

IN THIS ISSUE :

- A Mother and son jointly reminiscence on the journey of transitioning from one sex to another, and the mental health support they need and often do not get.
- The details of a public hearing on voices from the queer community and its efforts to strategize just to be able to survive.
- How violence that is a routine part of almost all television visuals influences children and requires adults to be aware and sensitive in negotiating through it.

MESSAGE FROM OUR PRESIDENT



At the outset, on behalf of the Association I would like to express our heartfelt condolences to all the family members and loved ones of those who lost lives in the Balasore train accident. We also wish all the survivors speedy recovery. APSWP members from Odisha have been actively involved in psychosocial interventions and services for those affected by this huge tragedy. I would like to thank our members from Odisha for their initiatives.

APSWP continues with its efforts to bring recognition to the Psychiatric Social Work profession. Psychiatric Social Work practitioners need accreditation from governmental agencies in order to put them at par with other mental health professionals. We are yet to come to a consensus on where the accreditation should come from, and this poses a big challenge to the efforts of the Association. Despite this challenge, our Office bearers and a few members are working behind the scenes towards giving more visibility and acceptability to the profession.

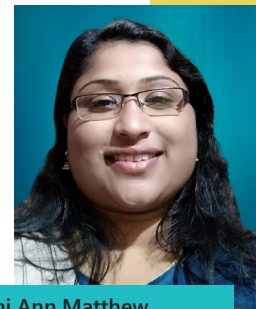
Our Newsletter, **Psychosocial Matters**, contributes handsomely towards our efforts in spreading awareness about the profession and the topics close to our hearts. I thank our Editorial Team and appreciate their determination to maintain regularity, punctuality, and quality in putting together this Newsletter.

Sobhana H

Never underestimate your ability to make someone else's life better, even if you never know it.

- Greg Louganis, Olympic Medallist Diver

CONTRIBUTORS TO THIS ISSUE



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Being in this field of mental health isn't just a chosen profession, rather, it is a passion that is deeply rooted in my life. And therefore, when an opportunity to express my views on paper knocks my door, it makes me elated and enthusiastic. I feel fortunate to write this editorial for *Psychosocial Matters*.

When we think of mental health, the tendency largely is to emphasize the genetic or biological aspects of health, usually turning a blind eye towards the psychosocial factors that can cause multiple impacts on an individual's mental health. I strongly believe that as Psychiatric Social Workers, we can play a vital role in promoting Mental Wellness instead of promoting only the stature of treatment and remedial measures. Why should we wait for people to fall ill and then treat them? Can we not help to prevent people from succumbing to mental ill-health in the first place?

Mental health promotion endeavours to boost the protective factors and healthy behaviours that can help in reducing the risk factors which perhaps may lead to the development of a mental health issue, and prevent the onset of a psychiatric disorder. It calls for creating conditions and situations that support mental wellbeing and allow people to maintain healthy lifestyles, sequentially helping the individual to attain a sense of fulfilment and satisfaction. Psychiatric Social Workers who are well equipped with their unique training in case work, group work and community organization, can help people acquire the knowledge and skills that are needed to protect their own mental wellbeing, at the same time creating positive modifications in their homes, educational institutions, workplaces, and communities that lead towards positive wellbeing.

Here I would like to add my appreciation and gratitude to the articles that aim for the promotion of mental health in this newsletter, and being bridges to fill in the gaps in understanding the roles of a Psychiatric Social Worker in various areas, like PSWs' involvement in childhood interventions starting with OBG Departments and going on to pre-school and primary school settings, PSWs in supportive activities like skills building programmes and social-emotional learning for children, students and youth in the community, PSWs working with vulnerable groups such as with children of divorcing parents, youth in correctional settings, those facing violence, or providing psychosocial intervention in disaster situations. The list can go on. Psychiatric Social Workers via their mental health promotion activities enable individuals to have an increased control over their own mental health and its determinants, and in turn make them feel more confident and self-reliant.

Although I do not exclude the importance of curative interventions I feel gratified to note that many of our young PSW professionals are moving towards preventive and promotive roles in society rather than being one in a crowd in curative areas. My own experience in these years has convinced me that we have a bigger role in promotive and preventive areas. I express my heartfelt gratitude to all the writers and their teams for working in settings and on issues that need to be brought out into the light.

Rameela Shekhar

FROM JANUARY TO JUNE 2023...OUR SECRETARY SPEAKS

Continuous PSW Education (CPSWE) Programme

The horrific train accident on 2nd June 2023 at Balasore, Odisha, that left hundreds dead, hundreds more maimed or grievously injured, and exponentially large numbers of family members and friends of the dead and the hurt in states of shock and sorrow, needed mental health inputs amounting to psychological first aid and we have to acknowledge the work done by our PSWs based in the region and/or rushing to the spot from other places. They were supported with therapeutic inputs put together in record time by NIMHANS. Accordingly, the following programmes were conducted in this half-year under CPSWE for practicing Psychiatric Social Workers :



Sl. No.	Dates	Topics	Resource Persons
1.	April 23, 2023	Clinical/Mental Health Supervision for Psychiatric Social Workers	Dr. Kala Chakradhar
2.	May 7, 2020	Clinical/Mental Health Supervision for Psychiatric Social Workers	Dr. Kala Chakradhar
3.	June 4, 2023	Clinical/Mental Health Supervision for Psychiatric Social Workers	Dr. Kala Chakradhar
4.	June 5, 2023	Orientation session on psychological first aid for PSW trainees working with the survivors and families of the train tragedy at Balasore, Odisha	Dr. E. Aravind Raj Ms. Manasi

Association Meetings

Sl. No.	Dates	Meetings	Place
1.	March 25, 2023	4 th Annual General Body Meeting	Online
2.	29.05.23	1 st meeting of the APSWP Task Force for Development of PSWs	Online

Membership

The printing of membership cards continues to experience delays but in terms of membership, we have now reached 222, with 12 new members joining in this half year, although the actual number of existing members is 221 because of the demise of a member who continues to remain in the count due to the system of recording. We continue to have a solitary student/associate member.

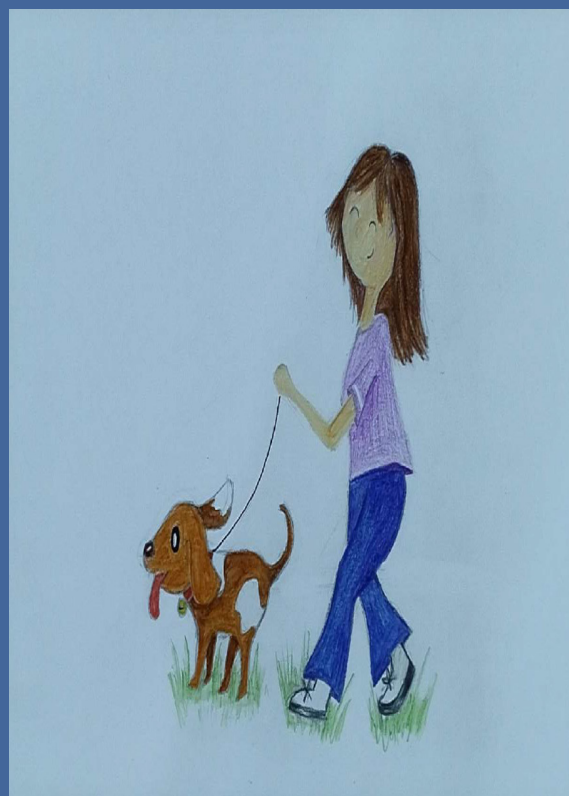
Contact with Stakeholders

1. May 5, 2023 : APSWP representatives had a discussion with the HR team of MIOT Hospitals, Chennai, to include M.Phil. as qualification for the post of PSW.
2. Representatives of APSWP held a discussion with the HR team of DAV Group of Schools, Chennai, for recruiting PSWs in their schools
3. Dr. B.V. Kumar from Al Soor Specialist Clinic, Sharjah, UAE, was contacted for inviting applications for PSW posts in their setting.

Communications to various agencies

As always, we have continued with our letter writing to sort out the various anomalies that we keep coming across mainly in matters related to qualifications, salaries, and even missing posts – i.e. advertising for other mental health professionals but leaving out PSWs – in the hiring of PSWs.

1. 16.02.23 – Letter (Ref. No. 01/2023) to Kerala SMHA regarding the qualification of PSW in the Vimukthi programme.
2. 27.04.23 – Letter (Ref. No. 02/2023) to Amaha, a private MH organization, regarding the recruitment of PSWs.
3. 19.06.23 – Letter (Ref. No.04/2023) to NIMHR regarding the qualification of Assistant Professor of PSW.
4. 20.06.23 – Letter (Ref. No.05/23) to The Principal, Government Medical College, Baramulla, regarding the qualification for the post of PSW.



Art from DPS School Youth20 Event organised on the theme of mental health

Other Matters

- **Website** : I am happy to report that the Association's website (www.apswp.org) has been revived and is fully functional. A member login page has also been introduced as a new feature in the website.
- **Registration Renewal** : This is an annual high-pressure requirement. The documents for the renewal for the years 2022- 2023 and 2023- 2024 have been submitted to the lawyer and there is hope that it will be completed in the next few weeks.

Future Plans

The 1st Annual National Conference of APSWP is being planned for January-February 2024. APSWP Office Bearers have contacted the Head of the PSW Department of NIMHANS and there is an in-principle nod to holding it in NIMHANS. Let me sign off on that positive note!

Aravind Raj



Lead Essay

By Jyothi Ann Mathew



Vile effects of Violence

Jyothi Ann Mathew is a School Counsellor at the Bethany Academy, Kerala. She completed her Master's in Social Work from Rajagiri College, Kochi, and M.Phil. from NIMHANS.

Recently, a child was referred to me by her class teacher on the request of her father. She seemed to be afraid of everything and had trouble concentrating or sleeping. Talking with her, it soon became clear that she had been greatly affected by the news of the 'sacrificial' murders that had occurred quite close to her house. Although she herself hadn't gone to the place, she had been severely affected by the constant news coverage of the horrific event that included many visuals of places she knew and often travelled through. This incident has provoked me to write this article pertaining to children and violence, particularly that which is encountered within our homes through the news channels on television.

Media and Violence

"Violence, violence, violence... I don't like it, I avoid... But violence likes me, I can't avoid." This iconic dialogue from the Kannada film KGF2 has unfortunately become the sad reality of the times. Violence in films, books and other arts has always been present, and its impact upon the public, especially the youth, has been the subject of study

for decades. Public health is at risk because fictional violence increases aggressiveness and violence in the real world. Young viewers' increased levels of hostility and violence are both short-term and long-term effects of fictitious television and film violence. In addition to this fictional violence, the emergence and prevalence of violent video games have affected many minds across the age groups. Video games are capable of increasing hostility and violence in the short term, while long-term effects are still a matter of research.

Media and Factual Violence

However, with the mushrooming of news channels as well as the massive influence and intricacies of social media networking, violence has now become closer and more unavoidable than ever before. The race for TRPs and the prioritization of social media algorithms have led to the public being greatly exposed to news of violence around us. The fact that many of us are equipped with state-of-the-art camera technology in our mobile phones, and the increasing trend of whipping out these cameras instead lending a helping hand in instances of violence like accidents

and fights, has facilitated the permeation of videos of actual violence. Thus, along with fictional and gaming violence, we now have the unavoidable pervasiveness of factual violence, propagated through mainstream news channels as well as social media platforms, and these are present within the living rooms of our homes and in the palms of our hands. This exposure to the news and video clips of actual violence have started to greatly impact the young generations in various ways.

Violence as Infotainment

Michael A. Milburn and Anne B. McGrail, in their article 'The Dramatic Presentation of News and its Effects on Cognitive Complexity' say because of both fierce competition and the limitations of the medium itself, television news has shifted away from an emphasis on public discourse and toward one on entertainment. Objective presentation of facts and in-depth analysis of issues and trends have been largely replaced by an emphasis on fast-paced, decontextualized mini-dramas. Event-type content is preferred over topic-type content as the former has more drama while also being more tangible and more 'newsworthy'. Networks are often ruled by a policy which places ratings before responsibility.

As a direct consequence News, which has transitioned from being informative into 'infotainment', has led news channels to compete with not just other news channels but also entertainment channels and sites like Netflix, Amazon Prime and Hotstar. This has added tremendous pressure upon these channels to gain and retain viewer attention. News channels, thus, have devoted themselves to present news as entertaining as well as attention-capturing. Even the smallest inconsequential update on a story is marketed as 'Breaking News', and such tidbits are hyped and milked beyond their actual potential.

It is an accepted fact that sex and violence sell. This has been proven time and again by the various 'hit' movies, TV shows and web series, as well as video games. They immediately capture the attention, piquing interest, raising curiosity, and hooking the viewer to continue watching. With news channels going 24x7, there is a constant demand to lure the

viewer, and this is easily done with news dealing with sex and violence. While reporting such news, the act of violence gets highlighted and projected not just within the body of the story but also within its title credits. The more macabre and gruesome the headline, the more the eyeballs watching. Thus, even in stories where violence is not the central issue or is present but of a 'casual' nature, news channels have been known to exaggerate and 'manufacture' stories of brutality to make them 'newsworthy'. Records point to a decline in India's crime rate at least from 2017, and researchers argue that the aggregate levels of violence in India – public and private – have declined in the first two decades of this century compared to the previous two decades. Therefore, it is both interesting and sad that though statistically there has been a decrease in the incidence of crime, yet, the reporting of crime in the news has increased 240% in the last decade. Local news shows often lead with or break into programming to announce crime reports and devote as much as 30% of the broadcast time to detailed crime reporting, often having dedicated primetime slots for such kind of news.

There have also been changes in how news is reported that increase the potential for children to experience negative effects. Television channels and internet sites, which report news 24 hours a day, often broadcast live events as they unfold in 'real time'. This, while limiting



the amount of editorial censorship possible, provides the scope for showing actual gruesome and horrific violence without prior warning in the case of sudden violence. Even in the case of warnings with regard to visual clips of violence, these are often designed to attract our curiosity and not to keep us away. Once a channel gets access to such clips, there is a tendency to provide detailed, extensive and repetitive visual and auditory coverage, albeit with a note of caution for young viewers. Even in instances where there is no actual footage of the violence, news channels have now started to present 'enactments' of a crime, wherein feigning objectivity and clarity, they provide a movie-like experience, highlighting the violence and the macabre.

Effects on Children

There are several commonalities with regard to the effects of violence in general upon children. This article attempts to shed light on some of the issues pertaining to violence that is portrayed and perpetuated through television news and how it affects children.

1. Fear and Paranoia

As with the student referred to me, many children (and adults) are shocked that the gruesome murders have happened in nearby places, places which they frequent often. The proximity of the places and the random selection of most victims have instilled great fear and paranoia among many children. The children tend to be always in a state of 'fight or flight'. This severely disturbs their normal life and behavior.

Though the perpetrators have been apprehended, the fact that they were otherwise 'normal' people, people with whom one wouldn't hesitate to have an innocent conversation or interaction, have increased children's suspicion of not just strangers but also familiar faces. There is a huge trust deficit where those outside the immediate family are viewed with suspicion preventing normal interaction and activity. Common everyday actions, like travelling by public transport, having food with others at school and the like are now done with great anxiety and apprehension.

The fact that the place where the murders had taken place have now become tourist attractions (dark tourism) with people coming from far and wide to view the locations has also added to the paranoia, with many new and unfamiliar faces in the area snooping around. Thus, along with the shock of such factual violence, there has been a steep increase in fear and paranoia among children.

2. Depression and Suicidal Tendencies

Children who are exposed to news of violence in proximity are indirectly placed under great stress and anxiety. While this may or may not be similar to PTSD, they definitely may have the potential to render the child unstable, even leading to suicide. Though there have not been any suicides that have been directly linked to the events of violence referred to here, the increase in fear and paranoia has surely led to an increase in depression and suicidal thoughts and tendencies. This is particularly strong for those children living with just their grandparents or in isolated locations.

But it is not just the murders. More importantly, suicides, those of celebrities or some 'common' person for whom the media has discovered a sensational angle, have a huge influence upon children, especially teenagers. The non-stop media coverage, going into every personal detail of the person, highlighting all the faults with the person or the system, eventually sparks suicidal thoughts.

3. Desensitization and Indifference

Children who witness considerable media violence can also become desensitized — or less shocked by violence, less sensitive to the pain and suffering of others, and less likely to show empathy for victims of violence. Violent media — and specifically violent video games — desensitize children. Many popular games are even similar to modern military training techniques that desensitize soldiers to killing. Lifelike video game violence desensitizes children in the same way, and leads to automaticity — or the learning of a behavior to the point that it becomes reflexive.

When it comes to factual violence, the pervasiveness of such news on television channels and the extended debates and discussions on such events on social media numbs the mind with all the gory details. Thus, crimes and violent acts on a smaller scale have begun to not generate any significant reaction from the 'normal' viewer. This unfortunately translates to the ground situation as well. People are unmoved and unperturbed when witnessing an act of violence. Instead of helping out, many are now inclined to just whip out their cellphones and record the act, or silently watch or just move on.

4. **Aggression and Violence**

Psychologist Albert Bandura is credited with having conducted the first piece of serious research in 1961 linking media violence with childhood aggression. He suggested children learn through modeling — meaning they imitate the actions of others, especially adults. His experiments involved children watching an adult and interacting with a large plastic doll that bounced back when hit or pushed. The children who watched the adults being aggressive with the toy figure were more likely to be aggressive with other children during playtime. Subsequent studies have found preschoolers who watch violent cartoons more likely to hit playmates and to disobey teachers than children exposed to nonviolent shows.

Research also has found associations between childhood exposure to violent media and an array of problems in adulthood. For example, men who were 'heavy viewers' of TV violence as children were twice as likely to physically abuse their spouses, compared to those who watched less violence as children. Research has shown that children and adolescents are prone to imitate what they see and hear in the news, a kind of contagion effect described as 'copycat' events. The rise in violence on women for rejecting romantic advances can be linked to this. Children now tend to get violent with each other, or their parents or elders for trivial reasons. That said, it must nevertheless be understood

that aggressive behavior in children, adolescents, and adults depends on many interacting factors, of which media influences are relatively of lesser importance than constitutional, parental, educational, and other environmental influences.

Dealing with the Effects

1. **Parents**

It is not possible to 'protect' children by avoiding watching news because of its violent content, and keeping them in a bubble. Children have to be exposed to the real world, and this includes the violence in it. Parents should be mindful of the child's age, maturity, developmental level, life experiences, and vulnerabilities, and this should help them discern what the children watch. However, this is possible only to an extent. Exposure happens in surprising and unexpected ways. Nevertheless, the possible negative effects of news can be lessened to a great extent by parents or other adults watching the news along with the child and talking about what has been seen or heard. Parents should create an atmosphere of care and security, at least for the benefit of the child, rather than amp up the fear and horror. The reassurance of the parents is pivotal in this regard, and it should not be felt as mere words, but as truly heartfelt. Parents should also be on the lookout for signs that the news may have triggered fears or anxieties such as trouble sleeping, persistent fears, bedwetting,



crying, or talking about being afraid. It is also highly beneficial to teach the children methods of self-preservation, as this will boost positivity and confidence, while also increasing their level of awareness of their surroundings.

2. **Teachers, Counselors and Social Workers**

Just like the parents, teachers, counselors and social workers have an important role in helping children combat the negative effects of violence in media. Identifying behavioural changes and providing timely intervention and support can go a long way in preventing any drastic effects. Exploring coping mechanisms and resilience strategies through effective problem solving as well as peer group support and safety net measures facilitate children in dealing with violence that manifests in the real world. More importantly, they have to establish themselves as figures of trust and be emotionally available for the children.

3. **Policy Influencers**

With the democratization of news-making made possible through social media platforms and hand-held devices it is hard to control the circulation of factual, enacted, simulated, or fake episodes of violence. However, policy does help in curbing footage to some extent and in lessening

the glamorization of violence by emphasizing – at least as an intellectual position – the need to recognize violence and check its depiction. In the West, for example, even cartoons are subjected to some degree of editing and censorship. In India, there are any number of cartoon shows for children that aim to show the victory of good over evil but do so through mindless acts of violence, with the little kids emerging as heroes. The creation of policies and appointment of watchdogs can help to reduce some of this. Coming to factual violence, policies can be positioned to make it punishable to exceed limits of depiction. Hence, those who are in positions of authority and power have a role to play in safeguarding the mental health of growing children.

This article has barely grazed the surface with regard to factual violence in the media and its effect upon children. The increase in violence around us and the even greater reporting of that violence is the reality of our times, where children are greatly exposed to this at close quarters. It would be a folly to underestimate both the amount of violence that children are exposed to, and its impacts. Rather it demands proper scrutiny, understanding, and management by both parents as well as professionals to mitigate its negative consequences.

Know Your Concepts

Rehabilitation Competency Framework

If rehabilitation is a goal-oriented process that enables persons with impairments reach their optimum functioning through focused and multi-dimensional therapeutic interventions, then Rehabilitation Frameworks provide guidance to the therapeutic team to improve access to quality services on a timely and sustainable basis to deliver consistent and preferred approaches to meet patient and community needs. Key to this process is the use of a common language, so that all the professionals that a person comes in contact with use words whose meanings are the same and thus, clear and not confusing.

***Rehabilitation Competency Framework** is a sub-set of Rehabilitation Frameworks and is a dynamic process aimed at rehabilitation professionals to ensure that they are regularly imbibing new knowledge and skills and adapting to changes in their milieu to ensure that their competency levels are peaking at all times.*

Source : Psychopedia

A Transman's Journey

By Anuradha Rao and Ayaan Rao

Anuradha Rao is in her third decade of working for the corporate sector in the field of Human Resources Development. She has also recently enrolled to do a Masters Degree in Psychology through correspondence. It is her passion and goal to create a strong support system for families of the Pride Community. She shares the authorship of this article for Psychosocial Matters with her son, Ayaan Rao.

Ayaan Rao has a Bachelor of Science Degree in Photography. A transman and a recent entrant to the corporate workforce, he holds a job in the Diversity-Equity-Inclusion (DEI) Sector at a private company where his skills in photography are also being put to good use.

Ayaan : When all is said and done, it has been good sailing so far. It would be too much to call it smooth sailing. I have experienced many downs, many troughs, some so deep as to make me feel I would never climb back up. I have engaged in self-harm; I have felt suicidal; dysphoria and depression have been a part of my life. But on the balance, I cannot deny that I never felt rejected by my family, never felt threatened or humiliated or disrespected by those closest to me, and now I feel that the worst is behind me. I have an education, a job, a support system. The combination is empowering. I feel strong.

I will soon be 28 years old. Going by biological sex, I was born a girl but in my earliest conscious memories – maybe when I was as young as 2 or 3 years old – I felt different. I didn't like the clothes I was wearing, I didn't like the games girls played. And I recollect even from then that I hated being referred to as a girl. As a young kid, when I ran off to play with boys, the



adults around me indulgently called me a tomboy, but I was no tomboy. I was A BOY!

All through school and college I was identified by the sex that was assigned to me at birth, i.e. female. I must have been around 11 or 12 when I started to feel really uncomfortable about everything that I was expected to fit in with. I hated my biological form and I felt so dysphoric during every cycle of menstruation. I did not like my school clothes. School was altogether a traumatic phase but one of my worst days was when my school insisted on my having to wear a sari on Graduation Day. I cried a lot. My College Management was a lot more understanding and I was allowed to wear a suit like the other boys when I graduated my B.Sc. Degree.

As a child I grew up in the same house with parents and grandparents. I was around 12 when we moved into a separate apartment. If, by then, my grandparents had noticed my difficulties, they said nothing directly to me. It was left to my parents to accompany me on my journey, every step of the way. I have no doubt that it was very hard on them, especially my mother. I know she has experienced her share of depression, anger, frustration, helplessness, and loneliness as well. But through all of that, she prioritised my feelings above everything else. Here I have to say that it's not as if my father did not help; he did too. He has been a very supportive parent, just not a very communicative one.

For anyone who is transitioning from one sex to another, there are medical procedures and psychological needs. The medical procedures include infusion of hormones, and preference-based surgeries that involve major structural changes, both to remove organs and to reconstruct organs. Hormone replacement therapy is the first step in transition and it is reversible. Surgery, on the other hand, is a more drastic intervention since it is irreversible, invasive, and expensive. In my case, I was in college when I started with infusion of testosterone, and had graduated college by the time I went in for mastectomy. At a gut level, I knew I was on the right path for me. But still, it did help to read up on the

details of these invasive procedures and it definitely helped to talk to others who had been through the same processes.

Since yours is a Newsletter for mental health professionals, let me dwell a little bit on this aspect. The mental stress for people in the queer community begins very early in life and from then on, it only keeps growing. If you are not strong and do not assert yourself, others will take control and start pushing you into increasingly more stressful states of mind. In the beginning, the family is a bit nervous about you and hopes that this is 'only a phase that will go away'. In my case, when they realised it was not something that would 'go away', my family connected me with professional help. Unfortunately, professionals who are not LGBTQ+ friendly and/or lack awareness also try to joke and tell you it's only a phase. The first psychiatrist I saw prescribed anti-depressants that only ended by making me feel much worse than before. I never went back there. Later I saw a psychologist who was kind but not particularly helpful. You say that yours is a group of professionals known as Psychiatric Social Workers. I'm hearing this title for the first time. Nowhere was I referred to a PSW. In any transitioning process such as mine, there are certain mandated roles for a psychiatrist and a psychologist. Without their reports, transitioning therapies will not be taken up. But no one mentioned the need for contacting any PSW.

Overall, mental health support is apparently now available even in district hospitals at affordable cost but in my own case, it was not until my mother introduced me to a counsellor experienced in working with queer communities that I felt any kind of benefit. In general, counsellors either try to change your mind in the direction of traditional conformity or don't know what to say or do. It is only now that I have a very good person that I can talk to whenever I feel the need. Until then, my best helpers and guides have been my own peers.

I want to end by saying two things. One is something my kid brother – who is 6 years younger than I am – said to me. In a situation where families can be

embarrassed and wish you to be invisible, my brother said, "You are my sibling and you will always be my sibling. Words don't matter. This fact is all that matters".

The second thing is that although Article 377 decriminalises homosexuality and has nothing to do with transitioning as such (a transman need not be homosexual), it has definitely helped transmen and transwomen by raising awareness about the queer community as a whole. So, whether one connects with the police or with health professionals, the difficulties of explaining are much less. My Aadhar Card, my Driver's Licence...I have not had much difficulty in changing them. People have been curious but they have not been disrespectful. For now, that is a huge step forward not just for me but, in a way, for our society as a whole.

Anuradha : It's all my fault, it's all my fault, it's all my fault – I must have said this to myself a thousand times, consumed as I was with guilt when I first realised with absolute certainty that my daughter was determined to be acknowledged as his true inner self – a son.

As a young woman I was not a pushover and so my marriage was of my own choice. My husband and I lived with his parents for more than a decade after marriage. My in-laws were good people. When I was pregnant with Ayaan the people around me kept on saying I'd have a son, a son, a son; my first born would be a boy and only a boy. And so, when I went to hospital for the delivery, I could not believe my ears when I was told I had birthed a girl. "No, are you sure? It has to be a boy!" But Ayaan was not yet Ayaan; he was born a girl.

A girl. I was surprised but not unhappy at all about the sex of my newborn child. Unfortunately, I went into post partum depression. At that time, it was not diagnosed; it's only now, in hindsight, that I figured it out. I was living in a joint family and did not want a fuss. They would not have understood it in any case, my feeling depressed and wanting to cry all the time.

I asked for no professional help and got none. I dealt with it on my own. This was not the time when I felt guilty. That came later, when I realised that my child was different.

The difference was apparent quite early, especially when it came to clothes and with being referred to as a girl. Guilt engulfed me when I knew this was not any passing phase. Meanwhile, my husband and I went through some professional difficulties. My in-laws were very understanding and told us not to worry but although we were not poor, we were not rolling in money either, and we did need to work. Luckily, we found good jobs some time later. Meanwhile, our second son was born. So, there was a child that was different and depressed, a smaller baby, financial pressures, and my own overwhelming sense of guilt and sadness. My thoughts predominantly revolved around, 'Was it me? Had I caused this change in my older kid? As a mother bearing and nurturing a baby within me, did my thoughts then that the foetus was a boy and not a girl, and my talking to the baby inside me those 9 months as if he were a boy somehow influence or wire my daughter in some way to be Ayaan? Was it all my doing?'

As Ayaan entered adolescence and was ever more pressured, I realised that a huge part of the problem was not my child but the people in my milieu – my parents, my in-laws, other relatives, friends, neighbours, colleagues – so many people curious and questioning and concerned and pressuring me to take control and 'do something'. I thought a lot about it. It was then that I decided that if there was just one thing I had to do, it was to do everything possible to protect my child from any form of hurt. My child and my child's mental health became my top priority. If Ayaan is able to say today that he did not experience any major hurt or disrespect from anyone, I can take some part of the credit for it because I tried to be a buffer for him at all times. It takes a huge emotional and mental toll to be a buffer but that was my choice as a mother. Around this time, it helped enormously that I found a job with a company that was heavily into Diversity-Equity-Inclusion that connected so well with my needs!

As I thought through how I could go about nurturing my child's identity, it came to me that I would not ask for acceptance. Acceptance is something that has to come from within oneself; it is not something that can come in response to demand. Instead, I would promote awareness. Hopefully, awareness would lead to understanding and understanding would eventually lead to acknowledgement and acceptance. So I started talking about gender identity and the Pride community and transitioning. With Ayaan's processes of transitioning, my own knowledge and understanding improved.

To give credit where it is due, I spoke about Ayaan with our immediate family and they were quick to accept him. When we were invited out – especially to family functions – I would check if people would be comfortable with Ayaan and all his cousins said he was their cousin no matter what, and no function

would be complete without him. At college he had an understanding circle of classmates and teachers. So, through his own depressive cycles and mine, we survived and got stronger and started to smile more and more.

Let me not gloss over the fact that I experienced depression, helplessness, frustration, loneliness, and thoughts of self-harm. I looked around for support groups and did not find any that I could comfortably connect with. I recently enrolled for a Master's Degree in Psychology to understand human nature better and to become my own improved source of support. After I graduate, I plan to do everything in my power to create support systems for families of the Pride community, particularly families that have trans boys and girls. No parent, and especially, no Mother, has to go through what I have...alone.



The results of a public hearing on voices from the queer community

On April 1, 2023 a closed door public hearing was held to listen to voices from the queer community. This hearing was organised jointly by the PUCL (People's Union for Civil Liberties) and the National Network of LBI Women and Trans Persons. It was focused on violence in the lives of non Cis-Het people, and the timing was of particular relevance since the issue of marriage equality is being vigorously debated in our country today, although, at the time of writing this article for *Psychosocial Matters*, the Supreme Court has clarified that it is not a maker of law and hence, cannot interpret matters without legislative backing. On the other hand, the Supreme Court has taken cognisance of positions that discriminate against the queer community and has appealed to the State – with or without the backing of law – to make it possible for non Cis-Het people to enjoy all the rights that the Cis-Het community takes for granted.

This short piece is an attempt to present the core of the hearing to our Psychiatric Social Work Professionals who ought to be joining issue from all sides to support the basic human rights of all citizens of our country. Where are we in this debate?

31 people spoke before a panel of 8 eminent persons. The full report is available in public domain from where details of the Panel as well as the Testimony-givers can be obtained. Since ours is not an academic journal, we will not spend time here on methodology, processes, sample selection, and other such issues. From a reading of the report it is clear that both in the constitution of the panel and in the group representing the queer community, distinction and diversity have both been taken into account. Nevertheless, just a few details of the testifiers have been included in this summary for ready reference (see boxes). Invitees had the option to either speak to the panellists in private or in the presence of others, and it is interesting that with the exception of a few, the majority chose to speak more publicly, thus (perhaps) making it an enriched and enriching facilitated Focus Group Discussion (the Report does not use the words FGD to describe the process).



Gender identity :

• Transmen	: 16
• Transwoman	: 01
• CIS Women	: 10
• Non-binary	: 03
• Genderfluid	: 01

Place of origin :

• North India	: 10
• East India	: 07
• West India	: 05
• South India	: 08
• N.East India	: 01

Religious identity :

• Hindu	: 23
• Muslim	: 05
• Jain	: 01
• Christian	: 01
• Not known	: 01

As far as the general understanding of violence goes, the Report has no surprises. A cry from the hearts of many makes up the title of the Report : ***Apnon ka Bahut Lagta Hai***, or **Our Own Hurt Us The Most**. Those of us who have had the chance to connect with the queer community know that maximum hurt comes from those who ought not to cause any hurt at all. In fact, this is the main reason why this source of hurt is viewed as maximum, because it is the case of the fence whose job is to protect becoming the main source of attack on what is entrusted to its care.

The Report is arranged in categories and Violence, as expressed by the participants, takes the predictable forms of :

- Physical Violence, ranging from threats to life to sexual violence to abuse of various kinds to hurt the body, with the main intention of exercising control over the person by using the ability to hurt both as a threat and as a punishment tool
- Confinement of various kinds such as kidnapping, abduction, and house arrest with the main intention of isolating the individual from any support system they might have
- Forced marriage, as an extension of corrective rape on the one hand and confinement within a system of supervised housework and child rearing on the other
- Deprivations of various kinds such as stopping education, stopping work, denying entertainment and the company of friends, with the same basic purpose as confinement
- Mental and emotional abuse, both as an inescapable part of other forms of violence as well as hurtful in its own self such as when a person's movements are spied upon all the time, or when the person is asked to "remain invisible while we have guests at home", and so on. All these forms of abuse stem from a fundamental fact that the queer person's identity just isn't real to the abusive family. There is a refusal to accept it.

So far so bad but along expected lines. The surprises spring out when the report moves from looking at individuals and their home-level experiences to looking at support, or the lack of it, from the larger community including, and especially, the State.

The Report starts at the very beginning by wondering **whether adult citizens in this country have a say**

in forming their intimacies. It answers by pointing out that let alone the queer community, there have been efforts to control even Cis-Het adults. To give an example, the State itself both overtly and tacitly has been supporting stoppage of inter-religious marriages through both lawful and unlawful means. In support of 'sanskar' that is plentifully brought into the picture, one of the most telling statements in this 184-page Report occurs on page 11 itself: One, **there is a consistent effort to undervalue the rights of individuals and the choices they make**, and two, **there is consistent support to strengthen the rights of and controls exercised by parents and guardians** (the elders, the custodians of 'sanskar'). This is the lived experience of many of us but it still manages to shock when it is expressed in black and white. It is worth noting that in the context of queer community rights, all religions agree with this 'sanskar' approach.

The second shock is when we are again confronted in black and white with the fact that institutions that are created to help protect citizens and assure them their rights, also tow the sanskari line and favour the 'listen to your elders' and 'your life is so wrong, you have to change it' approach. This includes, on priority, the police as well as the healthcare system, both of whom victims of queer abuse frequently come in touch with, either with hope or under threat. In this process they fall from the frying pan into the fire. Police, as a default response, tend to side with families. Not only do they fail to follow the law, they even misuse law unless monitored by Courts. Sadly, psychiatrists, psychologists, and even psychiatric social workers regard non Cis-Het people as pathological and in need of rescuing. Premier mental health institutions in the country that should lead activism from the front are content to stay on the fringes, offering not much more than their 'expert technical opinions' only when asked to do so (not said in the Report).

In India, it turns out that only the Courts are willing to stick their necks out and speak in favour of the queer community but in the absence of laws that support, there is little they can do more than trying to make the State and the public feel ashamed of themselves

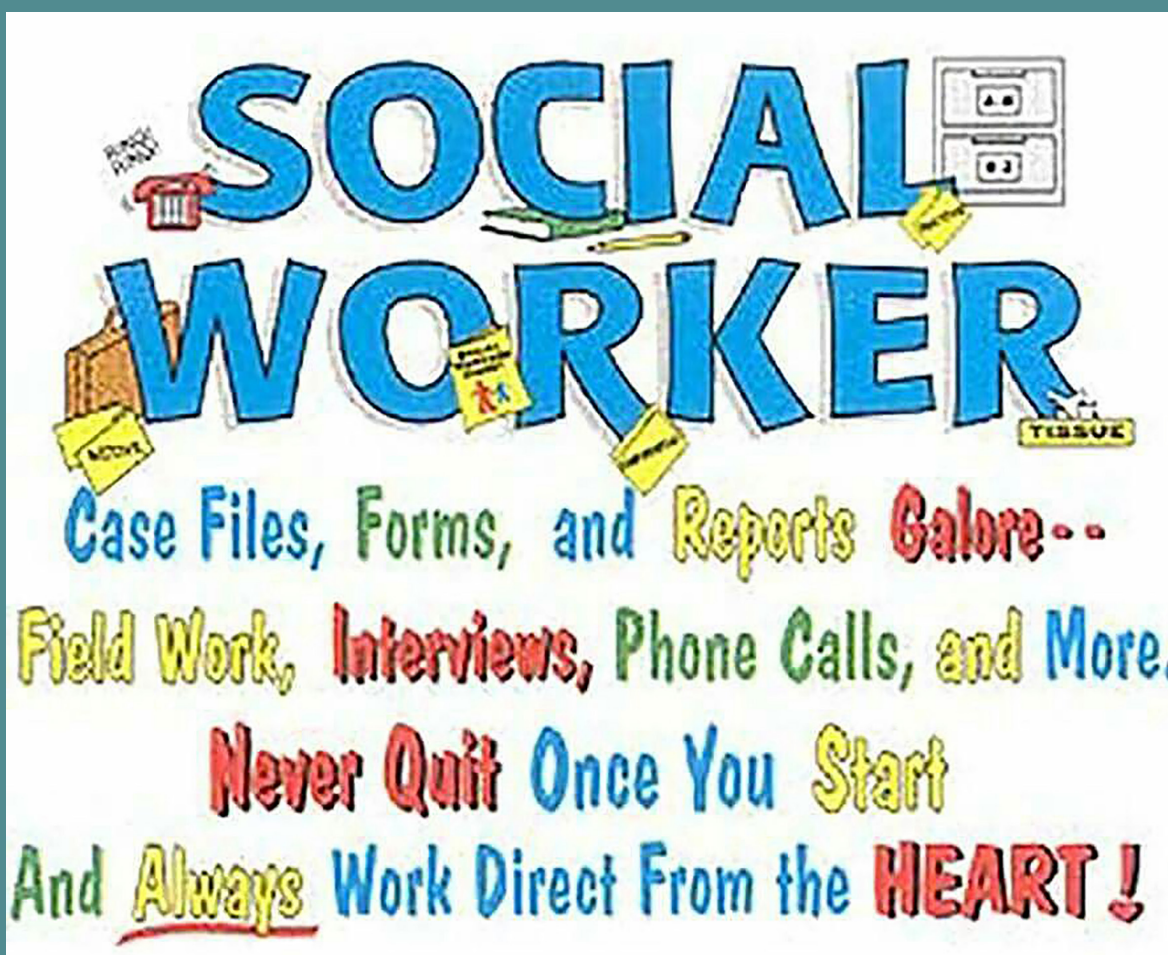
for letting the queer community down all the time. This does not yield the desired results in a society where traditional notions of morality triumph over human rights.

The Report goes on to record how the queer community is left to fend for itself, and the means that individuals use to protect themselves, deal with their circumstances, and push boundaries to heal and to assert themselves. Survival hinges on negotiations, migrating out of their milieu, and finding support systems outside of official frameworks.

The final segment of the Report has recommendations for Law and Policy, mainly asking for rights to be respected. Amongst other things this includes the

right to redefine family, the right to exit the natal family, the right to marry, the right to recovery of essential documents, the right to protection from State Agencies, and the need for stakeholder sensitization.

The Report has implications for mental health professions, specifically, Psychiatric Social Work. Psychiatric Social Work training has to encompass queer focussed information and interventions. Social justice, human rights, collective responsibility and respect being the core philosophical basis for social work practice, Psychiatric Social Work professionals should go beyond the clinical framework and work towards inclusivity and support for the queer community.



*Dying to say something relevant to psychosocial care?
Say it here! Write for the APSWP Newsletter!*