gender identity and mobilised scattered individuals to come together as citizens demanding rights from the state and led to the formation of several organisations across the state. Hence, many of our participants remembered the network with fondness and nostalgia.

SELF CARE

DESPITE THE PAIN, ANXIETY AND TRAUMA THAT A CASTEIST TRANSPHOBIC SOCIETY INCITES, THROUGH ITS VARIOUS INSTITUTIONS – FAMILY, LAW, WORKPLACE, PUBLIC SPACES AND THE CLINIC – OUR RESPONDENTS ALSO CREATE NETWORKS OF DEPENDENCY, SUPPORT AND INFORMATION SHARING AS STRATEGIES OF SELF-CARE AND SELF-PRESERVATION.

Here the self is preserved and nourished through collective labour relying mostly on friendships and queer kinship structures. All our respondents marked the moment when they met someone like them at a drop-in-centre or a community event as a turning point in their lives where they felt less lonely and also learnt to articulate their selfhood in a rights-based manner. Be it Avik sharing his own embodied knowledge of hair induced dysphoria with Deep, Rupa's realization that if a koti is in trouble, it is mostly other kotis who come forward with support and care or Rumela, 42 being able to express her feelings on multiple broken relationships only with other kotis – friendships as a mode of collective care labour shone through all our conversations. Respondents also seek advice and counsel from senior members of the community who are often adopted as mothers, sisters and elder brothers. In fact, these seniors play the role of therapists in the absence of trans affirmative therapists. Debika has started a WhatsApp group for transfeminine individuals and the group has more than 160 members who engage in banter, intense debates on the forum and the space creates a feeling of togetherness in community. Social media and smart phones play an important role in this community making process. Not only it helps folks send emergency texts to each other in times of crisis and impending danger but it also allows them to regularly check in on each other. Apps like Tiktok have become spaces for nurturing creativity and self-expression through the lip syncing of popular dialogues and songs from films, Blued allows transfeminine individuals to seek sexual partners, transmen have formed several closed groups for collectivizing on WhatsApp and Facebook.[13] Like any other public space, these forums are also risky and violent. Transphobic comments are hurled at Tiktok videos, intense and toxic fights happen through intra-community rivalry on WhatsApp groups, photos of individuals are stolen and repurposed for unauthorised activities. However, our respondents are also agential subjects who often shut down trolls through humour, block them or sometimes delete existing accounts to open new ones and sometimes they move onto newer apps.

[13]On June 29, 2020, the government of India banned Tiktok following escalating tensions with China. This app was used by millions of subordinate caste and gender minority individuals and they lost their creative content and audience overnight. Transgender and gender non-conforming folks have moved onto other similar apps and are increasingly using Facebook lives, Instagram reels and Youtube.

A STUDY BY ANJALI MENTAL HEALTH RIGHTS ORGANISATION & PRATYAY GENDER TRUST

RESOLUTIONS

RESOLUTIONS

THIS STUDY, THAT FOCUSED ENTIRELY ON THE EMOTIONAL LANDSCAPE AND LIVED EXPERIENCES OF TRANS AND GENDER NON-CONFORMING PERSONS FROM URBAN AND PERI-URBAN/ RURAL SITES IN WEST BENGAL BROUGHT TO THE FOREFRONT SOME IMPORTANT DIRECTIONS FOR FUTURE CRITICAL THINKING.

Some of these directions have been voiced by community members and the leadership for quite some time now. However, it is the singularity of these experiences borne out by lived realities that they acquire immense value. For both Anjali as a frontline mental health rights organisation and Pratyay, a frontrunner transgender rights organisation these directions are important guidelines for planning future interventions collaboratively. We therefore present these as 'Resolutions' rather than recommendations for the purpose of this Report.

From the lack of accountability of health care professionals when it comes to the treatment and support towards gender non-conforming or trans persons to relentless domestic violence, harassment in schools and at the workplace, from the lack of spaces where one can freely be oneself to the police who often refuse any support when such spaces are violated, this report has tried to narrate some of these realities as they were conveyed to us. While the report does not intend to portray our respondents as hapless figures who are at the mercy of various institutions, it also does not intend to fetishise their resilience in the face of violence because that would absolve all these institutions of their culpability in inducing mental health issues in transgender and gender non-conforming individuals.

Research in this field is still scarce. Although some academic studies exist, they rarely lead to actual tangible changes. We hope to disseminate this report widely to broaden conversations on the mental health needs of transgender and gender non-conforming persons to reiterate the need for advocacy and awareness in this field. To that end, here are our demands/resolutions.

CAMPAIGN AND INITIATE MEASURES TO BUILD SUPPORT SPACES WHICH ARE INCLUSIVE AND NON-DISCRIMINATORY

BUILD A SAFE SCHOOL COMMUNITY FOR TRANS AND GENDER NON-CONFORMING YOUNG PERSONS

RECOGNITION OF TRANS LABOUR – INCLUDING CARE LABOUR, EMPLOYMENT AND SKILLS BUILDING OPPORTUNITIES

BUILD A MORE ACCOUNTABLE AND SAFE MENTAL HEALTH CARE UNIVERSE THAT IS INCLUSIVE OF TRANSGENDER AND GENDER NONCONFORMING PERSONS

BUILD A COMMUNITY OF MENTAL HEALTH CARE PROFESSIONALS AND TRAINING ON THE PROTOCOLS OF TREATING TRANSPERSONS AND GENDER NON-CONFORMING INDIVIDUALS

FAMILY, CAREGIVER AND COMMUNITY SENSITISATION

RESEARCH AND ADVOCACY

CAMPAIGN ON A NATIONAL INTERSECTIONAL ANTI DISCRIMINATION LAW[14]

[14] There is disagreement amongst us on the efficacy of an all-encompassing anti-discrimination law as opposed to the inclusion of transgender and gender non-conforming persons in existing laws like the "Protection of Women from Domestic Violence Act, 2005; Criminal Law (Amendment) Act, 2018; Scheduled Caste and Scheduled Tribe (Prevention of Atrocities) Act, 1989; Rights of Persons with Disabilities Act, 2016, Mental Health Care Act, 2017 amongst others. There can be discrimination clauses on the basis of transphobia in interaction with other identity categories in all these laws. These existing laws should be strengthened particularly in light of the fact that how acquittal rates are very high when it comes to violence against Dalit people and women from marginalised backgrounds

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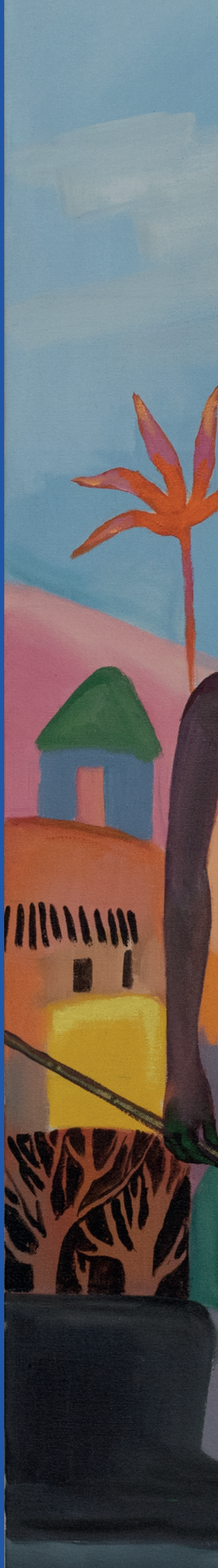
- *The Transgender Persons (Protection of Rights) Act,* 2019

Women from Domestic Violence Act, 2005; Criminal Law (Amendment) Act, 2018; Scheduled Caste and Scheduled Tribe (Prevention of Atrocities) Act, 1989; Rights of Persons with Disabilities Act, 2016, Mental Health Care Act, 2017 amongst others. There can be discrimination clauses on the basis of transphobia in interaction with other identity categories in all these laws. These existing laws should be strengthened particularly in light of the fact that how acquittal rates are very high when it comes to violence against Dalit people and women from marginalised backgrounds.

NOTES FROM THE ATTIC:

GENDER IDENTITY, MENTAL HEALTH AND THE INDIAN NATION STATE

Conversations with Trans-Hijra-Koti Persons on Mental Health Experiences



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