

*Counseling homosexual and transgender clients
in Kenya – case studies from the lesbian,
bisexual and transgender communities.
Propositions for dialogue and understanding.*

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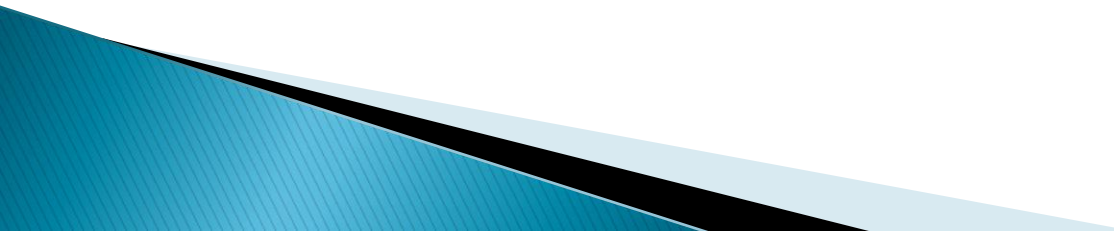
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Introduction

- ▶ Sexual orientation and gender identity/disorder - areas of interest amongst scientists – definitions.
 - ▶ Society's perceptions on sexual orientation and gender identity show poor understanding, misconceptions. Galavu L. et. al. (2010)
 - ▶ August 12th, 2011, Permanent Secretary of the Ministry of Education, was quoted on radio, saying that homosexuality was on the rise in secondary schools. He went on to discourage the schools from expelling the girls but encouraged the schools to send them for counseling.
 - ▶ What therapies do Kenyan counselors use? Can sexual orientation or gender identity change? Can family be helped to accept that their daughter or son is gay or trans?
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Counseling experiences amongst LBT community - Case studies

- 1. The Lesbian Couple at the VCT centre:** *“Me and my girlfriend went for testing when we wanted to start a serious relationship. They said even on the data form there is no way they can write that. Again because he was a male counselor he started joking about how we actually do it. With my rudeness I told him that’s not what brought us (there)”.*
- 2. The case of the transgender man named ‘M’:** 28 year old transgender man (female-to-male) named ‘M’ grew up in Migori. Drinks heavily, loves a woman, engages in sex with men, has been assaulted/raped, cannot hold a job. Has tried to stop drinking. No Alcohol Support system. Counselors don’t understand Trans identity.

Cases continued..

3. **The case of a bisexual woman named 'S':** 19 year old parents do not understand why she is lesbian; mother harassing her; S wants to meet other women, but afraid of being rejected by lesbians; does not like the fact that the counselor uses religion in her sessions; says she feels counselor does not understand her; wants another.
4. **The case of a lesbian named 'Q':** born in Kitui; lost both her parents when she was a child; heard about the Gay and Lesbian Coalition of Kenya (GALCK) and traveled to Nairobi, where she joined MWA; deep distrust of heterosexual men; feels uncomfortable/unsafe around them; experiences with male doctors and gynaecologists have reinforced these feelings; heavy drinking, dramatic relations with women, unwilling to go for counseling.

Some good LBT experiences with Counselors

- Counselors either have experience working with homosexuals/transgenders; are gay themselves or open-minded heterosexual professionals

In search of counselors for the L(G)BT community


- Few counselors who understand or are willing, unaffordable rates. L(G)BT community reluctant to approach counselors.

perspectives from Kenyan counselors on Homosexuality and Transgender Identities:

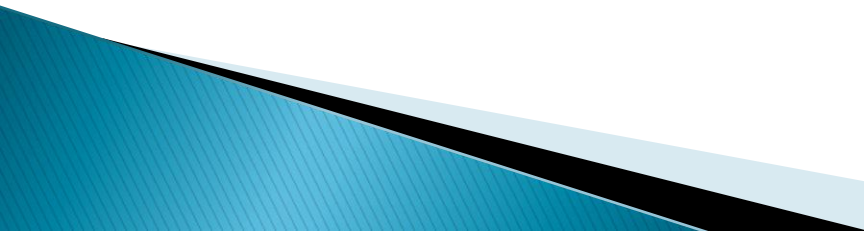
Dr. Lukoye: *“homosexuality is not recognised as a mental illness in any system of classification of mental disorders known to mental health workers. ...Homosexuals, therefore, do not need treatment for their sexual orientation..”*

Dr. Syengo-Mutisya: *“Gender identity disorder treatment include Psychotherapy, Behavioral therapies , Psychodynamic and psychoanalytic approaches, Gender reassignment surgery, estrogen therapy”*

Questions for the counselling community and Conclusions

- ▶ General position of professional counselors on homosexuality and transgender issues? No clear stand can be seen.
 - ▶ How do counselors endeavor to acquire modern information on the science behind these areas in order to better assist clients? Old information about mental disorder seems prevalent.
 - ▶ What role can counselors play in assisting clients & the public understand sexual orientation and gender identity?
 - ▶ Are counselors (including VCT counselors and general practitioners) able to effectively & objectively assist LGBT individuals when they themselves have reservations (both professional and religious) about these topics? Some counselors impose biased opinions on LGBT persons.
 - ▶ At what point do counselors bring in family members to help with reconciliation? Does this quicken the process for the client's own reconciliation and self-fulfillment?
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Recommendations:

1. More dialogue through workshops and focus group discussions between counseling professionals and the LGBT communities/families to improve understanding and to provide more effective and affordable services for the whole society.
 2. The Counseling profession should engage government officials, policy makers and the LGBT community when preparing guidance and counseling documents so as to be all inclusive.
 3. The Professional counselors need to begin educating the public more on issues of sexual orientation and gender identity. Desist from classifying LGB persons as mentally ill. Trans matters are more complex and are quite different from sexual orientation.
 4. Set up of support groups for the LGBT community especially for Alcohol and drug treatment.
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References:

1. Atwoli Lukoye, . Homophobia only serves to spread homosexuality, SUNDAY, DECEMBER 5, 2010
2. Galavu, L., Muchoki I., Muchoki S. & Ocholla A. M, 2010. Uncomfortable Territories – A study on same–sex practices in traditional Kenyan communities and mapping homophobia in a cultural context.
3. Interviews from the LBT communities on their experiences with counselling
4. Syengo–Mutisya, C. M. (Dr)., Consultant Psychiatrist. Gender Identity Disorder, 27th March 2010 (presentation)

Recommended viewing:

- Sex, Lies and Gender – National Geographic
- Defining transgender identities and words – www.youtube.com

Thank you