

INTRODUCTION

Queer and trans persons often face significant barriers in accessing mental health care, legal support, and safe housing. Studies show that LGBTQ persons' experience discrimination, harassment, and profiling by institutions such as law enforcement, which can weaken trust in formal support systems¹

In India, despite recent legal developments, LGBTQIA+ community continues to face social stigma, prejudice, and harassment that impact the community². Support systems such as shelters and legal services are often not structured to adequately respond to the needs of queer individuals. Another critical issue is the gap in available data to capture the lived realities of LGBT persons,³ which leads to invisibility of the violence faced and limits evidence-based policy making.

In this context, community-based helplines often serve as an important first point of contact, offering emotional support and pathways to various services. Although several helplines in India provide crisis intervention and counselling support, very few are specifically designed for queer and trans persons. There is also limited publicly available data documenting the experiences and expectations of queer and trans persons using helpline services.

Nazariya Foundation is a queer feminist organisation that has been operating a peer support helpline for queer and trans persons since 2015. Drawing on the organisation's helpline service records, this fact sheet provides insights into the types of cases reported, forms of violence experienced, and the expectations of callers from support services.

METHODOLOGY

This fact sheet used helpline service records from April 2024 to August 2025. During this period, the helpline received a total of 205 calls. For this analysis, 134 calls made by persons seeking support were selected. Calls related to organisational collaboration, research inquiries, donations, and repeat follow-up calls were excluded since the focus of the fact sheet was to analyse the support needs of queer and trans persons.

The final dataset consisted of first-instance service-seeking calls. For the purpose of analysis, the 134 calls are separately analysed between calls made by individuals seeking support and calls made on behalf of someone else. Data is recorded by case workers using paper-based intake forms and entered into a Management Information System (MIS). The dataset was cleaned and coded for analysis. Tables, pie charts, and graphs were generated using Microsoft Excel.

¹ Mallory, C., Hasenbush, A., & Sears, B. (2015). Discrimination and harassment by law enforcement officers in the LGBT community.

² United Nations. (2024, May 17). *India's LGBTQIA+ community notches legal wins but still faces societal hurdles to acceptance, equal rights*. UN News <https://news.un.org/en/story/2024/05/1149956>

³ Office of the United Nations High Commissioner for Human Rights. (2022). *Data collection and management*. United Nations. https://www.ohchr.org/sites/default/files/2022-01/Report_on_data_summary.pdf

Key gender and sexuality terms

LGBT*QIA+: It is an acronym for Lesbian, Gay, Bisexual, Trans, Queer, Intersex, and Asexual + that denotes people with diverse gender identities and sexualities.

LESBIAN: A person who identifies as a woman and is emotionally and/or sexually and/or romantically attracted to other people who identify as women. Some women may identify as lesbian for political reasons as an expression of solidarity with women. People who are lesbian need not have had any sexual experience; it is the attraction and self-identification that determine orientation.

GAY: A person who identifies as a man and is emotionally and/or sexually and/or romantically attracted to other people who identify as a man. People who are gay need not have had any sexual experience; it is the attraction and self-identification that determine orientation.

BISEXUAL: People who are emotionally and/or romantically and/or sexually attracted towards people of their own gender and a gender different from theirs. People who identify as bisexual need not experience equal levels of attraction across genders. It is merely attraction and self-identification that determine orientation.

ASEXUAL: People who experience little or no sexual attraction. Asexuality should not be confused with celibacy i.e. the conscious decision to abstain from sexual intercourse. It exists on a continuum where some people may engage in sexual activities in certain conditions while for others it is a complete no. While asexual people are not primarily looking for sexual interactions they are nonetheless quite capable of loving, showing affection, and establishing romantic ties with other people.

PANSEXUAL: People who experience sexual, romantic and/or physical attraction for members of all or many gender identities.

QUEER: An umbrella term for people who don't identify themselves as heteronormative. Historically, it was used as a derogatory term but now LGBT*IA+ community is reclaiming it.

HETEROSEXUAL: People who are sexually and/or romantically attracted to people of a gender other than their own.

TRANSWOMAN: A transwoman is a woman who was assigned gender male at birth. They may/may not transition for them to align their body with their gender identity.

TRANSMAN: A transgender man is a man who was assigned gender female at birth. They may/may not transition for them to align their body with their gender identity.

CISGENDER: People whose gender identity matches the sex assigned to them at birth.

NON-BINARY/GENDER DIVERSE: People whose identity does not fit with the binary of man or woman. People use various terms to identify, including non-binary, gender queer, gender fluid, and gender non-conforming.

INTERSEX VARIATIONS: Intersex variations are differences in reproductive parts and/or secondary sexual characteristics, and/or variations invisible to the eye such as chromosomal and/or hormonal differences. Human bodies have many variations and these could be at multiple levels. So it is in fact incorrect to talk of an absolute standard of 'normal' for the 'male' or the 'female' body. We choose to say 'persons with intersex variations', as against 'intersex conditions', to emphasise variations in bodies without pathologising them.

The star/asterisk in 'trans*' refers to all non-cisgender gender identities. These will include transwomen, transmen, gender non-conforming, genderqueer, gender non-binary, etc.

FINDINGS

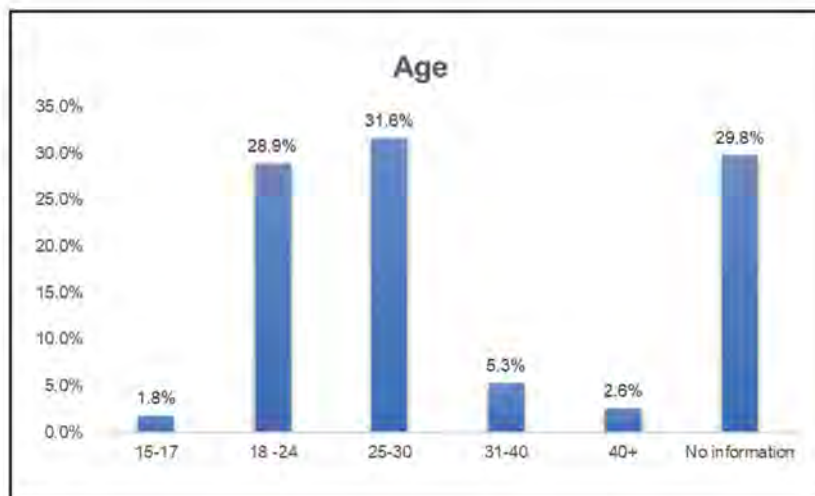
1. Calls made on behalf of someone else

Among the 18 calls made on behalf of someone else, 9 were crisis situation related and 9 were service-related queries. In several crisis situations, friends, activists, or organisations reached out to the helpline to seek support for the concerned individual. Four of these calls were made by organisations on behalf of persons who had first approached their services. The remaining calls were made by friends, acquaintances, and community members extending support during difficult situations. The primary expectations in these cases were shelter (8) and legal support (6), indicating that third-party callers often reach out when individuals require immediate protection or urgent assistance.

2. Calls made by self

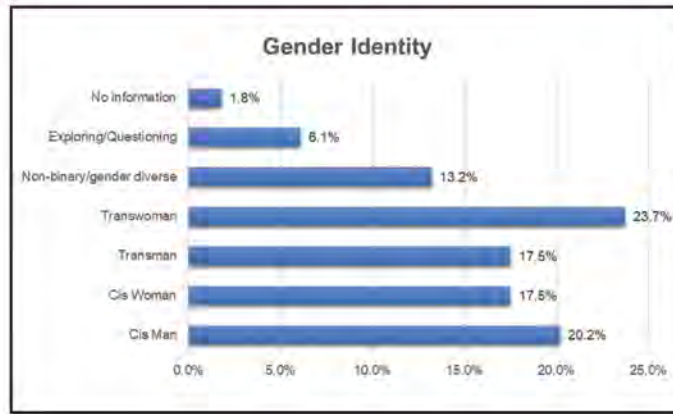
a. Age

The highest proportion of callers was between the ages of 25-30 years (31.6%), followed by 18-24 years (28.9%). This indicates that most callers are young adults navigating identity, relationships, education, and family expectations. Crisis-related calls were also concentrated within this age group. Peer counselling was most frequently sought by callers in the range of 25-30 (15 calls). Age information was unavailable for 29.8% of callers due to the nature of helpline interactions, where individuals often reach out in distress and detailed demographic information cannot always be recorded. A relatively smaller proportion of callers were between 31-40 years (5.3%) or above 40 years (2.6%). Most callers in these age groups sought mental health and peer counselling support. These findings suggest that helplines may serve as an accessible support mechanism for young queer persons.



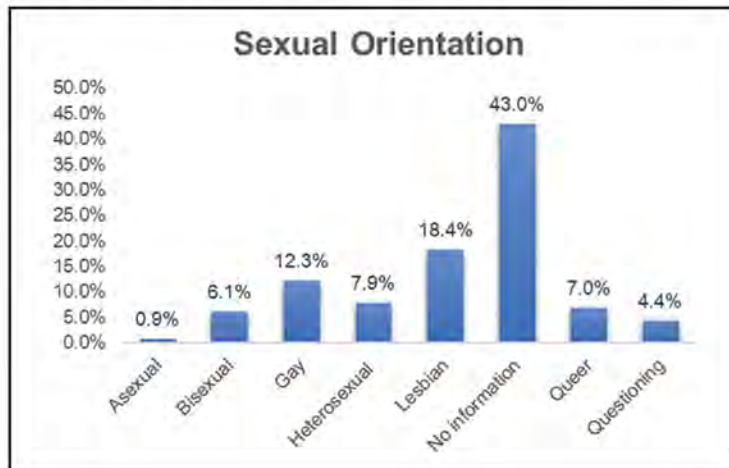
b. Gender Identity

23.7% of callers identified as Transwoman followed by Cis-man who was 20.2%. Transman and Cis-woman callers both amounted to 17.5% each. Non-binary/gender-diverse persons amounted to 13.2%. 6.1% shared that they are either exploring or questioning their gender identity. Distribution of callers across identities shows that helplines act as an accessible support mechanism for the communities.



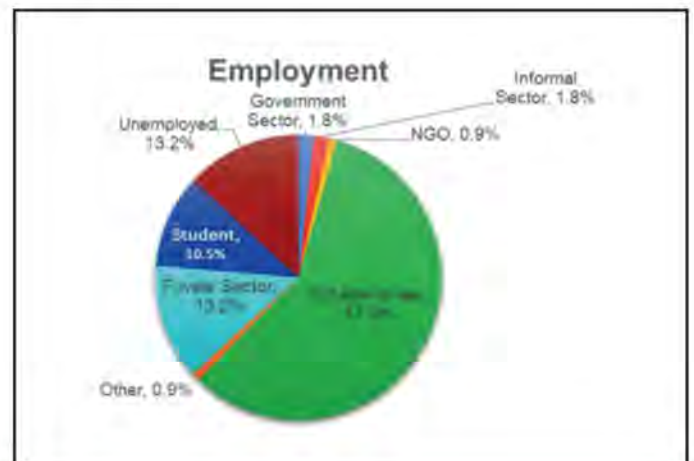
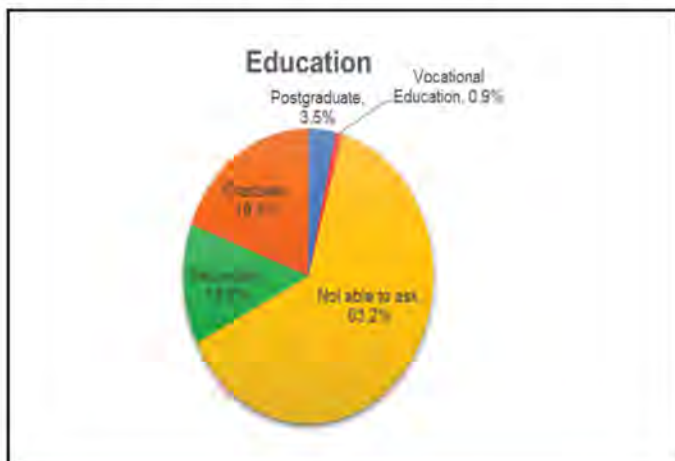
c. Sexual Orientation

Among callers who shared their sexual orientation, 18.4% identified as Lesbian and 12.3% identified as Gay. A small proportion of trans persons identified as Heterosexual (7.9%). Sexual orientation was not recorded for 43% of callers. In many instances, callers, particularly trans persons, shared only their gender identity as their concerns were primarily related to gender identity. Helpline workers do not require disclosure of sexual orientation unless it is relevant to the support requested.



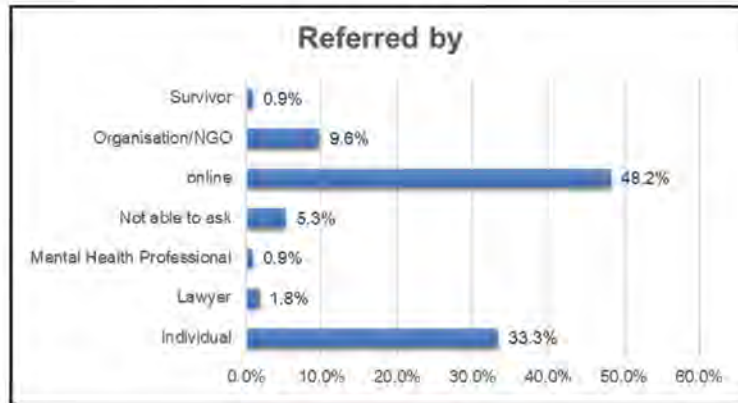
d. Education and Employment

Educational background was only collected for 36.8%, and employment information was for 42.1% due to limitations of helpline interactions. Hence, education and employment profiles are analysed together. The data does not allow strong conclusions about the socio-economic profile of callers, but it indicates that the helpline serves people from diverse educational and employment backgrounds.



e. Referred by

Nearly half of the callers (48.2%) accessed the helpline through online sources, followed by referrals from individuals (33.3%) and organisations/NGO (9.6%). Online referral pathways included web searches, social media platforms such as Instagram, and AI-based search tools such as ChatGPT. Referrals from individuals were largely through community members or acquaintances who were aware of the organisation and shared the helpline details with those seeking support.



f. Geography of callers

The Helpline is accessible Pan-India and received calls from several states across the country. Nearly half of the callers were residents of Delhi (41 calls), followed by Uttar Pradesh (21), Maharashtra (11), Haryana (7), Punjab (5), and Uttarakhand (5). The concentration of callers from Delhi and neighbouring states may be linked to Nazariya's location in Delhi and its active role in providing crisis intervention, shelter support, and referrals for queer individuals and couples. At the same time, callers reaching out from other states show the lack of availability or accessibility in queer affirmative services in many regions, and choose organisations outside their immediate geography. In cases of crisis, many survivors also choose to move to a major city for accessing services and acceptance.

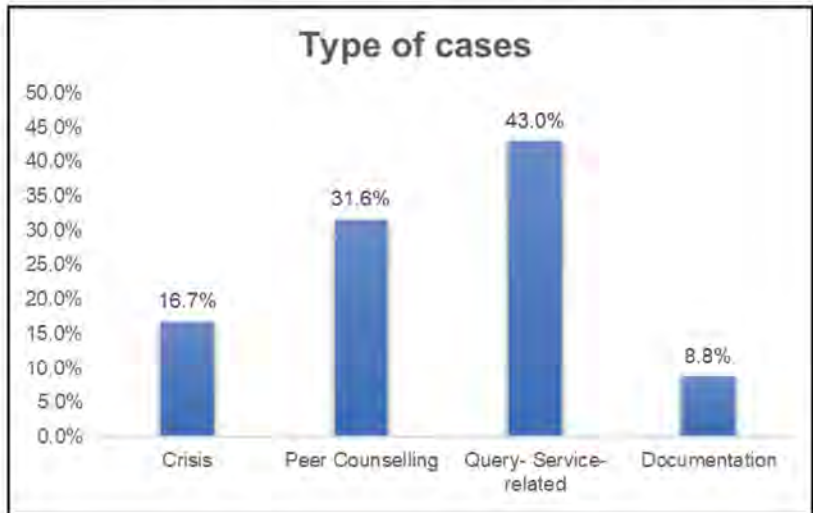
g. Type of cases

Nearly half of the calls (43.0%) were service-related queries. These queries primarily indicate housing insecurity, with queries for shelter-related services, gender-affirming healthcare navigation, mental health support and legal assistance dealing with discrimination from home, society, or the workplace, etc. These queries are addressed by sharing necessary information and sharing references of service providers.

One third of the calls (31.6%) were for peer counselling. Assigned Male at Birth (AMAB) persons exploring their gender identity or sexual orientation have called the helpline mainly to share their experience of cross-dressing, intimacy, and confusion, looking for information and peer listening. Instances of violence have been shared by Non-binary AMAB persons. LBQT callers commonly discussed issues related to coming out to family members, fear of rejection, judgment due to gender expression, pressure to enter heterosexual marriages, and relationship-related stress. Feelings of loneliness and lack of community support were also frequently shared. Many callers described how stigma related to their identity had affected their mental health, education, livelihood, and interpersonal relationships. Through peer counselling, the helpline provides a non-judgmental listening space where callers can share their experiences and explore options for support.

Crisis calls constituted 16.7% of the total calls (17 calls). These situations typically involved individuals or couples facing immediate risks to their safety, including family violence, threats of forced marriage, or being forcibly separated from partners. Some callers contacted the helpline while planning to leave home due to violence or coercion from family members. In seven cases, shelter support was provided. In other situations, callers were provided with information, safety planning guidance, and referrals to legal or community support services.

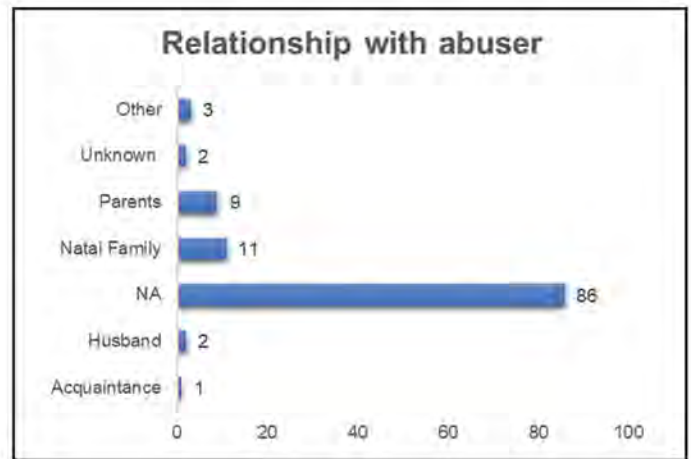
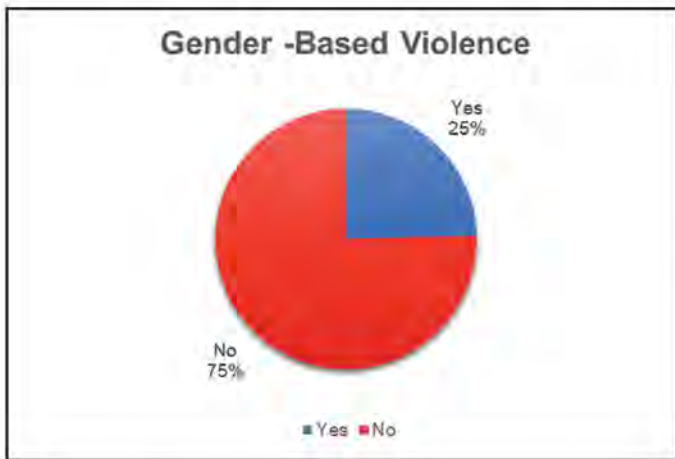
8.8% of calls were for documentation purposes, which is mainly sought by trans persons applying for transgender card, correction, or application in any other identity documents. Support in the application process and handholding support throughout the process, including follow-up were provided.



h. Gender based violence

One-fourth of callers shared experiencing gender-based violence. Survivors described multiple forms of abuse, including physical, sexual, emotional, psychological, and economic violence. In total, 28 callers indicated having faced gender-based violence, while 86 callers did not share such experiences.

Among callers who reported experiencing gender-based violence, cis women (8) constituted the largest group, followed by Non-binary/gender diverse persons (7), cis men (5), trans men (4), and trans women (3). In terms of sexual orientation, lesbian-identified callers (9) formed the largest group among survivors, followed by queer persons (6) and gay men (3).



Among the 28 calls, who stated experiencing gender based violence, 11 survivors have faced violence from their natal family, and 9 survivors specifically stated their parents as perpetrators. The category of natal family includes all family members, while violence by parents is recorded separately when survivors explicitly identify them as the perpetrators. Together, 20 of the 28 cases involved violence from natal family members or parents, indicating the significant vulnerability of queer and trans persons within their family environments.

In two cases, lesbian women reported being subjected to forced marriage and experiencing physical, sexual, and emotional abuse from their husbands related to their sexual orientation. “Not applicable” NA is marked for the remaining 86 calls where gender-based violence was not disclosed during the interaction or was not recorded in the documentation.

i. Needs and Assistance Provided

Nazariya provides legal and safe housing support for queer individuals and couples. Callers often asked for assistance just for themselves or for themselves and their partners. Assistance provided to 'individual/couple' is marked in helpline data to understand the expectations and challenges of queer couples in realising their autonomy.

91.23% of calls were from individuals, and 8.77% of calls were from couples seeking support. Although the number of calls from couples is smaller in comparison, these calls were largely crisis-related and involved serious risks to safety and liberty.

Among the 10 cases involving couples, 5 were lesbian couples, 4 involved a trans man and a woman partner, and 1 was a gay couple. Couples who contacted the helpline reported experiences such as house arrest, pressure to enter forced marriages, threats, and physical violence. Families often respond aggressively when Assigned Female at Birth (AFAB) persons assert autonomy in choosing their partners, particularly in same-sex or gender non-conforming relationships. Instances of physical violence from the police to separate the partners have also been shared.

This shows that there are no adequate forums or support for queer couples accessing the justice system. Geographically, most calls from couples were from Delhi and neighbouring rural areas of Uttar Pradesh and Haryana.

Nazariya's safe home primarily supports queer couples and queer women, addressing the absence of shelter spaces that can accommodate queer couples. For instance, couples such as a trans man and a cis woman who leave their homes often struggle to find safe accommodation where they can stay together.



j. Expectations

Over one-third of callers (34.8%) had an expectation for peer counselling from the helpline, making it the most common expectation. Cis men (13), cis women (9), and trans women (7) constituted the largest gender groups, with the expectation. Many callers were navigating identity and social stigma, highlighting the helpline as an emotional support space beyond immediate crisis intervention.

20.3% of callers approached the helpline with expectations of legal support. Among these callers, 60% had experienced gender-based violence and were seeking legal protection measures. LBQ women and non-binary AFAB persons constituted 14 of the 28 callers who had legal support expectations, many approaching the helpline in situations involving natal family violence and control. Additionally, 6 gay men, 4 trans men, and 4 trans women sought legal support from the helpline. Several individuals reported experiences such as house arrest and pressure to enter or remain in heterosexual marriages. Other cases included workplace discrimination, online harassment, sexual abuse and relationship-related distress, highlighting the diverse contexts in which queer persons seek legal support.

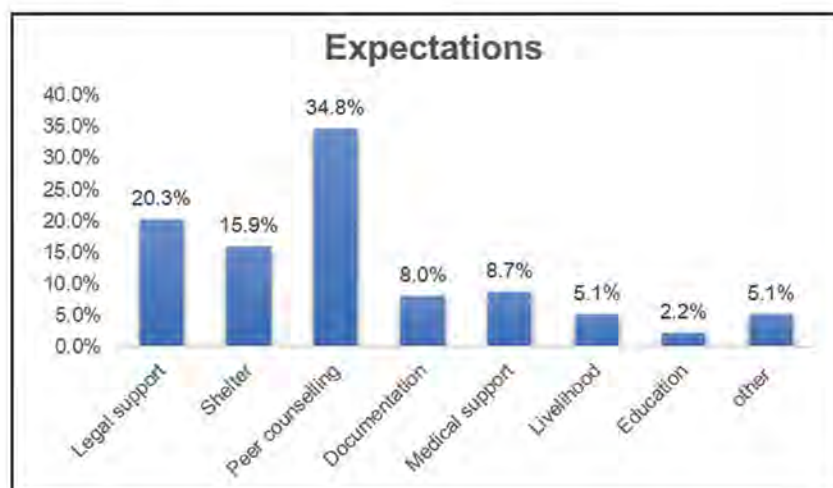
15.9% persons had expectations for shelter. Among them were 7 lesbian persons, 7 transmen, and 5 transwomen. Individuals assigned female at birth were more likely to report facing natal family violence and forced marriage pressure, leading to immediate requests for shelter. Apart from family violence and forced separation of couples, single transmen also reached out for emergency accommodation and post-care shelter support in gender affirming surgery. Requests of trans persons, especially transwomen, reflected a lack of economic safety and unsafe living environments.

8% of callers expected documentation support, mainly seeking help applying for a transgender certificate. 8 callers identified as transwoman, 3 callers as transman. 4 callers were from Delhi and 7 from outside Delhi.

Individuals required guidance and handholding support throughout the process. The need for such guidance reflects the procedural complexities and lack of clarity surrounding the implementation of Transgender Persons (Protection of Rights) Act and Rules.

8.7% expected medical support. Their expectations included structured guidance on the transition process, referrals to psychiatrists, and clear information on gender-affirming care. Many also requested affordable and accessible healthcare options, along with emotional support and handholding throughout the process. All of the references in this category were from individuals who are either their friends or people they met at the hospital.

5.1% had expectations regarding livelihood support, while 2.2 % had expectations regarding education support. 5.1 % had other expectations, which included mental health counselling, support group spaces and advocacy spaces.



DISCUSSION

Natal family violence was a significant form where queer and trans persons experienced gender-based violence. AFAB queer persons face stronger pressure around marriage and mobility. Queer and trans persons accessing helplines have a wide range of expectations, among which the pressing needs are peer counselling, legal support, and access to shelter. These needs reflect the social stigma, isolation and violence many individuals experience, as well as the limited accessibility of legal remedies and safe housing options.

These also show the lack of queer affirmative support systems, which need to be considered along with caller's comfort in help-seeking from a service provider. In a study conducted in the US, on youths contacting an LGBTQ hotline, it was found that the most common reason for callers' contacting the hotline (42%) was that it was LGBTQ-affirming.⁴ The assurance that they would not be discriminated by helpline workers directly related to their willingness to self-disclose.⁵ Poor recognition of the understanding of challenges specific to gender diverse people may result in individuals avoiding these services.⁶ Recognition of natal family violence, trained queer affirmative helpline responders are necessary across helplines working in gender-based violence, and it's also pertinent to ensure that the crisis intervention responses are grounded in survivor centric approach. This calls for building a strong network among various service providers, organisations and stakeholders engaging in addressing gender-based violence.

⁴ Goldbach, J. T., Rhoades, H., Green, D., Fulginiti, A., & Marshal, M. P. (2019). Is there a need for LGBT-specific suicide crisis services? *Crisis*, 40(3), 203-208.

⁵ Lim, G., Waling, A., Lyons, A., Pepping, C. A., Brooks, A., & Bourne, A. (2021). Trans and gender diverse peoples' experiences of crisis helpline services. *Health & Social care in the Community*, 29(3), 672-684.

⁶ Lim, G., Waling, A., Lyons, A., Pepping, C. A., Brooks, A., & Bourne, A. (2021). Trans and gender diverse peoples' experiences of crisis helpline services. *Health & Social care in the Community*, 29(3), 672-684.