Original Article

Building Individual and Community Resilience for LGBTQIA+ Individuals in India: A Pilot Study using the SAAHAS intervention model

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Abstract

Background: Exploring factors that determine resilience in the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual+ (LGBTQIA+) community as described in the minority stress model and developing interventions to promote individual and community resilience are emerging goals to facilitate LGBTQIA+ mental health. In this pilot study, researchers' objectives were two-fold to build a participant-derived theory on resilience in the LGBTQIA+ community and to develop and evaluate the feasibility and usefulness of an intervention module to build resilience. **Methods:** Online group therapy sessions were conducted under the Sexuality, Awareness, Acceptance, Health, and Support (SAAHAS) framework, with queer mental health professionals as facilitators using a peer-cum-expert stance. Following a detailed intake and assessment using the Connor Davidson Resilience Scale, a group discussion on Understanding Resilience in the first session was used to identify resilience components. In the remaining 6 sessions, facilitators primarily used Queer Affirmative Cognitive Behavior Therapy techniques pertinent to these components to address challenges in the domains of self, family of origin, and intimate partner relationships. A feedback form was used after the final session to evaluate usefulness. **Results:** The 6 components identified as crucial to LGBTQIA+ resilience were building self-worth, stigma competence, cognitive coping, emotional coping, general social and interpersonal skills, and accessing information and resources. 27 participants from the LGBTQIA+ community attended at least one session. Participant feedback suggested that the participants believed that the group was a safe space, perceived an increase in their resilience after the intervention, reported improvement on all 6 resilience components, and believed that they had better skills to navigate challenges in the 3 settings of self, family, and intimate partner relationships. **Conclusion:** The SAAHAS intervention module can be a useful cost-effective framework to promote individual resilience, and the group therapy setting itself is a useful tangible community resilience resource.

Keywords: *CBT-cognitive behaviour therapy, group therapy, LGBT, queer affirmative, resilience, sexual and gender minorities*

Introduction

Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual+ (LGBTQIA+) individuals worldwide are more vulnerable to mental health challenges, a pattern explained using the Minority Stress Theory.[1] At the same time, they demonstrate significant resilience right from early childhood.[2] Resilience has been defined as "the quality of being able to survive and thrive in the face of adversity; it includes anything that can lead to a more positive adaptation to minority stress and thus, mitigates the negative impact of stress on health."[2] In popular discourse, resilience is seen as something individuals either have or do not and may promote a culture of victim blaming where individuals are told that they "ought to be resilient" while ignoring structural minority stress factors; however, it is more apt to see it as a combination of and a continuum of individual factors, i.e., personal qualities that may help individuals cope with stress and community factors (such as community resources, supportive laws and policies, and social support) that help build individual abilities to combat stress.[2] Subsequent research has built on the same. In a comprehensive review of LGBTQIA+ research, Szymanski and Gonzalez identified several individual, interpersonal and family, community, structural and contextual factors determining resilience, and also examined mediator, moderator and mediated-moderator models by which

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minority stressors and these resilience factors interact to contribute to mental health.[3] Asakura described a socio-ecological framework to build LGBTQIA+ resilience.[4]

There is a great need for developing interventions for resilience building, which may lead to better mental health outcomes;[5] however, resilience itself has not been widely studied and there is a specific lag in resilience intervention research over the years,[2] particularly in the global South.[3] Some interventions that specifically mention resilience building have been developed in recent times.[6-10]

Some studies in India mention the concept of LGBTQIA+ resilience.[11-15] A review identified that two crucial gaps in research on queer mental health over the past decade in India are research related to positive psychology such as health building and intervention studies.[16] The objectives of the current study were to develop an LGBTQIA+ participant-driven framework of resilience and also to design an intervention module to build individual and community resilience.

Methods

This paper is a retrospective account of a service provided that was cleared by the internal ethical review board of the organization. The group Sexuality, Awareness, Acceptance, Health, and Support (SAAHAS) is a therapy group founded in 2009 to provide mental health support to LGBTQIA+ individuals, and preliminary research suggested that it helped to improve mental health, reduce distress and feelings of isolation, and led to acquisition of knowledge and skills to tackle queer-specific problems.[17] Key features of the format were provision of a safe space, peer support by other queer individuals in a group setting, peer-cum-expert facilitator stance with mental health professionals from the LGBTQIA+ community, and the queer affirmative Cognitive Behavior Therapy framework.[17] Subsequent online adaptation of the SAAHAS format was also associated with positive mental health outcomes, and detailed protocol for the same has been published previously.[18] The current module was a separate module "Building Resilience" under the SAAHAS framework.

Sampling and recruitment process

Inclusion criteria for participants were any individual above the age of 18 who self-identified as being part of the LGBTQIA+ community (was nonheterosexually identified or not cisgender). Exclusion criteria were any participants who currently showed psychosis or extreme distress that would make it difficult to participate in a group setting, as determined in the preliminary interview by psychologists.

Details about the new module were presented in a poster and posted on the group's social media platforms such as Instagram and Facebook and were also circulated via WhatsApp on queer forums and forums of mental health practitioners.

Potential participants were asked to fill out an online registration form. The introductory section of the form outlined details about the module, the group structure and approach, and the qualifications and identity of the facilitators. Potential participants were asked to fill out basic demographic information, information about self-identification, preferred mode of contact for further interaction, and any queries about the group that they had. The form also had a section with the Connor Davidson Resilience Scale (CD-RISC),[19] that participants were asked to fill in. This scale is a 25-item scale with Likert style response formats that is used to assess resilience, and it has been found to have sufficient reliability and validity in the general population.[19] The form also included a section for Informed Consent. Written and signed consent was taken for attending the group, for undergoing periodic assessments, and for the use of anonymized data for research. Signing the form also implied agreement to follow the group rules. Participants were also informed about the potential risks of participation and that they were free to leave the group at any time.

Upon receipt of each potential participant's responses, the facilitators sent a mail or a message to them. Each potential participant was invited for a face-to-face or video interview with the facilitators. The purpose of the interview was for safety considerations and to screen participants for their fit with the group and also to help reassure the individuals about the group processes and clarify their doubts. Transgender participants and neurodivergent participants were specifically asked if they had any requests or suggestions for the group that would help make them comfortable and feel safe in the setting. Following a successful conclusion of this meeting if the group goals and participant goals aligned, they were eligible to join the group.

Group structure and logistical considerations

Facilitators

The two facilitators for the group were from the queer community and self-identified as cisgender lesbian women. They were trained psychologists with a background in clinical work and were experienced in individual therapy with queer clients, trauma survivors, clients with mental illness, and with group therapy for other populations.

Format

A closed group format was followed. Sessions were held once a month for a duration of 2 h, on a weekend. Sessions were conducted online using Google Meets.

Group rules

Keeping in mind the very real safety risks that queer individuals may face in Indian society, confidentiality was emphasized as a key group rule. Facilitators and all group participants were expected to maintain confidentiality with

respect to other members' identities. "Outing" other group members, i.e., disclosing that they are queer to individuals outside the group without their consent, was forbidden. Other group rules involved respecting and using others' correct pronouns and chosen names and respecting the group space and others' experiences. Given the online nature of the group, additional safety precautions included sending the meeting link only to those who had registered for each session and disallowing link sharing with others. Participants were given the freedom to join in using video, audio, or chat, depending on their comfort and privacy.

Session themes and structures

Session 1 on "Understanding resilience" was devoted to understanding participants' perceptions about what constitutes resilience. Participants were explained the concept of resilience. They were asked about the resilience skills they had demonstrated so far to navigate the challenges they had faced, and what were the resilience skills they wished to learn. Following this, the rest of the sessions were focused on building resilience by tackling the components identified in session 1 within the self, family, and intimate partner relationship domains. The facilitators used Queer Affirmative Cognitive Behavior Therapy[20] as a guiding framework for the sessions. Thus, the final conceptualization of the module was influenced by participants' conceptualization of resilience, including areas in which they wished to exercise resilience skills and techniques that they had and wished to learn.

Evaluation

The primary mode of evaluation was a feedback form that elicited information regarding participants' safety within the group, whether and how exactly they felt the group had helped them, their perception of the facilitators' attitudes and skills, and overall impressions and suggestions, using both close-ended Likert-format questions and open-ended questions. The CD-RISC was repeated after the last session to provide supplementary information.

Data processing

Sessions could not be recorded due to privacy concerns by the group members, so facilitators took detailed session notes. For building theory on resilience, a thematic analysis was conducted on the themes that emerged during the first session that were clubbed together to provide major overarching themes. Data analyses on group effectiveness were based on describing responses on the feedback form. The written informed consent was obtained from them. It was carried out in accordance with the principles as enunciated in the Declaration of Helsinki.

Results

Figure 1 describes the recruitment and evaluation process of the study and the group.

Thirty-two individuals expressed interest in joining the group and completed the pretest and attended the personal interview. 27 (84.38%) of these actually attended at least one session. 16 (59.26%) were also undergoing individual therapy or psychiatric treatment, and 11 (40.74%) had never attended individual therapy or taken psychiatric treatment. Demographic details of the 27 SAAHAS participants are provided in Table 1. Ages ranged from 20 to 36 years.

With respect to attendance, 6 (22.22%) participants attended 5 sessions, 3 (11.11%) attended 4 sessions, 5 (18.52%) attended 3 sessions, 7 (25.92%) attended 2 sessions, and 6 (22.22%) attended one session. Group size varied from 9 to 24 participants with an average of 13–14 participants per session.

Group conceptualization of resilience

In the first group meeting, participants reported skills that they associated with resilience that they already demonstrated or wished to learn. Based on this discussion, 6 key components of resilience were identified and skills reported by them that were linked to these core components; the results of these analyses are presented in Table 2.

Session themes

Session themes, strategies taught, resilience components addressed, and detailed discussion points are described in Table 3.

Outcomes and feedback

For the purpose of evaluation, we only sought feedback of participants who had attended at least 3 sessions. Feedback from 11 participants who completed the feedback form is summarized in Table 4. 26 (96.3%) participants completed the CD-RISC before starting the sessions. The mean baseline score on the CD-RISC was 20.67. Comparing scores of 10 participants who completed the CD-RISC post the intervention, 7 of them (70%) showed an increase in scores, while the 3 others (30%) showed same scores as baseline.

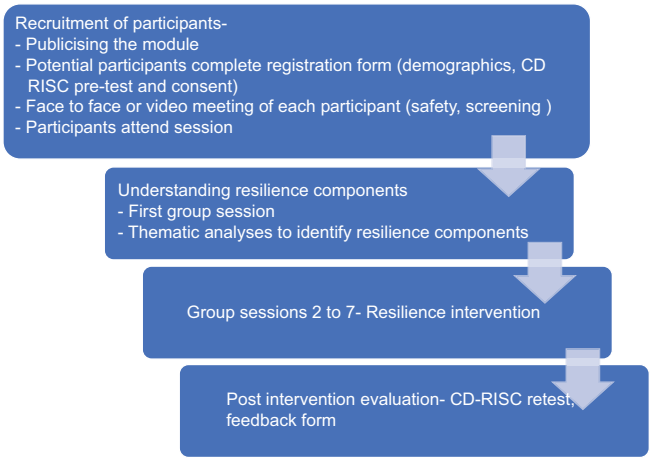

Figure 1: Flowchart of group and study process

Table 1: Demographic details of participants (*n*=27)

	n (%)
Gender	
Cis-man	9 (33.33)
Cis-woman	10 (37.04)
Transgender and nonbinary	8 (29.63)
Ages (years)	
20–24	12 (44.44)
25–29	9 (33.33)
30–34	3 (11.11)
35–39	3 (11.11)
Sexual orientation	
Gay	10 (37.04)
Lesbian	5 (18.52)
Bisexual	3 (11.11)
Queer	9 (33.33)
Education	
Undergraduate	4 (14.81)
Graduate	4 (14.81)
Postgraduate	11 (40.74)
MPhil	1 (3.7)
Professional degree	7 (25.93)

Discussion

Theory building on resilience

One cannot assume that findings in research on resilience in the general population can apply to the LGBTQIA+ community; it is necessary for resilience conceptualizations in this community to encompass skills to navigate stigma related challenges.[5] In this study, 6 major components of resilience were identified through group discussion: building self-worth, stigma competence, cognitive coping, emotional coping, general interpersonal and social skills, and accessing information and resources. These, as well as the skills underlying these, are consistent with findings of existing research cited in a review,[3] which reported many factors across studies, such as self-affirmation, externalizing heterosexism, ignoring and dismissing prejudice and confronting internalized heterosexism, and expressing difficult emotions; these are also in keeping with factors described by Akasura,[4] such as navigating safety, asserting personal agency, and seeking and cultivating interpersonal relationships. Emotion regulation, cognitive coping, self-reflection, healthy communication, and relationship skills have also been used as key skillsets in other resilience intervention models.[8,10] Specific factors identified for the transgender community such as enhancing self-worth, identity pride, and awareness of oppression[21,22] are covered in this model.

The Sexuality, Awareness, Acceptance, Health, and Support resilience intervention module

The basic group structure of SAAHAS was retained with the 4 major elements that are central to its efficacy: peer support, safe space, peer-cum-expert facilitator stance, and queer affirmative Cognitive Behavior Therapy-based approach.[17] QA CBT can be useful for the LGBTQIA+ community using techniques to address the cognitive, affective, and interpersonal pathways that underlie the impact of minority stress on mental health, and it may be useful to adopt this in resilience building.[20] Other interventions have also utilized this approach.[6,7] We tried to weave intersectional principles throughout our module, in keeping with the requirements of adapting QA CBT to the Indian context.[20] Similar to ASSET,[7] our approach was strengths focused. We started session 1 by asking participants about resilience skills they believe they already have and have used to navigate challenges, and focused on strengthening these existing skills, adding more to their toolkits, and reminding participants of their pre-existing skills and resources throughout the module. The affirmative framework provided useful validation and affirmation for LGBTQIA+ identities, which is crucial for resilience building.[7] We conducted the group online, following structures described elsewhere,[18] to harness the utility of e-approaches to resilience building.[23]

Participants identified 3 major areas of concern: their relationship with themselves, their relationship with family of origin members, and relationships with intimate partners. These 3 were therefore the loci of intervention, with sessions dedicated to each of these, and within these larger domains, we used techniques that built on the 6 identified resilience components.

During the sessions on the self, participants reported the following factors that influence their self-concept and self-worth- parental influence, trauma messaging, societal cis-heteronormative messaging, a lack of access to LGBTQIA+ affirmative messaging in their formative years, prejudice, gender and sexuality related norms, "family and community over individual" messaging that is part of growing up in a collectivistic culture, religious messaging, appearance and success related standards, among others. We used QA CBT to critically examine the roots of beliefs (such as those about personal inadequacy) and challenge them individually and as a group, and encouraged them to externalize the homo- and trans-negative messages about themselves. Psychoeducation about the minority stress theory was helpful for the same. We also paid attention to affirmation and building identity pride by discussing things that are valued about being a part of the LGBTQIA+ community. Teaching critical self-reflection skills was a part of this section to increase self-awareness and ability to exercise personal agency.

Acceptance by the family of origin has been identified as a crucial resilience factor in studies.[12,20] In India, families of origin are often the principal loci of minority stress, and individuals have to live within existing heteronormative scripts, subvert these, or rewrite these, in order to navigate this cultural framework.[24] While to some degree, coming

Table 2: Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual+participant driven conceptualization of resilience

Resilience component name	Skills
Building self-esteem and self-worth	Identity pride
	Working on internalised homonegativity
	Accepting gender identity and sexuality
	Avoiding unnecessary comparisons with others and focussing on self
	Working on conditioned negative self-worth due to trauma
	Prioritizing self-care without being restricted by obligations and guilt
Cognitive coping	Questioning systems and frameworks that we are conditioned into
	Understanding oppression as external from self and how it affects beliefs about self
	Understanding that you deserve better rather than internalising micro-aggressions
	Developing more expansive ideas about gender beyond gender norms and the gender binary
	Understanding the vast expanse of sexuality better
	Better understanding of factors within and outside control
	Looking at things objectively rather than through personal interpretive frameworks
	Managing obsessive and ruminative thinking
	Learning positive self-talk
	Using affirmations
Stigma competence	Understanding legal protections one can take to stop abuse
	Coming out decisions (especially to family) and dealing with the fallout of the same effectively
	Boundary setting with family
	Dealing with emotional consequences of boundary setting
	Dealing with micro-aggressions at home and by partner
	Better managing toxicity by external people
	Dealing with workplace toxicity
	Recognising that one doesn't owe anyone any explanations or excuses for how one leads life
Emotion regulation and coping	Learning healthy active coping strategies
	Using coping strategies consistently
	Allowing oneself to experience emotions and let them inform you
	Processing trauma and dealing with trauma triggers and sequalae
	Mindfulness
	Focussing on one problem at a time
	Avoiding avoidance of emotions
General interpersonal and social skills	Assertiveness skills
	Communicating needs and emotions to others
	Finding ways to connect to others in spite of social anxiety and fear of evaluation
	Letting go of the need to manage others' perceptions of you
	Learning to respond rather than react to people
Accessing resources	Proactively seeking out and accessing information and resources about the LGBTQIA+ community and mental health
	Finding queer role models
	Connecting with other LGBTQIA+ community members
	Using social media intentionally

LGBTQIA+=Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual+

out and "un-silencing marginalized identities" is crucial as a first step toward identity pride and accessing LGBTQIA+ specific support,[3] disclosure related decision-making, i.e., deciding whom to come out to, why and when, is a very pertinent resilience skill.[10] This is of particular importance in India as demonstrated in 2 Indian resilience studies.[12,14] This formed the focus of the 2 sessions on the family, where participants shared their stories of family reactions before and after coming out, and offered strategies to deal with the same and tips for this decision-making. We also

Table 3: Session themes, strategies and topics of discussion

Theme	Strategies	Key discussion points
Induction and developing a conceptualization of resilience	Group building processes, structured group discussion	Setting rules, introduction and group building processes
		Introduced the concept of resilience - Minority stress model, community and individual resilience, deficit to positive focus
		Participants asked what they feel are the components of resilience and skills related to these with additional probes - What are some challenges you have faced so far and what skills did you use to face them? What are some challenges you continue to face or skills you wish to learn?
Self	Psychoeducation	Introduction to self-concept, self-esteem and components, self-efficacy
	Self-reflection (QA CBT)	Asked participants - What factors have affected your sense of self? Listed out factors
	Building self-esteem and self-worth	Psychoeducation about how these are connected to internalized trans and homonegativity
	Accessing information and resources	Importance of affirmation and ways to access LGBTQIA+affirmative resources and meeting community members
		Identifying the "good" things about being queer - What do you value about your identity
		Homework - self-reflection using template taught in session
Self	Understanding thoughts - actions - feelings	Introduction to thought disputation, cognitive triad, what are thoughts versus feelings
		Exploring impact of core beliefs on emotions and behaviors
	Identifying core beliefs	Challenging core beliefs and cognitive restructuring- using role play with Socratic questioning to challenge these - one therapist demonstration challenging individual's beliefs, second - group challenging of common beliefs
	Cognitive restructuring (QA CBT)	Reconnecting with self by learning to identify own emotions, emotion wheel and responding to physical manifestations of feelings
	Identifying feelings (EFT)	Introduction to importance and impact of families of origin
	Building self-esteem and self-worth	Homework- asked to reflect on beliefs about the family
	Cognitive restructuring	
Family	Psychoeducation	Asked participants to share their experiences with parents before and after coming out
	Core beliefs and cognitive reframing (QA CBT)	Identified core beliefs about the self in connection with the family
		Understanding collectivistic parenting beliefs and their impact, and how to reframe these beliefs
	Cognitive restructuring	Exploring the phenomena of erasure, concealment and their impact (using minority stress theory)
	Stigma competence	Homework - Asked to identify feelings evoked by family interactions
Family	Processing feelings and using feelings as information (EFT)	Sharing impact of family acceptance and nonacceptance and family focused trauma
		Identifying, validating and processing feelings in reaction to above
	Boundary setting and assertive communication skills (QA CBT)	Asking people to reflect on what their expectations from parents were, what degrees of acceptance they wanted
		Need for boundaries and exploring what makes it difficult to set boundaries
	Stigma competence	Unlearning guilt and using anger as information
	Emotion regulation and coping	Boundary setting and healthy communication strategies
		Resources to deal with family violence and abuse
		Introduction to concept of families of choice
		Homework-asking to reflect on their challenges in intimate partner relationships
Intimate partner relationships	Psychoeducation	Asking people intimate partner relationship experiences
	Core beliefs	Validating challenges in navigating queer relationships that stem from societal stigma and feelings about the same
	Assertivenes and communication skills (QA CBT)	Discussing concept of amatonormativity
		Identifying maladaptive relationship beliefs and beliefs about self-worth in relationship context
	Processing feelings and trauma (EFT)	Identifying, processing and communicating personal relationship expectations
	General interpersonal and social skills	Assertiveness and communication skills

Contd...

Table 3: Contd...

Theme	Strategies	Key discussion points
	Cognitive restructuring	Dealing with intimate partner abuse - Sharing resources and processing relationship trauma
	Emotion regulation and coping	Psycho - education about myriad relationship styles

LGBTQIA+=Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual+ QA CBT=Queer affirmative cognitive behaviour therapy

Table 4: Feedback by group participants (*n*=11)

Area of feedback	Participant responses
Found SAAHAS sessions helpful overall	Strongly agree - 54.5%, agree - 45.5%
Believe that SAAHAS sessions helped them to become more resilient than they were earlier	Strongly agree - 18.2%, agree - 72.7%, neutral - 9.1%
Believed that peer support reduced feelings of isolation	Strongly agree - 27.3%, agree - 63.6%, neutral - 9.1%
Felt safe attending the sessions	Strongly agree - 54.5%, agree - 45.5%
Found the facilitators knowledgeable and affirming	Strongly agree - 72.7%, agree - 27.3%
SAAHAS meetings have helped in	
Better understanding of mental health issues	Strongly agree - 36.4%, agree - 54.5%, neutral - 9.1%
Dealing with LGBTQIA+ specific concerns better (stigma competence)	Strongly agree - 54.5%, agree - 45.5%
Better understanding of and ability to regulate feelings and emotions (emotional coping)	Strongly agree - 27.3%, agree - 72.7%
Better awareness of thoughts and the thoughts- action- feelings link (cognitive coping)	Strongly agree - 27.3%, agree - 63.6%, neutral - 9.1%
Becoming more assertive and learning to set boundaries better (general interpersonal skills)	Strongly agree - 36.4%, agree - 45.5%, neutral - 18.2%
Increasing self-awareness and developing a healthier self-concept (building self-worth)	Strongly agree - 36.4%, agree - 54.5%, neutral - 9.1%
Navigating family of origin related concerns better	Strongly agree - 27.3%, agree - 45.5%, neutral - 27.3%
Navigating intimate partner relationships better	Strongly agree - 9.1%, agree - 54.5%, neutral - 36.4%

LGBTQIA+=Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual+

focused on related resilience aspects such as building a positive relationship with the family and ability to negotiate with the family,[12,14] by teaching boundary setting and assertive communication skills, along with skills to navigate family abuse. We explored and validated emotions in response to invalidation, erasure, violence by families. We also explored common beliefs underlying some of these feelings such as "I must never disappoint my parents," "My queer identity means that I will never be able to give my parents happiness," "Failing to keep my family happy makes me a terrible child and makes me worthless," and helped participants to locate these in collectivistic notions of self-worth that are dependent on compliance to family values, and in cis-heteronormative values. We also shared resources to deal with family violence and introduced the notion of families of choice.

In the session on intimate partner relationships, we discussed challenges with respect to relationships for queer individuals, such as difficulties finding partners in a heteronormative culture, and invalidation, erasure and lack of recognition of queer relationships, and validated the feelings of anger, grief, frustration and loneliness in reaction to the same. Psychoeducation about the concept of amatonormativity (societal belief that being in an intimate partner relationship is a necessary step to leading a fulfilling life) helped dismantle some of the beliefs about being in intimate partner relationships being intrinsic to self-worth. We paid some attention to the less discussed topic of intimate partner violence within queer contexts, and discussed and validated the existence of multiple relationship styles beyond traditional monogamy, such as polyamory. Developing assertive communication skills was a crucial component of this part of the module. The idea was to help individuals to navigate queer relationships in healthier ways and to build meaningful connections and maintain self-worth even in the absence of, or lack of desire for, such relationships.

Building community resilience using group therapy

Support group settings help build social connections and families of choice, promote collective healing and action, provide queer role models as well as the opportunity to be role models for others, which are resilience factors identified in several studies.[4,5,12,14,21] Group therapy is a cost and time effective vehicle for teaching and practicing individual resilience skills.[6-10] Most importantly, group therapy may be a useful tangible pathway to community resilience.[2]

Community resilience has been defined by Hall and Zautra in 2010 and cited by Meyer[2] as describing "how communities further the capacities of individuals to develop

and sustain their well-being." Meyer described factors such as homonegativity, trans-negativity, sexism, racism, socioeconomic inequality, that inhibit individual resilience, and suggested that focusing solely on individual resilience is inadequate.[2] Our approach toward resilience building is consistent with the directive to conceptualize interventions for resilience as composites of individual and community factors.

Efficacy, challenges, and limitations of the module

We used the CD-RISC pre- and postsessions, and while the sample size was too small to make meaningful interpretations, most participants showed a small increase in their scores after the intervention. However, the scale itself may not be the best fit to assess resilience in the LGBTQIA+ community as it does not encompass LGBTQIA+-specific resilience skills such as, for instance, stigma competence.

Participant feedback for the module suggests that the participants believed that the group was a safe space, perceived an increase in their resilience after the intervention, reported improvement on all 6 resilience components, and believed that they had better skills to navigate challenges in the 3 settings of self, family, and intimate partner relationships.

For quite a few participants, SAAHAS was their first ever experience of being part of an LGBTQIA+ collective.

"SAAHAS was my first ever group therapy. I have looked forward to each and every session. I guess that's how special SAAHAS has been."

"This was my first experience in being a part of some queer collective, so obviously it was very refreshing, and I could actually feel that warm sense of community, given that all the participants were so nice. Facilitators surely created and maintained a friendly atmosphere while decoding and directing our concerns to a proper route, professionally. Before joining this I had an idea of what I needed to do to sort things out, and all I wanted was just a push in that direction; SAAHAS definitely became that push for me."

Some participants in their feedback highlighted the importance of the resilience skills that they learned:

"The resilience series has been very helpful as it gave us some tools out of psychotherapy to deal with day to day emotions and feelings."

"SAAHAS has made me more perceptive and resilient toward situations. I have certainly observed remarkable changes in my thought process."

Others highlighted the crucial role of community resilience processes

"I believe SAAHAS has provided me the emotional safe space that I didn't have. It helped me gain new perspectives and helped me to get out of my own head and realize that I am not alone. Listening to other people's problems gave me a sense of solidarity and a renewed hope that I can deal with the obstacles in my life."

"The sessions have been useful and a great source of support. Collective sharing of experiences has especially been a big takeaway."

As facilitators, we were particularly heartened to see that the group had good participation from sexual minority women and transgender participants, which is an improvement over the first instalment of SAAHAS.[17] The online setting facilitated participation from LGBTQIA+ individuals across the country, some of them hailing from small towns without easy access to offline resources.

Limitations

We faced some challenges related to sustaining regular participation. Some suggestions by participants to improve the group revolved around the need for more sessions and more frequent sessions, more regular feedback to be elicited from participants, and facilitating interaction with other participants before and after the group setting (we believe the latter to be a consequence of the online settings).

We did not have fixed sample size criteria given the hard-to-access nature of group participants. The small sample size makes it difficult to generalize the findings, and further data from larger and more diverse samples are needed to obtain more reliable data about effectiveness and feasibility of this intervention module. Furthermore, since the LGBTQIA+ community is quite heterogeneous, further research may need to explore unique and shared resilience factors within different identity labels, and across different age groups, and develop modules that are customized for the same.

We recognize that the LGBTQIA+ resilience and mental health of LGBTQIA+ individuals also require intervention at macro levels, with large scale changes in societal norms and dismantling oppressive societal structures.[2] However, while work on the same is ongoing, we believe that this resilience module can help individuals and communities to navigate their oppressive social contexts with more agency and confidence.

Conclusion

Individual and community resilience for the LGBTQIA+ community are crucial variables that need attention. Our participant-derived framework for resilience encompasses 6 components: building self-worth, stigma competence, cognitive coping, emotional coping, general interpersonal and social skills, and accessing information and resources. Using these, we developed an intervention module to build individual resilience, teaching participants skills to navigate relationships with themselves, families of origin, and intimate partner relationships. Feedback for the group was positive, suggesting that this can be a useful,

cost-effective intervention model. In addition, we found group therapy settings themselves as crucial vehicles to build community resilience.

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Conflicts of interest

There are no conflicts of interest.

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