

Exploring Biasedness Based on Gender Identity: Role of Allyship in Overcoming Bias towards Transgenders

Shubhra Sinha and Radhika Dahiya

Vasant Kanya Mahavidyalaya, Varanasi

This research investigates the impact of implicit gender biases on prosocial behavior among cisgender individuals towards the transgender community in Delhi, India. A total of 120 participants, divided evenly into LGBTQ ally and non-ally groups, engaged in a Dictator Game experiment with two rounds. Participants were instructed to distribute tokens between themselves and fictitious recipients—a cisgender recipient in the first round and a transgender recipient in the second. The study aimed to discern the nuanced effects of awareness of the recipient's gender identity on prosocial decisions while also emphasizing the crucial role of allyship within the LGBTQ community. Reaction times were recorded for each participant in both rounds. Statistical analysis, employing t-tests, explored within-group and between-group differences in resource allocation and reaction time. According to the findings, ally group members transferred more resources because they exhibited a positive disposition toward the sexual minority community. The research contributes to a comprehensive understanding of implicit biases and prosocial behavior in the Indian cultural context, addressing a crucial gap in the literature and offering insights into the potential impact of allyship on mitigating such biases.

Keywords: Cisgender, transgender, sexual minority, gender identity, implicit bias, allyship

India, with its rich cultures and traditions, embraces diversity as a foundational aspect of its societal fabric. Within this complex mosaic, the transgender community holds a significant place. The transgender community is a diverse group of individuals whose gender identity differs from the sex assigned to them at birth. Gender identity is a deeply felt internal sense of one's own gender, which may or may not align with the sex assigned at birth. The transgender community encompasses a range of gender identities, expressions, and experiences. The transgender community is not monolithic; it includes individuals with various gender identities, such as transgender women (assigned male at birth, identifying as female), transgender men (assigned female at birth, identifying as male), non-binary individuals (those who do not exclusively

identify as male or female), and other gender-diverse identities. This transgender community is considered sexual minority in India and faces persistent discrimination in every sphere of their lives (Badgett et al., 2021). Early in life, they are subjected to discrimination at home that escalates in school, where they are frequently bullied and harassed (Meyer, 2015; Simões, 2024). This kind of frequent mental torture leads to psychological problems such as depression, anxiety, personality disorders, and suicidal tendencies (Simões, 2024). Data further suggest that people belonging to sexual minorities are very vulnerable to lower self-esteem (Bridge et al., 2019; Cénat et al., 2015; Pachankis et al., 2019). Thus making them susceptible to different kinds of violence and hate crimes, which include physical assaults, harassment, and verbal abuse

(McCauley et al., 2018). Further, in the later phase of their lives, they may face discrimination in the employment sector, i.e., discrimination during hiring, unequal treatment among team members, and disapproval and dismissal of their ideas based on their sexual orientation or gender identity (Compton, 2016; Ng et al., 2012). Their plight does not end here; they face discrimination even within healthcare systems (Medina-Martínez et al., 2021; Saraff et al., 2022). Members of sexual minorities have limited access to medical health facilities in comparison to peers and colleagues from heterosexual groups (Saraff et al., 2022). Similar to heterosexuals, sexual minority individuals are less likely to be uninsured and unable to afford health services (Baker & Beagan, 2014; Gates, 2013; Ward et al., 2014). This may result in substandard diagnosis and treatment (Elliott et al., 2015). Additionally, the available data indicates that certain individuals experience such profound apprehension towards discrimination that they refrain from seeking critical medical assistance, which could prove disastrous in the long run and claim their lives (Lick, 2013).

In light of the hardships and distress experienced by members of sexual minority groups, researchers have devoted more than a century of investigation to identifying the origins of the prejudice and discrimination that persist in this area (Cunningham & Melton, 2012; Herek, 2009). Their comprehensive investigation provided further evidence for the persistent existence of bias and maltreatment directed at the sexual minority community (Herek, 2009). It was shown that these discriminatory practices not only maintain social inequality but also sometimes intensify violence and aggression (Wilets, 1996). To reduce this existing discrimination, researchers suggested the importance of contact with or exposure to these sexual minority individuals

(Allport, 1954). Gordon W. Allport's contact hypothesis theory suggests that meaningful interpersonal encounters can reduce prejudice and discrimination between majority and minority group members (Allport, 1954). The researchers concluded that interacting with people from sexual minority groups might assist individuals in obtaining insights into varied viewpoints, increasing mutual understanding and respect (Pettigrew & Tropp, 2013). This will ultimately help reduce existing discriminatory prejudice. In addition to this, Social Identity Theory by Henri Tajfel and John Turner in the 1970s, states that individuals classify themselves and others into social groups based on shared characteristics. This categorization can be based on various factors, such as ethnicity, nationality, gender, religion, or any other distinguishing feature. Thus it can be hypothesized that frequent interaction with minority groups (i.e. sexual minorities in this case) can further help an individual to recognize common interests, values, and humanity, thus diminishing distinctions and fostering a beneficial relationship between groups (Allport, 1954; Cunningham & Melton, 2012; Herek, 2009).

Status of sexual minorities in India

In India, sexual minorities are categorized as hijras, kinnars, pavaiya, aravani, and jogtas/jogappa, based on their gender identity and geographical presence within the country (Chakrapani, 2010; Konduru & Hangsing, 2018). An estimated 4.88 million Indian adults, which is 0.04% of the overall population, identify as transgender (census, 2011). Additionally, 55,000 Indian children are recognized as transgender by their parents (National Human Rights Commission, 2017). However, some individuals do not openly acknowledge their gender identification. Research suggests that up to 5% of the population falls within the transgender umbrella (Redcay et al., 2019).

Sexual minorities from various socio-cultural groups, such as hijra and kinnar, along with transwomen, transgender, and transsexual individuals, are frequently acknowledged in Indian society (Narain & Dutta, 2006; Thompson et al., 2019). As Indian society is collectivistic, many transgender people in India opt not to publicly disclose their identity out of fear of being humiliated and excluded from various social groups, including their friends and families (Bhattacharya, 2019; Chakrapani et al., 2011, 2019; Ghosh et al., 2011; Ming et al., 2016; Shaikh et al., 2016; Shivakumar & Yadiyurshetty, 2014; Virupaksha, 2013; Woodford et al., 2016). This causes them to live dual lives, in which they comply with heterosexual norms in public while privately accepting and enjoying their transgender identity (Fee, 2010). Some transgender people in India, like hijras and kinnars, are culturally respected and considered holy to bless a newborn or a new house. However, they still have poor living conditions (Kumar Pandya & Redcay, 2021). They are marginalized from society, unable to find employment, and compelled to engage in menial or degrading professions like begging or performing ceremonial duties involving dancing and singing at significant events such as weddings and births.

They are also hired as sex workers and subjected to physical and verbal harassment by those in their vicinity (National Human Rights Commission, 2017). Thus, as social science researchers, we are responsible for understanding these discriminations' underlying factors and causes. Many researchers in India talked about various aspects of such discrimination, like discrimination in the health sector (Saraff et al., 2022), discrimination in the employment sector (Ozeren, 2014), and discrimination that leads to verbal and sexual abuse (Herek, 2009).

Current study

No research has highlighted the impact of allyship on resource allocation towards sexual minorities in India. Therefore, this study aims to examine the effects of gender identity on prosocial decisions (reaction time and amount of resources) towards sexual minorities. In this study, we used the terms allyship and non-allyship. So according to Washington & Evans (1991), the traditional definition of an allyship is having a positive relationship with the members of the dominant group who actively support and advocate for the targeted marginalized communities. Merriam-Webster (2024) states that allyship is "the state of being an ally" or forming supportive connections with marginalized groups. According to Griffin (1997), the essence of allyship lies in the commitment to providing support, although the effectiveness of these efforts is often implied rather than explicitly stated. So, using this research as a starting point, we thought that being around sexual minority community members before might help people feel like they belong to the same group (Skakoon-Sparling et al., 2023) and that being in constant contact with sexual minority group members might make people less prejudiced and negative toward them (Pettigrew & Tropp, 2013). This was assessed using the dictator game resource allocation method and the response time required to decide.

Method

Participants

The participants in this experiment were drawn from two separate groups. The first group consisted of people who were actively involved in supporting and working for the transgender community, while the other group comprised individuals who did not have continuous contact or regular interaction with transgender individuals (the non-allies group). A total of 120 individuals—70 females and 50 males (aged between 18 and 24)—

were selected in the study through random sampling. The demographic composition includes 35 females and 25 males in the ally and 35 females in the non-ally groups. All participants were currently pursuing undergraduate or postgraduate studies in Delhi, India. Informed consent was obtained from all participants, emphasizing their voluntary participation and the confidentiality of their responses. Before starting the experiment, participants were debriefed about the true nature of the study.

Experimental Design and Procedures

Dictator Game

Based on previous research (Engel, 2011; Kahneman et al., 1986), the dictator game was used as an investigation tool. Some modifications were made to see how implicit gender biases affected the willingness to help others among cisgender people from both ally and non-ally groups. Two experimental sections were conducted. Experimental games were played in 2 rounds by the participants, who were randomly chosen from a subject pool of LGBTQ+ allies and non-allies. Participants were endowed with 10 tokens, each representing a monetary value of 50 INR (₹ 50). They were instructed to distribute these tokens between themselves and two recipients in two separate experimental conditions. Which means researchers ask the participant to share the resource with a fictional character which would be mentioned in a response sheet (i.e., a random presentation of a cis gender or a transgender stimuli). The gender identities of the opponents were revealed to the participants, which aims to create explicit awareness of the recipient's gender identity and measure potential implicit biases in the prosocial behavior of cisgender individuals towards transgender recipients. Henceforth, the participants played a game against an opponent (either a cisgender or transgender recipient).

Procedure

The study received approval from the research committee. Participants are informed that they will participate in an experiment involving sharing money with recipients. Before obtaining consent, researchers carefully informed participants about the study and its possible consequences. After obtaining consent, participants came to a specially prepared and well-equipped unoccupied room, which served as a clubhouse within the researcher's society. We carefully set up this setting with the right lighting, the appropriate equipment, and a controlled atmosphere that would help the researcher control extraneous variance related to environmental conditions.

The Dictator Game experiment unfolded with participants instructed to distribute 10 tokens, each valued at 50 INR, between themselves and the designated recipient (Kahneman et al., 1986).

Participants would receive the allocated hypothetical amount in monetary terms. The experiment was conducted in two rounds, randomly assigned to a hypothetical cisgender or transgender individual. The demographic response sheet provided participants with both their personal information and detailed information about their fictitious recipients. The response sheet played a crucial role, being presented twice—before each of the two rounds of the Dictator Game. This dual presentation aimed to ensure participants were aware of their recipient's gender identity. The response sheet was presented in a counterbalanced manner, with 50% of the trials emphasizing cisgender and the other 50% featuring transgender individuals in both ally and non-ally groups. The manipulation of providing this information twice was a critical step in examining the impact of explicit awareness on prosocial behavior, allowing for a nuanced exploration of how knowledge of the

recipient's identity influences participant decisions.

Participants were informed that they were independent in making their decisions about disbursing money to the recipient. Providing this information was necessary since it influenced their decision to allocate the amount of money and the time taken to make this decision. Participants wrote down their responses on a designated response sheet to mitigate potential confirmation bias or conformity tendencies in verbal responses. Simultaneously, for the subsequent comparative analysis, the researcher meticulously noted reaction times for both rounds of the game using a stopwatch.

After the participants completed the experiment, researchers extensively

debriefed participants about the deception and revealed the true objectives of the study. This debriefing aimed to mitigate any potential stress or confusion arising from the manipulated scenarios. Moreover, participants were provided an opportunity to ask questions and express concerns, and they were thanked for their invaluable contributions. Emphasis has been placed on ethical concerns, highlighting the need to maintain the confidentiality of personal data. The gathered data was carefully input into the IBM Statistical Package for the Social Sciences (SPSS), for statistical analysis. The use of an independent t-test allowed for a thorough analysis of variations in allocating resources to the respondent in the form of money and their respective reaction times.

Results

Table 1. Amount of shared resources and reaction time

Variables	Non-Ally M(SD)	Ally M(SD)	<i>p</i>
Amount of money to Cis recipients	5.52(1.51)	7.02(1.73)	0.001
Amount of money to Trans recipients	4.35(1.63)	8.65(2.34)	0.001
Reaction time to Cis recipients	7.02(1.73)	8.37(1.48)	0.001
Reaction time to Trans recipients	8.65(2.34)	7.11(1.43)	0.001

P = 0.001 significance

A paired sample t-test was conducted to compare resource allocation (hypothetical money) between cisgender and transgender recipients among the 60 participants in the non-ally group. A mean token allocation between cisgender (M =5.52, SD = 1.513) was higher compared to transgender (M =4.35, SD = 1.635). The result of the paired t-test revealed that there is a significant difference in tokens allocated between cisgender (M =5.52, SD = 1.513) and transgender recipients (M =4.35, SD = 1.635); $t(59) = 7.650$, $p = .0001$, in the non-ally group.

Similarly, the result showed a significant difference in the reaction time of token

allocation between cisgender (M =7.02, SD = 1.73) and transgender recipients (M =8.65, SD = 2.34); $t(59) = -6.98$, $p = .0001$, in the non-ally group. Moreover, the result in the Ally group also showed a significant difference in token allocation and reaction time. The paired t-test results for token allocation between Cis gender (M = 4.50, SD = 1.15) and transgender recipients (M = 6.37, SD = 1.58); $t(59) = -9.29$, $p = .0001$. Secondly, there was also a significant difference in the reaction time of token allocation between cisgender (M = 8.37, SD = 1.48) and transgender recipients (M =7.11, SD = 1.43); $t(59) = -7.06$, $p = .0001$.

Discussion and Conclusion

The study's results aimed at explaining the complex mechanisms of bias towards transgender persons in both ally and non-ally groups. The data showed that members of the ally group had a favorable bias towards the sexual minority population, leading them to transfer more resources, in the form of hypothetical money. The findings of the current study align with the findings of earlier studies as well. i.e., interactions with outgroups (individuals from diverse populations) help people to understand them and foster an environment for mutual respect and trust (Pettigrew & Tropp, 2013; Skakoon-Sparling et al., 2023). The findings can be understood using Allport's intergroup interaction theory from 1954. Allport's theory suggests that having significant interpersonal interactions with minority groups can significantly decrease prejudice and discrimination (Allport, 1954). The results of the non-ally group (significant difference between resource allocation and reaction time) showed a negative bias that kept the participant from giving the transgender person an equal share of the resources. Hence, It can be assumed that this bias encourages prejudiced overthinking, which is evident in the extra time participants spend in making a decision. Such behavior of our participants could be understood through the "in-group/out-group" hypothesis (Tajfel & Turner, 2004). These phenomena offer vital insights into comprehending individuals' mindsets and how they classify others into social groupings. According to the "in-group/out-group" hypothesis, individuals prefer to classify others as either part of the "in-group" (those they shared identification and belonging with) or the "out-group" (those seen as distinct or outside their social identity). This classification can result in prejudice, partiality, and unfair treatment, especially when allocating resources. Further expanding on this line of thinking, Tajfel and

Turner's theory posits that individuals tend to grant fewer resources or privileges to those they perceive as belonging to the outgroup (sexual identity in this case) than to those who are members of the ingroup (a transgender individual) (Tajfel & Turner, 2004). This biased resource allocation results from a desire to maintain or enhance the status to uphold or improve the position of one's group.

Elaborating more on the results, it is important to take into consideration the fact that one group of people (non-ally group) had a tendency to avoid transgender people, which is a form of negative bias, while another group of people (ally-group) had a predisposition to approach transgender people with a sympathetic mindset. This eventually resulted in a greater allocation of resources than was necessary. However, as evident through the results (we have to cite some results) none of the members of the group considered the members of sexual minorities as a part of their community, hence a balanced approach is missing.

This finding can further imply that there is a need for educational programs that try to overcome pre-existing biases and create real understanding and empathy. These programs should be implemented in conjunction with efforts to encourage allyship. This finding can further help policymakers to have an in-depth understanding of prejudice and discrimination faced by members of sexual minorities and thus can make laws and policies in their favor.

References

- Allport, G. (1954). *The nature of prejudice* New York: Doubleday Anchor Books. *Original Work Published.*
- Baker, K., & Beagan, B. (2014). Making Assumptions, Making Space: An Anthropological Critique of Cultural Competency and Its Relevance to Queer Patients. *Medical Anthropology Quarterly,*

- 28(4), 578–598. <https://doi.org/https://doi.org/10.1111/maq.12129>
- Bhattacharya, S. (2019). The transgender nation and its margins: The many lives of the law. *South Asia Multidisciplinary Academic Journal*, 20.
- Bridge, L., Smith, P., & Rimes, K. A. (2019). Sexual orientation differences in the self-esteem of men and women: A systematic review and meta-analysis. *Psychology of Sexual Orientation and Gender Diversity*. <https://api.semanticscholar.org/CorpusID:181793965>
- Cénat, J. M., Blais, M., Hébert, M., Lavoie, F., & Guerrier, M. (2015). Correlates of bullying in Quebec high school students: The vulnerability of sexual-minority youth. *Journal of Affective Disorders*, 183, 315–321. <https://doi.org/10.1016/j.jad.2015.05.011>
- census. (2011). *Transgender/Others: Census 2011 India*. <https://www.census2011.co.in/transgender.php>
- Chakrapani, V. (2010). Hijras/Transgender women in India: HIV, human rights and social exclusion. United Nations Development Programme, India. December 2010; 3. *United Nations Development Programme, December*, 16. <https://www.undp.org/india/publications/hijras/transgender-india-hiv-human-rights-and-social-exclusion>
- Chakrapani, V., Newman, P. A., Shunmugam, M., & Dubrow, R. (2011). Barriers to free antiretroviral treatment access among kothi-identified men who have sex with men and aravani (transgender women) in Chennai, India. *AIDS Care*, 23(12), 1687–1694. <https://doi.org/10.1080/09540121.2011.582076>
- Chakrapani, V., Willie, T. C., Shunmugam, M., & Kershaw, T. S. (2019). Syndemic Classes, Stigma, and Sexual Risk Among Transgender Women in India. *AIDS and Behavior*, 23(6), 1518–1529. <https://doi.org/10.1007/s10461-018-2373-1>
- Compton, C. A. (2016). Managing Mixed Messages: Sexual Identity Management in a Changing U.S. Workplace. *Management Communication Quarterly*, 30(4), 415–440. <https://doi.org/10.1177/0893318916641215>
- Cunningham, G. B., & Melton, N. (2012). Prejudice against lesbian, gay, and bisexual coaches: The influence of race, religious fundamentalism, modern sexism, and contact with sexual minorities. *Sociology of Sport Journal*, 29(3), 283–305.
- Elliott, M. N., Kanouse, D. E., Burkhart, Q., Abel, G. A., Lyratzopoulos, G., Beckett, M. K., Schuster, M. A., & Roland, M. (2015). Sexual minorities in England have poorer health and worse health care experiences: a national survey. *Journal of General Internal Medicine*, 30(1), 9–16. <https://doi.org/10.1007/s11606-014-2905-y>
- Engel, C. (2011). Dictator games: A meta study. *Experimental Economics*, 14, 583–610.
- Evans, N. J., & Wall, V. A. (1991). *Beyond Tolerance: Gays, Lesbians and Bisexuals on Campus*. ERIC.
- Fee, A. (2010). *Transgender Identities: within and beyond the constraints of heteronormativity*.
- Gates, G. J. (2013). Demographics and LGBT health. *Journal of Health and Social Behavior*, 54(1), 72–74. <https://doi.org/10.1177/0022146512474429>
- Ghosh, S., Bandyopadhyay, S. B., & Biswas, R. (2011). *Vio-map: Documenting and Mapping Violence and Rights Violation Taking Pplace in Lives of Sexually Marginalized Women to Chart Out Effective Advocacy Strategies: a Feminist Qualitative Research Report*. SAPHO for Equality.
- Griffin, P. (1997). Introductory module for the single issue courses. *Teaching for Diversity and Social Justice: A Sourcebook*, 61–81.
- Herek, G. M. (2009). Hate Crimes and Stigma-Related Experiences Among Sexual Minority Adults in the United States: Prevalence Estimates From a National

- Probability Sample. *Journal of Interpersonal Violence*, 24(1), 54–74. <https://doi.org/10.1177/0886260508316477>
- Kahneman, D., Knetsch, J. L., & Thaler, R. H. (1986). Fairness and the Assumptions of Economics. *The Journal of Business*, 59(4), S285–S300. <http://www.jstor.org/stable/2352761>
- Konduru, D., & Hangsing, C. (2018). Socio-Cultural Exclusion and Inclusion of Transgenders in India. *International Journal of Social Sciences and Management*, 5(1), 10–17. <https://doi.org/10.3126/ijssm.v5i1.18147>
- Kumar Pandya, A., & Redcay, A. (2021). Access to health services: Barriers faced by the transgender population in India. *Journal of Gay & Lesbian Mental Health*, 25(2), 132–154. <https://doi.org/10.1080/19359705.2020.1850592>
- McCaughey, H. L., Coulter, R. W. S., Bogen, K. W., & Rothman, E. F. (2018). Chapter 14 - Sexual Assault Risk and Prevention Among Sexual and Gender Minority Populations. In L. M. Orchowski & C. A. Gidycz (Eds.), *Sexual Assault Risk Reduction and Resistance* (pp. 333–352). Academic Press. <https://doi.org/https://doi.org/10.1016/B978-0-12-805389-8.00014-1>
- Medina-Martínez, J., Saus-Ortega, C., Sánchez-Lorente, M. M., Sosa-Palanca, E. M., García-Martínez, P., & Marmol-López, M. I. (2021). Health Inequities in LGBT People and Nursing Interventions to Reduce Them: A Systematic Review. *International Journal of Environmental Research and Public Health*, 18(22). <https://doi.org/10.3390/ijerph182211801>
- Merriam-Webster. (2024). *Allyship Definition & Meaning* -. <https://www.merriam-webster.com/dictionary/allyship>
- Meyer, E. J. (2015). *Gender, bullying, and harassment: Strategies to end sexism and homophobia in schools*. Teachers College Press.
- Ming, L. C., Hadi, M. A., & Khan, T. M. (2016). Transgender health in India and Pakistan. In *Lancet (London, England)* (Vol. 388, Issue 10060, pp. 2601–2602). [https://doi.org/10.1016/S0140-6736\(16\)32222-X](https://doi.org/10.1016/S0140-6736(16)32222-X)
- Narrain, A., & Dutta, B. (2006). Male-to-male sex, and sexuality minorities in South Asia: An analysis of the politico-legal framework. *Naz Foundation International, Risks & Responsibilities: International Consultation on Male Sexual Health and HIV in Asia and the Pacific*. New Delhi, 23–26.
- National Human Rights Commission, I. (2017). Study on Human rights of transgender as a Third Gender. *New Delhi: The National Human Rights Commission*.
- Ng, E. S. W., Schweitzer, L., & Lyons, S. T. (2012). Anticipated Discrimination and a Career Choice in Nonprofit: A Study of Early Career Lesbian, Gay, Bisexual, Transgendered (LGBT) Job Seekers. *Review of Public Personnel Administration*, 32(4), 332–352. <https://doi.org/10.1177/0734371X12453055>
- Ozeren, E. (2014). Sexual Orientation Discrimination in the Workplace: A Systematic Review of Literature. *Procedia - Social and Behavioral Sciences*, 109, 1203–1215. <https://doi.org/https://doi.org/10.1016/j.sbspro.2013.12.613>
- Pachankis, J. E., McConocha, E. M., Reynolds, J. S., Winston, R., Adeyinka, O., Harkness, A., Burton, C. L., Behari, K., Sullivan, T. J., Eldahan, A. I., Esserman, D. A., Hatzenbuehler, M. L., & Safren, S. A. (2019). Project ESTEEM protocol: a randomized controlled trial of an LGBTQ-affirmative treatment for young adult sexual minority men's mental and sexual health. *BMC Public Health*, 19(1), 1086. <https://doi.org/10.1186/s12889-019-7346-4>
- Pettigrew, T. F., & Tropp, L. R. (2013). *When groups meet: The dynamics of intergroup contact*. psychology press.
- Redcay, A., Luquet, W., & Huggin, M. E. (2019). Immigration and Asylum for Lesbian, Gay, Bisexual, and Transgender Individuals.

- Journal of Human Rights and Social Work*, 4(4), 248–256. <https://doi.org/10.1007/s41134-019-00092-2>
- Saraff, S., Singh, T., Kaur, H., & Biswal, R. (2022). Stigma and health of Indian LGBT population: A systematic review. *Stigma and Health*, 7(2), 178.
- Shaikh, S., Mburu, G., Arumugam, V., Mattipalli, N., Aher, A., Mehta, S., & Robertson, J. (2016). Empowering communities and strengthening systems to improve transgender health: outcomes from the Pehchan programme in India. *Journal of the International AIDS Society*, 19(3S2), 20809. <https://doi.org/https://doi.org/10.7448/IAS.19.3.20809>
- Shivakumar, S. T., & Yadiyurshetty, M. M. (2014). Markers of well-being among the Hijras: The male to female transexuals. *Psychology Serving Humanity: Proceedings of the 30th International Congress of Psychology*, 218–232.
- Simões, R. B. (2024). Gender, Sexuality and bullying in schools. In *The Bloomsbury Encyclopedia of Social Justice in Education* (Vol. 7). Bloomsbury Publishing.
- Skakoon-Sparling, S., Card, K. G., Novick, J. R., Berlin Graham, W., Lachowsky, N. J., Adam, B., Brennan, D. J., Sang, J. M., Noor, S. W., Cox, J., Moore, D. M., Grace, D., Grey, C., Daroya, E., & Hart, T. A. (2023). The relevance of communal altruism for sexual minority men in contemporary contexts. *Journal of Community Psychology*, 51(4), 1461–1478. <https://doi.org/https://doi.org/10.1002/jcop.22923>
- Tajfel, H., & Turner, J. C. (2004). The social identity theory of intergroup behavior. In *Political psychology* (pp. 276–293). Psychology Press.
- Thompson, L. H., Dutta, S., Bhattacharjee, P., Leung, S., Bhowmik, A., Prakash, R., Isac, S., & Lorway, R. R. (2019). Violence and Mental Health Among Gender-Diverse Individuals Enrolled in a Human Immunodeficiency Virus Program in Karnataka, South India. *Transgender Health*, 4(1), 316–325. <https://doi.org/10.1089/trgh.2018.0051>
- Virupaksha, H. G. (2013). Psycho-Social Issues of Transgender People in Bangalore. *Bangalore: National Institute of Mental Health and Neuro Sciences (NIMHANS)*.
- Ward, B. W., Dahlhamer, J. M., Galinsky, A. M., & Joestl, S. S. (2014). *Sexual orientation and health among US adults: National Health Interview Survey, 2013*.
- Wilets, J. D. (1996). Conceptualizing private violence against sexual minorities as gendered violence: An international and comparative law perspective. *Alb. L. Rev.*, 60, 989.
- Woodford, M. R., Chakrapani, V., Newman, P. A., & Shunmugam, M. (2016). Barriers and facilitators to voluntary HIV testing uptake among communities at high risk of HIV exposure in Chennai, India. *Global Public Health*, 11(3), 363–379. <https://doi.org/10.1080/17441692.2015.1057757>

Shubhra Sinha, Associate Professor, Department of Psychology, Vasant Kanya Mahavidyalaya. sinhashubhra19@vkm.org.in. communicating author

Radhika Dahiya, Post graduate student, Department of Psychology, Vasant Kanya Mahavidyalaya. radhikadahiya2315@gmail.com