Pehchan Training Curriculum
MSM, Transgender and Hijra
Community Systems Strengthening

Facilitator Guide
Family Support
India HIV/AIDS Alliance (www.allianceindia.org)

Pehchan Focus: National coordination and grant oversight
Based in New Delhi, India HIV/AIDS Alliance (Alliance India) was founded in 1999 as a non-governmental organisation working in partnership with civil society and communities to support sustained responses to HIV in India. Complementing the Indian national program, Alliance India works through capacity building, technical support and advocacy to strengthen the delivery of effective, innovative, community-based interventions to key populations most vulnerable to HIV, including men who have sex with men (MSM), transgenders, hijras, people who use drugs (PWUD), sex workers, youth, and people living with HIV (PLHIV).

Alliance India Andhra Pradesh

Pehchan Focus: Andhra Pradesh
Alliance India supports a regional office in Hyderabad that leads implementation of Pehchan in Andhra Pradesh and serves as a State Lead Partner of the Bill & Melinda Gates Foundation.

The Humsafar Trust (www.humsafar.org)

Pehchan Focus: Maharashtra, Madhya Pradesh, Goa, Gujarat and Rajasthan
For nearly two decades, Humsafar Trust has worked with MSM and transgender communities in Mumbai, Maharashtra. It has successfully linked community advocacy and support activities to the development of effective HIV prevention and health services. It is one of the pioneers among MSM and transgender organisations in India and serves as the national secretariat of the Indian Network for Sexual Minorities (INFOSEM).

Pehchan North Region Office

Pehchan Focus: Punjab, Delhi, Uttar Pradesh and Bihar
Alliance India supports a regional implementing office based in Delhi that leads implementation of Pehchan in four states of North India.

Solidarity and Action Against The HIV Infection in India (SAATHII) (www.saathii.org)

Pehchan Focus: West Bengal, Manipur, Orissa and Jharkhand
With offices in five states and over 10 years of experience, SAATHII works with sexual minorities for HIV prevention. SAATHII works closely with the West Bengal’s State AIDS Control Society (SACS) and the State Technical Support Unit and is the SACS-designated State Training and Resource Centre for MSM, transgender and hijra.

South India AIDS Action Programme (SIAAP) (www.siaapindia.org)

Pehchan Focus: Tamil Nadu
SIAAP brings more than 22 years of experience with community-driven and community development focussed programmes, counselling, advocacy for progressive policies, and training to address HIV and wider vulnerability issues for MSM, transgender and hijra community.

Sangama (www.sangama.org)

Pehchan Focus: Karnataka and Kerala
For more than 20 years, Sangama has been assisting MSM, transgender and hijra communities to live their lives with self-acceptance, self-respect and dignity. Sangama lobbies for changes in existing laws that discriminate against sexual minorities and for changing public opinion in their favour.
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About this Module

This module is designed to help training participants: 1) develop a common understanding of the term ‘family’ from the perspective of men who have sex with men (MSM), transgenders and hijras (MTH); 2) identify different constructs of ‘family’ present in MTH communities; 3) explore the importance of ‘family’ in a person’s life; and 4) understand issues faced by MTH community members with regard to their families. In the Pehchan programme, this module is used to introduce principles of family support to CBO Outreach Workers and Counsellors.

About Pehchan

With financial support from the Global Fund, Pehchan is building the capacity of 200 community-based organisations (CBOs) for men who have sex with men (MSM), transgenders and hijras in 17 states in India to be more effective partners in the government’s HIV prevention programme. By supporting the development of strong CBOs, Pehchan addresses some of the capacity gaps that have often prevented CBOs from receiving government funding for much-needed HIV programming. Named Pehchan, which in Hindi means ‘identity’, ‘recognition’ or ‘acknowledgement,’ this programme will reach 453,750 MSM, transgenders and hijras by 2015. It is the Global Fund’s largest single-country grant to date, focused on the HIV response for vulnerable sexual minorities.

Training Curriculum Overview

In order to stimulate the development of strong and effective CBOs for MSM, transgender and hijra communities and to increase their impact in HIV prevention efforts, responsive and comprehensive capacity building is required. To build CBO capacity, Pehchan developed a robust training programme through a process of engagement with community leaders, trainers, technical experts, and academicians in a series of consultations that identified training priorities. Based on these priorities, smaller subgroups then developed specific thematic components for each curricular module.

Inputs from community consultations helped increase relevance and value of training modules. By engaging MSM, transgender and hijra (MTH) communities in the development process, there has been greater ownership of training and of the overall programme among supported CBOs. Technical experts worked on the development of thematic components for priority areas identified by community representatives. The process also helped fine-tune the overall training model and scale-up strategy. Thus, through a consultative, community-based process, Pehchan developed a training model responsive to the specific needs of the programme and reflecting key priorities and capacity gaps of MSM, transgender and hijra CBOs in India.
Preface

As I put pen to paper, a shiver goes down my spine. It is hard to believe that this day has come after almost five long years! For many of us, Pehchan is not merely a programme; it is a way of life. Facing a growing HIV epidemic among men who have sex with men (MSM), transgender, and hijra communities in India, a group of development and health activists began to push for a large-scale project for these populations that would be responsive to their specific needs and would show this country and the world that these interventions are not only urgently needed but feasible.

Pehchan was finally launched in 2010 after more than two years of planning and negotiation. As the programme has evolved, it has never stepped back from its core principle: Pehchan is by, for and of India’s MSM, transgender and hijra communities. Leveraging rich community expertise, the Global Fund’s generous support and our government’s unwavering collaboration, Pehchan has been meticulously planned and passionately executed. More than just the sum of good intentions, it has thrived due to hard work, excellent stakeholder support, and creative execution.

At the heart of Pehchan are community systems strengthening. Our approach to capacity building has been engineered to maximise community leadership and expertise. The community drives and energises Pehchan. Our task was to develop 200 strong community-based organisations (CBOs) in a vast and complex country to partner with state governments and provide services to MSM, transgender and hijra communities to increase the effectiveness of the HIV response for these populations and improve their health and wellbeing. To achieve necessary scale and sustain social change, strong CBOs would require responsive development of human capital.

Over and above consistent services throughout Pehchan, we wanted to ensure quality. To achieve this, we proposed a standard training package for all CBO staff. When we looked around, we found there really wasn’t an existing curriculum that we could use. Consequently, we decided to develop one not only for Pehchan but also for future efforts to build the capacity of community systems for sexual minorities. So began our journey to create this curriculum.

Building on the experience of Sashakt, a pilot programme supported by UNDP that tested the model that we’re scaling up in Pehchan, an involved process of consultations and workshops was undertaken. Ideas for each module came from discussions with a range of stakeholders from across India, including community leaders, activists, academics and institutional representatives from government and donors. The list of modules grew with each consultation. For example in Sashakt, we had a single training module on family support and mental health; in Pehchan, we decided that it would be valuable to split these and have one on each.

Eventually, we agreed on the framework for the modules and the thematic components, finding a balance between individual and organisational capacity. Overall, there are two main areas of capacity building: one that is directly related to the services and the other that is focused on building capable service providers. Then we began the actual writing of the curriculum, a process of drafting, commenting, correcting, tweaking and finalising that took over eight months.
Once the curriculum was ready to use, trainings-of-trainers were organised to develop a cadre of master trainers who would work directly with CBO staff. Working through Pehchan’s four Regional Training Centers, these trainers, mostly members of MSM, transgender and hijra communities, provided further in-service revisions and suggestions to the modules to make them succinct, clear and user-friendly. Our consortium partner SAATHII contributed particularly to these efforts, and the current training curriculum reflects their hard work.

In fact, the contributors to this work are many, and in the Acknowledgements section following this Preface, we have done our best to name them. They include staff from all our consortium partners, technical experts, advocates, donor representatives and government colleagues. The staff at India HIV/AIDS Alliance, notably the Pehchan team, worked beautifully to develop both process and content. That we have come so far is also a tribute to vision and support of our leaders, at Alliance India and in our consortium partners, Humsafar Trust, SAATHII, Sangama, and SIAAP, as well as in India’s National AIDS Control Organisation and at the Global Fund to Fight AIDS, Tuberculosis and Malaria in Geneva.

We would like to think of the Pehchan Training Curriculum as a game changer. While the modules reflect the specific context of India, we are confident that they will be useful to governments, civil society organisations and individuals around the world interested in developing community systems to support improved HIV and other health programming for sexual minorities and other vulnerable communities as well.

After two years of trial and testing, we now share this curriculum with the world. Our team members and master trainers have helped us refine them, and seeing the growth of the staff in the CBOs we have trained has increased our confidence in the value of this curriculum. The impact of these efforts is becoming apparent. As CBOs have been strengthened through Pehchan, we are already seeing MSM, transgender and hijra communities more empowered to take charge, not only to improve HIV prevention but also to lead more productive and healthy lives.

Sonal Mehta
Director: Policy & Programmes
India HIV/AIDS Alliance
New Delhi
March 2013
General Acknowledgements

The Pehchan Training Curriculum is the work of many people, including community members, technical experts and programme implementers. When we were not able to find training materials necessary to establish, support and monitor strong community-based organisations for MSM, transgenders and hijras in India, the Pehchan consortium collectively developed a curriculum designed to address these challenges through a series of community consultations and development workshops. This process drew on the best ideas of the communities and helped develop a responsive curriculum that will help sustain strong CBOs as key element of Pehchan.

We would like to take this opportunity to acknowledge the contributions of those who helped in taking this process forward, including (in alphabetical order): Ajai, Praxis; Usha Andewar, The Humsafar Trust; Sarita Barapanda, IWW-UK; Jhuma Basak, Consultant; Dr. V. Chakrapani, C-Sharp; Umesh Chawla, UNDP; Alpana Dange, Consultant; Brinelle D’Sourza, TISS; Firoz, Love Life Society; Prashanth G, Maan AIDS Foundation; Urm Jadav, The Humsafar Trust; Jeeva, TRA; Harleen Kaur, Manas Foundation; Krishna, Suraksha; Monica Kumar, Manas Foundation; Muthu Kumar, Lotus Sangama; Sameer Kunta, Avahan; Agniva Lahiri, PLUS; Meera Limaya, Consultant; Veronica Magar, REACH; Magdalene, Center for Counselling; Sylvester Merchant, Lakshya; Amrita Nanda, Lawyers’ Collective; Nilanjana, SAFRG; Prabhakar, SIAAP; Priti Prabhughate, ICRW; Nagendra Prasad, Ashodaya Samithi; Revathi, Consultant; Rex, KHPT; Amitava Sarkar, SAATHII; Dr. Maninder Setia, Consultant; Chetan Sharma, SAFRG; Suneeta Singh, Amaltas; Prabhakar Sinha, Heroes Project; Sreeram, Ashodaya Samithi; Suressh, KHPT; Sanjithi Veul, JHU; and Roy Wadia, Heroes Project.

Once curricular framework was finalised, a group of technical and community experts was formed to develop manuscripts and solicit additional inputs from community leaders. The curriculum was then standardised with support from Dr. E.M. Sreejit and streamlined with support from a team at SAATHII, led by Pawan Dhall. This process included inputs from Sudha Jha, Anupam Hazra, Somen Achrya, Shantanu Pyne, Moyazzam Hossain, Amitava Sarkar, and Debjyoti Ghosh Dhall from SAATHII; Cairo Araijo, Dr. E.M. Sreejit, Jhuma Basak, and Vahista Dastoor, Consultants; Olga Aaron from SIAAP; and Harjyot Khosa and Chaitanya Bhatt from India HIV/AIDS Alliance.

From the start, the Government of India’s National AIDS Control Organisation has been a key partner of Pehchan. In particular, Madam Aradhana Johri, Additional Secretary, NACO, has provided strong leadership and steady guidance to our work. The team from NACO’s Targeted Intervention (TI) Division has been a constant friend and resource to Pehchan, notably Dr. Neeraj Dhingra, Deputy Director General (TI); Manilal N. Raghvan, Programme Officer (TI); and Mridu, Technical Officer (TI). As the programme has moved from concept to scale-up, Pehchan has repeatedly benefitted from the encouragement and wisdom of NACO Directors General, past and present, including Madam Sujata Rao, Shri K. Chandramouli, Shri Sayan Chatterjee, and Shri Lov Verma.

Pehchan is implemented by a consortium of committed organisations that bring passion, experience, and vision to this work. The programme’s partners have been actively engaged in developing the training curriculum. We are grateful for the many contributions of Anupam Hazra and Pawan Dhall from SAATHII; Hemangi, Pallav Patnaik, Vivek Anand and Ashok Row Kavi from the Humsafar Trust; Olga Aaron and Indumati from SIAAP; Vijay Nair from Alliance India Andhra Pradesh; and Manohar from Sangama. Each contributed above and beyond the call of duty, helping to create a vibrant training programme while scaling up the programme across 17 states.
India HIV/AIDS Alliance’s Pehchan team has been untiring in its contributions to this curriculum, including Abhina Aher, Jonathan Ripley, Yadavendra (Rahul) Singh, Simran Shaikh, Yashwinder Singh, Rohit Sarkar, Chaitanya Bhatt, Nunthuk Vunghoihkim, Ramesh Tiwari, Sarbeshwar Patnaik, Ankita Bhalla, Dr. Ravi Kanth, Sophia Lonappan, Rajan Mani, Shaleen Rakesh, and James Robertson. A special thank-you to Sonal Mehta and Harjyot Khosa for their hard work, patience and persistence in bringing this curriculum to life.

Through it all, the Global Fund to Fight AIDS, Tuberculosis and Malaria has provided us both funding and guidance, setting clear standards and giving us enough flexibility to ensure the programme’s successful evolution and growth. We are deeply grateful for this support.

Pehchan’s Training Curriculum is the result of more than two years of work by many stakeholders. If any names have been omitted, please accept our apologies. We are grateful to all who have helped us reach this milestone.

The Pehchan Training Curriculum is dedicated to MSM, transgender and hijra communities in India who for years, have been true examples of strength and leadership by affirming their pehčañ.
Module Acknowledgments: Family Support

Each component of the Pehchan Training Curriculum has a number of contributors who have provided specific inputs. For this component, the following are acknowledged:

Primary Author
Priti Prabhughate, ICRW

Compilation
Dr. E. M. Sreejit, Consultant

Technical Input
Vaibhav Sarai, Consultant; Olga Aaron, SIAAP; and Debjyoti Ghosh, SAATHII

Coordination and Development
Vahista Dastoor, C4D Consultant
Pawan Dhall, SAATHII

References
About the Family Support Module

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<thead>
<tr>
<th>No.</th>
<th>C2</th>
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</thead>
<tbody>
<tr>
<td>Name</td>
<td>Family Support</td>
</tr>
</tbody>
</table>
| Pehchan Trainees | • Project Managers  
• Counsellors  
• Outreach Workers (ORW) |
| Pehchan CBO Type | TI Plus |
| Training Objectives | By the end of this module, the participants will be able to: 
• Develop an understanding on the social constructs of a family and how they apply to MTH community members;  
• Support members of the MTH community in dealing with the issue of disclosing their sexual orientation to their families (biological/marital); and  
• Identify the psycho-social issues that MTH community members and their families face due to disclosure of their sexual orientation/gender identity and identify strategies to address them. |
| Total Duration | One day. A day’s training typically covers 8 hours. |

Module Reference Materials

All the reference material required to facilitate this module has been provided in this document and in relevant digital files provided with the Pehchan Training Curriculum. Please familiarise yourself with the content before the training session.

Attention: Please do not change the names of file or folders, or move files from one folder to another, as some of the files are linked to each other. If you rename files or change their location on your computer, the hyperlinks to these documents in the Facilitator Guide will not work correctly.

If you are reading this module on a computer screen, you can click the hyperlinks to open files. If you are reading a printed copy of this module, the following list will help you locate the files you need.

| Annexures | Annexure 1 on ‘Frequently Asked Questions by Family Members When their Children Come Out’. |

Note to Facilitator

‘Family Support’ is a topic that involves situations that are difficult to generalise as they vary based on the context and individuals involved. Encourage participants to learn from their own and others’ experiences and ideas. However, as a result, the sessions may become unstructured. Therefore, at the end of every session summarise the key learnings and then continue to the next one.

At the end of the day, use the wrap-up activity to ensure that the training objectives have been met.
## Activity Index

<table>
<thead>
<tr>
<th>No.</th>
<th>Activity Name</th>
<th>Time</th>
<th>Material¹</th>
<th>Audio-visual Resources</th>
<th>Take-home material</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Exploring the Term ‘Family’</td>
<td>50 min</td>
<td>Chart paper, crayons</td>
<td>Refer to the slides titled ‘Introduction to Module’ from the PowerPoint presentation</td>
<td>N/A</td>
</tr>
<tr>
<td>2</td>
<td>Understanding Basic Family Dynamics</td>
<td>50 min</td>
<td>N/A</td>
<td>Refer to the slides titled ‘Onnie’s family hierarchy’ from the PowerPoint presentation</td>
<td>N/A</td>
</tr>
<tr>
<td>3</td>
<td>Introduction to Disclosure</td>
<td>45 min</td>
<td>N/A</td>
<td>Refer to the slides titled ‘Onnie’s social circle’ from the PowerPoint presentation</td>
<td>N/A</td>
</tr>
<tr>
<td>4</td>
<td>Consequences of Disclosure</td>
<td>50 min</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>5</td>
<td>Planning for Disclosure</td>
<td>50 min</td>
<td>N/A</td>
<td>Refer to the slides titled ‘Who should I tell first?’ from the PowerPoint presentation</td>
<td>N/A</td>
</tr>
<tr>
<td>6</td>
<td>Impact of Disclosure on Families</td>
<td>40 min</td>
<td>N/A</td>
<td>Refer to the slides titled ‘Reactions to disclosure’ from the PowerPoint presentation</td>
<td>Annexure 1 titled ‘Frequently asked questions by family members when their children come out’ Printouts of the Powerpoint slide titled ‘Reactions to disclosure’</td>
</tr>
<tr>
<td>7</td>
<td>Basics of Family Counselling</td>
<td>1 hour</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>8</td>
<td>Wrap-up</td>
<td>45 min</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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</tbody>
</table>

¹ Overhead projector, laptop, sound system and whiteboard should be provided at every training.
Activity 1: Exploring the Term ‘Family’

<table>
<thead>
<tr>
<th>Time</th>
<th>50 minutes</th>
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</table>
| Learning Outcomes | By the end of this activity, the participants will be able to:  
• Distinguish between family as a social institution and other forms of family that go beyond the traditional constructs of kinship and blood-relations;  
• Articulate the value of families in the lives of MTH community members; and  
• Identify different types of family structures that apply to MTH community members and the overlap among these structures. |
| Materials | Chart papers, crayons |
| Audio-visual Support | Refer to the slides titled ‘Introduction to Module’ from the PowerPoint presentation ‘Family Support’. |
| Take-home Material | N/A |

Methodology

Give each participant a chart paper and crayons and ask them to spend the next 20 minutes drawing their ‘family’. Encourage the participants to draw whatever comes to their mind when the term family is used. Ask them to draw without consulting fellow participants. If necessary, they can move out of the training hall or spread out in such a manner that they do not infringe on each other’s privacy.

After 20 minutes, invite the participants to sit in a circle, share their drawings, and describe what they have represented in the picture. Through the discussion, explore:

• Various constructs of families and the hierarchical relationships in them;  
• Reasons why biological families are not necessarily families of choice;  
• Implications of forming/adopting families of one’s own choice, especially by members of MTH community;  
• The role of family in shaping one’s own sense of social identity;  
• Whether an individual can be a part of more than one ‘family’; and  
• Issues faced by MTH in their biological families as well as in families of their choice.

Explain to the participants that this module is called ‘Family Support’ and tell them to voice their expectations from this module. List their responses on the board. Introduce them to the objectives of the module by either writing them on the board or displaying the PowerPoint slides titled ‘Introduction to Module’ from the PowerPoint presentation ‘Family Support’. Map their expectations with the objectives of the module and tell them which of their expectations would be met in the day’s training. It is also important to explain why some expectations are beyond the scope of this module.
Note: Consider the following while leading the discussion on families:

- The term ‘family’ is most commonly associated with the notion of biological family, consisting of siblings, parents and relatives.
- The term ‘family of choice’ refers to a family of selected members who come together because of their sexuality and sexual orientation or other reasons. From an MTH community’s perspective, the term ‘family’ may also include the larger lesbian/gay/bisexual/transgender family.
- Explain how MTH families may differ with regard to:
  - Support they get;
  - Members who constitute the family;
  - Expectations of the family from its members; and
  - Rights and responsibilities of the members.
- Transgender and hijra families of choice have more formal structures than MSM families of choice, such as:
  - Gharanas and jamaats of a hijra ‘family’ that have various layers of hierarchy.
  - The gharana system runs as a parallel social structure within Indian society and many such gharanas/jamaats/deras exist in India.
  - Gharanas represent a closely-knit family system, which is often the single major source of social support for its members and in which the members (chelas) depend on gurus for their subsistence.
  - The gurus in a gharana have a role in deciding the responsibilities of their chelas, the allocation of financial resources, assigning household chores, and so on.
Activity 2: Understanding Basic Family Dynamics

<table>
<thead>
<tr>
<th>Time</th>
<th>50 minutes</th>
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<tbody>
<tr>
<td><strong>Learning Outcomes</strong></td>
<td>By the end of this activity, the participants will:</td>
</tr>
<tr>
<td></td>
<td>• Understand the basic family dynamics in terms of hierarchy and power, intimacy and distance, and patterns of communication;</td>
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<tr>
<td></td>
<td>• Understand the concept of family support; and</td>
</tr>
<tr>
<td></td>
<td>• Understand other forms of support circles.</td>
</tr>
<tr>
<td><strong>Materials</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Audio-visual Support</strong></td>
<td>Refer to the slides titled ‘Onnie’s family to Onnie’s family-hierarchy’ from the PowerPoint presentation ‘Family Support’.</td>
</tr>
<tr>
<td><strong>Take-home Material</strong></td>
<td>N/A</td>
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</tbody>
</table>

Methodology

Read out the following case study to the participants. The case study is made up of three segments. After completing each segment, add circle(s) representing each character in the case study (as described and shown below) on a whiteboard (or on a blank PowerPoint slide).

**Segment 1**

Aniruddha (21) is an Outreach Worker (ORW) with a community-based organisation (CBO) in Burdwan, West Bengal. Educated and working with transgender/hijra communities for the last two years, he goes to home in his village on weekends. At work, Aniruddha is known as Anita, who likes cross-dressing and has had several partners, both male and female. At home, Aniruddha is called Onnie; his family is unaware of the irony of his nickname being so similar to his ‘feminine’ name. His family thinks he works as a travelling salesman.

(Pause the reading and draw a circle that represents Onnie in the centre of the paper, as shown in the diagram to the right)

**Segment 2**

Onnie’s home is in Nutangram village and his family is comprised of his mother, father, his 17-year old younger sister, and 15-year-old younger brother.

His father is an aging farmer and mother is a home-maker. Onnie sends home money every month, some of which goes to support his brother in school. Onnie and his sister are very close, and Onnie has promised to take care of all the expenses for her wedding, especially since their father has no savings.

(Pause the reading, and add circles that represent Onnie’s parents and siblings around the circle ‘Onnie’)

(Sister)

(Father)

(Mother)

(Brother)

(Uncle)
Segment 3

Onnie’s uncle, his father’s eldest brother, looks after the family farm. Onnie’s father has no say in family matters and lives at his brother’s mercy. The uncle sexually abused Onnie as a child, and the abuse stopped only when Onnie became a teenager. He has paid for Onnie’s education. The uncle is now putting pressure on him to get married to the only daughter of a wealthy mill-owner. The uncle has decided to leave his fortune to Onnie on the condition that Onnie gets married and produces a male heir as he does not have a family of his own.

(Draw a circle representing Onnie’s uncle on the paper)

Part I: Family Dynamics

Use the slide titled ‘Onnie’s family’ from the PowerPoint presentation ‘Family Support’ to discuss the family’s dynamics. In the slide containing circles representing Onnie’s family members, resize and re-position the circles appropriately as you go through the following points. (To do so, you will need to open the PowerPoint presentation in normal mode, not in slideshow mode).

Discuss the family hierarchy in the case study and accordingly move the circles around to illustrate the hierarchies (refer to the slides titled ‘Onnie’s family-hierarchy’ from the PowerPoint presentation ‘Family Support’) for one possible interpretation.

Discuss the power equations in the family based one economic power, social power, and emotional hold. The size of the area of the circle can be used to signify relative power. For instance, in the adjacent diagram, the uncle is represented by the biggest circle, with Onnie coming second, representing the economic power wielded by him over the members of the family. Brainstorm about decision-making scenarios in Onnie’s family.

Identify the family members Onnie is close to. Use the distance between circles in the diagram as a measure of emotional bonding between Onnie and other family members. Ask participants to discuss issues of independence and dependence, both material and non-material, in Onnie’s family.

Using arrows draw the communications channels between the family members. Draw heavy lines to represent frequent and healthy communication and draw light lines, or broken lines, to represent troubled or difficult communication channels. Encourage a discussion around the following questions:

- Do you think Onnie’s mother could talk directly to the uncle about family matters?
- Who do you think Onnie’s sister would go to if she needed support?
- Do you think the family would ever sit together to discuss family issues?
Part II: Family Support

Using Onnie’s case study, discuss the needs and expectations that family members have of each other and how these can make or break family relationships. Explore the material and non-material needs and the expectations that arise both in biological as well as in families of choice.

Divide the participants into small groups of four or five and provide them with chart papers and markers. Display the slides titled ‘Onnie’s family expectation’ from the PowerPoint presentation ‘Family Support’ and ask each group to list the possible material and non-material needs and expectations that each member of the family may have of Onnie.

After they have done so, ask participants to list possible material and non-material needs and expectations that Onnie may have from each of the family members. Ask them to share their findings in the larger group, writing down key words from their responses in the diagram on the whiteboard.

Discuss Onnie’s support needs and ask the participants what they think the family members can do for him. Similarly, discuss the family’s support needs, and ask the participants what they think Onnie can do for the family. Discuss how Onnie’s family members, either as individuals or as a group, can act both as a source of support as well as distress.

Part III: Other Sources of Support

Draw large circles around the smaller ones in the scenarios depicted above, and describe how family is one of many support mechanisms (social circles) that an individual is a part of. With the participants working in the same groups, ask them to identify and draw other social circles that Onnie may have or has had in the past. Ask the group to present their findings, ensuring that the following key social circles are covered:

- Family;
- Neighbours;
- Relatives;
- Colleagues at work;
- School/college;
- Friends; and
- Community (friends from community).

Discuss how each social circle may be a source of support or distress to Onnie.
Activity 3: Introduction to Disclosure

<table>
<thead>
<tr>
<th>Time</th>
<th>45 minutes</th>
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<tbody>
<tr>
<td>Learning Outcomes</td>
<td>By the end of this activity, the participants will:</td>
</tr>
<tr>
<td></td>
<td>• Understand the pressures that a person may endure when disclosing his/her sexual orientation or gender identity.</td>
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<tr>
<td>Materials</td>
<td>N/A</td>
</tr>
<tr>
<td>Audio-visual Support</td>
<td>Refer to the slides titled ‘Onnie’s social circle’ from the PowerPoint presentation ‘Family Support’.</td>
</tr>
<tr>
<td>Take-home Material</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Methodology

Tell the participants that Onnie goes to the counsellor’s office and tells the counsellor that he is in a dilemma: he cannot continue to keep his sexual identity/gender orientation a secret any longer.

Refer to the slides titled ‘Onnie’s social circle’ from the PowerPoint presentation ‘Family Support’ and ask the participants to discuss the following:

Why do you think Onnie feels the need to ‘come out’? Discuss all possible internal and external pressures that may be compelling him.

• How important do you think it is for an MTH individual to accept one’s own sexual/gender identity before disclosing to others?
• Given that Onnie had already started cross-dressing in public, why do you think it was easier for him to ‘come out’ in a public space rather than to his family?
• Do you think Onnie would have disclosed (or not disclosed) under the following circumstances:
  • If he was not a cross-dresser?
  • If he did not live with his family?
  • If he lived in Delhi or Mumbai, instead of a small town like Burdwan or Gorakhpur?
  • What if he were born into an American? Or Iranian family?

Ask the participants to consider the following:

• What if Onnie’s dilemmas about disclosure were not about sexual identity but about HIV status?
• What if Onnie had recently found that he was infected with HIV?
• What would be the possible internal and external pressures that could be compelling him to reveal his HIV status?

Remind the participants about Onnie’s family’s expectations about his marriage and discuss the following:

• How the issue of disclosure or ‘coming out’ is very pertinent in the context of an Indian family, as most young adults live with their biological family and share common family resources.
• How it is relevant in a society where there is an emphasis on marriage and procreation, where the expected gender roles for men are strongly embedded and where inheritance is closely linked to procreation.

Note to Facilitator

It is critical for participants to understand that disclosure is only a choice, and it is normal for an individual to choose NOT to disclose their sexual choices, gender orientation or HIV status to others.

To disclose or not to do so is an individual’s choice, and the role of the counsellor should be to facilitate the client’s decision-making process.
• How it is common to expect men to carry the burden of maintaining the family lineage, which often results in members of the MTH groups being put under pressure to marry and/or, if they are already married, lead double lives.

• How in some cases, disclosure is accidental, where families or significant others may find out about a person’s sexual orientation, and that individual may be ostracised or worse.

• How disclosure for transgenders and hijras may be different from that of lesbian/gay/bisexual individuals, especially in the Indian society where there is a social presence of transgenders.

Sum up the discussion by ensuring that the participants understand that disclosure varies for each individual. It is normal for some individuals to not disclose or inform others. Disclosure may mean different things to different people. For some, it is about talking of one’s sexuality, sexual preferences, and gender in a public space or platform like the media or work place. For others, disclosure is a private matter, in which one comes out to people close to them.

A transgender person makes a ‘disclosure’ of gender expression to society when she decides to move around in attire of the gender opposite to their birth gender. Some transgenders may only cross-dress when in certain parts of their cities or towns when with other transgenders and dress as per their birth genders when in or near areas where their biological families live.

Disclosure may be made at early or later stages of life; it depends on when the person feels comfortable about disclosing. Some lesbian/gay/bisexual/transgender people disclosing their sexuality, sexual preference, and gender at a relatively younger age. For others, disclosure is made at later stages of life.

Disclosure also depends on the types of support one is likely to get, which can be in the form of social support, legal, or financial support, to name a few.

Disclosure is situational and depends not only on the place where the individual lives but also on the social circle she/he moves in. For example, a person may be more comfortable moving in lesbian/gay/bisexual/transgender groups or may have partners in a geographical location where she/he is not known, e.g. in cities other than their place of residence or work. Gradually, as they become comfortable with themselves and their sexuality, they may start moving in lesbian/gay/bisexual/transgender circles in their home town as well. However, some people live their entire lives without disclosing their identity to others or by only disclosing it very selectively.
Activity 4: Consequences of Disclosure

Time

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<tr>
<th>Time</th>
<th>50 minutes</th>
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Learning Outcomes

By the end of this activity, the participants will be able to:

- Articulate the consequences of disclosing a person’s HIV status or identity/gender/sexuality;
- Evaluate the pros and cons of disclosure; and
- Articulate the importance of counselling and the role of a counsellor in disclosure.

Materials

N/A

Audio-visual Support

N/A

Take-home Material

N/A

Methodology

Part I: Understanding the Consequences of Disclosure

Divide the participants into three groups and ask them to list their answers to the following questions:

- Ask the first group: ‘What does Onnie hope to gain by disclosing to his family?’
- Ask the second group: ‘What does Onnie fear he may lose by disclosing to his family?’
- Ask the third group: ‘What changes in life may Onnie have to make regardless of his family’s reactions to disclosure?’

Ask the participants to review Onnie and his family’s needs and expectations of each other while doing the exercise.

Draw three columns on the whiteboard. Label them ‘Gains’, ‘Losses’, and ‘Life changes regardless of family’s reactions’. As participants from each group share their responses, write them down under the respective columns.

Some responses that you may expect:

- **Gains:** Better mental health, self-confidence, increased support from family, friends, colleagues, decreased pressure to marry, less pressure/ridicule at work, greater freedom, and better sense of security;
- **Losses:** Loss of existing social support, loss of job opportunities/financial losses, increased pressure to marry, possible exposure to conversion treatments, and loss of inheritance; and
- **Life changes regardless of family’s reactions:** Relocating to new locations, looking for new jobs/opportunities, and replacing family support with other social circles or families.

Ask participants to consider whether the gains outweigh the losses. If they find it difficult to come to a conclusion, ask them to assign scores to each item on the list, giving a positive score for each gain and a negative score for each loss.

Note to Facilitator

Consequences of disclosure will depend on how close-knit the family is: whether the member is an important or sole bread-winner; whether she/he is financially dependent; and whether she/he is the only child.

Remind the participants that though other circles may seem appropriate and less stressful for disclosure than families, they also pose problems. For example:

- A transgender may find the members of a social circle that she/he is ‘coming out’ to are either not effeminate enough or too effeminate for his/her liking;
- Somebody who identifies himself as gay and wants to disclose may not be comfortable with the kothi culture he discovers in the social circle in which he comes out; or
- Disclosure in a heterosexual group of friends may risk alienation or even loss of friends, as many of them may not understand issues related to sexuality and gender.
Ask them to similarly score the items in the ‘Life changes regardless of family’s reactions’, telling them to decide for themselves whether to give an item a positive or negative score. Remind them that the scores are subjective and could differ depending on the perspective of the person scoring. Ask them to imagine that they were in Onnie’s situation: would they like to change the scores?

Remind them that the impact of the inevitable life changes that would occur – regardless of the other consequences and whether these would get positive or negative scores – would depend on a number of factors, including Onnie’s outlook towards life, availability of support and other factors.

Discuss whether the consequences of disclosure to other social groups would be similar to that of disclosing to the family. Point out to participants that disclosing in one social circle may have consequences both positive and negative in other spheres of life as well. For instance, disclosure may cause strained relationships within Onnie’s family that may affect his ability to concentrate at work, which could have an impact on his productivity. On the other hand, a positive response from his family may encourage Onnie to further his prospects by making him more willing to take on new and challenging projects in his workplace or seeking a better job.

Discuss which situation in more difficult: coming out to the family or coming out in the workplace. Discuss whether the consequences of disclosure of HIV status would be similar to the consequences of disclosing sexual orientation or gender identity. Discuss the positive and negative consequences of disclosure on the care, support and treatment services s/he receives if the person is living with HIV.

**Additional Topics for Discussion**

Explore the ‘what if’ scenarios, such as:

- What if Onnie were the only child in the family? *(Tip: Explain how it may be more difficult for an MTH person who wants to disclose if he or she is the only child in a family as parental and familial expectations may be more intense than in families with more than one child).*

- What if Onnie were the only male child in the family? *(Tip: Explain how it is more difficult for an MTH person who wants to disclose if he is the only male child as he faces parental expectations of marriage and procreation).*

- What if Onnie were a student and not earning any money? *(Tip: Explain the importance of financial stability in influencing one’s decision to disclose because financial dependence on the family may delay one’s decision).*

- How does the social status of the family affect disclosure? *(Tip: Ask participants to discuss how their family’s social status would have affected their decision to disclose as it may affect the reputation of the family and why there may be pressure on the MTH person to hold back or postpone the decision to disclose).*

- Ask the participants if they have faced situations in the past when someone (including parents, brother, sister, etc.) has stood up for a person and risked familial and social censure. For example, ask them if their parents supported an out-of-caste, an inter-religious or a love marriage in the family that does not fit the norms of the larger family.

- How does access to other social support systems (MSM/transgender groups, and community organisations) affect the process of disclosure? *(Tip: Explain how it is sometimes important for MTH individuals to ensure that social support systems are at hand at the time of disclosure. The support could come from a willing friend or MSM/TG groups who can stand up for their fellow MTH community members).*
Are the dilemmas different depending on whether the person disclosing is an MSM, a transgender or a hijra? If so, what could be the differences?

What are the considerations for transgender persons who want to disclose? (Tip: Explain why it is important for transgender persons to decide if and when to come out to their biological family members and also how and when to discuss sexual reassignment surgery, if they are considering this option.

Part II: Role of the Counsellor

Ask participants what they think should be the role of a counsellor or an ORW in the process of disclosure. Reiterate that the decision to disclose is purely an individual’s choice and that counsellors and ORWs cannot rush or influence the person’s decision.

Ask two volunteers to enact a small role-play in which one of them plays the role of a counsellor and the other that of a client who has come to the counsellor for reassurance and is seeking help on disclosure. Ask the person playing the role of the client to act anxious about disclosure, as described below:

- ‘I am so confused; should I tell my family or not?’
- ‘I am so afraid; tell me if everything will be alright?’
- ‘What would you do if you were in this position?’
- ‘How do you think my father will react?’

During the role-play, ensure that the counsellor makes supportive, reflective statements that encourage the client to examine his/her situation but do not give false assurances or evaluations and do not make any judgments of the client.²

² The participants will undergo Mental Health in Module D3, wherein they will learn about the interviewing skills necessary for counselling.
Activity 5: Planning for Disclosure

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<th>Time</th>
<th>50 minutes</th>
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| Learning Outcomes     | By the end of this activity, the participants will be able to:  
• Understand the steps in the process of deciding who to disclose to, how and when; and  
• Identify various forms of support that are available at the time of disclosure. |
| Materials             | N/A        |
| Audio-visual Support  | Refer to the slides titled ‘Who should I tell first?’ from the PowerPoint presentation ‘Family Support’. |
| Take-home Material    | N/A        |

Methodology

Part I: Deciding Who, How, and When to Disclose?

Ask the participants to assume that Onnie has decided to disclose to his family and ask what they think are the factors that will minimise Onnie’s and his family’s distress:

• What should Onnie disclose—his sexual orientation or his gender identity, or both?
• Would it be better for Onnie to tell the whole family in a single sitting or one by one?
• When would be the best time to do so?
• What should Onnie say?

Using the slides titled ‘Who should I tell first’ from the PowerPoint presentation ‘Family Support’ ask the participants to place Onnie’s family in appropriate quadrants of the matrix, based on the level of ease and the degree of importance that coming out to these people would mean to Onnie.

For example, it would be important but very difficult to disclose to his uncle, while coming out to his brother would be relatively easy but not as important. Coming out to his sister would be easy and important, as she could be an ally when disclosing to his parents.

Apply the above mentioned scenarios (who to disclose to, how and when) for Onnie’s other social circles.

Note to Facilitator

The person disclosing should ask themselves the following:

• Have I decided who first to disclose to, and when and where?
• Have I decided how to start the conversation?
• Have I thought about how they may react and how I should respond?
• What if someone turns violent? Do I have a place to turn to for safety?
• Am I prepared for the worst case scenario? What if my family throws me out? Do I have a place to stay?
• Have I got at least one friend who can support me in the process and protect/shelter me?
• Have I got enough information to provide my family with answers to their questions on homosexuality?
Part II: Planning for Support

Divide the participants into four groups and ask each group to work on the following questions:

- What kind of support would Onnie need in the period before the actual disclosure (pre-disclosure)?
- What kind of support would Onnie need when he discloses to his family?
- What kind of support would Onnie need in the long-term if he gets very little or no support from his family?

Ask the groups to share their findings, listing their responses on the whiteboard. Ensure that their responses cover the need for emotional, financial and physical support. Ask participants to discuss the following:

- Where can Onnie look for alternate support and how should he go about acquiring this support? Use the diagram of various social circles to brainstorm about the kind of support these social circles can offer:
  - Family: shelter, emotional security, financial support, and looking after health needs;
  - Colleagues: emotional and moral support;
  - Friends: emotional and financial support; and
  - Community support: shelter, economic, moral and emotional support.

Note to Facilitator

While it is difficult to define ‘support’, the term has profound implications on the physical and emotional well-being of an individual, especially for members of MTH communities who may be facing stigma at various levels. Having people and especially family-support is crucial.

This session explores the meaning of support and discusses how CBOs and CBO staff can think of innovative means of expanding support systems to members of MTH, as well as their families and friends. You should aim at covering the following issues:

- Understanding the importance and benefits of support;
- Assessing various forms of support available to MTH individuals; and
- Creating new avenues of support for sexual minority?
Activity 6: Impact of Disclosure on Families

Time | 40 minutes
---|---
Learning Outcomes | By the end of this activity, the participants will be able to:
- Understand how families cope with disclosure;
- Articulate the different stages of coping with the disclosure to the family; and
- Understand the need for supporting the family through disclosure.
Materials | N/A
Audio-visual Support | Refer to the slides from those titled ‘Reactions to disclosure’ to ‘Coping Cycle’ from the PowerPoint presentation ‘Family Support’.
Take-home Material | Annexure 1 titled ‘Frequently asked questions by family members when their children come out’.
Printouts of the Powerpoint slide titled ‘Reactions to disclosure’.

Methodology

Part I: How will the family react to disclosure?

With the help of thought-bubbles provided in the printouts of PowerPoint slides titled ‘Reactions to disclosure’, ask the participants what, they think are the different kinds of reactions that Onnie can expect from his family after disclosure, both individually and collectively. Alternately, consider small role-plays in which participants can act as family members who react to Onnie’s disclosure.

Refer to the family’s expectations of Onnie (elicited in a previous activity) and map each family member’s reactions to what she/he could lose by Onnie’s disclosure. Display the slides titled ‘Coping Cycle’.

Link some of the family’s reactions to the coping framework. Explain that this is a broad framework, and different families react differently when an MTH person chooses to disclose to them. Explain how these reactions change over a period of time and how family members go through various stages of coping with the news before they are able to accept their family member’s sexual orientation.

Stages of Coping

Denial
Discuss possible denial reactions that can come from a family. Explain how family members can deny that people of alternate sexuality or gender exist and how denial can come in the form of avoidance of any conversation or dialogue around issues of sexuality, sexual orientation or gender.

Anger
Explain how some family members may express anger that could be attributed to many reasons, ranging from homophobia or transphobia to fears hurting the reputation of their family to a sudden feeling of loss.

Note to Facilitator

During this session, participants need to consider Onnie’s disclosure from his family’s perspective.

It is important that the trainees empathise with the family members as well, not just with Onnie.
Violence
Remind the participants how anger sometimes could also escalate to a crisis situation, resulting in physical violence. (Inform participants that issues of violence and abuse will be dealt in Module D2 which is on Trauma and Violence).

Bargaining
Describe how some families in an attempt to reconcile with their family member’s sexual orientation may suggest strategies to keep ‘everyone happy.’ For example, parents could propose that their son marry a girl (to keep their honour intact) and continue to see his male partners in a clandestine fashion (to keep the son happy).

Despair
Describe how despair is a common reaction that manifests differently in families. Explain how it manifests at a physical level (as unexplained aches and pains, headaches, feeling sick repetitively, and loss of appetite) and at a psychological level (as sadness and anxiety).

Acceptance
Reiterate how acceptance of one’s sexual orientation by their family members is a gradual process. Explain how:

- The pace of the process of acceptance is different for different families; and
- Acceptance does not necessarily follow a linear pattern.

Review Onnie’s family’s reactions as elicited during the role-play, and ask participants to examine how these fit into the ‘Coping Cycle’. Discuss ‘marriage’ as a strategy often used by families to diffuse the fallout of disclosure. Read out the following scenario:

Imagine that at some point in the future, Onnie discloses to his mother, who seemed to accept this calmly. However, she passes many marriage proposals his way to coax him to get married. Onnie refuses to meet the girls and is confronted by his father about it and for his decision to not get married. The confrontation results in an altercation between Onnie and his father.

In the course of the altercation, Onnie’s mother tells his father about Onnie’s sexual orientation. This infuriates Onnie’s father and confirms his fears; in the past, his father had suspected that ‘something was wrong with Onnie’ when he came across condoms and reading material on sex and condoms in Onnie’s office bag. Onnie’s father blames the CBO for having a ‘bad’ influence on him. Onnie’s mother tries to pacify his father by saying that this is just a phase in their son’s life and that he will grow out of these habits once he is married.

When Onnie breaks down, his mother pacifies him by saying that he could meet men secretly until he gets married and assures him that she will find him a suitable bride.

Pose the following questions to initiate a discussion:

- Is Onnie’s mother in denial?
- Is she trying to strike a bargain?
- How should Onnie respond to his mother?
Part II: Support for the Family

Start the session by eliciting answers to the following questions:

- Do you think Onnie’s family needs support?
- What impact could Onnie’s disclosure have on his family?
- What resources do CBOs have or can create to support families?
- What do you think are the options to support Onnie’s family, both within the programme and otherwise?

Initiate a small brainstorming exercise in which the group makes a list of possible interventions for family members. Ensure that the following points are covered during the session:

- Value of family support groups for parents, facilitated by counsellors;
- Maintaining a record of families who know about their child’s sexual orientation and have coped well, and who can help other families with children who have recently disclosed;
- Development of specific IEC materials for families;
- Importance of home visits to ensure that families, especially parents, are coping well; and
- Importance of helping MTH individuals communicate with parents in the post-disclosure period and help parents deal with societal and familial censure and other pressures they may be facing.

Distribute copies of ‘Frequently asked questions by family members when their children come out’ to each participant.

Note to Facilitator

Discuss why it is important to support families of MTH individuals who have decided to disclose. Explain:

- How a family faces multiple dilemmas and questions when confronted with the situation of a family member with alternate sexuality. Describe how family member/s feel isolated and suddenly burdened with the idea of carrying a ‘secret’ with them that needs to be concealed from their extended family;
- How parents of MTH individuals have to think of ways and means of dealing with stigma from others, if their child reveals her/his sexual orientation publicly. At an individual level, many parents may begin isolating themselves from family functions, such as weddings and family gatherings, as they may fear facing other relatives who do not know about their child. Commonly, mothers face questions about why their child is not married or continually turns down marriage proposals and as a result gradually withdraw from social settings to avoid difficult questions;
- How there is a sense of isolation felt by the parents that has psychological and physical consequences; they feel pressure to keep a secret and at the same time have to deal with a new image of their son/daughter; and
- How support provided to the family during such times will ensure greater acceptance of their child and will help them feel less isolated.
# Activity 7: Basics of Family Counselling

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| Learning Outcomes | By the end of this activity, participants will:  
• Understand the key elements of family counselling in the context of a family member’s disclosure of sexual orientation or gender identity. |
| Materials       | N/A    |
| Audio-visual Support | N/A     |
| Take-home Material | N/A |

## Methodology

**Key Messages**
- Families go through various emotions when they find out about a loved one’s sexual orientation.
- Families need space to be heard.
- Being patient is important.
- Families take time to accept the sexual orientation of their family member
- The goal of counselling is to facilitate dialogue between an MTH individual and her/his family and to clarify misconceptions regarding homosexuality.
- Gently help family members re-adjust/re-negotiate their expectations of a member from the MTH community.

**Note:** Although ORWs and peer educators are trained on family counselling, it is advisable that family counselling is conducted only by a trained counsellor.

Introduce the concept of family counselling by briefly explaining how it is a special kind of group counselling, which involves counselling more than one family member in a joint session. The focus of the session is on modifying the interplay of various factors within the family system. Thus, it enhances the functioning of the family as a unit and/or functioning of its individual members.

An important goal of family counselling is to help a family cope with a member’s sexual orientation vis-à-vis their expectations from the individual, to discuss issues of stigma that the family could anticipate, and to help them cope with their own emotions.

Develop various scenarios by asking participants to brainstorm on when, where and why they (as staff of the CBO working with the MTH community) may have to intervene with a family post-disclosure and with which family member. Select a post-disclosure scenario and discuss the following issues:

- How is family counselling different from individual counselling?
- What should be the goal of counselling Onnie’s family?
- Is the goal of counselling the family in best interest of Onnie?
- What should the counsellor know about family dynamics in order to help Onnie?
- How can the counsellor address the concerns of each member of the family without compromising Onnie’s wellbeing?
- What should the counsellor do/say if a fight breaks out between family members?
- How should the counsellor react if the family makes him/her an object of their distress?
- What should a counsellor do if Onnie has been subjected to physical abuse by his family?

Ask participants to consider the following scenarios from the point of view of counselling. Ask them what a counsellor should do if the family says any/all of the following:

- I know this is an illness he’s got. If he gets married, everything will be alright.
- Please tell me my son will be cured, right?
- What will the neighbours say to this public shame my son has brought upon us?
- People like you (counsellor, ORW, etc.) and your organisation are responsible for...
this.
• You please leave my house; I will not talk to you.
• I am not feeling too well. I am having pain in my chest, and I cannot deal with this anymore.
• I feel so depressed, can you help me?
• I refuse to call him Anita; he will remain Onnie to me, forever!

Through small role-plays, explore scenarios where the counsellor offers support to family members and encourages them to be supportive of Onnie. Ensure that the counsellor’s responses are supportive and reflective, and not evaluative, interpretative or confrontational.

<table>
<thead>
<tr>
<th><strong>Do’s and Don'ts of Counselling</strong></th>
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<td><strong>Do</strong></td>
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<td>• Set certain ground rules: no violence and verbal or physical abuse during counselling.</td>
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<td>• Schedule enough time. Very often, family members need to ventilate their emotions. Give them enough time and safe space to express themselves.</td>
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<tr>
<td>• Maintain confidentiality: do not accidentally disclose your client to other family members who may not be aware of the client’s sexual orientation.</td>
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**How to conduct a family session**

Counsellors should do the following:

• Observe the family’s dynamics:
  • How the family communicates with each other: find out who makes most decisions, who follows (or does not follow) the decisions, and what happens when one member does not follow decisions;
  • Different emotions, patterns of dominance and submission, roles played by family members and communication styles. Also, observe whether these patterns are rigid or relatively flexible;
  • Try to recognise who is the submissive or dominant person in the family and who is the most valued person in the family; and
  • Try to understand patterns of relationships within the family, such as who supports whom, who is perceived as being rigid, and who is the peacemaker in the family. Understanding relationship patterns is important while dealing with issues around disclosure. For example, very often a family member who could be sympathetic to your client may be outside of the immediate family circle, such as a cousin or an aunt.
  • Counsellors may make occasional comments or remarks intended to help family members become more conscious of patterns or structures that had previously been taken for granted, but refrain from sounding judgmental;
Use a problem-solving approach when dealing with families:

- Understand expectations of family members, especially from your client, and gauge how these expectations can be negotiated. (For example, a father insisting that his gay son can see other ‘friends,’ but cannot attend parties or be seen around with his friends);
- Ask the family to recall situations where the family faced a crisis or an unusual situation and how the family reacted to this situation; and
- Explore ways in which family members can be supportive. (For example, by not depriving the MTH person of the family his/her rights of inheritance);

- Be empathetic with family members. It is not easy for families to accept their children as having a sexual or gender identity different from the one they expected them to have. Give examples of families who have gone through similar experiences and share the process;
- Be ready to deal with the reactions to disclosure as mentioned above (shock, denial, anger, bargaining, blaming, despair, etc.) and give space to family members to normalise these reactions as being natural consequences upon receiving unexpected (in most cases negative) news. Sometimes negative reactions can even be directed towards the counsellors;
- Counsellors need to be well-prepared with reading materials, handouts and other resources to share with family members;
- Most often one session may not be enough, so make sure you follow-up with the family and make yourself accessible to family members; and
- Last, but most important, congratulate the family members for making an effort to seek more information.
Activity 8: Wrap-up

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**Learning Outcomes**
By the end of this activity, the participants will:
- Be able to apply the decision-making processes discussed in the earlier sessions to other scenarios of disclosure, such as disclosing to female partners, disclosing in the workplace, disclosing HIV status, etc.

**Materials**
N/A

**Audio-visual Support**
N/A

**Take-home Material**
N/A

**Methodology**

Summarise the decision-making process learnt so far and point out that the steps given below are applicable to all social groups:

- Exploring consequences;
- Evaluating consequences;
- Deciding who to disclose to, how and when;
- Preparing for consequences of disclosure; and
- Assessing and accessing post-disclosure support.

Divide the participants into three groups and ask them to discuss Onnie’s disclosure to other social groups:
- **Group 1**: Disclosure to workplace colleagues (assuming Onnie was not working in the CBO);
- **Group 2**: Disclosure to heterosexual friends (make this a local club where Onnie is the carrom champion); and
- **Group 3**: Disclosure in a public space.

During the exercise, ensure that the groups are following the decision-making process discussed in earlier activities. Ask each group to select a spokesperson to play the role of Onnie. S/he can then share their observations with the larger group.

The spokesperson should address the audience in the first person, as in ‘I, Onnie, wanted to tell my office... I thought about the consequences... The positives were...’ and so on. Allow the other participants to make observations and provide feedback, and at the end of each presentation, ask the presenter how s/he felt about Onnie’s decision.
Annexure 1: Frequently Asked Questions by Family Members When Their Children Come Out

Source: www.orinam.net, www.pflag.com

1. How are sexual orientation and gender identity determined? (OR) Is it my fault that my son/daughter is gay? (Or) Did I fail as a parent?

It is never anyone's 'fault' if they or their loved one grow up to be lesbian/gay/bisexual/TG (LGBT). Please don’t feel guilty, it is certainly not your fault.

No one knows exactly how sexual orientation and gender identity are determined. However, experts agree that it is a complicated matter of genetics, biology, psychological and social factors. For most people, sexual orientation and gender identity are shaped at any early age. While research has not determined a cause, homosexuality and gender variance are not the result of any one factor like parenting or past experiences.

2. Is there something wrong with being gay, lesbian, bisexual or TG?

No. There have been people in all cultures and times throughout human history who have identified themselves as LGBT. Homosexuality is not an illness or a disorder, a fact that is agreed upon by both the American Psychological Association and the American Psychiatric Association. Homosexuality was removed from the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association in 1973. World Health Organization (WHO) removed it in 1981. Being transgender or gender variant is not a disorder either, although Gender Identity Dysphoria (GID) is still listed in the DSM of the American Psychiatric Association. Being LGBT is as much a human variation as being left-handed – a person's sexual orientation and gender identity are just another piece of who they are. There is nothing wrong with being LGBT – in fact, there’s a lot to celebrate.

3. Can gay people change their sexual orientation or gender identity?

No, and efforts to do so aren’t just unnecessary they’re damaging.

Religious and secular organizations do sponsor campaigns and studies claiming that LGBT people can change their sexual orientation or gender identity because there is something wrong. We believe that it is our anti-LGBT attitudes, laws and policies that need to change, not our LGBT loved ones.

These studies and campaigns suggesting that LGBT people can change are based on ideological biases and not peer-reviewed solid science. No studies show proven long-term changes in gay or TG people, and many reported changes are based solely on behaviour and not a person’s actual self-identity. The American Psychological Association has stated that scientific evidence shows that reparative therapy (therapy which claims to change LGBT people) does not work and that it can do more harm than good.

4. How does someone know they are gay, lesbian, bisexual or transgender?

Some people say that they have ‘felt different’ or knew they were attracted to people of the same sex from the time they were very young. Some TG people talk about feeling from an early age that their gender identity did not match parental and social expectations. Others do not figure out their sexual orientation or gender identity until they are adolescents or adults. Often it can take a while for people to put a label to their feelings, or people's feelings may change over time.
Understanding our sexuality and gender can be a lifelong process, and people shouldn’t worry about labelling themselves right away. However, with positive images of LGBT people more readily available, it is becoming easier for people to identify their feelings and come out at earlier ages. People don’t have to be sexually active to know their sexual orientation – feelings and emotions are as much a part of one’s identity. The short answer is that you’ll know when you know.

5. If one could perceive their sexual orientation/identity at a young age, why did not my son/daughter talk about it to me?

There could be several (and unique) factors/reasons why a child may not discuss his/her sexual attraction/orientation with his/her parents. A critical factor might be the relationship a parents and a child share; in some families it’s very open; in some it’s strict and disciplinarian in nature. In addition to that, there is a general trend among Indian parents to not talk about sex, let alone sexual orientation, with their children. Active avoidance of such an important topic might make the children uncomfortable in discussing this with their parents.

For example imagine if you have a son who is attracted towards a girl. Do you think you would feel uncomfortable if he would like to discuss about it with you? If your answer is yes, then you can then imagine how much harder it would be for your son to talk about his attraction to another boy rather than to a girl.

6. Should I talk to a loved one about his or her sexual orientation or gender identity before the person talks to me?

It’s seldom appropriate to ask a person, ‘Are you gay?’ Your perception of another person’s sexual orientation (gay or straight) or gender identity (male or female) is not necessarily what it appears.

No one can know for sure unless the person has actually declared that they are gay, straight, bisexual, or transgender. We recommend creating a safe space by showing your support of LGBT issues on a non-personal level. For example, take an interest in openly discussing and learning about challenges, struggles and issues faced by LGBT people. Learn about LGBT communities and culture. Come out as an ally, regardless of whether your friend or loved one is LGBT.

7. Did my son/daughter become gay/lesbian because he/she travelled or moved abroad (eg. USA, Britain, Europe, Australia)?

One’s sexual orientation is not dependant on one’s visit or stay abroad. The American Association of Pediatrics (and other leading science/health professional organizations) opine that sexual orientation is probably not determined by any one factor, but by a combination of genetic, hormonal, and environmental influences right as a foetus in the womb of the mother; definitely not due to traveling abroad. (http://aappolicy.aappublications.org/cgi/reprint/pediatrics;113/6/1827.pdf)

Hence this notion that your son/daughter became gay because of going abroad does not have any rational scientific reasoning. The reasons why they could have ‘come-out’ to you after going abroad could be several, like the following:

1. Your son/daughter might have attained the emotional maturity to share their deepest feelings only then.

2. Due to their education and professional exposure they might have gained the self-confidence to talk about it.
3. Modern democracies (like USA, Australia, Europe) have a strong record in human rights where sexual minorities have obtained social and legal recognition, including marriage rights, adoption rights, etc. This could have given your son/daughter the hope and dignity to be themselves.

In summary, there could be several reasons. Irrespective of the reason, you should feel happy and proud that your son/daughter is more confident and is trying to stand up for himself or herself. You should feel proud that you gave the necessary ethical values/lessons while they were growing up, to be confident and honest about themselves.

8. How do same-sex partners have physical intimacy? How is this possible? It's very disgusting to think about it!

Same-sex partners have physical intimacy in many ways. We suggest that you talk about it to an LGBT friendly counsellor/doctor who might be able to point you in the right direction (e.g. websites, brochures etc.).

Some pointers for you:
- There is nothing to feel embarrassed/disgusted about this. This feeling of disgust is usually borne out of lack of knowledge.
- Have you ever wondered how your heterosexual son/daughter/family members have physical intimacy in their marriages? Just like them, your gay son/daughter sometimes could find these questions very private and intimate. However you could cautiously choose to ask appropriate questions on these topics to your gay son/daughter.
- When your gay son/daughter is in love with his/her partner, their relationship is not merely physical. Just like your love for your husband/wife is multi-dimensional encompassing emotional, spiritual, financial and physical intimacy, so would your gay son/daughter have the same kind of intimacy with his/her partner. Never equate their intimacy with their partners as only lust, as it can be very hurtful and judgmental for them.

9. If my son/daughter marries, will that change his/her sexual orientation?

Marriage, which usually in Indian culture is overtly attributed to solve problems, will not work in this context. Several gay men/women have are routinely pressurised by their families and the general society to marry the person of opposite sex. There have also been cases where misled parents have paid huge monies to Swamis/black magicians to ‘change’ their gay son/daughter.

Your gay son/daughter marrying a person of the opposite sex will cause severe emotional trauma to not only the ‘married’ couple but their extended families. These couples due to their emotional and physical incompatibility will be emotionally broken leading to unwanted divorces. Lately several courts in India have compensated divorcing women (who have been duped to marry gay men) with several lakhs of rupees.

If you ever feel pressurised due to society’s compulsion ask yourself, would you let one of your heterosexual daughters marry a known gay man and throw her life into disarray? The more gay men/women are allowed to be themselves (and choose their own partners), the fewer the unwanted divorces and lesser the emotional trauma suffered by everyone in the family.
10. I am able to accept my son/daughter. But how do I deal with relatives and the general society?

Just because your son/daughter ‘came-out’ to you, it does not imply that they are going to go on to rooftops to declare their sexual orientation. Please take time to sit down and talk in detail about this to your child. Chalk up a plan and decide whom you both are comfortable to be ‘out’. You can always take the help of an LGBT friendly counsellor who can help both you and your child in this direction.

One of the simple and easy ways to respond to relatives when confronted about your child’s marriage you could state: ‘He/she is currently not interested in marriage and as a parent I think he/she is mature enough to tell me when he/she is ready.’

There is one important emotional pointer to be understood about your gay son/daughter. Your son/daughter could have had years and years (sometimes decades) of pent up frustration for having to hide who they truly are and that could have caused them even irreparable emotional trauma. Some of them hence might decide that they don’t have to go through the same kind of pain and decide that they would rather be ‘out’ to everyone. Even though it might be a huge task for you, you should try to support and empathise with your child’s feelings and wishes.

With human rights and equality being the hallmark for democracies like India, you might be pleasantly surprised that there is lot of awareness of who gay people are. Recently in June 2009, Delhi High Court declared that discrimination based on sexual orientation is illegal and unconstitutional. Such legal, political and media support has improved our society’s understanding of LGBT people and it is growing more tolerant.

11. I would like my son/daughter to have a marriage, family and children. I am apprehensive who might take care of him/her in their old age.

Your wishes and apprehension are valid concern for many parents. Why do you want your children to be married? Your response would usually be that you would like to see your children happy with all comforts as you might know. You could claim that it is your way of attaining happiness which you think would work for them too. But have you ever wondered or asked your children if they would also derive the same satisfaction and fulfillment in life by ‘marrying’?

Not everyone gets married, nor everyone who gets married has kids, nor all parents who have kids end up having kids who take care of them in old age. These are eternal truths of our humankind. There is another truth too: gay/transgender people do get married with their loved ones, adopt and raise kids and have a fulfilling retirement life. However this usually happens in liberal democratic societies (e.g. US, Europe, etc.) and it is unfortunate that it does not happen often in India.

Countries around the globe like Spain, South Africa, Canada, Belgium, Norway, etc., provide legal and social structures for gay marriage, adoption, immigration, pension benefits, and other family-raising incentives. Huge strides have been made for the equality and dignity of LGBT families across the world, including India. As any social taboo takes years to be removed (e.g., untouchability, women’s inequality) and rectified, so does it take time to remove misunderstandings of who LGBT’s are.

Do not despair, Indian society is growing more tolerant and understanding in this modern era. Please support and embrace your gay son/daughter just like thousands of other Indian parents have done in their struggle for equality.
Annexure 2: PowerPoint Presentation – Family Support

Training on Family Support

Family Support Understanding Disclosure
Communication

Father  Mother

Uncle  Omie

Sister  Brother

Onnie's Social Circles and Disclosure

Solidarity

Friends from community
Heterosexual friends
Relatives
Family
Workplace
College/other institutions

Disclosure/ Coming out

Self/identity

What issues can be disclosed?
- Sexual orientation
- Gender identity
- HIV status
- Relationships
- Sexual behaviour

Who Should I Tell First?

Brother  Easy

Father  Uncle

Unimportant

Mother  Sister

Important

Difficult
**What is Onnie's Uncle Thinking?**

What is uncle thinking? (What is he afraid of losing?)

What is uncle saying?

**What is Onnie's Mother Thinking?**

What is mother thinking? (What is she afraid of losing?)

What is mother saying?

**The Coping Cycle**

- Bargain/ Denial
- Anger
- Despair
- Reactions to Disclosure
- Denial
- Acceptance
References


Notes
Pehchan Training Curriculum
MSM, Trangender and Hijra
Community Systems Strengthening

CG
CG Curriculum Guide

module A
A1 Organisational Development
A2 Leadership and Governance
A3 Resource Mobilisation and Financial Management

module B
B Basics of HIV Prevention and Outreach Planning (Pre-TI)

module C
C1 Identity, Gender and Sexuality
C2 Family Support
C3 Mental Health
C4 MSM with Female Partners
C5 Transgender and Hijra Communities

module D
D1 Human and Legal Rights
D2 Trauma and Violence
D3 Positive Living
D4 Community Friendly Services
D5 Community Preparedness for Sustainability
D6 Life Skills Education