Human rights violations against sexuality minorities in India

A PUCL-K fact-finding report about Bangalore
A Report of PUCL-Karnataka (February 2001)

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We would be grateful for your feedback and suggestions about the report which you may send to:

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List of Terms

**Biphobia** - prejudice/hatred of bisexuals.

**Bisexual** - a person who is attracted romantically/emotionally/sexually to both men and women.

**Coming out** - the process by which a gay/lesbian/bisexual person acknowledges his/her sexual identity to himself/herself and a transgendered person acknowledges his/her gender identity to himself/herself and then proceeds to tell others about it. Coming out has many levels, starting from coming out to oneself, to coming out to family, friends, colleagues and the wider society. Coming out is seen as an affirmative process and a method of bringing about social change, though it is accompanied by a certain amount of risk due to societal heterosexism and homophobia.

**Cruising areas** - there is an absence of space where men can meet other men. Public parks, arcades of shopping complexes, local trains, and public toilets have emerged as places where gay/bisexual men meet each other. These places are referred to as cruising areas.

**Gay** - a man who is attracted to another man emotionally/sexually/physically.

**Heterosexism** - the all-encompassing nature of the ideology, which naturalizes male-female sexual relationship as the only permissible relationship in society. This ideology pervades different sites in society and becomes institutionalized as a structural bias against sexuality minorities in the law, state and wider society. Obviously, this bias is most often fully internalized and subconscious and is often difficult to detect and reverse.

**Heterosexual** - person whose sexual/romantic/emotional feelings are for the opposite gender.

**Hijra** - a socio-cultural construct in which a transgender person who is biologically male takes on the gender role of a female. Hijras in India have their own form of social organization and form a parallel society.

**Homophobia** - the irrational fear of homosexuals, which manifests itself in disgust, contempt and hatred.

**Homosexual** - a person whose sexual/romantic/emotional feelings are towards those of their own sex/gender.

**Kothi** - in the South Asian context, a male homosexual who is feminized and takes a passive/receptive role in sex.

**Lesbian** - a woman who is attracted to women emotionally/sexually/romantically.

**Outing** - a practice wherein the sexual identity of a gay/bisexual/lesbian individual is made known to other people without the consent of the affected individual.

**Transgender** - someone who is anatomically born in a certain sex, but is more comfortable with the gender/sexual identity of a different gender, and chooses to go in for a sex reassignment surgery or hormonal treatment.

**Sexuality minorities** - people discriminated against due to their sexual identity/orientation or gender identity. This includes gays, lesbians, bisexuals, hijras, kotsis, transgenders, etc.
1. Introduction

1.1 Human Rights and Sexuality Minorities
The founding document on which most human rights organizations base their advocacy is the Universal Declaration on Human Rights. From this initial document has emerged a whole series of human rights declarations, conventions and treaties pertaining to the rights of various marginalized groups and communities such as children, women, indigenous people, disabled people, prisoners, religious and ethnic minorities, refugees, etc. However, one significant absence in international human rights law has been an express articulation of the specific interests of sexuality minorities. This silence is dismaying, for the focus on human rights is often justified by invoking the Nazi holocaust and resolving to prevent another such genocide. What is forgotten in this invocation of history is that the Nazis not only systematically persecuted Jews, communists and disabled people, but also went about eliminating homosexuals. In fact thousands of homosexuals lost their lives in Nazi concentration camps.

It is only in the final decade of the 20th century that the gay/lesbian/bisexual/transgender movement brought to the fore the rights of those discriminated against because of their sexuality. In 1991, Amnesty International for the first time came out with a policy to support the rights of people imprisoned because of their sexual orientation or because of engaging in homosexual activity in private. In the mid 1990’s, the Human Rights Committee held that the anti sodomy law of Tasmania violated the right to privacy and the right to non discrimination guaranteed to all persons under the International Covenant on Civil and Political Rights. In Scandinavia, the provision of equal rights for sexuality minorities, including marriage rights, was an important breakthrough. The other major development has been the South African Constitution, which for the first time expressly prohibited discrimination on grounds of sexual orientation.

But while the scope of human rights has been extended to include hitherto marginalized communities at the global level, a similar movement is yet to take place in India. In fact, most human rights organizations in India (such as the People’s Union of Civil Liberties – PUCL) have not begun to address the question of rights of gays, lesbians, bisexuals, transgender, hijras and others who are oppressed due to their sexuality. Sexuality is sometimes viewed even in liberal and radical circles as a frivolous, bourgeois issue. In such a context, homosexuality is seen implicitly as something deviant and unnatural that is at best defended as an individual freedom but not a matter of priority for the human rights movement. Generally, issues of poverty and gender, class and caste oppression are seen as more important than that of sexuality. But this ignores the fact that sexuality is integrally linked to ideologies and structures of social oppression such as patriarchy, capitalism, the caste system and religious fundamentalism. Hence, the struggle for sexuality rights cannot be separated from the broader human rights struggle for economic, political and social liberation.

1.2 The Status of Sexuality Minorities in India
As reported in various studies, homosexual orientation is common in almost every culture and every society. However, homophobia is chiefly the product of a Judeo-
Christian morality spread to various parts of the world through European colonialism, which exported its laws and its morality into other local contexts.

It has to be noted that homosexuality also finds a mention in the various pre-colonial laws. Homosexuality is seen as an offence in Manusmriti, which however can be expiated. Lesbianism by contrast merits more serious punishment. Islamic Shariat law treats homosexual conduct as a serious offence, though it is being argued by some recently formed gay Muslim organizations that Islamic law can be interpreted in a non-homophobic fashion. It was with the enactment of uniform criminal laws in India, in 1860 that there was a uniform proscription of homosexual behavior.

Though sexuality minorities have always existed in India sometimes in forms, which are culturally sanctioned (such as the hijra) and at other times in invisibility and silence, their issues have never seriously been articulated. It is only recently that the rights of sexuality minorities as an issue have been taken seriously in India by various civil society organizations. With the founding of India’s first gay magazine Bombay Dost in the late 1980’s and the starting of a lesbian collective in Delhi called Sakhi, lesbian, gay and bisexual issues were first articulated in a public forum. Since those early beginnings, the fledgling sexuality minority rights movement has grown increasingly vocal and articulate.

Today there are organizations, helplines, publications/newsletters, health resources, social spaces and drop-in centers in most of the major cities in India like Delhi, Mumbai, Calcutta, Bangalore, Hyderabad, Pune, Chennai, Patna and Lucknow. There has also been a branching out into smaller cities and towns like Akola, Trichi and Gulbarga. In spite of this, the support structures provided are painfully inadequate with few or no such organizations for lesbians, bisexuals and hijras. What is more, many of the newly emerging organizations die out silently while even the more established ones have been able to reach out in concrete terms only to a small section of the sexuality minority population due to lack of resources, personnel, government support and extreme societal/state discrimination.

1.3 Context and Methodology

It is in these twin contexts of the global movement for recognition of sexuality minority rights and the increasing assertiveness of sexuality minority voices at the local level that the present report is located. PUCL-K has been receiving reports that there has been a sharp increase in attacks on sexuality minorities in Bangalore, including harassment and illegal detentions by the police of gay and bisexual men in public recreational areas. All sexuality minorities, i.e. gays, bisexuals, lesbians, transgender, transvestites, hijras and other homosexual men and women, suffer in different degrees social and political marginalisation due to their sexuality and/ or gender. To mobilize against these police violations, the Coalition for Sexuality Minorities’ Rights (CSMR), comprising sexuality minority organizations, lawyers, women’s organizations and social activists, was formed. This coalition approached PUCL-K to investigate reports of human rights abuses against sexuality minorities, and to help mobilize public opinion against such abuses. The PUCL-K invited ALF (Alternative Law Forum — a lawyer’s collective), Manasa (a woman’s group), and PDF (People’s Democratic Forum — another human rights group) to join in the investigation. A team was formed for the purpose comprising Arvind Narain (ALF), Sharada (Manasa), Venkatesh (PDF), Ramdas Rao (PUCL-K), and Laxminarayan (PUCL-K).
This team met on 2nd July 2000 to investigate reports of widespread police harassment of sexuality minorities in Bangalore. It was able to meet representatives of various organizations supporting rights of sexuality minorities such as Sabrang (an activist collective comprising people of different sexualities, including lesbians, bisexuals, gays, transgender and heterosexuals working for sexuality rights); Sangama (a resource and documentation center on sexuality, focusing on the rights of sexuality minorities); Good As You (comprising gays, bisexuals and lesbians); Swabhava (running Sahaya, a helpline for sexuality minorities) and Snehashraya (a group for Kannada speaking sexuality minorities).

However, as the team sat to hear the testimony of members of the affected communities, it became apparent that it was impossible to discuss police harassment without understanding the deeper structural roots of homophobia. For example, police harassment builds on and is reinforced by the fact that society looks at sexuality minorities with disgust and hatred and values them as less than human beings. It is felt quite acceptable to violate the human rights of people who the majority has never really considered as human beings worthy of the same respect as ‘normal individuals’. Hence in order to understand the oppression of sexuality minorities one needs to examine the various forms of oppression, both societal and state. It is only within this larger framework that one can comprehend the kinds of violence that sexuality minorities are subject to in our culture and society.

Due to the law, societal values and mainstream culture being unfavorable towards sexuality minorities, very few can afford to be open about their ‘illicit’ sexual orientations. Therefore, we would like to thank those who came forward and testified before the team. This report is a record of such testimonies and conveys something of the pain, anxieties and hopes of the people we met. It is an attempt to break through the invisibility and the silence that society has tried to throw over people simply because of their sexual orientation.

In spite of our best efforts we could speak to only gays, bisexuals and one hijra person. However we were able to remedy the lack of an adequate hijra voice by having an extended meeting with some hijra people on 8 October, 2000 (See section on hijras) The absence of lesbians in the hearing is itself an indication of the kind of oppression that they face, both as women and as non-heterosexual people and the infinitely greater silence that surrounds many issues pertaining to lesbians. We tried to make up for this absence by meeting a small group of lesbians separately on 16 December 2000. We also circulated a questionnaire on issues, which emerged in the course of the testimony to gays, bisexuals and lesbians. Apart from members of the community, the team also met Dr. Shekhar Seshadri of NIMHANS and other prominent physicians, as well as a reputed homeopathic doctor. We also met the ACP Cubbon Park circle, Mr. Santosh Hegde and Mr. Mariswamy Gowda, Inspector of Upparpet Police Station.

In this report, we have put together the testimonies of at least 25 people we met both in the office of Sangama and in other public spaces, as well as the information we gathered through questionnaires, interviews and a review of existing documentation. The names of those who testified at the hearings have been changed to protect their confidentiality because of fears expressed about police and societal victimization.

We would also like to apologize for the relative sketchiness of certain sections of the report, such as the ones on the workspaces, household spaces and impact on the self — areas in respect of which information is not readily forthcoming. We hope that
the next organization, which takes up this issue, will fill in these gaps and produce a more comprehensive report.

1.4 Focus of the Report

This report examines the human rights violations suffered by sexuality minorities in India (with specific reference to Bangalore) under two broad heads, namely the state and society, as two sites from which violence against sexuality minorities is perpetrated. The violations by the state can be further subdivided into violations by the law and by the police. Societal violence is inflicted through the various sites like the family, the medical establishment, workspaces, household spaces, public spaces and popular culture. Both societal and state violence impinge strongly on the individual person’s dignity. The report then goes on to document issues of further marginalization among sexuality minorities, namely the position of lesbians, bisexuals and sexuality minorities from low income/non English-speaking backgrounds and hijras. Finally, we conclude by putting forth a series of recommendations on how both state and societal violations of the basic human rights of sexuality minorities can be combated.
2. Discrimination by the State

The state is one of the powerful institutions through which discrimination against sexuality minorities is encoded, institutionalized and enforced. The prime means through which discrimination becomes a structural feature of everyday living of sexuality minority populations is through use of the law and the police.

2.1 The Law

Legal discrimination against sexuality minorities operates through the criminal and civil law systems. The regime of discrimination can be analyzed under the following heads:

2.1.1 Sec 377 of the Indian Penal Code

Legal Discrimination against the sexuality minorities takes many forms, the most notorious being Section 377 of the Indian Penal Code (IPC), a British colonial legislation criminalizing homosexual behavior, that continues to be in the Indian statute book although it has long since been removed from the British statute book.

Section 377 reads: Of unnatural offences: Whoever voluntarily has carnal intercourse against the order of nature with any man, woman, or animal, shall be punished with imprisonment of either description for a term which may extend to 10 years and also be liable to fine.

Explanation: Penetration is sufficient to constitute the carnal intercourse necessary to the offense described in this section.

Section 377 is repugnant on a number of counts, the main ones being:

- It does not distinguish between consensual and coercive sex. Thus cases of abuse and voluntary sex between two consenting adults can be prosecuted under this provision. This would violate the constitutionally protected right to privacy under the expanded definition of right to life (Art 21) (“Kharak Singh vs. Union of India”).

- The definition of “unnatural offences” is obsolete. It invites questions such as what is “the order of nature”? As conceived by whom? Previously, it was considered that the order of nature was that the sexual act be performed only for the sake of reproduction. But today it would not be considered “against the order of nature” if people have sex mainly for pleasure. Moreover, empirical evidence easily shows that homosexuality (male and female) and bisexuality (male and female) is widespread in the Indian society covering a large section of people belonging to different regional, linguistic, and religious backgrounds and social strata. Section 377 denies these people a right to their sexuality.

- It is also important to note that this section does not prohibit homosexuality, but only prohibits certain sexual acts, which both homosexuals and heterosexuals, married and unmarried people, might engage in. However this section is almost always used to target sexuality minority populations as they are erroneously seen as the only ones to perform ‘carnal intercourse against the order of nature’.
• It serves to legislate into being a new morality, a morality that condemns many forms of sex between two consenting adults including oral sex and anal sex and other kinds of sex, which the judges might decide, fall within the definition of “carnal intercourse against the order of nature”.

• In the entire history of the statute from 1860 to 1992, there have been very few reported cases (30) under 377 in the higher courts, with most of the persecutions being for non-consensual acts of sodomy (including sexual assault of minors). In fact, currently Section 377 exists only to be used by the police mostly to victimize gay and bisexual men whom they catch in public areas to extort money and blackmail, despite the fact that blackmail and extortion are criminal offences. Section 377 has also been used to intimidate lesbian women, particularly in the cases of women who have run away together, or if they make their relationship known. (Bina Fernandez, *Humjinsi*, 1999).

However, since Section 377 has also been used to prosecute cases of child sexual abuse, any demand for its repeal will have to go hand in hand with the enactment of a law on child sexual abuse.

2.1.2 Other forms of legal discrimination

• Section 46 of the Army Act notes that “Any person subject to this act who (a) is guilty of disgraceful conduct of a cruel, indecent or unnatural kind… can be removed from service”. There are similar provisions in the Navy Act that subjects all employees of the Indian Navy to the disciplinary requirements under a similar enactment.

• The legal provisions relating to obscenity (Section 292 and 294 IPC), the concept of moral turpitude as a ground for dismissal from service, and provisions in the various state Police Acts can also be used to target same sex behaviors and identities. Thus, the only way homosexuality figures in Indian law is as a conduct to be prohibited.

• There is no recognition of the rights of sexuality minorities in law. For instance, same sex unions do not even have legal recognition, let alone any of the economic and legal rights/benefits available to heterosexual marriage contracts. Same-sex couples are deprived of, among other things, the right to common property and inheritance, “next of kin” privileges in the event of illness or death of their partner, and custody maintenance and adoption rights. Given the fact that all cases of same-sex union in India that have appeared in the media are those of women from smaller towns, their economic and social vulnerability makes the legal and social acceptance of their relationship vital. (Bina Fernandez, *Humjinsi*, 1999).

• Homosexual relationships are not recognized when it comes to defining the family for the purposes of insurance claims, compensation under the workman’s compensation act, gratuity benefits and for the purposes of nomination.

• The constitution, while it contains certain prohibited grounds of discrimination such as race, caste, creed, sex, etc, does not specifically include sexual orientation. Thus the position of the law includes aspects which both empower the police to harass and reduce sexuality minorities to non-entities in the eyes of the law. In other words, sexuality minorities are subjects who have become fit
to be harassed, but are invisible when it comes to themselves being right holders.

2.2 The Police

In the testimonies we heard, oppression by the police turned out to be one of the major concerns of the gay, bisexual and transgender people. The oppression took the following forms.

2.2.1 Extortion

This appeared to be one of the most common forms of oppression. The police often stop gay/bisexual men in the cruising areas, threaten them saying we know what you are doing, take their names and addresses and extort money from them. It is difficult to estimate the number of cases of extortion suffered by the community, as there are obviously no police records. Since FIRs are almost never recorded it appears to be one of the easiest ways for the police to make easy money as the gay/bisexual men are so scared of being ‘outed’ to wider society that they will part with whatever they have with them.

2.2.2 Illegal detention

Another technique used by the police is illegal detention. The police in this case take people in for questioning and detain them in the lock up for periods of time varying from overnight to a few days. They do not file a First Information Report (FIR) and keep no documentary evidence of the person’s detention. Due to the lack of such evidence, these cases do not come to the attention of the public.

2.2.3 Abuse

Members of the community spoke about police abuse as another form that oppression took. The police often abuse the men using filthy language, beat them up and even subject them to sexual abuse. When this happens there is no recourse for the largely underground population of male gays/bisexuals as any reporting would mean that the anonymity is shattered. The systematic abuse suffered by sexuality minorities is brought out in a revealing remark like ‘the police were very nice they beat me only once’. Such a remark shows the degree of internalization of self-hatred wherein the person believes that he actually deserved to be beaten up. This is a serious psychological consequence of abuse.

2.2.4 Outing

The police have also on occasions outed gay/bisexual men to their families. In the recent testimony we came to know about a recent case when the police got to know about the sexual behavior of a gay/bisexual person and revealed the same to the family. In an environment wherein not only is homosexuality/bisexuality as an orientation a matter of deep public ridicule, but also a matter of private shame, outing by the police is a definite form of oppression.

The following incidents document the forms of police oppression outlined above:

- Recently there have been a number of reports of the police in Bangalore targeting people who are presumed to be homosexual in public recreational areas such as Cubbon Park and Krishna Rao Park (Basavanagudi).
On 23 February 2000, 3 men in Cubbon Park were taken to the local police station and illegally detained for a day after being forced to pay Rs.100/- each as extortion.

On 27 March 2000, 3 men who were chatting in front of the High Court building were taken to an isolated place in the park, verbally abused, harassed and warned against visiting the place again. In all these four instances, FIRs were not filed against these men and no receipts given for the money taken.

On 22 April, 2000, 10 men were picked up in the same area and taken to Vidhana Soudha police station where they were verbally abused, some badly beaten up, all their money taken, and their addresses were taken with threats to inform their families and embarrass them.

In another incident at Coles Park, a policeman beat up and chased away a number of people on the mere suspicion of being homosexual; when a bystander protested, he was told to mind his business.

On 8 June 2000, the police arrested Narayana, a self-identified kothi on suspicion of theft. He was not informed of the charge against him, neither was there any implicating prima facie evidence. He spoke to members of the team about the abuse meted out by the police. “I kept pleading that I was innocent, but was kept in the lockup was then taken by a public bus to Hubli for investigation and shamefully handcuffed to the seat. Even after the real thief was arrested on the third day and the goods recovered, I was still not released. The activists who came to demand my release were informed that I was not under arrest but was co-operating with the police investigation. The police then seized my diary, which contained the addresses of my kothi friends. Subsequently I was taken handcuffed to the cruising areas and told to identify the other kothis. When I complained to the Station House Officer about my continued detention I was told that I would be released only if I provided information about other kothis. I was finally released after eight days of verbal abuse and public humiliation and was threatened with serious consequences if I did not frequently report to the police station.”

These are just a few examples of a widespread pattern of police extortion, physical, verbal, and (often) sexual abuse, and blackmail perpetrated on gays/bisexuals by Hoysala teams (mobile police vans) and the beat constables in parks and other recreational areas. Since gay/bisexual men have no acceptance and no social space in society, these cruising areas are the few spaces available to them to informally network and socialize with other gay/bisexual men. Ironically, these public areas, lacking the privacy and protection of a home, are also places where gays/bisexuals are most prone to attack not only by the police but also by goondas and hustlers who take advantage of their vulnerability and stigmatized existence, to freely hound and rob them. Given their social invisibility, information about such attacks does not easily become public and hence is difficult to investigate and act upon.

Nevertheless, the documented cases of police highhandedness towards gays/bisexuals are serious enough to warrant a thorough investigation into such charges. It appears that instead of protecting the citizens and upholding the law, the police
themselves are violating laws relating to extortion, assault, wrongful confinement and wrongful restraint.

2.2.5 Emergence of sexuality minority activism

One welcome development is the formation in April 2000 of a coalition of sexuality minorities (including a lawyer’s collective and a woman’s group) to resist these increasing police violations against gay/bisexual men in parks and other recreational areas. The coalition has been able to bring about some public awareness and support for the issue, leading in turn to the admittedly minimal empowerment of a hitherto powerless minority to be able to at least report instances of police harassment to a sensitive group. The coalition comprises several Bangalore-based organizations, such as ALF, Good As You (GAY), Manasa, Sabrang, Sangama, Snehashraya, and Swabhava, which are involved with the rights of sexuality minorities.

According the members of the coalition, police atrocities on the homo/bisexual and transgender people have increased alarmingly in the months spanning February to April 2000. “They are actively harassing, blackmailing, physically and verbally abusing the gay and homosexual group of people,” alleged members of the Coalition (Bangalore Weekly, 8 June 2000). “There have been several such instances of abuse. A week ago, we saw a person being beaten up in a public area under the Fraser Town Police Station by cops belonging to the Hoysala team No. 36. Similarly two weeks ago 11 persons were beaten up in two separate incidents in Cubbon Park.”

2.2.6 The police response

- In the last week of April, members of CSMR met the Police Commissioner T. Madiyal on this issue and he assured them he would look into the matter. In the second week of May, the coalition was invited for a discussion by the Cubbon Park police inspector and sub-inspector. They thanked the coalition for reporting cases of police excesses to them. The group was told that the cops in Hoysala team No.36 had been changed.

- When the Joint Commissioner of Police Dr. Ajai Kumar Singh was asked what the police view was on the subject of gay rights, he said: “Homosexuality is an offence under Section 3 of The Indian Penal Code and it is the duty of the police to prevent any kind of offence from happening. If the cop on duty questions or prevents any form of crime, he is only doing his job. Where is the question of harassment or atrocity? These are not cases of human rights violation because these groups are not legally recognized. Let them repeal the IPC Act, which bans homosexuality. Even if the Act were changed, people would still be penalized if they continued to attract or encourage obscenity in public places. They can carry on with their activities in their homes, but not outside” (Bangalore Weekly). Singh also added that the police was under tremendous pressure from the general public for taking money from gay groups and turning public spaces, particularly Cubbon Park, into a park for people with alternative sexuality. “The allegation is from both the sides. The police will obviously have to take the side of law and make sure that public places were not misused. So far we have not received any notice from the National Human Rights Commission on police atrocities on gay and transgender people.” About the complaint of the coalition that the police are guilty of extortion, abuse and illegal detention of sexuality minorities, his response was: “If the allegation is against extortion, physical abuse or illegal detention, then the aggrieved should
immediately lodge a formal complaint in the said police station and we will look into the matter. Justice will be done.” (Bangalore Weekly, 18 June 2000).

- The PUCL team met the Assistant Commissioner of Police of the Cubbon Park Circle, Mr. Santosh Hegde, on 29 November 2000 to find out if the police having jurisdiction over Cubbon Park are following any specific policy with respect to sexuality minorities. Denying that there was any such policy, he said that in his entire career there was not a single case booked under Section 377. He maintained that the police do not normally arrest men on the suspicion of being homosexual in a public park, which is frequented by people from all sections of society. Hence it is not possible to arrest someone merely on suspicion of being homosexual, because a defense lawyer could easily shoot it down. However if a homosexual act did take place, and proof was available the police would definitely arrest the perpetrator. About extortion, Mr. Hegde admitted that policemen are not all ‘Satya Harishchandras’ and it was possible that some of them do extort money from homosexuals but the problem was that homosexuals do not come forward to lodge a complaint due to social stigma. As regards the nature of homosexuality, Mr. Hegde was quite clear that it was an animal-like behavior.

- Mr. Mariswamy Gowda’s comments to our team were guarded and cautious but sufficiently revealing about how the police deal with sexuality minorities. He admitted the difficulty in booking cases under Section 377 of the IPC; unless one of the sexual partners complains that he was coerced into a homosexual act (in other words, a case of rape), it is almost impossible to book a case against a homosexual. In fact, according to the officer, to the best of his knowledge not a single case has been booked against homosexuals in Bangalore, at least in the last 20 years. Like other officers, this officer believed that homosexuality is an unnatural offence under Section 377, although it was clear from his account that he was referring not to homosexuality per se but to homosexual acts. When asked about if the police go on clean up drives against sexuality minorities, he guardedly admitted that the police did on occasions chase away hijras and those suspected of ‘indulging’ in homosexual acts as it amounted to a public nuisance.

2.2.7 Concluding comments

From the above statements, it is clear that police regard homosexuality as an aberration and an instance of animal-like behavior. Despite these prejudices regarding homosexuality, they still have to adhere to a certain rule of law framework laid down in the Indian Penal Code and the Criminal Procedure Code. Thus as Mr. Hegde noted, it was not possible to arrest merely on the suspicion that someone was a homosexual. (Section 41 of the Criminal Procedure Code requires such suspicion to be reasonable.) In cases of extortion, illegal detention and physical abuse, the police are obliged to look into the matter if a complaint was lodged (sections 384, 389, 341 and 342). This however is easier said than done due to the fear on the part of sexuality minorities of being ‘outed’ to their families, fellow employees and wider society. Hence unless further steps are taken to guarantee the confidentiality of the complainant, it is unlikely that sexuality minorities would be able to lodge FIR’s in the police station.

The existence of a rule of law framework can also be a space that human rights organizations and sexuality minority organizations should claim in order to protect the basic human rights of sexuality minorities. However the extent of ignorance among the top levels of the police with respect to Section 377 is shocking and inexcusable. As
noted before, what is penalized in Indian law is homosexual acts and not homosexuality, which is a wider concept and can be defined as ‘same sex attraction’. Further Mr. Singh is wrong in asserting that groups that support gay rights are illegal.

This convenient elision from sexual behavior to sexual orientation serves the police well during the so-called “clean-up drives” against the sexual minorities. Despite the Police Commissioner’s explicit denial, Mr. Mariswamy Gowda asserted that the police under his jurisdiction periodically round up a number of people whom they identify as gays and release these people only after ensuring that they don’t reappear in the area; hijras whose sex work makes them “a public nuisance” face a similar eviction. During these “clean-up drives,” no charges are pressed, no legal procedures are followed by the police; obviously, the police are aware that their actions are untenable as it violates the rights of free association and assembly guaranteed to all citizens under the constitution of India. In operating entirely outside the ambit of law, the police are confident that they have the support of the dominant culture. This makes it well nigh impossible for sexuality minorities to emerge from the pall of invisibility.

While Sec 377 provides the legal sanction to arrest people who engage in the sexual acts forbidden by law, cases under this provision rarely come to court. Thus what is clear is that the police have no clear policy on sexuality minorities. The law is more often used by the constables to extract money and favors from the affected people. While the police officers at the top-level claim that they follow the norms with regard to sexuality minorities, the average constable feels at liberty to misuse Section 377 to extort, harass and abuse sexuality minorities. Organizations dealing with sexuality minorities should use this gap between the claim (that one cannot arrest merely because people are talking to each other) and the practice (arrest and illegal detention merely on the suspicion of being homosexual) to hold the police force accountable for the violations of the rights of sexuality minorities.
3. Societal Discrimination

Underpinning intimidation by organs of the state is an insidious and pervasive culture of silence and intolerance practiced by different sections and institutions of society. Many people deny the existence of sexuality minorities in India, dismissing same-sex behavior as a Western, upper-class phenomenon. Many others label it as a disease to be cured, an abnormality to be set right or a crime to be punished. While there are no organized hate groups in India as in the West, the persecution of sexuality minorities in India is more insidious. Often, sexuality minorities themselves don’t want to admit the fact of persecution because it intensifies their fear, guilt and shame. Social stigma casts a pall of invisibility over the life of sexuality minorities, which makes them frequent targets of harassment, violence, extortion, and often, sexual abuse from relations, acquaintances, hustlers, goondas, and the police.

All this denial and rejection by society under various pretexts backed by an enforced invisibility, exposes sexuality minorities to constant abuse and discrimination. Social discrimination against sexuality minorities manifests itself in the production of the ideology of heterosexism which establishes the male-female sexual relationship as the only valid/possible lifestyle and renders invalid the lives and culture of those who do not fit in. The ideology of heterosexism pervades all dominant societal institutions such as the family, the medical establishment, popular culture, public spaces, workspaces and household spaces. We will examine each of these sites thorough which sexuality minorities are silenced and oppressed individually.

3.1 The Family

Most Indian families socialize children into the inevitability of heterosexual marriage and the pressure to marry begins to be applied slowly but inexorably. Both men and women experience the pressure, but undoubtedly the pressure is greater on women, who in the Indian context have far less independence. There is no space within the family to express a non-heterosexual alternative. In this conservative context some sexuality minorities have chosen to ‘come out’ to their families as having an alternative sexual orientation. The reaction to this particular disclosure has ranged from acceptance to violent rejection.

The family may completely disown their son or daughter and refuse to accept that he or she is homosexual and forces the child to undergo psychiatric treatment in a vain attempt to convert them into heterosexuality or to push them into an unhappy marriage where the wife suffers equally, bearing the burden of an unworkable marriage, and her sexual freedom curbed. In one reported case of a boy studying in a prestigious college in Bangalore, when he came out to his parents, they chose to disown him. They stopped paying his college fees forcing him to discontinue his studies for one year. However after a year had passed they were mollified enough to finally accept him. In another reported case of a young man whose mother found out he was gay, she threatened to take legal action against him. The most tragic case pertains to a newly married gay man who could not bear the vicious verbal abuse of his domineering brother and he and his wife are rumored to have committed suicide. Often, as in this case, the suicide is deflected by friends and family and attributed to a family quarrel or
some other cause. In fact, such a suicide, brought about by social persecution, is nothing short of social murder.

However there are some families who have taken time to adjust to a new reality, going through phases of denial, hatred, bitterness and finally acceptance. In one recent case, a retired police officer and his wife came to the group Sabrang to find out more about homosexuality as his son had come out to him as being gay. The parents after going through initial shock were learning to cope with the new reality.

What also needs to be understood is that nothing prepares parents for such a disclosure considering the absolute lack of non-judgmental information. Since there are few mechanisms, which can help parents to understand and cope with such disclosures, violence and hostility are understandable responses to coming out in a cultural context of homophobia.

3.2 The Medical Establishment
The medical establishment is in itself complex and involves different systems of medicine which span ayurveda, homeopathy and allopathy. It includes various kinds of medical practitioners such as quacks, hakims and popular psychiatrists. This section will examine the attitudes to sexual minorities of allopathic and homeopathic systems as well as analyze the columns of one popular psychologist.

3.2.1 The Allopathic system
The discipline of medicine was the first to classify homosexuality as one of the sexual perversions. However, after a sustained struggle by the gay and lesbian movement, the American Psychiatric Association finally removed homosexuality off the list of diseases in 1973. The WHO has also recommended that homosexuality should not be treated as a disorder in its classification system called ICD-10 (International Classification of Diseases).

In India the medical establishment (i.e. The Medical Council of India, Indian Medical Association and Indian Psychiatric Association) has adopted the WHO system of classification of mental and behavioral disorders known as ICD-10 (1992). It distinguishes between “ego syntonic” and “ego dystonic” homosexuality and categorises ego dystonic homosexuality, bisexuality and heterosexuality as psychiatric disorders.

In ego dystonic homosexuality, bisexuality or homosexuality, the gender identity or sexual preference is not in doubt, but the individual wishes it were different and seeks treatment. In ego syntonic homosexuality, by contrast, the individual is comfortable with his or her sexual preference or gender identity. Psychiatric treatment to change the patient’s identity or sexual preference is warranted in the case of ego dystonic sexuality of any kind.

Ego syntonic homosexuality warrants treatment if the individual experiences anxiety about coming out and other issues of self-esteem but is not considered a disorder. Apart from the ego syntonic-dystonic distinction, if a person faces problems in maintaining a sexual relationship due to the person’s sexual preference or gender identity then ICD-10 classifies it as a sexual relationship disorder, which also warrants treatment.
In order to determine whether the patient’s experience is either ego syntonic or ego dystonic, medical professionals are expected to carry out an evaluative process in which sexuality is looked at in all its dimensions such as sexual desire, sexual fantasy, sexual arousal and orgasm. If the patient is ego dystonic, then doctors have various options, including prescription of drugs, cognitive behavioral therapy and aversion therapy. This type of therapy exposes the person to visual images of the disorder he/she is dealing with, followed by a mild electric current so that the image is associated with discomfort. For example, if a person with homosexual fantasies is shown a picture of an attractive man and simultaneously administered a mild shock the frequency of the homosexual desire comes down. Prior to the prescription of treatment such as behavioral therapy, the doctors are expected to get the consent of the patient to the prescribed treatment.

3.2.2 The Allopathic system and human rights

When it comes to the above-mentioned procedures the human rights of sexuality minorities are violated in the following ways:

- The classification system of ego dystonic homosexuality, bisexuality and heterosexuality adopted by ICD-10 has been seen as problematic. Though ICD-10 clearly includes even ego dystonic heterosexuality as a disorder, that is eyewash, as the majority of cases happen to be ego dystonic homosexuality or bisexuality. Further as Halpert argues, “to even suggest that it is the responsibility of gay and lesbian clients to change their sexual orientation in order to be happier and more well adjusted is to ignore the negative stigma society attaches to homosexual behavior. To attempt to cure is to reinforce bigotry.” (Halpert, 2000)

- There is enormous scope for rights violation, because doctors carry social prejudices against sexuality minorities into the treatment. The doctor is expected to carry out an evaluative process to determine whether the patient does have ego dystonic homosexuality. However whether the doctor goes through the process or not, there still remains enormous scope for the societal biases and prejudices carried by the doctor to play a role in diagnosis. As an interview with a behavioral therapist in a prominent Bangalore based hospital revealed, ego dystonic homosexuality is seen as a condition when the patient is distressed about his homosexuality. As the doctor himself admitted, the distress could be due to different factors such as pressure to get married or need to conform to culturally appropriate sexual practices. In spite of these social pressures playing such a strong role in causing the patient distress, the doctor determines that any patient who comes to him (regardless of the syntonic/dystonic distinction) suffers from ego dystonic homosexuality and merits treatment. The doctor also drew a linkage between drug use and gays, as well as HIV/AIDS and gays, noting that both were more common in the gay community. These unsubstantiated prejudices about sexuality minorities undoubtedly lead the doctor to prescribe treatment to all people who came to him for treatment as all of them are perceived as suffering from a medical illness.

- As Dr. Shekhar Seshadri pointed out, even if the doctor is well meaning and sympathetic towards the cause of sexuality minorities, the enormous social pressure put upon the doctor to make the patient normal by the family, society and sometimes the patient himself or herself becomes difficult to resist and the
doctor ends up prescribing treatment options which do enormous harm to the patient.

- The doctor has no prescribed procedures to follow when a patient is diagnosed as having ego dystonic homosexuality. There is an absence of concrete norms with respect to when and under what circumstances treatment options can be prescribed for ego dystonic disorders and a complete absence of any meaningful understanding of what informed consent actually means. That is doctors can prescribe aversion therapy or any other treatment without providing the patient with information on the normalcy of homosexuality/bisexuality or the existence of support groups. Thus the patient makes a ‘choice’ to go in for treatment in a context of little information and much prejudice. The treatment choice made by the patient would not be an informed choice. By contrast, the resolution of the American Psychological Association notes that ‘conversion therapy requires all psychologists to disseminate accurate information about sexual orientation, provide informed consent and alternative treatment information in a non discriminatory manner in a value neutral environment.’ In an environment where there is little information about sexuality minorities, and very little support for sexuality minorities to lead their lives as sexuality minorities, it becomes incumbent upon the doctor to provide accurate information on sexuality minority rights, the existence of support groups, and other information which would help the patient make an informed choice about whether to go in for treatment or not.’

- The PUCL team asked the behavior therapist mentioned above about the treatment options prescribed for a person diagnosed as suffering from ego dystonic homosexuality. Though reluctant to answer the question at first, he noted that one kind of treatment was to change the gender inappropriate behavior of the patient, thus for example ‘sissy behavior’ (i.e. taking on the gender role of a female). Since the patient lacked gender appropriate skills he would be taught to walk, talk and interact in a gender appropriate manner. Further there were masturbatory techniques, which they prescribed as well as aversion therapy, which was practiced. All these techniques are aimed at coercing sexuality minorities into the socially sanctioned heterosexual behavior. While prescribed treatment was subject to the ‘informed consent’ of the patient, this was obtained without informing the patient about homosexuality in a non-judgmental fashion and without intimating the patient about the existence of organizations working for the rights of sexuality minorities.

3.2.3 The Homeopathic system

Apart from the influential system of Allopathy, other systems of medicine such as ayurveda and homeopathy also see homosexuality categorically and un-problematically as a disease and perversity for which they offer various cures. In a revealing interview with a reputed homeopathic doctor, the PUCL team was able to glean the mindset operating in many such doctors. According to this doctor, since homosexuality doesn’t involve chemical imbalance, Allopathy is unable to diagnose it as a disease whereas homeopathy can, since it focuses on the individual as a whole, in terms of a unique personal history. While there were many homosexual activists who tried to establish it as a normal condition, the doctor warned us that it was not only a pathological disease but also a criminal offence meriting punishment under the law. Given the gravity of this medico-legal aberration, the parents should unilaterally take measures to get it cured.
irrespective of the wishes of their ward. He assured us that there were certain drugs which homeopathy does prescribe to cure homosexuality and that he himself had cured a few such people. He however added that such medicine should be prescribed only after counseling the patient.

As for its genesis, homosexuality, according to this doctor, could invariably be linked to a dysfunctional family or a history of sexual abuse or boyhood homosexual behavior. In all the above cases there was every chance that inevitably the boy could turn into a homosexual adult.

What was evident from the above interview was that homeopathy associated homosexuality with disease, perversion and an ‘abnormal’ personal history. Homeopathic doctors like their other counterparts are also steeped in a pervasive heterosexism, which offers itself as a sound medical science.

3.2.4 Popular psychology

Catering to mass newspaper audience, popular psychology with its reassuring expertise reflects back to the dominant culture images of its own normality as well as censuring practices, which are beyond the pale of social morality. This is to be seen in the regular columns contributed by family counselors on issues pertaining to sexuality. A very good example is Saul Perreira whose column entitled “Saul’s Solutions” appeared in Times of India during 1997-98.

In his column of 22 February 1997, Saul Perreira warns young people seeking advice on matters related to homosexuality that “it is an avoidable indulgence and has several dangers associated with it: the risk of infection, the guilt, the pressure of remaining in the relationship by compulsion, the social stigma and the social withdrawal that will ensue.” Perreira’s persistent anxiety in his columns is to reinforce the idea that the only healthy sexual relationship is a romantic heterosexual one leading to a presumed monogamous happy marriage. Hence, a past homosexual relationship should be hushed up (31 January 1998). If it persists it should be firmly put down through exposure and punishment (22 February 1997). Homosexuality springs from “lack of meaningful exposure to girls”, but Perreira reassures his young male readers: “give yourself a reasonable chance to sort this matter” (20 December 1997). In this case, the boy’s problem is a common one besetting a young homosexual pushed into a marriage not of his choosing, but not wishing to spoil his bride’s life either. Saul sidesteps the boy’s problem and advises him on how to turn into a ‘normal’ heterosexual through therapy. Such anxieties and evasions reflect the dilemmas of Indian mainstream society being increasingly forced to acknowledge people of different sexualities in its midst.

3.3 Popular Culture

Popular culture today - comprising organs of mass media such as the press (regional and national), television and films - does not offer any positive role models for relationships between sexuality minorities. As in other societal institutions, there is a resounding silence on the issue of lesbian, gay, bisexual or transgender relationships, lives and culture. Sexuality minorities figure in popular culture, if at all, only as objects of fun and derision replaying stereotypes of gay men as effeminate and lesbians as manly. We will look at the portrayal of sexuality minorities in the following sections.
3.3.1 Films and books in English
The last decade has seen a spurt of films on issues relating to sexuality minorities, such as ‘Fire’ and ‘Bomgay’ and the recent documentary by the young Delhi-based film maker, Nishit Saran on coming out to his mother, called ‘Summer in my veins’ As for writing about sexuality minorities, some prominent studies are: Shakuntala Devi’s The World of Homosexuals (1977); the path breaking survey, Less than Gay (1991); Arvind Kala’s somewhat sensational and prejudiced account, Invisible Minority (1992); Giti Thadani’s important study of lesbianism in the Indian tradition, Sakhiyani (1996); and Ruth Vanita and Saleem Kidwai’s Same Sex Love in India (2000). Suniti Namjoshi, Shyam Selvadurai, and Firdaus Kanga are some of the noted fiction writers exploring issues of different sexualities. In 1999, Penguin published anthologies of gay and lesbian writing in India edited by Hoshang Merchant and Ashwini Sukthankar respectively, which had a good reception, on the whole.

3.3.2 English language press
The portrayal of sexuality minorities in the English language press has become more and more positive in the last decade, especially after the publication of Bombay Dost, the first gay magazine in India, which started in June 1990, and major media coverage given to the marriage of two policewomen Leela and Urmila in 1988.

A typical article of English language press is Parvati Nair’s ‘Gay... and happy’ which gives a sympathetic account of gay men, one of whom is quoted as saying: “The two most common misconceptions about gay men seem to be that they are either impotent and are therefore a failure with women or that they are sex-crazed and casually rape every young boy they come across. This is a ridiculous generalization; it’s like believing that every ‘straight’ single male is celibate or that all married women are unhappy. Nobody is perfect and there are decent gays and perverts just as there are among straight people” (“Trends”, Indian Express 23 October, 1997). Newspapers and news magazines such as Times of India, India Today, Sunday, The Week, Bangalore Monthly (now Weekly) and Asian Age have been carrying articles with a positive slant. Some newspapers such as Asian Age and Times of India support gay rights more than others.

However many articles still play on stereotypes and spread misinformation. One common stereotype sees homosexuality as a form of sex work and gays as people who are pushed into homosexuality for economic reasons. A typical article is Gautam Machaiah’s piece titled ‘The Gay Kingdom’ with a box item “They made me a gay” (Indian Express 20 February 1994). S. Seetalakshmi also plays on the same stereotype: “Though many people deny the existence of homosexuality in India, a large number of young boys and girls are lured into it for various reasons including money and jobs”. (Times of India, 25 October 1997). Another article titled, ‘Students take to the gay way to make money’ replays the same stereotypes and notes that young students pick up elderly men to make money (Times of India, 2 June 2000). Often the stark illustrations accompanying these articles are quite revealing of how the dominant culture constructs gays: depressed, lonely, fragmented and dwelling in the depths of a gloomy and perverse underworld. The suggestion is that gays have created their own private little hells and have put themselves out of reach of humanity.

3.3.3 Regional language press
The regional press moves beyond mild expression of stereotypes and is often viciously homophobic characterizing homosexuality as a disease, perversion and disorder; it is
also a Western disease, which those who are influenced by western values succumb to. It’s not something that exists locally. Here are some representative instances:

- In an article in Kannada by Ravi Belligere titled, ‘Bangalore’s secret sex society’, Bangalore’s gay group (Good As You) is described as a sex-obsessed group, which meets regularly as a group to have sex (*Hai Bangalore*, 1 May 2000).

- The Kannada magazine *Grihashoba* reported the Sydney gay pride festival with a photo of 3 Australian drag queens, thereby constructing homosexuality as exotic, Western and other (11 June, 2000).

- In an article in *Sapthahik Pahadi Lahar* (from Simla dated 17 October, 1994), Rajiv Dikshit, a reputed social activist, announces that Bangalore is now ‘A City Drowning in the Gutter of Homosexuality’. It attracts young men from all over the country who come to study but flock to its numerous pubs and are initiated into the prevailing homosexual culture and end up in male sex work. Like many others, Dikshit equates homosexual behavior with male sex work. Homosexuality is also seen as the latest perversion coming from a jaded and hedonist Western society that is constantly in search of more decadent pleasures; an exploitative society that sets up a regime of sexual pleasure in order to push further its agenda of globalization. Dikshit’s progressive rhetoric can barely conceal its sensationalism and its rigid sexual morality.

- One of the worst examples is a piece in Telugu by Dr. Pattabhiram, a well-known hypnotist in Hyderabad who contributes a regular column in the popular magazine on hypnotism as a therapy. Answering the question as to why no cure has been found for AIDS so far, Dr. Pattabhiram attributes the rise of the disease solely to homosexual behavior, which, according to him, even animals like rats and dogs find abominable and resist being subjected to, in laboratory experiments. This, he thinks, is the reason why a vaccine has not been developed for AIDS so far. Despite its degrading nature, homosexuality remains an irresistible addiction for many humans who however can be cured of it through hypnotism. This article betrays all the stigmas usually attached to homosexuality, i.e. that it’s a disease to be treated medically, that it leads directly to AIDS, that it is too revolting even for animals and so on. Such blatantly unscientific medical advice that feeds into the lurid popular characterization of homosexuality only serves to uphold the conventional heterosexist social order.

### 3.3.4 Other media

Apart from books and newspapers, other forms of media construct dominant images of sexuality minorities. English satellite channels provide considerable news and information on sexuality minorities and show many films about them. Star TV, for example, has given a lot of visibility to the issue. The Internet has become the easiest medium to get information on issues relating to same sex relationships; e-mail groups (listserves) link hundreds of Indian lesbians, gays and bisexuals. Here again regional media (such as TV and film) stand out in contributing to the stereotypical portraits of homosexuals as effeminate and abnormal. Some examples are “Daaarya” (Amol Palekar on cross dressing), “Darmiyan” (Kalpana Lajmi) and “Tamanna” on *hijras*. However, there are exceptions too: a popular Sun TV serial in Tamil is reported to have portrayed gay characters very positively.
3.3.5 Concluding comments

On the whole the portrayal of sexuality minorities outside the metropolitan context is not only very minimal but also generally negative. Sexuality minorities from non-English backgrounds have no role models to look up to. Which is one of the reasons why gay men from non-English speaking backgrounds are less able to resist the pressure to get married, to see the possibilities of same-sex love/relationships and to take on a gay identity.

In such a context where our main cultural institutions construct an environment wherein homosexuality is a perversion, or refuse to talk about homosexuality and there is little space for positive and affirming constructions of homosexuality, it is inevitable that we create mindsets in which sexuality minorities feel lonely, desperate, and even suicidal. The kind of oppression that a dominant culture of heterosexuality can foster in those who see themselves differently needs to be studied more seriously.

3.4 Public Spaces

Public spaces are not only gendered but also heterosexual. Men have more access to public spaces than women. The kind of oppression men face in the public parks has already been documented. Apart from the police, society too oppresses sexuality minorities. Especially for lesbians there is no safe access to public spaces, no space where they (unlike gay/bisexual men) can meet other lesbians. Even gay, bisexual and transgender people spoke to us about the ‘un-safeness’ of cruising areas.

3.5 Workspaces

Most sexuality minorities dare not be open about their sexuality at their work space for fear of ostracism at best and termination of employment at worst. Thus what is normal heterosexual social interaction (talking about husbands and wives, women and men one finds attractive, etc.) becomes impossible as sexuality minorities try and disguise the ‘he’ for the ‘she’ and vice versa. In addition to this hidden psychological violence, which most sexuality minorities suffer, some have suffered direct discrimination too. Activists spoke about one young boy from Thiruvananthapuram who was dismissed from his dance troupe on his employer finding out that he was gay.

3.6 Household Spaces

Most of the time when people of the same sex live together, there might not be an ‘unnatural’ connotation put to it. However when the couple is found out to be lesbian or gay, discrimination does ensue. When a Bombay-based activist came out, she quickly found out that she had to find a new place to live in as her landlord asked her and her partner to move out. Activists also spoke about the huge barriers hijra populations faced in getting accommodation due to what can be called hijra-phobia, which is deeply ingrained in the dominant culture (see section on Hijras).
4. Impact of Discrimination on the Self

The combined operation of the various societal institutions and mechanisms which bear down upon the affected person constructs a mindset wherein the person begins to think of himself as dirty, worthless, unclean and vulgar. The invisibility and silence which surrounds the existence of sexuality minority lives and worlds produces its own order of oppression, creating in many the impression that they are the only ones ‘cursed’ with such desires in the world. In one particularly poignant incident that emerged in the testimony the team came to know of a person from Dharwad who came to know that there were other people in the world with desires similar to his own only when he was sixty years old.

There is an enormous erosion of self-esteem, which is perpetuated by the way dominant society operates, what it believes in and what it says. It is a process of self-abuse wherein the person believes that what society says about sexuality minorities is true for herself. As Elavarti Manohar reflected in his personal account of coming out:

“I began to dislike myself for being a homosexual and felt ashamed that I had to hide my sexuality all the time. Many questions haunted me. ‘Why did I become a homosexual? Am I not man enough? What if someone discovers that I am gay? Would I be able to live the rest of my life with shame?’ I could own my sexuality under the cover of darkness, in a world peopled by anonymous individuals; everywhere else I had to suppress it. Leading a double life was tearing me apart. Suppressing my sexuality did not help either.” (“Many People, Many Sexualities: a Personal Journey”, Voices, April 1999).

This process of self-abuse in some people leads to cycles of depression and self-rejection, leading to attempts at suicide and sometimes-actual suicide. This is especially true for an adolescent gay/lesbian/bisexual for whom there is confusion about one’s sexuality and sexual identity. Many who testified at the hearing spoke about having contemplated suicide at one time or another in their life. Recently, in Kerala about 5 or 6 couples of lesbian women were reported to have attempted suicide because of their lesbianism. Subsequently, some of the survivors are being persecuted for being lesbian (Humjinsi).
5. Issues of further marginalization

So far, the report has dwelt on the problems faced by sexuality minorities in general. However, they are not a monolithic community any more than other social minorities are; the problems of discrimination and abuse appear different for each section of sexuality minorities. Since in India discrimination against male gays is more overt and has already been touched upon in this report (See sections on Police harassment, Section 377, Medical Establishment, and so on), we will now focus successively on how lesbians, bisexuals and hijras are treated in Indian society and how the position of sexuality minorities is bound up with issues of class, caste and gender. Our purpose is to show that social and economic marginalisation for sexuality minorities is accentuated even further as one moves from one group to another.

5.1 Lesbians

Even more than gay/bisexual men, lesbians are a largely silent and invisible people and often said to be (sometimes even by women’s organizations) non-existent in India. For this reason, they rarely face police harassment through Section 377. But this hidden, invisible space forces them to live an anonymous and secretive life, in shame and guilt.

There are a number of reasons for this closet existence. The most important reason has to do with Indian society, which is constructed on the norms of heterosexuality, monogamous marriage, and the control/denial of women’s sexuality. These norms stigmatize lesbian and bisexual women just as they perpetrate violence against heterosexual women and keep them in a subordinate position in the family. Thus gender discrimination and discrimination against lesbians and bisexual women go together. Another reason is that public space in Indian society is predominantly male; unlike gay/bisexual men who are able to find public places (parks, toilets etc.), albeit risky and restricted, lesbians and bisexual women have no such spaces. Often they are confined to the home, which though defined as the woman’s space, is hardly the place where woman’s sexuality, least of all lesbian and bisexual women’s sexuality, can find expression. Patriarchy forces all women, heterosexual or lesbian, into marriage, and pushes them into obligatory roles of mother and wife. This is one of the reasons why even the various organizations which have been formed by sexuality minorities have had limited lesbian participation.

In the meeting the team had with a small group of lesbians (Hindu middle class) on 16 December, 2000, the team realized that though there are commonalties that lesbians share with other sexuality minorities, the way oppression operates among them is significantly different. Thus, for instance, about the incidence of police harassment, Lakshmi pointed out that the issue might be more relevant for gay men than for lesbians. Similarly, the struggle for lifting Section 377, she felt, would help mostly gay/bisexual men (although it is occasionally used against women as well). According to her, the more important issue was the right of all homosexual people to marry those of their own gender.

The most critical problem facing lesbians in India was the way society simply refused to recognize them and was trying to silence their existence. This was ensured through the family, which, they all agreed, was the most oppressive and the least supportive for lesbian relationships. In fact, single women who rejected marriage are
safeguarded and more tolerated by society than lesbian couples who want to be in a relationship. Even close friendships between women are frowned upon by the family due to some unexpressed suspicion. If their parents found out about their daughter being in a lesbian relationship, some might even complain to the police that she had been kidnapped and bring her back into the family and get her married off. Conversely, if their family supported them, Sheela felt that they could do anything in society.

Everybody in Indian society thinks that the only security for women is obtained from a marital relationship with a man. This becomes inevitable, as close relatives will ask the parents if your daughter has not yet got married and this pressurizes parents too. Everybody thinks that only if a girl gets married to a man will she be secure.

Lakshmi was of the opinion that in our society there is no space for individuality for women who have to live entirely according to social norms and parental demands. “In all circumstances, we have to do what our parents say regardless of our desires. If they say sit we have to sit, if they say stand we have to stand.” Even where parents are broadminded, they are afraid of society and tend to conform to social norms.

Speaking about their personal experiences, the two couples said that they had met each other at college and decided to enter into stable relationships. It was difficult to get to know other lesbians, as there were no spaces where one could meet other lesbians.

Once one got into a lesbian relationship, one could not confide in anyone else and kept it a secret as far as possible. When Sheela called up Devaki, the latter would ensure that her mother did not know about it. But Devaki was lucky to have a sister who knew about their relationship and would help her by clearing the ground; however if her brother came to know about it he would not be as supportive. Sensing similar support, Devaki had approached her aunt who, quite to her surprise, revealed to her that she too had been a lesbian but she had been forced to get married. “At least that gave me some consolation. Only a lesbian will understand the problems of another.” Her aunt told her that she should not make the mistake she did and yield to pressure and get married. Nevertheless, many lesbians are able to continue their relationship even after their marriage.

What also emerged during the course of the discussion was that becoming a lesbian was a process of self discovery: As Nandini noted, at first she felt that she was doing something wrong and she prayed to God to forgive her. But now she had accepted her identity.

Lakshmi and Nandini pointed out that their families regarded their relationships as frivolous and temporary, which they would get over the moment they got married. Whereas for them the relationship was long lasting and the recurrent nightmare they had was that the relationship would be broken up and that they would be separated.

About the media, they felt that while it is overwhelmingly heterosexual in focus, there was increasing coverage of homosexuality and lesbianism in publications like Femina and in a film like Fire, which had increased the awareness of their identity and their situation in society.

In conclusion, they felt that for sexuality rights activists, the first priority is to push for same sex marriage. As Devaki said: “if it becomes legal, our parents will fall silent, they will have to give us support.” Only when homosexuality is treated on par with heterosexuality in all respects can lesbianism flourish in our society.
5.2 Bisexuals

Bisexuals are people who are attracted to persons of both genders. Bisexuality de-centres our binary notions about homosexual/heterosexual. For many bisexuals, the gender of their partner is not very important.

Many of the oppressions documented in the report are common to all sexuality minorities including bisexuals such as police oppression, oppression by the medical establishment, family and society.

However, there are concerns centering on bisexual identity/orientation, which are specific to bisexuals. In India, as in other parts of the world, sexuality minority activism is led by gay men. So the problems and issues of bisexual men and women tend to get sidelined. According to a dominant strand of opinion in both mainstream society and gay/lesbian groups, bisexuals are unstable and confused people who wear the mask of bisexuality in order to get wider acceptance in society. Further, bisexuality as an issue is rarely discussed in gay/lesbian groups though there are exceptions. There are also no groups/organizations which take up bisexual issues exclusively.

From the responses to a questionnaire we circulated among a few bisexuals, it was evident that many bisexuals experience a denial of their sexuality as they face reactions from gay and straight people that range from perplexity to outright hostility. One of our respondents cited a remark of a gay activist during a meeting that “there were no true bisexual males, only behaviorally bisexual males”. To the question as to whether bisexuals experience any denial of their identity, the response was: “Yes, many times. Both from heterosexuals and homosexuals. Male homosexuals were particularly very bi-phobic.”

A lot of the bisexual concerns that emerged in the responses centered around lack of social spaces, lack of support organizations and lack of a cohesive community in India. Lack of any bisexuality activism in India was also felt to be a serious problem.

However, it must be understood that gays, lesbians, bisexuals, and hijras are not mutually exclusive identities or for that matter exhaustive. As our survey of different sexuality minorities suggests, sexuality is not a monochrome issue, and sometimes needs to be understood in terms of ambiguities, fluidities and continuities which move beyond the dichotomies of male versus female, gay versus heterosexual, and so on.

5.3 Hijras

Hijras as a community express a feminine gender identity, coming closest experientially to what would be called in the West a transsexual, that is “a female trapped in a male body.” It is a socio-religious construct marked by extreme gender nonconformity in the sense that there is no correlation between their anatomical sex and gender identity. For most heterosexuals and many homosexuals, if their anatomical sex is male, their gender identity is male. For hijras, though their anatomical sex is male, their gender identity is female. The hijra role attracts persons with a wide range of cross gender characteristics and accommodates different personalities, sexual preferences, needs and behaviors. Many of them undergo sex reassignment surgery, while some of the hijras are born hermaphrodites. While hijras are despised, punished and pushed beyond the pale in most societies, they are supposed to have a sanctioned place in Hindu society (especially in weddings, births and festivals) as a viable and recognized ‘third gender’, accommodating gender variation, ambiguity and contradictions. It could
also be argued that hijras are generally visible, ‘out’ and part of an organized community unlike other sexuality minorities who still remain closeted. But this presumed cultural status can barely conceal the stark reality of the hijra existence in Indian cities where their transgressive sexuality - which is violative of heterosexist norms of society - is circumscribed by experiences of shame, dishonor and violence.

In Bangalore, as in South India generally, the hijras do not have the cultural role that they do in North India (where they predominate), and take up sex work as the only way to earn a living. They usually run ‘hamams’ (bath houses) frequented by working class men (many of whom are married). It is a demeaning and dangerous profession, as they are often subjected to the depredations of brutal customers, many of them ‘rowdies’ and the unscrupulous police. The following account of the abuses suffered by hijras under various aspects is based on our discussions with them on 8 October 2000.

5.3.1 Workspaces/household spaces

Hijras normally live in working class areas where they find relative acceptance in their chosen profession of running hamams. Due to societal intolerance it is very difficult for hijras to get suitable housing. As a result, most of them end up staying in localities where they have traditionally been staying. If they do try getting accommodation in other localities, they are turned away. They live in the hamam, which, entirely devoid of the privacy of a home, serves as both workspace and household space. The hijras we spoke to felt that their neighbors were accepting of them, as they knew them at a personal level. However, though there might be a certain safety in the locality, they reported a number of abuses committed in the hamam.

Asha related to us her painful experiences in dealing with customers after undergoing sensitive and imperfect sex reassignment surgery. In spite of being in extreme pain and repeatedly asserting that she did not want to have sex, she was forced to entertain customers by the madam of the hamam. Though she pleaded with the customers to treat her gently, she was forced to undergo anal and oral sex.

Hijras reported that the police not only regularly raid the hamams to collect their hafta (bribes), but abuse their official authority by having non-consensual sex with them. They related an incident when two constables and one inspector raided the hamam late at night on the suspicion that the hamam was employing female prostitutes. They were stripped and made to stand naked in a line to show that they were not female. Finally, the policemen insisted on having sex with them individually, while the others were made to wait outside.

Apart from the police and the customers, ‘goondas’ also regularly raid the hamams in search of easy money and sex. During one such raid, they threw stones at the hamam, and forced the doors open in order to compel the hijras inside to have sex with them. They spoke about a goonda who would come to the hamam and force them into degrading behavior such as using the same condom first for anal and then for oral sex. He would also insist on making them eat his pan straight out of his mouth. If at any point they refused to cooperate they were warned that their faces would be slashed by a knife or disfigured by acid; in quite a few cases, they bore marks showing that their faces had been actually slashed and disfigured. In such cases, the hijras cannot seek help from the police whose protection favors those with economic and social power.
5.3.2 Public spaces
Sexual harassment in the hijra’s workspace is repeated on a greater scale in the public spaces where the hijras are often subjected to abuse, sexual and physical, by the police, goondas, and the public.

- In one incident, two hijras who were talking to their friends in Cubbon Park were picked up by the police, beaten up and taken to the police station. There they were subjected to a spectacle of public humiliation by being asked lewd questions, (“do you prefer oral sex or anal sex?”), derisive laughter and even sexual molestation (such as fondling of their breasts and other private parts).

- There are other reports of hijras being forced to clean up the police station, electric shocks being administered to their private parts and even raped in the Hoysala vans if they refused to give money.

- Hijras are often harassed and abused on the street with the police and the general public as amused bystanders. In one case, a passenger in a bus was harassing a hijra who turned to a policeman for help whose response was typical: “If you are like this who can help you?” In another case goondas were harassing Manorama opposite Sangam Theatre in Majestic while the public gathered around and watched in amused tolerance. Manorama angrily turned on the public: “If your brother is like me will you keep staring?” As she observed to us, “Even if it’s dogs people show pity, but when they see us they start abusing and throwing stones. Why don’t they see us as human beings?”

- On another occasion, a “kothi” who had accompanied some hijras to buy medicines was caught hold of by two men who were soon joined by two others, all of whom gang raped her and had oral sex with her as well. She was threatened with a knife when she sought to resist.

- Another incident involved a gang of twenty goondas who followed three hijras and forced them on to their motorbikes and took them to Kanteerava Stadium where they were raped.

What is evident from the above narratives is that hijras have to live with an ever-present fear of serious physical and sexual abuse and hence prefer to go out as a group rather than alone.

5.3.3 The family
The moment a person decides to assert their gender identity as a hijra, the family casts them out of the house. The family’s rejection is often conditioned by the wider societal intolerance towards gender non-conformity. Ayesha reported that her family told her not to come back as it would affect their social standing when their son reappeared as a hijra in the family. When she decided to go in for sex reassignment surgery, at first she could not talk about it with her family. When she did reveal her plans, they were so outraged that she had no choice but to run away from the family in order to carry out her plans. After her operation, she heard that her father had broken his leg and wanted to see her again. But he would see her only on the condition that she would revert to her male attire. Ayesha refused to go saying that it involved her self-respect; if her father wanted to see her, he would have to accept her as a woman dressed in a woman’s clothes. It had taken her a long time to accept the “feeling in her heart” that she was a woman, though earlier she did not have the social support or personal courage to express it openly as now.
5.3.4 Discrimination in employment/education

Hijras find it extremely difficult to get suitable employment of their choice. Due to social discrimination in employment most of them are forced into sex work. (To others, marriage seems the only way to escape the inevitability of sex work and offers itself as a badge of social respectability.) Rani was employed in Kemp Fort as a sales assistant, but could not go back to the job after her sex reassignment surgery. She was now looking for employment in a place, which would respect her identity as a hijra. Unfortunately, there are very few places where hijras can find employment and are yet treated with dignity. A similar discrimination operates when it comes to educational opportunity, as in the case of Ayesha who could not pursue her studies at an engineering college after her sex reassignment surgery. Apart from the fact of social discrimination, the low levels of literacy in the community also ensure the social, economic and political powerlessness of the community. There are, however, a few people who are able to overcome these formidable barriers and occupy positions of some authority. The three examples that can be cited are those of the Madhya Pradesh MLA, Shabnam Mausi, the recently elected mayor of Ghorakpur, Asha Devi, and the local example of Dolly, who is a school teacher at a government school.

5.3.5 Discrimination by the medical establishment

Hijras face discrimination by the medical establishment at two levels, both when they go in for treatment for STD’s/HIV/AIDS and when they go in for sex reassignment surgery. In some Western countries, there are stringent regulations governing such surgery, with the surgery being permitted only after extensive psychological counseling, but in India there is no legal framework governing such surgery. Often, such surgery is undertaken by poorly qualified doctors in hazardous and unsanitary conditions.

When Manorama and her two friends decided to have the surgery, they found that they did not have enough money, and had to do sex work for a while to earn the amount. A fellow hijra took them on payment of a commission to a doctor in Dindigul who was known to do such surgeries for a fee of Rs. 5000, which did not include nursing care. The doctor’s clinic was a tiny airless room with a toilet consisting of three benches, which served as an operation table. The surgery was so painful that Manorama wondered whether it was worth going through the pain in order to become a hijra. The surgery turned out to be defective, leading to a severe infection, loss of urine control and other painful complications. The surgery was not followed by a urine and blood check up. Since the surgery was defective, they have had to keep visiting other doctors to deal with the infections resulting from the surgery.

The hazards faced by hijras in undergoing risky sex reassignment surgeries are an aspect of their poverty, which puts good medical care out of their reach as well as their social position as a despised underclass, which makes their lives cheap and dispensable.

5.4 Low-income groups and/or non-English background

Thus, different sections of the sexuality minorities' community face varying degrees of rejection and discrimination. However, Indian society is also a deeply stratified one where barriers of class, caste and religion, language, education (among others) cut across these different sexualities and create further, deeper oppressions. Among sexuality minorities, male gays have been the most assertive, in being able to come out
and struggle for their rights. But most of these gays are from the urban, educated middle class and are not always able to recognize and articulate the grievances of constituencies other than their own. For sexuality minorities from small towns or rural areas and from lower socio-economic backgrounds, their deprivations are often felt in terms of language, education, and social and economic status. Not having the benefit of an English education, they lack access to information about their legal rights and protection, lifestyle choices and so on, which is available only in English. For example, there are no sufficient role models available in regional language media for poorer, non-urban sexuality minorities to draw upon, so that they go through life suffering the social stigma of homosexuality in silence and shame. All this provides their middle-class siblings in the cities a comparative advantage. Thus, when the police go on one of their periodical so-called “clean-up drives”, its brunt is especially felt among the poorer sections - casual laborers, coolies, hawkers, etc. - who can’t afford the protection and privacy of their own homes and are driven to making furtive sexual contacts and having sex in filthy public toilets where they are easy prey to the police, hustlers and goondas. It is also a fact that they are treated by the police far worse than those from a more privileged background. Like class, caste and religion create their own exclusions within the sexuality minorities' community. Sexuality minorities from lower castes sometimes feel a double bind where they have to hide their lower caste status along with their sexuality minority status; just as many Muslim lesbian women who are poor and illiterate have to cope with the repressive family ties of their community in addition to the social alienation experienced due to their sexuality. Recently, two sexuality groups have been formed in Kannada (Snehashraya and Gelaya in Bangalore) to overcome these social disabilities.
6. Conclusions and Recommendations

What became apparent in the course of our study is that discrimination against sexuality minorities is embedded in both state and civil society. Any proposal for social change would have to take into account this complex reality. A greater respect for sexuality minorities as people would depend upon a variety of factors, including a change in gender relations and class relations. Change would also crucially hinge upon overturning the existing regime of sexuality that reinforces its own hierarchies, (e.g. heterosexuality over homosexuality), exclusions (e.g. hijras as the excluded category) and oppressions. Despite the importance of social change, one still has to redress the ongoing human rights violations against sexuality minorities. In this context, our team suggests the following measures.

6.1 Legal Measures

1. Section 377 of the IPC and other discriminatory legislations that single out same-sexual acts between consenting adults should be repealed.

2. Section 375 of the IPC should be amended to punish all kinds of sexual violence, including sexual abuse of children. A comprehensive sexual assault law should be enacted applying to all men, women and others irrespective of their sexual orientation and marital status.

3. Comprehensive civil rights legislation should be enacted to offer sexuality minorities the same protection and rights now guaranteed to others on the basis of sex, caste, creed and color. The constitution should be amended to include sexual orientation as a ground of non-discrimination.

4. Same-sex marriages should be recognized as legal and valid; all legal benefits, including property rights that accrue to heterosexual married people should be made available to same-sex unions.

5. Every person must have the right to decide their gender identity, including transgender, transvestites and hijras.

6.2 Police Reforms

1. The police administration should appoint a standing committee comprising Station House Officers and human rights and social activists to promptly investigate reports of gross abuses by the police against gay/bisexual men in public areas and police stations, and the guilty policeman immediately punished.

2. The police administration should adopt transparency in their dealings with sexuality minorities; make available all information relating to procedures and penalties used in detaining gay people in public places.

3. The police at all levels should undergo sensitization workshops to break down their social prejudices and to train them to accord sexuality minorities the same courteous and humane treatment, as they should towards the general public.
6.3 Reforming the Medical Establishment

1. The classification system adopted by ICD-10, wherein ego dystonic homosexuality, bisexuality and heterosexuality are classified as disorders, should be reconsidered in the light of mounting evidence as to how this system is biased against sexuality minorities.

2. The Medical Council of India should adopt guidelines specifying what doctors need to do in cases when the patient has a problem with her sexual orientation. The guidelines should require the doctor to mandatorily provide for the right of the patient to have non-judgmental information on sexuality minorities and on the existence of support groups. The guidelines should further require that treatment to change sexual orientation should be considered only as a measure of the last resort.

3. The Medical Council of India should issue guidelines to ensure that discrimination in medical treatment of sexuality minorities, which would include refusal to treat a person on the basis of his/her sexual orientation, is treated as professional misconduct.

4. Bring medical curricula in schools and medical colleges in line with current medical thinking that moves beyond seeing homosexuality as a disease and a deviance.

6.4 Interventions by Civil Society

1. Human rights and social action organizations should take up the issues of sexuality minorities as a part of their mandate for social change. Socialist and Marxist organizations, Gandhian organizations, environmental organizations, dalit organizations and women’s organizations, among others, which have played a key role in initiating social change, should integrate the concerns of sexuality minorities as part of their mandate.

2. A comprehensive sex-education program should be included as part of the school curricula that alters the heterosexist bias in education and provides judgment-free information and fosters a liberal outlook with regard to matters of sexuality, including orientation, identity and behavior of all sexualities.

3. The Press Council of India and other watchdog institutions of various popular media (including film, video and TV) should issue guidelines to ensure sensitive and respectful treatment of these issues.
7. Selected Bibliographies

Indian Studies


Histories of the Gay, Lesbian and Bisexual Movements


Theory and Politics

Halpert, Stephen, “‘If it Ain’t Broke, Don’t Fix it’: Ethical Considerations Regarding Conversion Therapies”, International Journal of Sexuality and Gender Studies, Vol 5, No1, (2000).
Srikant, “Marxism, Radical Feminism and Homosexuality”, EPW, (Nov 7, 1997).

Web sites

www.rainbowquery.com
• www.trikone.org
• www.ighrcc.org
• www.gay.com
8. Lists of Organizations Working on Issues Relating to Sexuality Minorities

India

Bangalore:

Alternative Law Forum: provides legal assistance to LGBT people
Address: 122/4 Infantry Road, (Opp. Infantry Wedding House), Bangalore – 560001.
Tel: 2865757

Sangama: A resource centre on sexuality with a focus on rights of sexuality minorities.
Open from Tuesday to Saturday from 10 AM to 5 PM
Address: Flat #13, 3rd floor, Royal Park apts.
(Adjacent to back entrance of Hotel Harsha, Shivajinagar),
34 Park Road, Tasker Town, Bangalore -560051.
Tel: 2868880/ 2868121
Email: sangama@vsnl.net/ sangama@sangamonline.org
Web: www.sangamaonline.org

Good As You: Support group for all people who are not exclusively heterosexual.
Meets on Thursday from 6:30 PM to 8.30 PM
Email: goodasyoubangalore@yahoo.com
Tel: 223 0959

Sahaya: Helpline for sexuality minorities. Open Tuesday and Friday, 7 PM to 9 PM
Tel: 223 0959
Email: sahayabangalore@hotmail.com

Swabhava: Non Governmental Organization (NGO) providing support to sexuality minorities. Open Monday to Friday.
No. 54 Nanjappa Road, Shantinagar, Bangalore - 560 027
Tel: 223 0959
Email: swabhava_trust@hotmail.com

Jagruthi - Gelaya: Sexual Health agency for Men who have Sex with Men (MSM)
C3, 2nd Floor, Jyothi Complex, 34/1 Infantry Road, Bangalore - 560 001
Tel: 286 0346
Email: galaya_2000@yahoo.com

The Indian Institute of Geographical Studies: A project of the Dharani Trust.
Academic research institute with a division on Spaces and Sexuality
Email: thedharanitrustindia@yahoo.com; DrBalachandran@yahoo.com

Prerana: Prerana was founded to enhance the individual and collective sense of well-being of lesbian and bisexual women. It is a support group for lesbian and bisexual women where they bring struggles and issues to share with each other and find the
support sorely lacking in the hostile climate of the wider society. Meetings are held on the first and third Sunday of each month. Contact the Sahaya Help Line, on 223 0959, on Tuesdays and Fridays, between 7 and 9 PM
Tel: 223 0959
Email: sahayabangalore@hotmail.com. (subject: Attn: Prerana)

Chennai:

**Sahodaran:** Sexual Health agency for Men who have Sex with Men (MSM)
1st floor, 127 Sterling Road, Chennai - 600 034
Tel: 825 2869  Fax: 825 2859
Email: sahodara@md3.vsnl.net.in
Web: www.sahodaran.faithweb.com

**South India Aids Action Program (SIAAP):** Sexual Health agency for Men who have Sex with Men (MSM) and sex workers.
65, 1st St. Kamraj Avenue, Adyar, Chennai - 600 020
Email: siapp@satyam.net.in

Cochin:

**Shramaa:** Sexual Health agency for Men who have Sex with Men (MSM)
Kolangat House Pullepady Road, Cochin - 682 018
Tel: 354 549
Email: shramaa-koti@yahoo.com

Hyderabad:

**Saathi:** Gay support group
2nd Floor, Sana Apartments, Red Hills, Lakdi-ka-pool, Hyderabad – 500 004
Tel: 657 1225/337 5401
Email: saathi99@yahoo.com

**Mithrudu:** Sexual Health agency for Men who have Sex with Men (MSM)
5-8-595/B/16 Mubarak Bazar Lane, Abids Road, Hyderabad – 500 001
Email: mithrudu@yahoo.com

**Expression:** Gay support Group in Secunderabad
Email: expressionhyd@hotmail.com

Vijayawada:

**Saathi:** Gay support group
11-1-231/2, B R P Road, One Town, Vijayawada - 520 001
Tel: 635 241
Vishakapatnam:

New group forming
Write: Dominick, P.O. Box 203, Vishakapatnam, AP - 530 001

Pondicherry:

Thuozhan: Sexual Health agency for Men who have Sex with Men (MSM)
106/2 Rue Francois Martin, Kourousoukouppam, Pondicherry - 605 012
Email: thozhen_2000@yahoo.com

Delhi:

Campaign for Lesbian Rights (CALERI): An activist collective working for lesbian
and bisexual women’s rights
Email: caleri@hotmail.com

Sangini: Group for lesbian and bisexual women. Meets every Saturday from 3:00 to
5:30 PM. Runs a helpline (685 1970/1) on Tuesdays and Friday from 6 to 8 PM, for
lesbian/bisexual women
D45, Gulmohar Park, New Delhi -110 049
Tel: 685 1970/1
Email: sangini97@hotmail.com

Humrahi: Group for gay and bisexual women. Meets every Saturday from 6 to 8 PM.
Runs a helpline (685 1993) on Mondays and Thursdays from 7 to 9 PM, for
gay/bisexual men
D45, Gulmohar Park, New Delhi -110 049
Tel: 685 1970/1
Email: humrahitrust@hotmail.com
Web: www.geocities.com/WestHollywood/7258

Naz Foundation India Trust: Sexual Health agency for Men who have Sex with Men
(MSM). Also works on HIV/AIDS, sexual health and sexuality issues
D45, Gulmohar Park, New Delhi -110 049
Tel: 656 7049/3929
Fax: 685 9113
Email: nazindia@bol.net.in

TARSHI (Talk About Reproductive and Sexual Health Issues): Helpline (Monday
to Friday) for information, counseling and referrals on sexuality issues
Tel: 462 2221/462 4441

AIDS Bhedbhav Virodhi Andolan (ABVA): Activist collective doing community
work in issues of queers, blood donors, drug users, women, HIV+ people, law, health
and education
Post Box 5308, New Delhi - 100 053
Calcutta:

**Sappho:** Support group for lesbian and bisexual women  
C/o A. N, Post Box 13003, Calcutta - 700 010

**Counsel Club:** Group for sexuality minorities  
C/o Ranjan, Post Bag 794, Calcutta - 700 017  
Email: wrongzone@hotmail.com

**Praajak Development Society:** HIV/AIDS/Sexualities and sexual health action group  
468A, Block K, New Alipore, Calcutta - 700 053  
Tel: 400 0455  
Fax: 400 0592  
Email: deeppurkyastha@hotmail.com

**Pratyay:** Support group for kothis and other MSMs  
468A, Block K, New Alipore, Calcutta - 700 053  
Tel: 400 0455  
Fax: 400 0592  
Email: pratyay@hotmail.com

**Palm Tree Avenue Integration Society:** Sexual health agency for youth and sexuality minorities  
C/o Pawan, Post Bag 10237, Calcutta - 700 019  
Email: pawan30@yahoo.com

Mumbai:

**Aanchal:** Helpline (Saturday from 3 to 7 PM) for lesbian and bisexual women  
Email: aanchal@khushnet.com  
Tel: 370 4709

**Stree Sangam:** A collective of lesbian and bisexual women  
Post Box 16613, Matunga, Mumbai - 400 019  
Email: streesangam@yahoo.com

**Samabhavna:** Group for sexuality minorities  
Email: sambhava@vsnl.com

**The Humsafar Trust:** Drop-in centre operated by Humsafar Trust for gay men and lesbians. Meets on Friday from 6 to 9 PM.  
PO Box 6913, Santacruz (West), Mumbai Metro - 400 054  
Voice Mail: 9726913  
Email: humsafar@vsnl.com  
Web: www.humsafar.org

**India Centre for Human Rights and Law (ICHRL):** Human Rights Group which has a separate division on gay/lesbian/bisexual rights.  
4th Floor, CVOD Jain High School, Hazrat Abbas Street,
(84, Samuel Street) Dongri, Mumbai - 400 009
Tel: 371 6690/ 375 9657
Email: huright@giasm01.vsnl.net.in
Web: www.indiarights.com

**Lucknow:**

**Bharosa:** Sexual Health agency for Men who have Sex with Men (MSM)
216/6/5 Peerpur House, 8 Tilak Marg, Lucknow - 226 001
Tel: 208689
Email: bharosatrust@usa.net

**Patna:**

**AASRA:** Group for gay and bisexual men
GPO Box 68, Patna, Bihar - 800 001
Email: aasra@dte.vsnl.net.in

**Pune:**

**Olava:** A collective of lesbian and bisexual women
Post Box 2108, Model Colony Post Office, Pune - 16
Email: olava_2000@yahoo.com

**AKOLA:** For gay men
Sahayati Group
P.O. Box 138, H.P.O. Akola (MS) - 444 005
Email: Nilesh8181@USA.com

**South Asia**

**Sri Lanka:**

**Companions on a Journey:** Group for gay men and lesbians
40/16, Park Road, Colombo 5, Sri Lanka
Tel: 94-1-500 570
Email: coj@sri.lanka.net

**Women’s Support Group:** Group for lesbians and bisexual women
40/16, Park Road, Colombo 5, Sri Lanka
Tel: 94-75-331 988

**Pakistan:**

**Vision:** Sexual Health agency for Men who have Sex with Men (MSM)
140-B Model Town, Lahore, Pakistan
Tel: 92-42-630-4681/853-740
Fax: 92-42-630-528-9257
Email: vision@nexlinx.net.pk
Bangladesh:

**Bandhu Social Welfare Society:** Sexual Health agency for Men who have Sex with Men (MSM)
106/2 Kakarail, Dhaka, Bangladesh
Tel: 880-2-933-9898
Fax: 880-2-831-5224
Email: bandhu@bdmail.net

International

**International Lesbian and Gay Association (ILGA)**
Kolenmarkt, 81, B-1000 Brussels, Belgium
Web: http://www.ilga.org
Telefax: 32-2-502-2471
Email: ilga@ilga.org

**PFLAG (Parent and Friends of Lesbians and Gays)**
1101, 14th St. NW Suite 1030, Washington DC, 20005 - USA
Web: www.pflag.org
Tel: 202-638-4200
Fax: 202-638-0243
Email: info@pflag.org

**IGLHRC (International Gay and Lesbian Human Rights Commission)**
1360 Mission Street, Suite 200
San Francisco, CA 94103 - USA
Tel: 415.255.8680
Fax: 415.255.8662
Email: iglhrc@iglhrc.org
Web: www.iglhrc.org
Websites

India

- **Good As You**: www.geocities.com/goodasyoubangalore/
- **Sangama**: www.sangamaonline.org
- **Humsafar Trust**: www.humsafar.org
- **Humrahi**: www.geocities.com/WestHollywood/7258
- **Bombay Dost**: www.bombay-dost.com
- **Gay Delhi**: www.tripod.gaydelhi.com
- **India Gay Club**: www.indianguayclub.com
- **Sahodaran**: www.sahodaran.faithweb.com
- **Gay Bombay**: www.gaybombay.com
- **India Gay Resource**: www.geocities.com/WestHollywood/Castro/9668/
- **AMALG**: my.123india.com/amalg
- **India Centre for Human Rights and Law**: www.indiarights.com

International

- **IGHLRC**: www.IGHLRC.org
- **ILGA**: www.ilga.org
- **Queer Notions**: www.queernotions.org
- **Al-FATIHA**: www.al-fatiha.org
- **BI.ORG**: www.bi.org
- **Society for Human Sexuality**: www.gender.org
- **Queerfilm**: www.queerfilm.com
- **GAY.COM**: www.gay.com