CHAPTER SIX

RECOMMENDATIONS AND SUGGESTIONS

6.0.0. Introduction

“It's easy to fictionalize an issue when you're not aware of the many ways in which you are privileged by it.”

—Kate Bornstein

Many transgender delay necessary care and are subjected to ignorance, prejudice, discrimination, hostility and even violence in the settings meant to support their successful aging. Policies and programs meant to support older people and other vulnerable population’s often present significant barriers for transgender people, while initiatives that could address many of the disparities and challenges they are neglected or underfunded.

Moreover, transgender came of age during decades when transgender people were heavily stigmatized and pathologized. Some came out and made gender transitions during these years, while many others kept their identities hidden for decades and are now coming out and transitioning later in life. Many challenges facing transgender are common to the broader older lesbian, gay, bisexual and transgender (LGBT) population, but some are different. With a growing older transgender population, there is an urgent need to understand the challenges that can threaten financial security, health and overall well-being.
6.1.0. Evolution of Transgender Rights In India

In India, there are approximately one million transgender people. Hijras—physiological males who take on a feminine gender identity—comprise one segment of the transgender population. On the one hand, hijras are called upon to offer special blessings during auspicious occasions like weddings and birth ceremonies. The rest of the time, they are not only ignored but are often ostracized from society. Discrimination has prevented most hijras from obtaining decent education, jobs and housing. The majority of transgender Indians live in slums and, with limited job opportunities, resort to sex work or begging. Many are HIV-positive. Though some transgender Indians receive funding for HIV-prevention, most are excluded from receiving basic support for their livelihoods because they are typecast as a “high risk” population. (http://ajws.org)

While transgender Indians continue to face discrimination, they have also made significant social and legal gains. In July 2009, the Delhi High Court decriminalized “gay sex,” and in November, transgender people won the right to be listed as “other” rather than “male” or “female” on electoral rolls and voter identity cards. Even more recently, in October 2010, the Karnataka state government approved that transgender citizens become eligible for government seed funding to start self-employment ventures—a change catalyzed by AJWS’s (American Jewish World Service) guarantee, the Salaam Initiative. (www.ajws.org)
6.2.0. Organizations for Transgender Supported By American Jewish World Service (AJWS)

AJWS supports several organizations in India that are working to secure and advance human rights for transgender people and other sexual minorities:

6.2.1. The Salaam Initiative

It is founded in 2007, addresses human rights violations against sexual minorities, sex workers, people living with HIV/AIDS and dalits. It works to counter police and criminal gang violence, family violence, and social stigma, while also advocating for sexual minorities’ access to healthcare, housing and employment. (www.ajws.org)

6.2.2. Santi Seva

Santi Seva facilitates and enhances effective participation in the fight against HIV/AIDS through advocacy, networking, research, capacity building, and treatment services. The organization runs a support group for male-to-female transgender communities and offers informal education and vocational training to transgender populations. (www.ajws.org)

6.2.3. Parcham

Parcham, an organization of sex workers and their families, fights against the criminalization and stigmatization of sex workers and advocates for the extension of government social service programs to India’s red light districts—areas that are traditionally ignored by government departments. The organization’s project “Livelihood Rights for Sex Workers” forms community-based committees of sex
workers and their families in 25 red-light districts in southern Bihar and advocates for the extension of government social service programs. (www.ajws.org)

6.3.0. Tamil Nadu Aravanigal (Transgender women) Welfare Board: A landmark initiative

In a pioneering effort to address the issues faced by transgender people, the government of Tamil Nadu (a state in South India) established a transgender welfare board in April 2008. It is the first of its kind by any state government in India. Social Welfare minister serves as the president of the board. This effort is touted to be the first in India and even in the whole Asia-pacific region. The board would potentially address a variety of concerns of transgender people that includes education, income generation and other social security measures. As a first step, the board has conducted the enumeration of Transgender populations in all 32 districts of Tamil Nadu and in some places identity cards - with the gender identity mentioned as “Aravani” - are being issued. The government has also started issuing ration cards (for buying food and other items from government-run fair-price shops) for transgender people. In addition, Tamil Nadu government issued a government order in May 2008 to enroll transgender people in government educational institutions and to explicitly include 'other' or 'third gender' category in the admission forms. Furthermore, only in the state of Tamil Nadu, in collaboration with the Tamil Nadu Aravanigal Welfare Board, free sex reassignment surgery is performed for Hijras/TG in select government hospitals.
6.4.0. Different Rights and Acts of Transgender

6.4.1. Sex Discrimination Act (1975) and Sex Discrimination (Gender Reassignment) Regulations (1999)

The 1975 Act protects men and women from discrimination and harassment on the grounds of gender in relation to employment, training, education, goods and services, public functions and in housing. The Act did not provide protection against discrimination for transsexual people. However, in the case of P v S and Cornwall County Council 1997 [IRLR] 347 the European Court of Justice found that discrimination against a trans person fell within the prohibition of sex discrimination in European law. Consequently, the Sex Discrimination (Gender Reassignment) Regulations (1999) amended the 1975 Act to expressly extend protection to transsexual people. (Mitchell, 2009)

However, it has been argued that the Act’s protection is limited because it only covers those who intend to undergo, are undergoing or have undergone gender reassignment.

The Act defines gender reassignments as: ‘a process which is undertaken under medical supervision for the purpose of reassigning a person’s sex by changing physiological or other characteristics of sex, and includes any part of such a process’. Therefore, there is no protection for trans people who do not intend to undergo a process to reassign their gender under medical supervision. This may be due to the fact that they cannot live full time in their acquired gender for social/work reasons or because of their age or a health condition. Nor does it provide protection to those who do not have gender dysphoria, but who nevertheless experience discrimination and harassment on grounds of their perceived gender identity. Like the sex discrimination provisions, the Regulations also permitted discrimination in employment on the
ground of gender reassignment in certain specified circumstances, providing particular requirements are met. (Mitchell, 2009)

The EOC supported the legal case of *Lalor et al v Gawthorpe* (the ‘Red Lion’ case), a case in which six women claimed that the proprietor refused to serve them because they were trans, in order to test whether protection against gender reassignment discrimination extended to other areas of the Sex Discrimination Act beyond employment, under the general prohibition on sex discrimination. The EOC argued that the Sex Discrimination Act already prohibited discrimination on grounds of gender reassignment in the provision of goods, facilities and services such as education and housing, as well as employment, on the basis of *P v S*. However, the case was not successful and the protection in goods, facilities and services was not extended on the basis of gender identity at that time. This meant that trans people were protected in employment and vocational training, but had no rights outside of that until the Goods and Services Directive (2004).

**6.4.2. Gender Recognition Act (2004) (GRA)**

The GRA is possibly the most important legislation of recent years to extend the rights of trans people. The Act gives transsexual people legal recognition in English, Welsh and Scottish via law as members of the sex appropriate to their gender (male or female) allowing them to acquire a new birth certificate, according them full recognition of their acquired gender in law for all purposes, including marriage. It also included measures to protect trans people’s right to privacy about their birth status and current identity (Whittle, 2005). It arose partly from a European Court of Human Rights ruling that the UK’s failure to legally recognize a post-operative MtF transsexual person’s gender reassignment constituted a violation of their right to marry and their right to privacy (Joshi, 2004). However, the GRA allows both rights
of privacy and marriage to those who live in their acquired gender for two years and annul any existing marriage or civil partnership. This therefore fails to satisfy the privacy rights of those in the two-year waiting period, those remaining in existing legal relationships and those who do not undergo treatment. (Mitchell, 2009)

The GRA requires applicants to have been living in their new identity for at least two years and to have medical support before a certificate is issued. People present evidence to a ‘Gender Recognition Panel’, which considers their case and may issue a ‘Gender Recognition Certificate (GRC)’. They do not necessarily have to have had gender reassignment surgery.

The Gender Recognition Act allows transsexual people to marry or become civil partners, although Schedule 2 of this Act creates dilemmas for trans people and their partners who wish to remain married in a same sex partnership. Currently, if an individual applying for a gender recognition certificate is married, since their acquired gender means that they are now in a same sex relationship, they must first divorce their married spouse and then register as civil partners before a GRC will be granted. This can create a number of serious issues for both the trans and non-trans partners in the relationship. Civil partnership is not viewed as fully equal with marriage by some in that same sex couples cannot legally be married in a religious ceremony. Some trans people have therefore been reluctant to apply for a GRC because they do not feel morally able to divorce their partners, or annul their marriage and register for a civil partnership. Further, divorce/annulment is the breaking of a relationship and legal contract which neither partner may wish to break. The couple may not themselves identify as a same sex couple in sexual orientation terms, since their relationship was founded on the basis of the trans person’s previous gender. There may also be
financial penalties in registering as a civil partnership, through the loss of pension for example. (Mitchell, 2009)

The GRA has attracted much academic and political debate (Reid, 2005; Jeffreys, 2008; Whittle and Turner, 2007), some of which has been criticized it for not going far enough to protect trans people. Tirohl (2007) criticizes the GRA for not according to cross-dressers the same rights as transsexual people. It has been observed that cross-dressers ‘can expect little legal protection through statutory provision and are adversely affected by the outcomes of case law on dress codes at work’ (Tirohl, 2007, p. 277). Similarly, Whittle *et al* (2007) argue that the definition of those to whom the Act applies is too narrow. The authors also suggest that the GRA has been misunderstood by many organizations and cite cases where transsexual people have been required to produce a Gender Recognition Certificate where none is required. The GRA has resulted in what is effectively a hierarchy of rights of trans people. Legally, in descending order of rights there are:

• those with a GRC

• those without GRCs but living in their acquired gender

• those not living in the acquired gender.

The most advantageous legal position for a trans person to be is to have a GRC. Those not living in their acquired gender have fewest rights. Despite the GRA, privacy for trans people is not comprehensive. Those with a GRC are usually forced to disclose their situation to their employers. This involves sacrificing the privacy promised by gender recognition in order to obtain it. And those without a GRC have been informed that their employer’s records and tax forms, which people use as a public proof of income for example, must bear not only their birth sex but the title appropriate to their birth sex.

In 2004 the European Commission introduced the Goods and Services Directive 2004/113, which provides protection against discrimination and harassment on grounds of gender reassignment in goods, facilities and services (GFS). The Directive implements the principle of equal treatment between men and women in the access to and supply of goods and services and, because of P v S, these provisions apply equally to gender reassignment discrimination and harassment in GFS. The Directive was implemented into UK domestic legislation by the Sex Discrimination (Amendment of Legislation) Regulations 2008. (The UK was late in implementing the Directive’s requirements as it should have introduced them by 21 December 2007.) As there is now an explicit prohibition on gender reassignment harassment and discrimination in the SDA, the Gender Equality Duty now also applies to such discrimination in the provision of goods and services (prior to April 2008, when these changes were introduced, the Gender Equality Duty only placed a statutory duty on public authorities to have due regard to the need to eliminate discrimination and harassment on grounds of gender reassignment in employment and vocational training) (Mitchell, 2009).

6.4.4. Gender Equality Duty

As stated above, the Gender Equality Duty places an obligation on public bodies to have due regard to the need to eliminate unlawful discrimination and harassment, including gender reassignment discrimination and harassment, and to promote equality of opportunity between women and men. It applies to transsexual people with respect to employment and vocational training and in the context of goods, facilities and services. Although trans men and women will benefit from the
general requirement to promote equality of opportunity between men and women, there is currently no equivalent duty to promote equality of opportunity for those intending to undergo, undergoing or who have undergone gender reassignment. This omission was a political decision when the gender duty was introduced in the Equality Act 2006, but is likely to be addressed in the forthcoming Equality Bill. (Mitchell, 2009)


This Act gave same sex couples the right to be joined in civil partnerships, according to them virtually the same legal rights as married heterosexual people. Trans people with partners of the same legal gender may also take advantage of these rights. However, there are a number of problems that arise from the inequalities that still exist between heterosexual marriage and same sex civil partnerships. For example, people in civil partnerships do not enjoy the same level of benefits as widows and widowers to survivor pensions.

6.4.6. Federal Marriage Amendment

The Federal Marriage Amendment, or FMA, as currently written (S.J. Res 30), says the following:

    Marriage in the United States shall consist only of the union of a man and a woman. Neither this Constitution, nor the constitution of any State, shall be construed to require that marriage or the legal incidents thereof be conferred upon any union other than the union of a man and a woman. A previous version (H.J. Res 56 in the House of Representatives and S.J. Res. 26 in the Senate) with slightly different wording was replaced on March 22 with the wording above. An identical resolution is expected to be introduced in the House of Representatives shortly. It is clear that the
amendment’s sponsors intend to block not only marriage, but also civil unions and domestic partner benefits. (transexuality.org).

6.5.0. Other legislation for Transgender

The legislation discussed above emerged from the literature as the key measures which have promoted trans equality in law. However, other acts may also impact upon their rights. For example, Whittle et al (2007) note that the Employment Equality (Sexual Discrimination) Regulations 2005 prohibit employers from creating a hostile environment for trans people. They also discuss the Disability Discrimination Act (1995) vis-à-vis transsexual people qualifying to be classified as disabled. However, they suggest that at present the legislation does not clarify whether transsexual people will receive such protection. (Mitchell, 2009)

6.5.1. Future legislation

The Government is in the process of passing a Single Equality Act (SEA) to replace other equality legislation and to address any inconsistencies. Following on from the work of the EOC on the Discrimination Law Review, the Equality and Human Rights Commission (2008b) made several submissions to the Single Equality Bill (SEB) relating to trans. They included:

• Amending the definition of ‘gender reassignment’, including perceived gender identity.
• Introducing a prohibition on discrimination/harassment in education.
• Including trans expressly in the Public Sector Duties.
• Including prohibition from indirect gender reassignment discrimination.
• Including prohibition on discrimination against those who are associated with trans people.
• Including prohibition on discrimination and harassment on grounds of gender reassignment in public functions. (Mitchell, 2009)

6.5.2. Policy

Very few examples of national level specific policy statements for trans people by major public bodies were identified. An exception to this was the statement provided by the EOC, which called on the Equality and Human Rights Commission to ensure that in 10 years time (from 2007).

• Discrimination, harassment and stereotyping of trans people has reduced significantly and is on course to be eliminated.

• Trans people have equal protection under the law to other men and women and the legal definitions cover everyone who identifies as trans.

• Public policies and services, including health and education, are meeting the needs of trans people.

• Trans people enjoy the same level of respect as other men and women, and employers and service providers have a good understanding of their concerns. In addition, the EOC launched the Gender Agenda in June 2007, which was designed to leave a strong gender legacy for the Equality and Human Rights Commission. It highlighted the major areas of gender inequality that the EOC wished to see action being taken on, calling for a range of long-term changes for all men and women, including trans men and women, such as: reducing the income gap, better support for families, justice and safety, public policy and services with gender differences understood and catered for, and more equal power for men and women in public life. (Mitchell, 2009)
However, it also recognized that trans people may suffer from other forms of inequality and discrimination that are not fully captured by these areas. In this respect further, specific goals were created, including:

- Equal protection under the law to other men and women.
- Extension of legal protection to cover the wider group of trans people, as well as transsexual people.
- Access to timely, non-discriminatory and adequate free healthcare provision.
- Enjoyment of increased visibility with respect.
- Increased awareness of trans issues.
- Demonstrated decrease in stereotyping and discriminatory behavior, with the elimination of transphobic harassment and hate crime.

These policy statements provide a useful backdrop to the current work being undertaken by the Commission and the information and evidence needs for the Commission and for other people campaigning for trans equality.

6.6.0. Protections in the Discrimination Act for Transsexual People

6.6.1. Victimization

People have the right not to be treated less favorably compared to others because they have acted in good faith to assert their rights under the Sex Discrimination Act. You will have a victimization claim if your employer treats you less favorably than another employee because you have complained about discrimination on gender reassignment grounds; for example if your employer dismisses you or does not promote you because of your complaint.
6.6.2. Discrimination in vocational training

There must be no unlawful discrimination against transsexual people who apply for vocational training provided by employers or training organizations, including the Training and Enterprise Councils and their suppliers. There must be no unlawful discrimination against you by such bodies in terminating your training. This means equal access to training on equal terms - and an equal chance to complete it. (www.equalityhumanrights.com)

6.6.3. Employer and Employee Liability

Employers can be held responsible for discriminatory acts by their employees, unless the employer can show that he or she had taken such steps as were reasonably practical, to stop the employee from doing the particular act or acts of that kind.

Employees remain individually liable for their own discriminatory acts, even where the organization is also potentially liable.

6.6.4. Rights under the Gender Equality Duty

The Equality Act 2006 introduced the Gender Equality Duty, which places an obligation on public bodies to pay due regard to the need to address and eliminate the unlawful discrimination and harassment of transsexual people in employment, related fields and vocational training (including further and higher education) and in the provision of goods, facilities and services.

The definition of 'transsexual' used in the gender equality duty is the same as that in the SDA, but it is recommended as good practice that public bodies apply any
provisions for transsexual people to those who define as transgender as well. (www.equalityhumanrights.com)

6.7.0. Human Rights law

In some cases trans people may feel their human rights are not being upheld.

6.7.1. GENDER RECOGNITION ACT (2004)

The Gender Recognition Act (GRA) was passed by UK Parliament in 2004 and came into force in April 2005. It represents a massive milestone in supporting the transgender community. The Act allows UK citizens, or immigrants with approved status, to seek full legal recognition and a Gender Recognition Certificate.

As well as the enormous emotional and social significance, obtaining a Gender Recognition Certificate has important implications for transsexual individuals in the workplace, such as personal pension and financial repercussions, and in their relationships and civil partnerships. (transgenderexplored.com/legal.htm)

6.7.2. GENDER RECOGNITION CERTIFICATE

The following requirements are necessary in order to obtain a Gender Recognition Certificate (GRC). Individuals must (at the time of application):

1. Be 18 years old or more.

2. Have a formal diagnosis of gender dysphoria.

3. Have lived in gender role for 2 years.

4. Intend to continue living in role permanently.

5. Not be married or in civil partnership. (transgenderexplored.com/legal.htm)
6.7.3. Advantages of a Gender Recognition Certificate

There are numerous advantages of obtaining a Gender Recognition Certificate, some of which include:-

1. Being able to obtain a new birth certificate with the correct name and gender.

2. Being legally recognized as the correct gender.

3. A legal framework to enforce protections against discrimination, parental rights and employment restrictions, such as retirement plans and personal pensions. ([transgenderexplored.com/legal.htm](transgenderexplored.com/legal.htm))

6.7.4. CHANGING NAME AND IMPORTANT DOCUMENTS

The change of name and legal documents is an important part of the Real Life Experience. There is no need for surgery of any kind for this to take place. There are several ways to change a name legally:-

1. To Marry.

   Only transsexuals with a Gender Recognition Certificate can marry someone of the opposite sex.

2. Change of Name by Deed Poll.

   This is a legal process that requires a solicitor (and therefore a significant financial expense). A Deed Poll provides documents showing the new name and a legal binding to that new name. It needs to be executed by a solicitor and is enrolled at the Filing Department. There is a Deed Poll Online Service available, click on the green link to be directed to the site.
3. Statutory Declaration of Change of Name.

This is a slightly different process that involves a statement of declaration being written by the individual and then witnessed by a solicitor (for a small fee) or at a Magistrate's court. The statutory declaration needs to include a letter from your local doctor or consultant psychiatrist with a copy of your birth certificate. This method is used less and less now, largely due to the developments following the Gender Recognition Act (2004) and the ease of obtaining a Gender Recognition Certificate. (transgenderexplored.com/legal.htm)

6.7.5. Important Documents

There are several important documents that need to be updated which needs the individual to inform the following people and organizations:-

1. Your employer, the Inland Revenue and the Department of Social Security.

2. If you own a property, you need to inform the Land Registry (and Mortgage Lender).

3. Electoral Register.


5. Driving Licence and Motor Insurance Company (remember that your insurance may be invalid if your name is not changed on the policy).

6. Your local doctor and medical services.

7. Council Tax and Utility companies.
8. Passport change involves sending the old passport, with a copy of the relevant paperwork and a covering letter. In the cover letter it is vital that you remember to state that you will permanently be living in the gender role, otherwise they will be reluctant to change the gender on the passport.

9. Bank and Credit Cards.

10. Health and Life Insurance policies. It is possible that your insurance will be invalidated if the policies are not updated with the new name and gender. (transgenderexplored.com/legal.htm)

6.8.0. COUNSELLING PERSPECTIVES FOR TRANSGENDER

The role of competent counselors to counsel the transgender will be as follows:

A. Human Growth and Development

Competent counselors will:

• A. 1. Affirm that all persons have the potential to live full functioning and emotionally healthy lives throughout their lifespan while embracing the full spectrum of gender identity expression, gender presentation, and gender diversity beyond the male-female binary.

• A. 2. Notice that respective developmental periods throughout the lifespan (e.g., youth, adolescence, elderly) may impact the concerns and process that transgender clients present in counseling.
• A. 3. Affirm transgender mental and medical health care (e.g., hormone therapies, sexual reassignment surgery, safe and trans-positive general medical services) through the entire lifespan, not just during the initial assessment process or during transition.

• A. 4. Understand the biological, familial, social, cultural, socio-economic and psychological factors that influence the course of development of transgender identities.

• A. 5. Identify the gender-normative assumptions present in current lifespan development theories and address for these biases in assessment and counseling practices.

• A. 6. Understand how stigma and pressures to be gender-conforming may affect personality development even in the face of the resiliency and strengths of transgender individuals. Further, understand how these factors influence decision-making in regards to employment, housing, healthcare; and manifestation of psychological disorders of transgender individuals.

• A. 7. Recognize the influence of other contextual factors and social determinants of health (i.e. race, education, ethnicity, religion and spirituality, socioeconomic status, sexual orientation, role in the family, peer group, geographical region, etc.) on the course of development of transgender identities.

• A. 8. Be informed on the various ways of living consistently with one’s gender identity, which may or may not include physical or social gender transition, and how these options may affect transgender individuals throughout their development. Be aware of the sociopolitical influences that affect the lives of transgender individuals, and that stereotyping, discrimination, and marginalization may shape one’s developmental processes, self-esteem, and self-concept.
• A. 9. Recognize that the normative developmental tasks of many transgender individuals may be complicated or compromised by one’s self identity and/or sexuality confusion, anxiety and depression, suicidal ideation and behavior, non-suicidal self-injury, substance abuse, academic failure, homelessness, internalized transphobia, STD/HIV infection, addiction, and other mental health.

• A. 10. Understand how transgender individuals navigate the complexities for self and others with regard to intimate relationships throughout the lifespan.

• A. 11. Understand that the typical developmental tasks of transgender seniors often are complicated or compromised by social isolation and invisibility, medical problems, transgender-related health concerns, family-of-origin conflicts, and often limited career options – especially for those with developmental disabilities.

• A. 12. Recognize that gender identity formation, self-acceptance of transgender identity, and disclosure of transgender status are complex processes that are not necessarily permanently resolved and may be experienced repeatedly across one’s lifespan.

(www.counseling.org/Resources/Competencies/ALGBTIC_Competencies)

B. Social and Cultural Foundations

Competent counselors will:

• B. 1. Understand the importance of using appropriate language (e.g., correct name and pronouns) with transgender clients; be aware that language in the transgender community is constantly evolving and varies from person to person; seek to be aware of new terms and definitions within the transgender community; honor client’s definitions of their own gender; seek to use language that is the least restrictive in terms of gender (e.g., using client’s name as opposed to assuming what pronouns the clients assert are gender affirming); recognize that language has historically been used
to oppress and discriminate against transgender people; understand that the counselor is in a position of power and should model respect for the client’s declared vocabulary.

• B. 2. Acknowledge that the oppression of transgender people is a component of sexism, heterosexism and transphobia and reflects a worldview and value-system that undermines the healthy functioning and autonomy of transgender people.

• B. 3. Understand that transprejudice and transphobia pervades the social and cultural foundations of many institutions and traditions and fosters negative attitudes, high incidence of violence/hate crimes, and overt hostility toward transgender people.

• B. 4. Recognize how internalized prejudice and discrimination (e.g., transphobia, racism, sexism, classism, religious discrimination, ableism, adultism, ageism) may influence the counselor's own attitudes as well as those of her/his/hir transgender clients resulting in negative attitudes toward transgender people.

• B. 5. Recognize, acknowledge, and understand the intersecting identities of transgender people (e.g., race/ethnicity, ability, class, religion/spiritual affiliation, age, experiences of trauma) and their accompanying developmental tasks. This should include attention to the formation and integration of the multiple identity statuses of transgender people.

• B. 6. Understand how the specific intersection of of sexism, heterosexism and transphobia may affect clients’ lives. For example sexism (how patriarchy promotes gender stereotypes and roles and how power and privilege are distributed to reinforce the binary gender system), transphobia (internalized fears or negative self-concept), and heterosexism (while sexual orientation and gender identity are different, how heterosexism impacts both those who identify as homosexual and heterosexual,
because she/he may be viewed as being outside of the gender binary or as “really a man/woman” and therefore are seen as gay/lesbian).

• B. 7. Understand how the specific intersection of racism, sexism, heterosexism and transphobia influences the lives of transgender people of color (e.g., increased risk for HIV/AIDS and overrepresentation of transgender people of color in HIV infections) and recognize the negative stereotypes used against transgender people of color.

• B. 8. Acknowledge how classism affects the lives of transgender people through increased rates of homelessness, restricted job opportunities and increased marginalization within the workplace, and lack of federal employment protections.

• B. 9. Identify transgender-positive resources (e.g., support groups, websites, brochures) that address multiple identities of transgender people (e.g., youth, differential ability, people of color).

• B. 10. Use empowerment and advocacy interventions (see ACA Advocacy Competencies) when necessary and/or requested with transgender clients (e.g., employment and education discrimination, transgender people of color, housing discrimination).

• B. 11. Educate themselves and others about the damaging impact of colonization and patriarchy on the traditions, rituals, and rites of passage specific to transgender people across cultures over time (e.g., Hijras of India, Mahu of Hawaii, Kathoey of Thailand, Two-Spirit of Native American/First Nations people).

• B. 12. Recognize that spiritual development and religious practices may be important for transgender individuals, yet it may also present a particular challenge given the limited transpositive religious institutions that may be present in a given community, and that many transgender individuals may face personal struggles related to their faith and their identity.
C. Helping Relationships

Competent counselors will:

• C. 1. Understand that attempts by the counselor to alter or change gender identities and/or the sexual orientation of transgender clients across the lifespan may be detrimental, lifethreatening, and are not empirically supported; whereas counseling approaches that are affirmative of these identities are supported by research, best practices, and professional organizations – such as the American Counseling Association. American Psychological Association).

• C. 2. Recognize that the counselors’ gender identity, expression, and concepts about gender are relevant to the helping relationship, and these identities and concepts influence the counseling process and may affect the counselor/client relationship.

• C. 3. Be aware that, although the client is transgender and may have gender-related concerns, the client’s primary concern and reason for seeking counseling services may not be related to gender identity and/or gender dysphoria.

• C. 4. If gender identity concerns are the reason for seeking treatment, counselors acknowledge experience, training, and expertise in working with individuals with gender concerns at the initial visit while discussing informed consent and seek supervision and consultation as necessary.

• C. 5. Acknowledge with the paucity of research on efficacious theoretical approaches for working with transgender populations, counselors are urged to conduct routine process monitoring and evaluation of their service delivery and re-evaluate their theoretical approach for working with transgender individuals.
• C. 6. Acknowledge that, although gender identities and expressions are unique to individuals, they can vary greatly among and across different populations of transgender people. Further, a transgender client’s gender identity and/or expression may evolve across their lifespan.

• C. 7. Acknowledge that physical (e.g., access to health care, HIV, and other health issues), social (e.g., family/partner relationships), emotional (e.g., anxiety, depression, substance abuse), cultural (e.g., lack of support from others in their racial/ethnic group), spiritual (e.g., possible conflict between their spiritual values and those of their family’s), and/or other stressors (e.g., financial problems as a result of employment discrimination) often interfere with transgender people’s ability to achieve their goals. Therefore, it is important assist them with overcoming these obstacles and regulating their affects, thoughts, and behavior throughout this coping process.

• C. 8. Recognize and acknowledge that, historically, counseling and other helping professions have compounded the discrimination of transgender individuals by being insensitive, inattentive, uninformed, and inadequately trained and supervised to provide culturally proficient services to transgender individuals and their loved ones.

• C. 9. Create a welcoming, affirming environment for transgender individuals and their loved ones by creating a counseling space that affirms transgender people’s identity (e.g., placing transgender-positive magazines and literature in the waiting room, etc.). Respect and attend to the entire individual—not just their gender identity-related issues.

• C. 10. Facilitate an open discussion to identify the effects of trans-prejudice and discrimination experienced by transgender clients and assists them in overcoming potential internalized negative attitudes about themselves and their gender identities.
• C. 11. Proactively seek consultation and/or supervision from professionals competent in working with transgender individuals (please refer to WPATH’s Standards of Care regarding guidelines for professional competency) to ensure that the counselors’ own biases or knowledge deficits do not negatively affect the helping relationship.

(www.counseling.org/Resources/Competencies/ALGBTIC_Competencies)

D. Group Work

Competent group counselors will:

• D. 1. Maintain a nonjudgmental, supportive stance on all expressions of gender identity and sexuality and establish this as a standard for group members as well.

• D. 2. Facilitate group members’ understanding that mental health professionals’ attempts to change a member's gender identity (e.g., conversion or reparative therapies) are not supported by research, and moreover, may have life-threatening consequences.

• D. 3. Involve members in establishing the group treatment plans, expectations, and goals, which should be reviewed periodically throughout the group. These should foster the safety and inclusion of transgender members.

• D. 4. Provide education and opportunities for social learning about a wide array of choices regarding coming out and transitioning if indicated or warranted.

• D. 5. Recognize the impact of power, privilege, and oppression within the group especially among the counselor and members and between members of advantaged and marginalized groups.

• D. 6. Consider diversity (i.e., gender identity, sex assigned at birth, sexual orientation, mental and physical ability status, mental health concerns, race, ethnicity, religion, and socioeconomic class) when selecting and screening group members, and
be sensitive to how these aforementioned diverse identities may affect group dynamics.

• D. 7. Be aware of the unique status of an individual who is the only transgender group member, and create a safe space in which that person can share her/his experiences if feeling comfortable. In this case, it is especially important to foster a sense of security through the use of respectful language towards the transgender member (e.g., correct pronouns and name; gender-affirmative terminology of transition interventions).

• D. 8. In gender-specific groups (e.g., inpatient treatment settings, substance abuse treatment, etc.), transgender individuals need to attend the gender group with which they identify (instead of the gender group that they were assigned at birth).

• D. 9. Acknowledge the impact of institutionalized and personalized transphobia on transgender members’ comfort with disclosing and reflecting on their experiences that occur inside and outside of group.

• D. 10. Actively intervene when either overt or covert hostility towards transgender identified members threatens group security and cohesion. This applies to both transgender specific groups and any group that has transgender members.

• D. 11. Recognize that although group support can be very helpful, peer pressure to conform to specific expression or plan of action exists within the group.

• D. 12. Coordinate treatment with other professionals working with transgender members, while maintaining confidentiality within the group.

• D. 13. Refer clients to other mental and physical health services when either initiated by the group member or due to clinical judgment that the member is in need of these interventions.
• D. 14. Be aware of how their own gender identities, beliefs about gender, and lack of knowledge about transgender issues may affect group processes.

• D. 15. Seek consultation or supervision to ensure that the counselor’s potential biases and knowledge deficits do not negatively affect group dynamics.

• D. 16. Will ideally have previous experience working with transgender individuals in both non-transgender specific and transgender specific groups. If no previous counseling experience with transgender individuals exists, consultation and supervision with mental health professionals who are competent and have more experience working with transgender issues is even more critical. (www.counseling.org/Resources/Competencies/ALGBTIC_Competencies)

E. Professional Orientation

Competent counselors will:

• E. 1. Understand and be aware that there has been a history of heterosexism and gender bias in the Diagnostic and Statistical Manual (DSM). For instance, counselors should have knowledge that homosexuality was previously categorized as a mental disorder and that currently "Gender Identity Disorder" remains in the DSM.

• E. 2. Acknowledge and address the gatekeeper role and subsequent power that mental health professionals have historically had in transgender clients accessing medical interventions and resulted in mistrust of mental health professionals. This
power difference needs to be minimized in the counseling relationship with transgender clients.

• E. 3. Ascertain the needs and presenting concerns of transgender clients, including transgender identity development, gender confusion, gender transition, gender expression, sexuality, anxiety and depression related to transgender life experiences, family/partner relationships, substance abuse, transgender health issues, and presenting concerns unrelated to gender.

• E. 4. Understand the related ACA ethical guidelines for counseling individuals who are exploring issues related to gender identity, gender expression, and sexual orientation.

• E. 5. Seek consultation or supervision to ensure that personal biases do not negatively affect the client-therapist relationship or the treatment outcomes of the transgender individual.

• E. 6. Be familiar with and know how to assist transgender clients access community resources where appropriate.

• E. 7. Facilitate access to appropriate services in various settings for transgender individuals by confronting institutional barriers and discriminatory practices.

• E. 8. Seek professional development opportunities to enhance attitudes, knowledge, and counseling skills related to transgender individuals.

• E. 9. Recognize the importance of educating professionals, students, and supervisees about transgender issues, and challenge misinformation and bias about transgender individuals.

• E. 10. Support a positive, public dialogue that affirms individual gender expression and gender identity.
• E. 11. Serve as advocates for transgender individuals within professional counseling organizations, and specifically advocate for anti-discrimination policies concerning transgender individuals.

• E. 12. Collaborate with health professionals and other individuals, groups, agencies, as indicated by the individual in order to provide comprehensive care.

(www.counseling.org/Resources/Competencies/ALGBTIC_Competencies)

F. Career and Lifestyle Development Competencies

Competent counselors will:

• F. 1. Assist transgender clients with exploring career choices that best facilitate both identity formation and job satisfaction.

• F. 2. Recognize that existing career development theories, career assessment tools, employment applications, and career counseling interventions contain language, theory, and constructs that may be oppressive to transgender and gender-conforming individuals.

• F. 3. Acknowledge the potential problems associated with career assessment instruments that have not been normed for the transgender community.

• F. 4. Challenge the occupational stereotypes (e.g., sex work, entertainment careers, etc.) that restrict the career development and professional decision-making of transgender clients, or respect decisions to remain in entertainment careers, while also be prepared to affirm that these are valid jobs for those who are satisfied working in these fields.

• F. 5. Acknowledge and understand how the interplay of discrimination and oppression against transgender individuals adversely affect career performance and/or result in negative evaluation of their job performance, and thus may limit career
options resulting in underemployment, less access to financial resources and overrepresentation in certain careers.

• F. 6. Demonstrate awareness of the high degree of discrimination that transgender individuals have historically experienced in the workplace and how this discrimination may affect other life areas (e.g., housing, self-esteem, family support).

• F. 7. Demonstrate awareness of and skill in addressing employment issues and challenges for transgender individuals who have experienced transition, those who may choose to transition, and those who may not opt to transition while in the workplace and recognize the diversity of experiences for transgender individuals who choose to transition while in the workplace.

• F. 8. Explore with clients the degree to which government (i.e., federal, state, and/or local) statutes, union contracts, and workplace policies protect workers against employment discrimination based on gender identity and expression. In cases where there is no protection of transgender employment rights, provide information on advocacy and support efforts.

• F. 9. Link clients with transgender mentors and resources that increase their awareness of viable career options.

• F. 10. Provide employers with consultation and education on gender identity issues and ways to facilitate workplace changes, such as restrooms, locker rooms, staff education, and creating a respectful, inclusive environment.

• F. 11. Assist with empowering transgender individuals to advocate on their own behalf as appropriate in their workplace context (i.e., micro-level or macro-level) and/or offer to engage in this advocacy with the client’s consent if the client would benefit from a direct workplace psychoeducation/training on transgender issues and safety in the workplace.
• F. 12. Advocate for gender identity and gender expression anti-discrimination policies in the workplace as they are applicable on both micro-level (e.g., in the workplace) and macrolevels (e.g., in the local and larger communities where we live, with policy makers and legislators, etc.).

(www.counseling.org/Resources/Competencies/ALGBTIC_Competencies)

G. Appraisal

Competent counselors will:

• G. 1. Determine the reason for counseling services at the initial visit (e.g., exploring gender issues, career issues, relationship issues, evaluation and referral for medical services, or other mental health services).

• G. 2. Identify challenges that may inhibit desired treatment (e.g., cognitive impairment, serious mental health concerns such as psychosis or personality disorders, medical issues, developmental disabilities, etc.).

• G. 3. Understand that gender identity and expression vary from one individual to the next, and that this natural variation should not be interpreted as psychopathology or developmental delay.

• G. 4. Examine the legitimate power that counselors hold as helping professionals, particularly in regards to assessment for body modifications, and seek to share information on the counselor’s gate keeping role (e.g., writing letters supporting body modifications) so it is not a restrictive influence, but rather seeks to better serve transgender people’s needs.

• G. 5. Understand the power that counselors have in meeting the needs of transgender individuals in regards to making decisions about hormonal or surgical interventions. Therefore, it is important to collaboratively discuss the potential length of counseling services and costs as a part of the informed consent process.
• G. 6. Recognize that the goal of treatment is to provide a comprehensive psychosocial mental health assessment, which should encompass all life areas, for all transgender individuals whether or not they are seeking medical interventions and/or body modifications.

• G. 7. Examine how their own biases and privilege may influence their assessment with each transgender individual. Such bias might include sexism, heterosexism, transnegativity, promoting medical interventions, or a particular course of treatment.

• G. 8. Utilize supervision and consultation as tools to help counselors minimize biases and avoid misuse/abuse of privilege and power (e.g., in regards to providing approval for transgender individuals to obtain medical treatment and/or body modifications).

• G. 9. Understand how heterosexism and sexism are promoted and maintained within society, and how these dynamics influence the assessment of transgender individuals.

• G. 10. Consider in the differential diagnosis process how the effects of stigma, oppression, and discrimination contribute to psychological symptoms, but do not necessarily indicate pathology for transgender individuals. Consider these effects when collaboratively deciding client’s readiness for body modifications.

• G. 11. Apply ethical standards when utilizing assessment tools such as tests, measurements, and the current edition of the DSM, because they have not been normed on transgender people. As many assessments are also products of a sexist and heterosexist culture and may reinforce a pathological or trans-negative perspective on transgender people, determine which assessments are in the best interest of transgender people (i.e., ones that do not equate mental health with being gender conforming) and employ a collaborative assessment approach when possible.
• G. 12. Be sensitive to and aware of the ongoing debate regarding Gender Identity “Disorder” being listed as a medical condition in the current edition of the DSM and be willing to communicate to transgender individuals the position the helping professional takes, and to have open and honest discussions about how this may affect the work you do together.

• G. 13. Be familiar with WPATH’s Standards of Care principles in order to guide but not dictate treatment for individuals with gender identity concerns, including gender dysphoria.

• G. 14. Be prepared to face ethical dilemmas with the appraisal of transgender people, especially because theories and practices with transgender people continue changing and evolving, and create many ethical dilemmas

• G. 15. Seek out the perspectives and personal narratives of the transgender community as essential components to fully understanding appropriate assessment of transgender people.

• G. 16. Recognize that the presence of a co-occurring mental or physical health disorder does not necessarily preclude counseling for gender concerns or medical treatments, but may or may not require stabilization or additional treatment.

• G. 17. Recognize that transgender people with mental health concerns (e.g., schizophrenia, personality disorders) and/or cognitive challenges experience significant bias and discrimination and may benefit from discussions about the impact of mental health stigma on their daily lived experiences and their selection of body modifications.

(www.counseling.org/Resources/Competencies/ALGBTIC_Competencies)

H. Research

Competent counselors will:
• H. 1. Be aware of existing transgender research and literature regarding social and emotional wellbeing and difficulties, identity formation, resilience and coping with oppression, as well as medical and non-medical treatment options.

• H. 2. Consider limitations of existing literature and existing research methods regarding transgender individuals such as sampling, confidentiality, data collection, measurement, and generalizability (e.g., LGB literature applying results and content to transgender individuals).

• H. 3. Be aware of gaps in literature and research regarding understanding the experiences of and assisting of transgender individuals and family members.

• H. 4. Have knowledge of qualitative, quantitative, and mixed methods research processes and potential future research areas such as individual experiences of transgender people, counselor awareness and training on transgender concerns, reduction of discrimination towards transgender individuals, and advocacy opportunities for positive social change in the lives of transgender individuals.

• H. 5. Consider how critical consumption of research may assist with understanding needs, improving quality of life, and enhancing counseling effectiveness for transgender individuals.

• H. 6. Formulate research questions taking into account transgender participants and transgender issues/concerns.

• H. 7. Construct surveys or any data gathering forms that include gender demographic information options that provides the participants the opportunity to disclose their declared or affirmed gender identity while concurrently not conflating gender identity and sexual orientation.
H. 8. Be familiar with current transgender-affirmative terminology and be aware of the importance of using the least restrictive gender language that adheres to participants’ declared or affirmed pronouns/names.

H. 9. Involve transgender-identified individuals in research regarding transgender issues/concerns when appropriate and possible - while attending to and being reflective of transgender research participants’ lived experiences.

H. 10. Recognize research is never free of positive or negative bias by identifying the potential influence personal values, gender bias, and heterosexism may have on the research process (e.g., participant selection, data gathering, interpretation of data, reporting of results, DSM diagnosis of Gender Identity Disorder), and seek to address these biases in the best manner possible.

H. 11. Make transgender-focused research available to the transgender community served by making a study’s results and implications accessible for the community, practitioners, and academics alike.

(www.counseling.org/Resources/Competencies/ALGBTIC_Competencies)

6.9.0. General Recommendations to Various Authorities

6.9.1. To the School and District

I) District Procedures

➢ Have periodic training for school staff on transgender issues and how to keep transgender students safe.

➢ Publish a step-by-step procedure students can follow to report an incident of discrimination or harassment.

II) Names and Pronouns

➢ Consistently address students by the name and pronoun corresponding to their gender identity.
III) Restrooms

➤ It is important to have restrooms that transgender students feel comfortable using. Otherwise they might avoid using restrooms at school, which could lead to health problems.

➤ Options for Restrooms and Locker Rooms

➤ Allow students to use the restroom that corresponds to their gender identity or have unisex bathrooms in the school. The district should consider having a meeting with parents and students to discuss the reasons for transgender-friendly bathrooms. Students can also advocate and educate others about these changes. For example, students could write an article in the school newspaper.

➤ Provide students access to a single stall bathroom.

➤ Allow students to use the locker room consistent with their gender identity, with accommodations such as the use of a private area in the public area (e.g., a bathroom stall in the locker room), a separate changing schedule, or the use of a nearby private area.

IV) Gym Activities and Sports

➤ Allow students to participate in gender-segregated gym activities and recreational sports in accordance with the student’s gender identity.

➤ Participation in competitive sports and contact sports can be determined in a case-by-case manner.

V) Dress Codes

➤ If the school has a dress code that differs for males and females, allow students to dress in accordance with their gender identity, or implement a dress code that is same for males and females.(Cho, Laub, & Wall, 2004; LL & NYAC)
6.9.2. Highlights

- Challenge gender norms (e.g., only boys have short hair, only girls wear nail polish).
- Avoid activities that force students to choose a gender.
- Always immediately address name-calling and harassment.
- Ignoring harassment might send the message that you support it.
- Be a supportive adult for LGBT students.
- Although 83% of transgender students reported having at least one supportive adult at their school, only 36% could report six or more supportive adults.
- Include gender-variant resources in the classroom (e.g., books) and invite guest speakers to your classroom.
- Only 46% of transgender students reported they could find information about LGBT people or history in their school library, 16% reported information about LGBT issues in textbooks, and 11% reported curriculum that included positive representation of LGBT people. (Cho, Laub, & Wall, 2004; Greytak, Kosciw, & Diaz, 2009)

6.9.3. To Transgender Students

- Realize that transgender students reported they were most comfortable talking about LGBT issues with school psychologists, school counselors, and social workers among the adults in their schools.
- Encourage transgender students to talk about LGBT issues. Transgender students who talked about these issues (both in the classroom and with school staff) were more likely to feel connected to their school.
- Act as a “transition assistant” and assist students with finding possible ways of expressing their gender physically and socially.
➢ Provide psycho-education about approaches to changing their bodies and help them learn that they will be able to facilitate changes over time.

➢ Have resources for transgender students such as community groups, websites, reading material, and etc.

➢ Transgender students are more likely to talk with supportive adults about transgender and LGB issues than about victimization issues. However, be available to help transgender students cope with any stress or victimization they are experiencing. (APA, 2006; Cho, Laub, & Wall, 2004; Greytak, Kosciw, & Diaz, 2009; Schwarz, 2007)

6.9.4. To the Workplace

• Policies: Include "Gender Identity or Expression" as a Protected Category
  Prohibit discrimination against transgender employees by including "gender identity or expression" or "gender identity" among the list of protected categories in your firm-wide non-discrimination and anti-harassment policies.

• Process: Establish Gender Transition Guidelines
  Institute protocols for gender transitions that clearly delineate responsibilities and expectations of transitioning employees, their supervisors, colleagues and other staff. Utilize senior management to demonstrate the organization's support for the employee.

• Education & Compliance: Provide Information and Training
  Incorporate education about gender identity and gender expression in diversity and Equal Employment Opportunity compliance training programs.

• Documentation: Update Personnel Records
  Change a transitioning employee's name and gender in all personnel and
administrative records, including internal and external personnel directories, e-mail address and business cards.

- **Facilities:** Grant Restroom and Locker Room Access according to an Employee's Full-time Gender Presentation
  Permit an employee to use sex-segregated facilities that correspond to his/her full-time gender presentation, regardless of what stage that person is in terms of his/her overall transition process.

- **Dress Codes:** Make Dress Codes Gender-Neutral and Apply Consistently
  Dress codes should be modified to avoid gender stereotypes and should apply consistently to all employees. Transgender employees may dress consistently in accordance with their full-time gender presentation.

- **Benefits:** Remove Discriminatory Health Insurance Exclusions
  Medically necessary treatments and procedures, such as those defined by the World Professional Association for Transgender Health's Standards of Care for Gender Identity Disorders, should be included in employer-provided healthcare and short-term disability coverage.

### 6.9.5. To the Counselors

The following issues to be focused in counseling with transgender may include (but are not limited to):

- Cross-dressing;
- Self-harm;
- Suicide;
- Alcohol & other drugs;
- Depression;
• Harassment;
• Hormones;
• Relationships;
• Family;
• Employment;
• Discrimination;
• Anxiety;
• Sexual health;
• Accommodation; and
• Surgery options.

6.9.6. To the Police

The core legal obligations of States with respect to protecting the human rights of LGBT people include obligations to:

• Protect individuals from homophobic and transphobic violence.
• Prevent torture and cruel, inhuman and degrading treatment.
• Repeal laws criminalizing homosexuality.
• Prohibit discrimination based on sexual orientation and gender identity.
• Safeguard freedom of expression, association and peaceful assembly for all LGBT people. (http://www.ohchr.org).

6.9.7. To the Parents and Family

Parents, other family members, and friends of transgender children need support as much as the transgender child does. It can be very challenging to come to terms with having a transgender child and become an advocate for their health – but
doing so is it immensely rewarding and essential for the child’s health. Supportive parents may suffer rejection from friends, family members, or co-workers who do not understand why they are embracing their child’s transition. In addition, it can be hard to find qualified mental and physical health providers, and to gain the support of the school system. Parents often find themselves forced to educate their child’s doctor and school staff. The parent of a transgender youth also faces daily challenges that include remembering to use the appropriate gender pronoun, coping with unexpected “outings”, and addressing both their own and their child’s emotions. Luckily, a growing number support groups now exist throughout the country, and the Internet, on-line support groups, and books offer vital support for families.

Being honest and open about our feelings is not easy, but it is imperative if all members of the family are to be given an opportunity to express themselves and be heard. For many young adults, teenagers and children it might feel difficult to talk openly about internal feelings. Indeed, ‘being yourself’ in front of parents and family members is often a rite of passage into adulthood. Trans people might feel guilty about the impact that their trans status is having on their family and so ‘play down’ the expressions of their chosen gender in order to protect parents and family members.

Educate the Parents and Family regarding transgender issues.

• Be aware of your attitudes concerning people with gender-atypical appearance or behavior.

• Use names and pronouns that are appropriate to the person’s gender presentation and identity; if in doubt, ask their preference.

• Don’t make assumptions about transgender people’s sexual orientation, desire for surgical or hormonal treatment, or other aspects of their identity or transition plans. If you have a reason to need to know, ask.
• Don’t confuse gender dysphoria with gender expression: Gender-dysphoric males may not always appear stereotypically feminine, and not all gender-variant men are gender-dysphoric; gender-dysphoric females may not always appear stereotypically masculine, and not all gender-variant women are gender-dysphoric.
• Keep the lines of communication open with the transgender person in your life.
• Get support in processing your own reactions. It can take some time to adjust to seeing someone who is transitioning in a new way. Having someone close to you transition will be an adjustment and can be challenging, especially for partners, parents, and children.
• Seek support in dealing with your feelings. Mental health professionals and support groups for family, friends, and significant others of transgender people can be useful resources.

6.9.8. To the Government Officials

• Providing a forum for the Transgender communities.
• Encouraging the active involvement and full participation of Gay, Lesbian Bisexual and Transgender municipal officials (and their non-gay supporters) by the government officials.
• Serve as a key resource in identifying and providing names, qualifications, expertise, and interests of Gay, Lesbian, Bisexual, and Transgender.
• Connecting city officials sharing similar characteristics with one another promotes the mission of facilitating the sharing of information and ideas among city officials and promoting responsive city government.
• Playing an active role in accomplishing the government strategic goals,
• Encouraging any other elected or appointed officials to support Gay, Lesbian, and Bisexual & Transgender colleagues through participation.
6.9.9. To the Non-Governmental Organizations

1. Economic, social, cultural, civil, and political rights and the right to development are recognized as universal, indivisible, and mutually reinforcing rights of all human beings, without distinction.

The enjoyment of all human rights is interlinked. The enjoyment of one right contributes to the advancement of the others. Likewise, the deprivation of one right adversely affects the others. Economic, social and cultural rights include the rights to adequate food, to adequate housing, to education, to health, to social security, to take part in cultural life, to water and sanitation, and to work. The International Covenant on Economic, Social and Cultural rights entered into force in 1976, while its Optional Protocol in 2013. The Committee that monitors the implementation of the Covenant was established in 1985. A special rapporteur in the field of cultural rights was also appointed in 2009.

Civil and political rights include the right to life, liberty and personal security, freedom from slavery, torture and arbitrary arrest, as well as the rights to a fair trial, free speech and free movement and privacy. The Human Rights Committee monitors the implementation of the International Covenant on Civil and Political Rights, which entered into force in 1976. There are two optional protocols, the first one entered into force in 1976, while the Second Optional Protocol, which addresses the issue of the abolition of death penalty, came into force in 1991.

The right to development is an inalienable human right: every person is entitled to participate in, contribute to, and enjoy economic, social, cultural and political development. A Declaration on the Right to Development was adopted in
New human rights standards have built on the 1948 Universal Declaration of Human Rights and the implementation of international human rights treaties is significantly improved.

The human rights treaty bodies are committees of independent experts that monitor the implementation of the core international human rights treaties. Each State party to a treaty has an obligation to ensure that everyone in the State can enjoy the rights set out in the treaty.

The treaty bodies system has seen an incremental growth over the past few years, with the adoption by States of new human rights instruments and the creation of new treaty bodies. All parties benefit from their work: victims reach out to treaty bodies for redress and reparation through the individual complaints system and Governments depend on them for a greater understanding of their obligations under international human rights law. Everyone benefits from having publicly available information on the human rights situation in all countries.

The rights of lesbians, gays, bisexuals and transgender individuals have been placed on the international agenda.

Many lesbian, gay, bisexual and transgender (LGBT) people of all ages and in all regions of the world are subjected to hate-motivated physical violence. Many more are discriminated against in the labour market, in schools and in hospitals, or mistreated and disowned by their own families. In at least 76 countries, having a partner of the same sex is considered a criminal offence.
In recent years, many States have made a determined effort to strengthen human rights protection for LGBT people. An array of new laws has been adopted – including laws banning discrimination, penalizing homophobic hate crimes, granting legal recognition of same-sex relationships, and making it easier for transgender individuals to obtain official documents that reflect their preferred gender.

In 2010, UN Secretary-General Ban Ki-moon and High Commissioner for Human Rights Navi Pillay launched a global appeal for the worldwide decriminalization of homosexuality and for other measures to tackle violence and discrimination against LGBT people. They have since raised the issue repeatedly in public speeches and private meetings. In June 2011, the Human Rights Council adopted the first United Nations resolution on sexual orientation and gender identity. Its adoption paved the way for the first official United Nations report on the issue prepared by the UN Human Rights Office.

6.10.0. Recommendations of the Study

Multiple problems are faced by Hijras/TG, which necessitate a variety of solutions and actions. While some actions require immediate implementation such as introducing Hijra/TG-specific social welfare schemes, some actions need to be taken on a long-term basis changing the negative attitude of the general public and increasing accurate knowledge about Hijra/TG communities. The required changes need to be reflected in policies and laws; attitude of the government, general public and health care providers; and health care systems and practice. Key recommendations include the following.(UNDP,2010).

1. Establish HIV sentinel serosurveillance sites for Hijras/TG at strategic locations.
2. Conduct operations research to design and fine-tune culturally-relevant package of HIV prevention and care interventions for Hijras/TG.

3. Provide financial support for the formation of Community Based Organizations (CBOs) run by Hijras/TG; and build the capacity of CBOs to implement effective programmes.

4. Move beyond focusing on individual-level HIV prevention activities to address the structural determinants of risks and mitigate the impact of risks. For example, mental health counselling, crisis intervention (crisis in relation to suicidal tendencies, police harassment and arrests, support following sexual and physical violence), addressing alcohol and drug abuse, and connecting to livelihood programs all need to be part of the HIV interventions.

5. Train health care providers to be competent and sensitive in providing health care services (including STI and HIV-related services) to Hijras/TG as well as develop and monitor implementation of guidelines related to gender transition and sex reassignment surgery (SRS).

6. Clarify the ambiguous legal status of sex reassignment surgery and provide gender transition and SRS services (with proper pre- and post-operation/transition counseling) for free in public hospitals in various parts of India.

7. Implement stigma and discrimination reduction measures at various settings through a variety of ways: mass media awareness for the general public to focused training and sensitization for police and health care providers.

8. Develop action steps toward taking a position on legal recognition of gender identity of Hijras/TG need to be taken in consultation with Hijras/TG and other key stakeholders.
9. Getting legal recognition and avoiding ambiguities in the current procedures that issue identity documents to Hijras/TG are required as they are connected to basic civil rights such as access to health and public services, right to vote, right to contest elections, right to education, inheritance rights, and marriage and child adoption.

10. Open up the existing Social Welfare Schemes for needy Hijras/TG and create specific welfare schemes to address the basic needs of Hijras/TG including housing and employment needs.

11. Ensure greater involvement of vulnerable communities including Hijras/TG women in policy formulation and program development.

12. Promoting equality with the aim of achieving cultural change, and thereby acceptance of trans people in society.

13. Developing a national strategy to challenge transphobia and ensure that trans people are treated with dignity and respect (for example, challenging negative or inaccurate media portrayal of trans people)

14. Investigating the need for, and feasibility of, specific trans services in areas such as housing and health and social care.

15. Developing and supporting a national online resource that brings together advice and information on a range of trans issues.

16. Extending anti-homophobic bullying strategies to address bullying related to gender-variant behavior.

17. Further work with employers to ensure that they respond to their legal responsibilities on trans issues and adhere to wider implementation of good practice on trans in the workplace.
18. The Department of Education should issue guidance clarifying the application of Title IX anti-discrimination protections to transgender and gender nonconforming youth, including the right of transgender students to access school facilities and campus housing, and otherwise be treated in accord with their gender identity.

19. The Department of Education should enhance the transparency and effectiveness of Title IX enforcement by providing transgender-inclusive training for all Title IX officers and by tracking and reporting data on LGBT-related claims.

20. The National Center for Education Statistics should ensure that data collection includes detailed information about bullying, harassment, and other school violence, including whether the victim's gender identity or expression were at issue.

21. The Department of Education should mandate that all states provide comprehensive suicide prevention education to all high school students. The mandate should require that the curriculum meets minimum standards, including a discussion of LGBT youth and why they have an increased risk of suicide.

22. The Department of Education and Health and Human Services should develop new cultural competence and best practice resources for schools focusing on transgender and gender nonconforming youth and preventing their victimization.

Hijras/Transgender women require understanding and support of the government, health care professionals, general public as well as their family members.
We need to understand and accept that humans are diverse. People have the right to be what they are and what they want to be. For transgender people, the same holds true.

6.11.0. Suggestions for Further Research

The findings of the present study may serve as a basis for further research based on the present study; a few suggestions are given below.

- The study can be extended not only to Transgender in Thoothukudi but also from other places of Tamil Nadu and India.
- A study can be done to assess the functioning of Tamil Nadu welfare Board of Transgender.
- A study can be conducted particularly focusing only to one variable for example studying Psychological Dimension alone.
- A study can be conducted focusing on the Indirect or Secondary Victims only.
- The study can be extended to the Non Governmental Organizations focused on Transgender Human Rights issues.
- The same study can be extended to develop plans and strategies, policies and formulations to open centre for Transgender Studies in all Universities all over India.
6.12.0. Conclusion

The recommended inputs are aimed to strengthen the Indian State’s provisions and commitments and ensure through special measures and safeguards these rights and universal entitlements for the most marginalized and vulnerable people residing within the jurisdiction of the Indian State especially Transgender. All planning and development processes should be inclusive of all vulnerable groups, irrespective of the area of concern.