



ASIA PACIFIC
TRANSGENDER
NETWORK

“I mean I tried, I tried, very hard to change myself. I can attest to the fact that no matter what anyone tells you, if they tell you to change, or if the doctor tells you to change, it will not happen”

CONVERSION THERAPY PRACTICES IN

India

COUNTRY SNAPSHOT

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About This Snapshot

The Asia Pacific Transgender Network (APTN), together with its country partners, embarked on an ambitious and much-needed research project to study the various forms of conversion therapy practices being implemented against transgender (trans) and gender diverse people in India, Indonesia, Malaysia, and Sri Lanka. This evidence-generating project aimed to explore how trans and gender diverse people in these countries have been subjected to conversion therapy practices by documenting their personal narratives and lived experiences. Further, it sought to investigate how the existing national legal, policy, and programmatic frameworks create an environment in which these harmful practices can thrive. The study also aimed to explore how religion and socio-cultural values fuel or promote interventions aimed at changing an individual's gender identity and expression or sexual orientation, and how these interventions manifest in familial or communal spaces. The evidence presented in this research initiative is informed by data and insights collected through interviews with members of trans communities, health professionals, legal and policy experts, academic and religious scholars, and LGBTI activists. Details of the research methodologies are available in the regional report.

This snapshot features a summary of the key findings of the research and offers a preliminary reflection on the driving factors and actors behind conversion therapy practices in each of the four countries. It also presents recommendations for relevant legal, policy, and programmatic change to address conversion therapy practices and provide protection to trans and gender diverse individuals against these harmful interventions. A more detailed analysis of our research findings is presented in the regional report.

This snapshot aims to inform the discussions taking place at the national stakeholder meetings being held in each of the four countries. We expect additional recommendations and insights to come forward from these meetings, which will be incorporated in the regional report, due to be released in the second quarter of 2021.

Country Context

India is a land of over 1.2 billion people,¹ the second-largest population in the world, according to the last census conducted in 2011. India is also the birthplace of four major religions (Hinduism, Buddhism, Jainism, and Sikhism). Roughly eighty percent of the population are identified as Hindu, and followers of Islam form around fourteen percent of the population.² There are more than a hundred languages spoken in India and the country is divided territorially into states on the basis of language and other regional cultural identities.³ The 2011 census of the Indian population was also the first to attempt to estimate the size of the trans population in the country. The data suggests that around 490,000 people identified as being trans.⁴ However, for a number of reasons, activists around India feel that this number is too low.⁵ Interestingly,

a little over 54,000 of these people were recorded as being below 6 years of age but there is no additional data available for clarifying this statistic.

Indian society, despite a rich history and the plurality of cultural, religious, tribal, caste, and other identities, is still largely uninformed about the complexity of sex characteristics and the deep impact of gender socialisation. Awareness about people with different gender identities, expressions, and/or sexual orientations is limited. Gender normative assumptions continue to exclude and marginalise gender minorities and fail to recognise or value diversity and bodily autonomy of trans and gender diverse people. Heterosexual marriage is still the unambiguous projected life goal for people in Indian society.⁶ This heteronormativity also attaches great value to having male heirs and raising a family. Further, all these beliefs and expectations have been institutionalised and affirmed both in law as well as in healthcare practice.⁷ Persistent social

1 Registrar General and Census Commissioner of India, Census of India: Provisional Population Totals. Government of India, 2011, https://censusindia.gov.in/2011-prov-results/prov_results_paper1_india.html.

2 Census 2011, "Religion Census 2011," <https://www.census2011.co.in/religion.php>.

3 For a brief about languages, see Registrar General and Census Commissioner of India, Census of India 2011: Language – India, States, and Union Territories, https://censusindia.gov.in/2011Census/C-16_25062018_NEW.pdf.

4 Census 2011, "Transgender in India," <https://www.census2011.co.in/transgender.php>.

5 There are many problems with the estimation. While the census allows for anyone to choose from male, female, or other as the option for sex, it conflates sex with gender. Additionally, it does not appear to include trans identities like kinnar, kothi, or others. For a more detailed look at all the concerns of this

estimation, see Aishwarya Venkat, "Counting the third gender: Lessons from 2011 for an Inclusive 2021 Indian Census," Medium, February 6, 2016, <https://medium.com/@ashvenkat/counting-the-third-gender-aafe7e858e07>.

6 Indira Sharma, Balram Pandit, Abhishek Pathak, and R. Sharma, "Hinduism, marriage and mental illness," *Indian Journal of Psychiatry* 55, no. 6 (2013): 243–9, <https://www.indianjpsychiatry.org/text.asp?2013/55/6/243/105544>.

7 Arpita Das, "'Aching to be a boy': A preliminary analysis of gender assignment of intersex persons in India in a culture of son preference," *Bioethics* 34, no. 6, Special Issue: IAB

Daily struggles involving rejection by families, routine institutional harassment, lack of affirmative healthcare access, and inadequate support systems indicates that trans and gender diverse people still face many hurdles

and gender inequalities⁸ perpetuate these beliefs and gender-based violence continues to target the poor and vulnerable.⁹

But even in such a context, the movement for the rights of trans and gender diverse communities in India has achieved several milestones over the last decade. Successive progressive judgments by the Supreme Court in favour of trans people's rights¹⁰ and in favour of the decriminalisation of consensual adult homosexual sex¹¹ have motivated activists and communities to push for visibility and acceptance and actively engage with social, legal, and political causes. One such cause was the Transgender Persons (Protection of Rights) Act that was passed by the Indian Parliament in 2019. While it was intended to address discrimination against trans communities, activists and trans people alike have identified

various flaws in the framing of the Act and its implementation that are not just counterproductive to its intentions but also detrimental to trans communities.¹²

However, these judgements and Acts have done little to assuage the fears of gender minorities in Indian society. Daily struggles involving rejection by families, routine institutional harassment, lack of affirmative healthcare access, and inadequate support systems indicate that trans and gender diverse people still face many hurdles. Families force their gender diverse children to seek help by visiting healthcare providers (especially mental healthcare providers) or practitioners of complementary medicine, priests, spiritual leaders, etc. Some healthcare service providers continue to offer treatments to trans and gender diverse people in an effort to "cure" them. The Mental Healthcare Act,¹³ a relatively progressive law, offers support against discrimination on the basis of sex, gender, and sexual orientation. But the social stigma attached to gender minorities, and the lack of support that affirms trans people's identities means that a few unethical healthcare practitioners continue to subject gender diverse people to conversion therapy practices with impunity.

14th World Congress (July 2020): pp. 585–592, <https://doi.org/10.1111/bioe.12750>.

8 Amrita Nandy and Divya Dutta, *On Women's Backs: India Inequality Report 2020* (New Delhi: Oxfam India, 2020).

9 See Ghose, Dipankar (2020) "NCRB Data: 7% rise in crimes against women", *The Indian Express*, 30 September, <https://indianexpress.com/article/india/ncrb-data-7-rise-in-crimes-against-women-6636529/> and Chaturvedi, Sumit (2017) "Abuse of Transgender Indians begins in early childhood", *Indiaspend.com*, 6 January, <https://www.indiaspend.com/abuse-of-transgender-indians-begins-in-early-childhood-94265>.

10 The Supreme Court of India, *National Legal Services Authority v. Union of India*, WP (Civil) No 400 of 2012, Decided on April 15, 2014, <https://translaw.clpr.org.in/wp-content/uploads/2018/09/Nalsa.pdf>.

11 The Supreme Court of India, *Navtej Singh Johar & Ors. v. Union of India* thr. Secretary Ministry of Law and Justice, Writ Petition (Criminal) No. 76 of 2016, decided on September 6, 2018, https://main.sci.gov.in/supremecourt/2016/14961/14961_2016_Judgement_06-Sep-2018.pdf.

12 See Dipika Jain and Kavya Kartik, "Unjust Citizenship: The Law that isn't," *NUJS Law Review* 13, no. 2, <http://nujlawreview.org/wp-content/uploads/2020/08/13-2-Jain-Kartik-Unjust-Citizenship.pdf>.

13 Parliament of India, "The Mental Healthcare Act, 2017," No. 10 of 2017, assented to on April 7, 2017, <https://www.prsindia.org/sites/default/files/The%20Mental%20Healthcare%20Act%2C%202017.pdf>.

Conversion Therapy Practices (CTPs) in India

To learn about conversion therapy practices inflicted on trans and gender diverse individuals in India, APTN partnered with Samabhabona, a community-led organisation in West Bengal, for this project. Samabhabona conducted interviews with seven key informants, including community leaders, healthcare experts, and legal experts as well as in-depth interviews with twenty trans and gender diverse people who were subjected to conversion therapy practices. There were 5 trans men and 15 trans women (one of whom identified as hijra¹⁴) among the participants.

The testimonies collected in the study revealed that almost all participants had experienced violence at the hands of their families, healthcare professionals, exorcists, shamans, neighbours, or others who wanted them to fit into normative modes of gender identity and expression. Interestingly, during the interviews, most participants needed an explanation of what “conversion therapy practice” meant. Although they had experienced such conversion therapies, they had not understood that these violent and invasive interventions were highly unethical. The trauma from the violence haunts many of them even today. The painful impact of these conversion therapy practices can be seen in individuals who have spent a lot of their childhood desperately trying to change their nature, thereby injuring their self-esteem and making mental health a life-long concern.

14. Hijras are a large community of trans women in India (and elsewhere in South Asia) who have important religious and cultural significance. Most hijra-identified trans women were assigned male at birth and identify as women. They undergo emasculation surgeries and live together in kinship structures that have existed for many centuries. For more details, see Gurvinder Kalra, “Hijras: the unique transgender culture of India,” *International Journal of Culture and Mental Health* 5, no.2 (2012):121–126, <https://doi.org/10.1080/17542863.2011.570915>. See also Serena Nanda, *Neither Man nor Woman: The Hijras of India* (California: Wadsworth, 1999) and Gayatri Reddy, *With Respect to Sex: Negotiating Hijra Identity in South India* (Chicago: University of Chicago Press, 2005).

“I mean I tried, I tried, very hard to change myself. I can attest to the fact that no matter what anyone tells you, if they tell you to change, or if the doctor tells you to change, it will not happen. It can’t happen. No medicine can change someone. I thought it would, but it doesn’t and now my heart accepts that.”¹⁵

Healthcare practitioners who peddle purported treatments and cures for different gender expressions and sexual orientation bear a lot of responsibility both for the misconceptions about gender identity and expression that they share with families of trans and gender diverse people, and for the more direct consequences of the treatments they provide.

We could discern four main types of information from these interviews, namely, the motivations behind accessing treatments, the nature or type of healthcare treatments, the nature or type of non-healthcare treatments and similar practices, and the impacts of such treatments.

Motivation

Families and neighbours are almost always the first source of trauma for gender diverse children. Families are the first to try and correct a child’s

different gender expressions and are also the first to push the child to change and become “normal”. The motivation for this seems to come from the desire to protect so-called family honour and reputation. Participants spoke about verbal assaults, taunting, teasing, and physical violence like caning, spanking, slapping, and kicking, among the brutal methods used by families to force them to conform to more normative behaviour.

“It was quite stressful. They would set fire to all the boys’ clothes I liked wearing. At one point, I was tied up and hung from the ceiling fan while my uncles would thrash me non-stop while I cried. My youngest uncle would be the main force behind this torture. My father and mother were away...and this is how I would be treated at home.”¹⁶

Several participants in the study also spoke about how they were routinely targeted by neighbours, school faculty, extended family members, or even village elders who would threaten them and/or their families in order to get them to “correct” their gender expressions. The pressure and threats were accompanied by visits to healthcare professionals, medication, and a number of “solutions” to get the child to conform. It is ironic to see that the proverb “it takes a village to raise a child” gets perverted into a situation where everyone in the community breaks down the child’s sense of self by enforcing normative (and sexist) gender expressions on them. In these attempts, it is no lie to say that anybody who can get involved will get involved. In these situations, rights to privacy, self-expression, and questions of human dignity are not considered valid.

¹⁵ Interview with a respondent, a trans woman.

¹⁶ Interview with a respondent, a trans man.

Healthcare

“My mother spoke to neighbours who were also concerned about me and my mannerisms and [they] told her to take me to a reputed doctor or psychologist. The doctor she took me to had no knowledge about this. He didn’t have any treatments for my condition. So he transferred me to a psychologist. This psychologist examined me for a long time, talking to me and also examining my body.”¹⁷

Respondents in the study spoke of humiliating experiences they had to endure in healthcare settings that they were taken to in search of “treatment”, which further adversely affected their mental health. In the testimony shared above, it is necessary to ask why a psychologist would be examining a gender diverse person’s body. But such inappropriate healthcare response is not unique. Regardless of qualification, healthcare professionals are still seen as authority figures in India, with a history of invasive scrutiny that denies privacy and does not ask for permission. Healthcare professionals also routinely try to theorise why a gender diverse child is acting differently and suggest ways in which the child should behave, talk, or walk. Participants spoke of how healthcare providers threatened them with a bleak future if they did not change. Treatments offered by healthcare professionals included anti-psychotic medication, hormone injections, anti-depressants, anti-anxiety medications, and more.

“At the same time, I was given a certain drug, from the drug company Cadila. It came in a bottle and I was given a spoonful in my mouth. Once I took it, I would forget a lot of who I was, what I was, everything. I didn’t even feel human, let alone girl or boy or mouse or donkey or a crow. I felt really dizzy and would just look up at the sky. That was my medication for a long time.”¹⁸

¹⁷ Interview with a respondent, a trans woman.

¹⁸ Interview with a respondent, a trans woman.

A respondent also spoke about being administered electroconvulsive therapy (ECT), which involves sending electric currents through the brain several times in a single session. Several such sessions were conducted over a period of months. Typically used to treat serious illnesses like schizophrenia or clinical depression, ECT causes serious side effects like memory loss, painful headaches, muscle pain, distressed nerves, and more. Using ECT to “correct” gender expression is unforgivable, horrific, and sheer medical apathy and negligence. However, the regulation of such treatments, still offered in some facilities around India, is woefully inadequate.

“When they strapped the electrodes to my body and connected me to those machines, the machines would make a noise... a very shrill noise, I can still remember that noise. To this day if anyone drags something like a bowl across the floor, making any noise like that, I can’t handle it. The first time they did the shock treatment, it affected my arms and legs. They would go completely numb and I couldn’t walk properly. The veins in my hands and legs would swell up. Somehow that became a permanent part of me. Even today, if I try to hold some things, like microphones or something, my hands will shake. It affected my mind a lot. I started drooling from my mouth and I had no control over it. We didn’t know what was happening, thinking that maybe I got some infection after the treatment or something, or maybe another symptom had started. But my nervous system began malfunctioning after that treatment. So my father had to take me to a neurosurgeon to get treated, and that doctor gave me some medicines to help with these, and they did help.”¹⁹

¹⁹ Interview with a respondent, a trans woman.

Alternative medicine and Non-healthcare

Families also take gender diverse children to practitioners of complementary or alternative medicine. Homoeopathy, Ayurveda, and other forms of healthcare practices are advocated to try and treat gender diverse people. Sexologists and ‘quacks’ are also consulted in the desperation to get their child to become “normal”. Religious belief, which holds primacy in Indian society, has a huge influence on the families of trans people.

Several participants spoke of being dragged to astrologers, local godmen, places of worship, black magic practitioners, and other such individuals or religious places. Many of these practitioners claimed that trans people were possessed by demons and that corrective measures required exorcism, specific rituals, talismans, and/or a variety of purportedly curative concoctions.

“Some aunts convinced my mother to take me to a godman to change me. The godman told them that I was possessed by a ghost and gave a talisman for me to wear. I was advised to avoid eating certain kinds of food. All of this would supposedly help make me a normal boy. My family probably thought that this would make me a real man with a big moustache who would catcall women on the road, you know, the kind of man parents dream that their kids will grow up to be.”²⁰

As a country where family-arranged heterosexual marriages take prerogative over all other relationships, and where ‘honour killing’ of people who marry outside their caste or religion still occurs, it is no surprise that families also try and force trans and gender diverse people into such marriages believing that it would have a curative effect. Trans masculine respondents faced a higher incidence of

violence from their families who use force to get them married.

“They tried to get me married off without my consent three times. One of the times my mother suddenly forced me to wear a sari and meet the prospective groom. When I refused, she beat me up mercilessly. My father usually remained silent throughout all this. He refused to talk to me for a month because I refused to meet the groom.”²¹

Family members even resort to sexual harassment, extreme sexual violence, including corrective rape, to try and convert trans and gender diverse people. These kinds of family-instigated sexual assaults against gender minorities do not get reported, so most perpetrators face no criminal charges.

It is demeaning to trans and gender diverse people for a transphobic society to believe that family honour and reputation are ruined by a different gender expression while also believing that sexual assault of a gender diverse child is anything but an unforgivable crime. The traumatic experience of one respondent, whose family member encouraged a stranger into his room, shows the depths to which families sink in the name of family honour.

“...[M]y family members would then have some man come into my room... They thought that the touch of a man or sexual contact with a man would make me normal. They did this again after my mother passed away. Basically, this was when I was 16 years old, and only a few members of my family, including an aunt, a sister, and a younger brother had been very supportive of me. But then one day my aunt called a guy to our house without my knowledge. Anyway, this guy had taken a liking for me and told my aunt. He also said that my cropped hair was not that bad since I was a sportsperson. When he spoke to me the

20 Interview with a respondent, a trans woman.

21 Interview with a respondent, a trans man.

first time, I just chatted with him as one would with an elder brother. The second time, he came to my house when there wasn't anyone around. We were chatting in my room, while my sister was helping our maid nearby. This man waited for my younger brother to go for his shower and then pounced on me. He locked the door and tried to force himself on me but I fought back and threw a brass vase at him. The vase landed on a glass dressing table which broke. My sister must have heard all this and rushed over to find the door to my room was locked. She immediately called her husband and this man ran away. By God's grace things didn't escalate further than the physical pushing around I had to put up with. I was in shock... Following the thirteen days of rituals after my mother's death, [particularly] from the twentieth day onwards, the abuse [from my uncles] became unbearable. I was not allowed to enter into our family home or stay inside for five minutes. If I ever sat down, random men would be sent into the same room to sit with me. It was constant harassment, and I didn't know how to stop all this from happening."²²

The Transgender Persons (Protection of Rights) Act, 2019 was framed to help trans and gender diverse people in such situations by offering guidance on punishment for offences against them. But one of the many problems with this law is that assault of trans persons is not treated with gravity.²³ The Indian Penal Code (IPC) and its Amendments punish rape of cisgender women with a minimum

²² Interview with a respondent, a trans man.

²³ As per the Transgender Persons (Protection of Rights) Act, 2019, Section 18, "Whoever ...(d) harms or injures or endangers the life, safety, health or well-being, whether mental or physical, of a transgender person or tends to do acts including causing physical abuse, sexual abuse, verbal and emotional abuse and economic abuse, shall be punishable with imprisonment for a term which shall not be less than six months but which may extend to two years and with fine." The Parliament of India, The Transgender Persons (Protection of Rights) Act, 2019, No. 40 of 2019, assented to on December 5, 2019, <http://socialjustice.nic.in/writereaddata/UploadFile/TG%20bill%20gazette.pdf>.

of seven years and the rape of cisgender men with at least ten years.²⁴

However, the Transgender Persons (Protection of Rights) Act, 2019, recommends between six months to two years as punishment for all assault, including rape. This speaks volumes on how the law devalues the personhood and dignity of trans and gender diverse people in India. Another problem is that it excludes people who are gender diverse but don't fit the law's rather narrow definition of a trans person.

Impact

There are a whole host of consequences that trans and gender diverse people experience over time after their encounters with conversion therapy practices. Families evict them from home when it appears that nothing has changed despite all interventions, and this leads to further health complications and vulnerabilities. The physical side-effects of medication, especially when administered for the wrong reasons, can last a long time while allergic reactions are a more immediate consequence.

"[They bought the] medicines for me, which I had to take. The next morning, I experienced some serious side-effects of the medicine when I was at school. I don't know what happened. My body couldn't endure its effect, or maybe the strength of the dosage, and I collapsed. My mother was called, and I was taken to a hospital where after check-up, I was sent home to rest and recover. I was told to be on bed-rest for around 15 days."²⁵

Some respondents spoke of long-term health consequences like high blood pressure and diabetes as a result of increased stress levels due to constant

²⁴ Section 375 and Section 376 of the Indian Penal Code (IPC) are the laws related to definition of and punishment for rape of women by men. Section 377 of the IPC is still used in cases where men or boys are raped.

²⁵ Interview with a respondent, a trans woman.

pressures to conform. The study also records that trans and gender diverse people are also prevented from accessing urgent healthcare by their families either as punishment and/or because their health risks are not taken seriously.

“All this stress became too much for me. I was staying at my mother’s father’s house and there I think the abuse and beatings finally affected me so much that I had a stroke or a seizure in April. My family left me unattended for two days. Then I had a second seizure and my blood sugar fell to just 20. There was foam coming from my mouth, and I was left alone, unconscious, while having a seizure, for thirty minutes because my father thought I had consumed poison. Some friends came to the house, saw my condition, and warned my father that my health was so bad that I would die if he didn’t get me medical attention immediately. So, under pressure, [my father] hospitalised me. The muscles in my face had been seriously impacted by all the convulsions that I had....I remained in that state for over twenty-five days. Bizarrely, I was kept in chains at the nursing home in the beginning, and then in solitary confinement in my room, without visitors, on my release from the chains on the twentieth day. I couldn’t recognize the faces of people I had known for ten years. I could recollect the faces of my parents but that’s all. No one was allowed to reach out to me... My memory has only just been slowly recovering since.”²⁶

Many of the participants also shared how the pressure drove them to inflict self-harm and also to attempt suicide. An increased sense of helplessness; loss of support from family, friends, or neighbours; substance addiction; and social withdrawal all lead to suicidal thoughts and cause other long-term mental health issues affecting one’s coping skills.

Protecting Trans and Gender Diverse People

Overall, study participants revealed that meeting others like them, finding sympathetic healthcare professionals, or having supportive faculty members in school, helped boost their confidence and affirm their identities. In addition, participants felt that a good support system of community members, ethical healthcare practitioners and counsellors, an empathetic government, and a supportive legal environment can go a long way in helping trans and gender diverse people overcome some of the trauma that they have suffered and also protect them from being forced into conversion therapy practices.

Activists interviewed for the study felt it was important for the Indian government to ensure adequate protection of trans and gender diverse people’s rights by following the spirit of the NALSA (National Legal Services Authority) judgment, 2014, which has several crucial recommendations including the right to self-determination, among others. But the Transgender Persons (Protection of Rights) Act, 2019, deviates heavily not only from the intentions of the NALSA judgment, but also from the recommendations of the Expert Committee, and even from earlier drafts of the law. Both the Act and the Rules (formulated and passed in 2020) are being criticised by activists in the media, with a few activists filing petitions challenging the Act in the courts. A few Indian states like Kerala and Karnataka developed Transgender policies earlier to help protect and support trans people but these policies still require effective implementation strategies. Transgender Welfare Boards²⁷ have been set up in other states, but most are yet to conduct regular meetings or interact with community members. However, none of these efforts offer any recourse for trans or gender diverse people who

²⁶ Interview with a respondent, a trans man.

²⁷ A committee comprising government and community representatives, and other experts, working towards the welfare of trans people.

undergo conversion therapy practices,²⁸ nor do they offer relief from the intense social and institutional pressures to conform to cis-heteronormative ideals. There is urgent need to remedy this and campaign to ban conversion therapy practices in India.

Additionally, in educational institutions, gender diverse children face intense pressures to conform through daily harassment and abuse, forcing many of them to drop out early. The National Education Policy, 2020, approved by the Indian parliament, includes engaging with transgender students by classifying them as socio-economically disadvantaged groups based on gender identity, and suggests increased sensitivity training to students and educators while facilitating access to counsellors to ensure “physical, psychological and emotional well-being”,²⁹ but implementation of these recommendations need clarity. Policies around ‘anti-ragging’³⁰ would help if properly enforced in educational institutes but, unlike ragging, bullying of gender diverse children is not treated as a systemic problem. Some gender diverse children may consider school or college as an escape from an unsafe home environment but persistent social misconceptions and prejudice about trans people means that even educational spaces become unsafe for such children. Both educational institutions and

education policies have to work together to create safe spaces where gender diverse children can learn without harassment, discrimination, or violence.

Finally, groups like the Indian Psychiatric Society (IPS),³¹ the Indian Association for Clinical Psychologists (IACP), and the Association of Psychiatric Social Work Professionals (APSWP) have all released statements condemning conversion therapy practices. Also, punitive measures have been recommended in the Mental Healthcare Act, 2017, for those who use therapeutic practices against trans and gender diverse people. While these are all important steps, they are difficult to enforce unless explicit steps are taken to develop protocols to register complaints and establish precedence for disciplinary action or more. Meanwhile, standardised training for healthcare practitioners and general medical curriculum have to expand to include the rights and healthcare concerns of gender diverse people, among others.

All these changes in policy and law cannot transform social attitudes about trans or gender diverse people overnight. There has to be consistent effort in improving healthcare access by setting up exclusive healthcare centres for trans and gender diverse people,³² developing clear guidelines for gender affirmative healthcare,³³ and empowering the powerful voices of trans and gender diverse activists that will bring visibility and, hopefully, much-needed relief to trans and gender diverse communities in India.

28 The Kerala state transgender policy is the only one that explicitly suggests action against “doctors who undertake any kinds of conversion therapy” on gender non-conforming children, but no data is available on its implementation. See State Policy for Transgenders in Kerala (2015) available at <https://kerala.gov.in/documents/10180/46696/State%20Policy%20for%20Transgenders%20in%20Kerala%202015>

29 See National Education Policy, 2020, available at <https://ruralindiaonline.org/en/library/resource/national-education-policy-2020/>

30 Ragging, similar to hazing or initiation rituals in many educational institutions, is a form of bullying new or junior students by senior students that often results in severe psychological trauma. Anti-ragging policies define ragging to include ‘sexual abuse and homosexual assault’. See University Grants Commission (UGC) National Anti-Ragging Information Pack (2012) “What constitutes ragging?” available at https://www.antiragging.in/upload/Infopack/what_constitues_ragging.pdf

31 Indian Psychiatric Society, “IPS: Position Statement Regarding LGBTQ,” June 11, 2020, <https://indianpsychiatricsociety.org/ips-position-statement-regarding-lgbtq/>

32 Rajvi Desai, “What a Transgender-Friendly Healthcare System would look like,” *The Swaddle*, October 5, <https://theswaddle.com/what-a-transgender-friendly-health-care-system-would-look-like/>

33 See Sappho for Equality, *A Good Practice Guide to Gender-Affirmative Care* (Kolkata: Sappho for Equality, 2017).

Recommendations

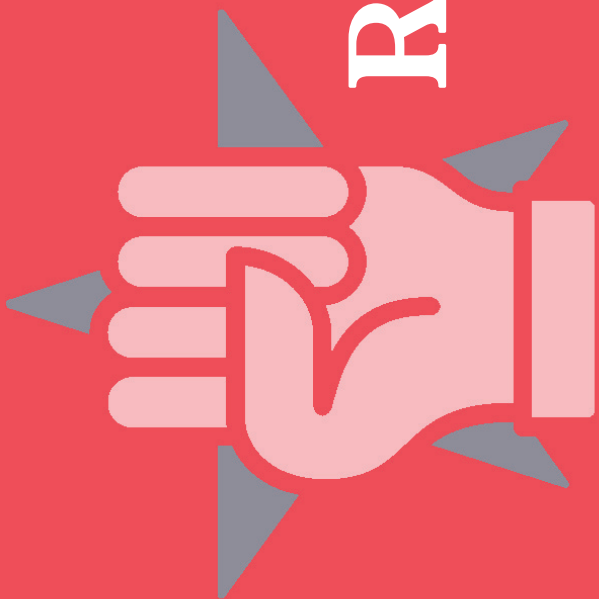


This study has helped focus attention on the horrific conversion therapy practices that trans and gender diverse people experience due to patriarchal, cis-heteronormative expectations of families and social institutions in India. It also highlights some of the attempts at protection of rights of gender minority communities through government policies, support from healthcare associations, and empathetic judgments from the judiciary. But the findings also point to larger issues that require systemic changes—family expectations and social perceptions that still need to be challenged; the lack of explicit community-inclusive reforms in policy-making; the continued absence of safe spaces in educational institutions; the often insensitive and phobic stereotypes in media; and the persistent bias against gender diversity in healthcare practice. We hope that the following recommendations can suggest some steps towards resolving these concerns. These recommendations have been derived from participant interviews and categorised based on stakeholders responsible for implementation.

Central and State Government Bodies

1. Halt the implementation of the Transgender Persons (Protection of Rights) Act (2019), and Rules (2020), and immediately address the concerns of trans and gender diverse people.
2. Ban all forms of conversion therapy practices used against trans and gender diverse people in India and penalise the healthcare practitioners who offer them. The Ministry of Health and Family Welfare (MoHFW) should collaborate with community-led organisations and activists to formulate and enforce the ban in all districts in India. Publicise statements of Indian healthcare associations that support the ban, encourage publishing and circulation of materials that prove the harms of such therapies, and formulate specific disciplinary measures against those who offer conversion therapies in India.
3. Plan, organise, and conduct public campaigns across the country, in collaboration with

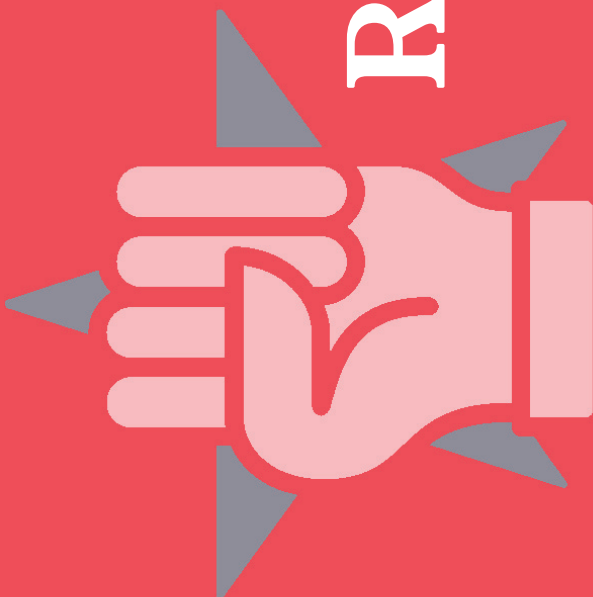
Recommendations



community-led organisations, to publicise the issues of trans and gender diverse people in India framed within human rights. The Ministry of Social Justice and Empowerment (MoSJE) should collaborate with community-led organisations and activists to formulate regular campaigns.

4. Treat abuse, harassment, or rape of trans and gender diverse people as crimes on par with similar crimes against cisgender people. In the context of conversion therapy practices, special attention should be given to criminalise the practice of ‘corrective rape’ used against trans and gender diverse people. The Ministry of Law and Justice (MoLJ) to collaborate with community-led organisations and activists to ensure that these elements are included in state and national policies.
5. The Ministry of Information and Broadcasting (MoIB) should collaborate with community-led organisations to plan, organise, and conduct awareness workshops about gender diversity with the local executive, law enforcement, health officers, and other government bodies. Training and awareness should also be provided to community leaders and local religious heads to address religion-based curative practices that affect vulnerable gender minorities across India.
6. The Ministry of Women and Child Development (MoWCD) should collaborate with community-led organisations and activists and develop protocols to inform and equip local authorities to intervene on behalf of trans and gender diverse children in crisis, or at risk, from their families.
7. Local government bodies should help prepare and adapt existing shelters to also help vulnerable and at-risk gender diverse children or youth. They can facilitate creation of safe shelter spaces or support creation of such spaces or network with similar non-government shelters, as needed. Also collaborate with community-led organisations to provide joint training programmes for shelter staff and others.

Recommendations



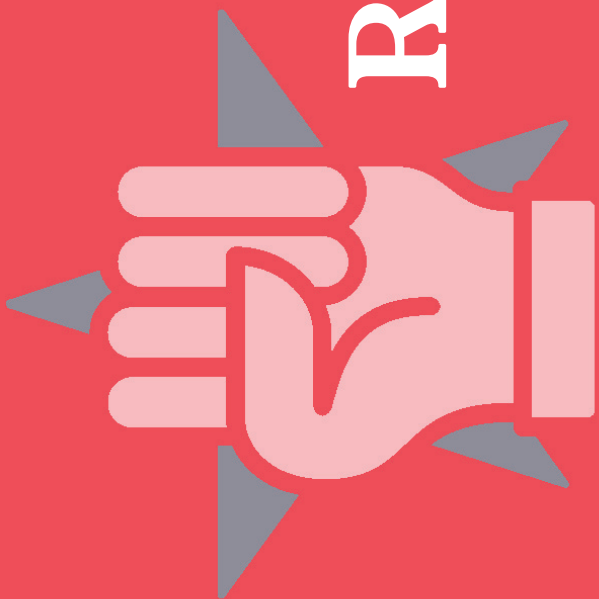
8. The Ministry of Women and Child Development (MoWCD) should help organise consultations, either through existing transgender welfare boards or separately with community-led organisations and activists, to develop guidelines for rescuing gender diverse children or youth from families where curative violence has escalated and the situation is critical. For e.g., develop state or central policy that can facilitate access to legal aid to support emancipation of children from at-risk situations; develop policy to facilitate the adoption and fostering of such at-risk children by households of same-sex partners or of trans and gender diverse adults. Collaborate with child and youth rights agencies in these crisis situations.
9. The Ministry of Health and Family Welfare (MoHFW) should collaborate with community-led organisations and activists to arrange regular information sessions and follow-up workshops about the healthcare needs of trans and gender diverse people for health officers, field workers, and others across the country.
10. The Ministry of Education (MoE) should collaborate with community-led organisations and activists to ensure that the implementation of the National Education Policy (2020) includes gender diverse children and youth at every level, both in public and private education. These guidelines should also propose efficient methods to record complaints and address any incidents of bullying or harassment faced by these children and youth.

Educationists and Educational Institutions

1. Educational institutions in India should facilitate the formation of safe spaces* (in schools and colleges) for gender diverse children and youth. Also, institutions should regularly identify sensitive faculty members and provide necessary training to help them

* For example, see: “Supporting Gender-Expansive Children Creates Safe Spaces for All,” Virtual Lab School, accessed January 31, 2021, <https://www.virtuallabschool.org/focused-topics/gender-safe/lesson-3>

Recommendations



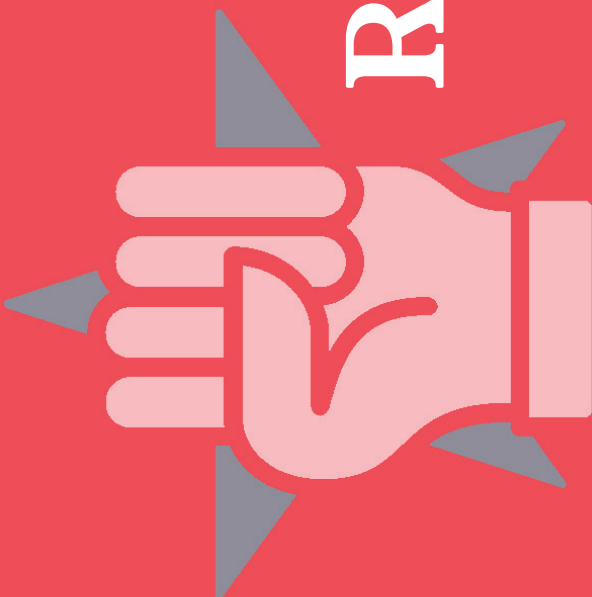
empathise with these children and encourage further education where needed.

2. Educational institutions should collaborate with community-led organisations and activists to prioritise mental health by providing access to sensitive counselling services and to life-skills sessions for gender diverse children and youth.
3. Educational institutions in India and the Ministry of Education should collaborate with community-led organisations and activists to expand sexuality education to cover experiences of trans and gender diverse people.
4. Educational institutions in India should proactively hire trans and gender diverse people as faculty members.

Media Houses and Media Professionals

1. Media Houses and Professionals should proactively produce programmes, documentaries, and content around harmful effects of conversion therapy practices on the lives of trans and gender diverse people.
2. Media education should compulsorily cover empathetic and respectful reportage around gender-based violence and about trans and gender diverse communities. Media education should include appropriate language use in these contexts.
3. Media Houses should collaborate with community-led organisations and activists to develop protocols on (and penalties for) various offences committed against trans and gender diverse communities such as breaking confidentiality, using transphobic language, portraying gender diverse people in demeaning ways and many more. Penalties must aim to help improve affirmative coverage of different communities. Offenders should undergo mandatory sensitivity training on gender diversities.

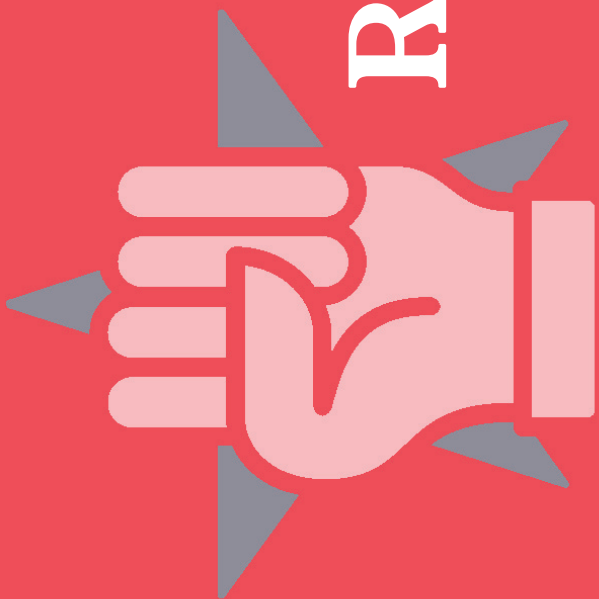
Recommendations



Healthcare Regulatory Bodies, Healthcare Institutions, and Healthcare Professionals

1. Ministry of Health and Family Welfare should initiate and bring together efforts to formulate policy that bans the use of conversion therapy practices against trans and gender diverse people in all government and private healthcare institutions. Strict penalties including loss of license or membership disqualification should be imposed on healthcare professionals who offer such treatments. Healthcare institutions should pro-actively condemn the use of any conversion therapy practice in India.
2. Healthcare institutions should encourage their practitioners to offer services that affirm trans and gender diverse people. Healthcare professionals should collaborate with community-led organisations to keep healthcare spaces, including examination rooms and bathrooms, safe for all gender diverse communities.
3. The Ministry of Health and Family Welfare should collaborate with community-led organisations and activists to organise workshops for primary health care workers, paediatric specialists, psychologists, psychiatrists, general physicians, and others on how to provide affirming healthcare for trans and gender diverse people in India.
4. The Medical Council of India should collaborate with community-led organisations to provide up-to-date syllabus that covers healthcare needs of trans and gender diverse people. Medical students should be encouraged to interact with trans and gender diverse people in non-medical settings to promote a more affirmative approach.
5. Healthcare professionals and institutions should collaborate with community-led organisations and activists to develop protocols to identify and support at-risk gender diverse children and youth. This may include informing law enforcement about signs of physical or sexual abuse on gender diverse children.

Recommendations



For Trans-led Organisations

1. Maintain list of gender affirming healthcare professionals and counsellors.
2. Develop simple protocols on how to intervene and support trans and gender diverse people who are facing curative violence or any form of conversion therapy practices. Network with lawyers, sensitive counsellors, gender affirming healthcare professionals, other community-based organisations, human rights groups, and more.
3. Talk to neighbourhood youth groups about forming youth clubs that can be safe spaces for gender diverse children where they can simply be themselves, access relevant information, or seek counselling when in distress.
4. Collect testimonies of conversion therapy practices used against gender diverse communities in India. Include testimonies of those who may have accessed help from practitioners of alternative medicine and from religious practitioners. Include details like cost of procedures, kinds of treatments and cures offered, impact of the practices, severity of the side-effects, etc. to help inform nation-wide efforts on banning these practices.

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The Asia Pacific Transgender Network (APTN) is a regional trans-led network that is working towards the advancement of trans rights in the Asia Pacific region through research and evidence generation, legal, policy and programmatic advocacy, and public campaigning.

APTN engages with a range of partners across Asia and the Pacific to support, organise, and advocate for fundamental human rights including gender identity; access to justice and legal protections; and comprehensive gender-affirming healthcare and policies. For a decade, APTN has grown to become a credible platform and voice for transgender people in Asia and the Pacific, working to ensure that their needs and rights are represented politically, socially, culturally and economically. The network serves as a platform for transgender people to advocate for access to health, legal gender recognition, legislative reform, social justice and human rights, and to exchange information and strategies with each other.

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