A PLACE CALLED HOME:

The condition and challenges of LGBTQIA+ persons in family settings

Young Queer Alliance
2021

ABOUT THE RESEARCH

This is an independent research carried out by the consultant on behalf of the Young Queer Alliance under the "Strengthening the inclusion and social acceptance of LGBTQIA+ persons through policy and mindset changes in Mauritius and Rodrigues" Project which is funded by the European Union and being implemented by the Young Queer Alliance together with the Collectif Arc-en-Ciel.

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DISCLAIMER

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TERMINOLOGY

Gender Expression: The way a person expresses their sense of gender identity (e.g. through dress, clothing, body movement, etc.). Young children express their sense of gender through choices for personal items such as toys and clothes, as well as hairstyle, colours, etc.

Gender Identity: A person's internal sense of being male, female, or something else. Gender identity is internal, so it is not necessarily visible to others. Gender identity is also very personal, so some people may not identify as male or female while others may identify as both male and female.

Sexual Minorities: The term refers to people who identify as Lesbian, Gay, and Bisexual.

Sexual and Gender Minorities: The term includes LGB, Trans people, intersex, gender non-conforming, queer and others

Sexual Orientation: The scientifically accurate term for an individual's enduring physical, romantic and/or emotional attraction to members of the same and/or opposite sexes, including lesbian, gay, bisexual, and heterosexual orientations

Trans: An individual whose gender identity differs from the sex assigned to them at birth.

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
CAEC	Collectif Arc-en-Ciel
CPE	Certificate of Primary Education
EOA	Equal Opportunities Act
EOC	Equal Opportunities Commission
EU	European Union
FAP	Family Acceptance Project
HIV	Human Immunodeficiency Virus
HSC	Higher School Certificate
IBBS	Integrated Behavioural and Biological Surveillance
LGB	Lesbian Gay and Bisexual
LGBTQIA+	Lesbian Gay Bisexual Trans Queer Intersex Asexual and +
NGO	Non-Governmental Organisation
PhD	Doctor of Philosophy
SC	School Certificate
SOGI	Sexual Orientation and Gender Identity
STD	Sexually Transmitted Disease
UN	United Nations
YQA	Young Queer Alliance

FOREWORD

In Mauritius, there is a lack of research around LGBTQIA+ people which is publicly available. Often, advocacy, policy change, or understanding the situation and challenges of LGBTQIA+ people as well as understanding their aspirations for them to live freely with dignity and rights require evidence-based information.

This research, which was commissioned by the Young Queer Alliance, was entrusted to Danisha Sornum to understand the challenges and condition of LGBTQIA+ persons in Mauritius in family settings through independent lenses.

"A place called home – the condition and challenges of LGBTQIA+ persons in family settings" is the first thematic research conducted under the "Strengthening the inclusion and social acceptance of LGBTQIA+ persons through policy and mindset changes in Mauritius and Rodrigues" Project which is funded by the European Union and being implemented by the Young Queer Alliance together with the Collectif Arc-en-Ciel.

The Young Queer Alliance encourages organisations, policy makers, and various stakeholders to appropriate and use the contents of the research to ensure that the inalienable human rights of LGBTQIA+ people are respected and uplifted in Mauritius and Rodrigues.

Young Queer Alliance

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This thematic research has been conducted under the “Strengthening the inclusion and social acceptance of LGBTQIA+ persons through policy and mindset changes in Mauritius and Rodrigues” Project, funded by the European Union and being implemented by the Young Queer Alliance together with the Collectif Arc-en-Ciel.

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We also wish to acknowledge the contribution of the Young Queer Alliance staff for their meaningful assistance throughout the process, particularly for bringing their on-the-ground expertise in the design of the survey and recruitment of participants.

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Research and writing team

EXECUTIVE SUMMARY

Over the last decade, the focus on Lesbian, Gay, Bisexual and Trans (LGBTQIA+) people has increased in Mauritius. However, very little is known about the condition and challenges faced by LGBTQIA+ people in the family setting. This research seeks to fill this existing gap. It comprises an extensive literature review about the critical role of the family in reducing health risks, such as challenges to mental and physical well-being, faced by LGBTQIA+ people and in promoting the latter's well-being, with emphasis on the importance of acceptance within the family. A survey was carried out as part of the research to better understand the challenges that LGBTQIA+ people have to navigate in the family, and to identify their unmet needs. The results of the survey provide compelling evidence that LGBTQIA+ people in Mauritius face numerous hardships in the family.

The survey results (n = 153) evidence that:

(a) 78.43% of respondents had disclosed their sexual orientation and/or gender identity to at least one member of their family of which, only 7.50% of them found that coming out was somewhat easy or very easy;

(b) respondents were more likely to come out to their siblings (50%) and cousins (48%), which is an indication that siblings and cousins are potential sources of support for LGBTQIA+ people given the higher degree of intimacy and horizontality;

(c) respondents reported receiving more support from their cousins (47.44%) and siblings (45.45%) as compared to other family members;

(d) reasons advanced by respondents for not sharing their sexual orientation and/or gender identity with any or all members of their family were fears of not being accepted (87.02%), losing their home (38.93%) and being harmed (33.59%);

(e) 45.92% of respondents reported that their grandparents (39.39%), mother (45.92%) and father (48.81%) was either somewhat non-supportive or not at all supportive;

(f) an overwhelming 70.6% of the respondents have experienced at least one form of rejection behaviour in the family;

(g) being reminded by family members to watch appearance or the way to speak/act (45.75%), verbal abuse (41.18%), and psychological abuse (39.22%) are the most common rejection behaviours experienced by LGBTQIA+ people in the family;

(h) a staggering 52.94% of respondents reported that their family exhibited no positive behaviour at all;

(i) media awareness (88%), decriminalising homosexuality (86%), marriage equality (84%) and being economically independent (82%) were rated as very important factors which can contribute to improve the conditions of LGBTQIA+ people; and

(j) only 7.84% of respondents reported approaching health institutions or doctors for help, only 6.54% of respondents approached teachers/school officials for help, and fewer still turned to law enforcement (3.92%), Ministry/Priest/Other religious worker (3.27%) or a government agency (1.96%) for help.

The research recommends the implementation of targeted programmes and interventions to promote the well-being of sexual and gender minorities in the family setting, particularly by engaging parents and healthcare providers as allies. Recommendations also include repealing laws and policies which criminalise LGBTQIA+ people and amending laws and policies to protect LGBTQIA+ people from all forms of violence and harassment, thereby reducing stigma against LGBTQIA+ people and giving equal recognition to LGBTQIA+ people across areas of life.

1.0 INTRODUCTION

A decade ago, Mauritius made a leap in promoting equal human rights for LGBTQIA+ people through visible international and national commitment. The Government signed the United Nations (UN) Declaration on Human Rights, Sexual Orientation and Gender Identity and various laws were also amended to include sexual orientation as a protected status. Recently, the Government back-pedalled on its international commitment by voting two resolutions against the United Nations Sexual Orientation and Gender Identity Expert (YQA, 2010-2016 Barometer). The Government is also very much silent on LGBTQIA+ concerns, and has systematically refused to review the laws to afford better protection to LGBTQIA+ people. On the other hand, civil society and Non-Governmental Organizations (NGOs) have increased advocacy efforts as a result of which, there is a heightened sensitivity and awareness of the various challenges that LGBTQIA+ people face in Mauritius.

Even if LGBTQIA+ people have greater visibility in the media and in public life today, they still experience discrimination, harassment and violence at home, at school, at work and in the community. For too many LGBTQIA+ people, the bias is present in various aspects of their daily life and the wounds last for a lifetime. The need for policy change and action is real and urgent.

One of the under-explored areas on the protection of LGBTQIA+ people is their interactions with the family. This research lays focus on this gap both conceptually and through findings from a quantitative survey, which was conducted from August to September 2021. The research provides human rights institutions, policy makers, Ministries, law enforcement agencies and legislators an insight into the challenges faced by LGBTQIA+ people in family settings. The research aims at triggering policy changes that will promote a safe family environment for LGBTQIA+ people, where they can live authentically, in dignity and free from discrimination.

1.1 A situation overview of LGBTQIA+ persons in Mauritius

In 2008, the Government introduced the Employment Rights Act and the Employment Relations Act which were the first legislations to include protections and equal opportunities for LGB persons in employment settings. In 2010, the Government crossed another milestone

by including sexual orientation as a protected status in the Code of Ethics for Civil Servants and Public Officers (Ministry of Civil Service and Administrative Reforms, 2010, p.5). In 2011, Mauritius signed the United Nations Declaration on Human Rights, Sexual Orientation and Gender Identity, paving the way for inclusion for sexual and gender minorities in the country. The Equal Opportunities Act was proclaimed in 2012, following which the Equal Opportunities Commission led nation-wide campaigns to sensitize the public, government and non-government entities, as well as the private sector, on the need to promote equality of opportunities and prevent discrimination based on various grounds, including sexual orientation. Since 2014, LGBTQIA+ people are also able to donate blood, following conciliation between the then Ministry of Health and Quality of Life and the complainant, an LGBTQIA+ person. Further to a complaint lodged by the complainant, the EOC, in its report, recommended that it is the risky sexual activity that should be targeted by the questionnaire used by the Blood Donors Association, not LGBTQIA+ people as a group (EOC, 2014, p.30).

However, reports by NGOs suggest that there is an increasing number of cases of discrimination based on sexual orientation and gender identity that are not investigated by the authorities. In 2015, police officers arbitrarily arrested a trans person who was a peer educator for the Global Fund against AIDS, Malaria and Tuberculosis programme, and who was allegedly stripped naked and forced to parade before police officers (US Department of State, 2016). There has, so far, been no outcome to the complaint filed at the National Human Rights Commission in this respect. LGBTQIA+ activists have reported cases of death threats, which have not been investigated by law enforcement authorities (YQA, Alternative Report submitted for the 121st session of the Human Rights Committee, 2017). The annual Pride March of 2017 was marked by homophobic protests, which were again left uninvestigated (YQA, Alternative Report submitted for the 121st session of the Human Rights Committee, 2017, pp. 11). In a survey carried out by the YQA in 2017 on the socio-economic conditions of LGBTQIA+ people in Mauritius, 60.2% of respondents reported having been victims of discrimination, stigmatization, and/or violence due to their sexual orientation and/or gender identity in various spheres of life, including at home, in schools, in public transport, on the streets, at the workplace, at hospitals and at police stations (YQA, 2017 Survey). The inaction of the authorities in light of alleged cases of discrimination, combined with the unwillingness of the Government to revise discriminatory laws and policies contribute to the perpetuation of systemic discrimination against LGBTQIA+ people in the country.

In 2018, in a landmark decision of the Immigration and Asylum Chamber of the First Tier Tribunal, a Mauritian was granted the status of refugee in the United Kingdom. Reversing the decision of the Secretary of State for the Home Department to deny refugee status to the appellant, the Tribunal highlighted that there was enough evidence to suggest that the appellant would be at risk of facing treatment amounting to persecution under international law should he return to Mauritius. The Tribunal further took the view that "there is insufficient state protection for people who are likely to be criminalized" and "there is no protection generally for LGBTQIA+ victims of hate crimes in Mauritius" – (*vide* the case of Mr. A.B. v Secretary of State for Home Department, 2018).

1.2 Access to healthcare

Mauritius is on the forefront in public health on the African continent. However, gender and sexual minorities still experience reduced access to quality healthcare and very often under-utilize available healthcare services due to systemic discrimination within the healthcare system. LGBTQIA+ people have reported being verbally abused by healthcare providers upon disclosing their gender identity and/or sexual orientation (YQA, Alternative Report submitted for the 121st session of the Human Rights Committee, 2017, pp. 15). The HIV IBBS Survey (2017) carried out with the transgender community in Mauritius reveals that approximately one third of transgender persons reported experiencing stigma and discrimination due to their transgender identity. Respondents in the survey reported being shifted from male to female hospital wards and not feeling or being accepted in either. Health care providers also admitted being confused due to the absence of a well-defined protocol. As a result of the prejudiced attitudes on the part of healthcare providers combined with the persistent fear of discrimination, LGBTQIA+ people very often avoid or delay care. The Government, in its 9th to 10th Periodic Report to the African Commission of Human and Peoples' Rights, stated that public hospitals provide free hormone treatment to transgender people. However, very few transgender people are aware that they can avail of this treatment due to lack of effective communication from the Authorities (YQA, Accessible and Inclusive Healthcare for LGBTQIA+ people, 2020). Moreover, gender affirming health services such as free surgery and counselling are not available to transgender people in public hospitals (YQA, Shadow Report, 2017, pp. 5).

The unique health and social care needs of LGBTQIA+ people also need to be addressed more intentionally in defining public health goals and in designing inclusive health policies (Mulé.

et al.,2009). Research (YQA, Accessible and Inclusive Healthcare for LGBTQIA+ people, 2020) shows that LGBTQIA+ people are more likely than their heterosexual counterparts to face mental health issues, to consume alcohol, tobacco, and other substances, and they run a higher risk of attempting suicide. Furthermore, gay and bisexual men and boys account for 35% of new HIV infections nationally, while only 2% of funding is directed to this group of infected people since 2013. The HIV IBBS Survey revealed that there is high prevalence of HIV (28%), active syphilis (47%) and Hepatitis C Virus (18%) among transgender people and that 33% of respondents had attempted suicide because of their gender identity. Women within the LGBTQIA+ community also face increased risks of certain types of cancers such as ovarian cancer and breast cancer given that they are left out of preventive care and early diagnosis. There is, therefore, a clear need for increased knowledge and better preparedness within the healthcare system to deal with patterns of health and illness specific to LGBTQIA+ people with a view to reducing health disparities and promoting health and well-being of LGBTQIA+ people nationwide.

2.0 AN OVERVIEW OF THE LEGAL FRAMEWORK FOR THE RECOGNITION AND PROTECTION OF SEXUAL AND GENDER MINORITY RIGHTS IN MAURITIUS

2.1 Anti-discrimination laws

Sexual orientation is a protected status under the Equal Opportunities Act 2008 (EOA), which was promulgated in 2012. The EOA provides for protection against direct discrimination[1], indirect discrimination[2] based on sexual orientation as well as discrimination by victimization in various areas, namely, in employment, education, the provision of goods or facilities, accommodation, the disposal of immoveable property, access to premises, sports, clubs, and companies/partnerships/societés/registered associations. One of the landmark cases into which the Equal Opportunities Commission (EOC) investigated, concerned a complaint filed against the then Ministry of Health and Quality of Life and the Blood Donors Association in 2013 based on sexual orientation. As part of the blood screening process for blood donation, a questionnaire had to be filled. One of the questions that potential blood donors had to answer prior to being accepted was whether or not they had engaged in any homosexual activity, and anyone who answered positively was permanently banned from donating blood. The EOC concluded that the question, as couched, was tantamount to discrimination since it targeted homosexuals as a group of people. A settlement was eventually reached whereby the Ministry agreed to replace the discriminatory question with one that targets sexual activity, which is classified as risky, as opposed to homosexuals as a group of people.

While the EOA has been a major step in affording legal protection against discrimination towards LGBTQIA+ people, the law remains silent on the criminalization of homophobic acts, particularly acts of violence, bullying, and hate speech against LGBTQIA+ people. Moreover, gender identity is not a protected status under the law, which means that transgender people are completely left out of the protection net, with no avenue for redress, which is contrary to

[1] There is direct discrimination based on sexual orientation when, in the same or similar circumstances, the discriminator treats or proposes to treat the aggrieved person less favourably based on sexual orientation than they treat or would treat another person of a different status. Sexual orientation need not be the only or dominant reason for discrimination as long as it is substantial.

[2]There is indirect discrimination based on sexual orientation when the discriminator imposes or proposes to impose on the aggrieved person a condition, requirement, or practice that is unjustifiable in the circumstances and that is likely to have the effect of disadvantaging the aggrieved person in comparison with other persons.

the spirit of Article 9 of the International Covenant on Civil and Political Rights. The Law Reform Commission has also recommended that Section 282 of the Criminal Code be amended to replace the offence of "Stirring up racial hatred" with "Public incitement to discrimination, hatred or violence." While the recommendations cover grounds such as origin, race, and ethnicity, they do not, however, include sexual orientation (Law Reform Commission, 2016). As a result of the total absence of provisions in the law with respect to the criminalization of homophobic acts, LGBTQIA+ people continue to be persecuted because of their sexual orientation and/or gender identity. Other crimes such as illegal confinement by parents, physical threats, confinement to mental institutions because of sexual orientation are also not covered by the laws, thereby going unpunished.

The Workers' Rights Act 2019, which has replaced the Employment Rights Act 2008, also provides for the protection of workers against discrimination on various grounds, including sexual orientation. However, gender identity is excluded from the purview of the law, exposing transgender people to high risks of discrimination in the workplace.

2.2 Non-recognition of same-sex marriage/marriage equality

The laws in Mauritius do not specifically bar same-sex marriage/marriage equality. However, in 2015, the State, acting through the Civil Status Division, which is responsible for the registration of civil marriages, refused to register the marriage of two individuals on the basis that the laws do not recognize same-sex marriage (YQA, Alternative Report, 2017, p.24-25).

The non-recognition of same-sex marriage by the State results in LGBTQIA+ people being deprived of basic rights that they are entitled to enjoy as citizens, *inter alia*, spousal inheritance rights, social security benefits for widows and widowers, fiscal benefits, and medical and insurance coverage for spouses. Further, a homosexual couple comprising a Mauritian and a foreigner, married under a foreign regime, will not be legally recognized in Mauritius. Hence, the foreigner is deprived of the opportunity to obtain a residence permit by virtue of being the spouse of a Mauritian. The Protection from Domestic Violence Act 1997 was also amended in 2016, with 'spouse' defined as "a person who is or has been civilly or religiously married to a person of the opposite sex". As a result, LGBTQIA+ people who are victims of domestic violence do not have access to court for redress.

2.3 Criminalization of same-sex sexual acts between adults

Section 250 of the Criminal Code 1838 criminalizes sodomy among both same-sex and heterosexual couples. A person found guilty under this section of the law risks penal servitude of up to 5 years. Article 17 of the International Covenant on Civil and Political Rights provides that every human being has the right to the "protection of the law against unlawful interference with his privacy", while sections 3, 5, and 9 of the Constitution of Mauritius provide for fundamental rights and freedoms, protection of right to life, and protection of right to liberty respectively. In light of these laws and international case law, there is a high likelihood that section 250 may not pass the test of constitutionality.[3]

2.4 The Legal framework for "sex/gender marker change" for the recognition of trans people

While trans people can change their name by submitting a petition to the Attorney-General, they can neither undergo a medical sex change nor change their sex as recorded on their birth certificate, national identity card and other relevant administrative documents such as passports (Government of Mauritius, 2019, p.119). In April 2021, the Federal Administrative Court of Switzerland granted a Mauritian trans appellant who had undergone surgery in Switzerland to change her sex (from male to female), an extension of her residential permit on the ground that she would not be recognized as a woman upon her return in Mauritius given that change in the sex assigned at birth is not recognized by the State (*A. v Secretariat d'Etat aux Migrations SEM*, 2021).

In fact, it is possible for the State, through a simple administrative procedure, to process "sex/gender marker" change for the recognition of trans people under the current legal framework. As put forward by the YQA in its policy brief on "The Administrative Recognition of Trans People in Mauritius" (YQA, 2021), amendments may be made to entries, including recorded sex at birth, on the birth certificate and other relevant documents, by a Civil Status Officer or the Attorney-General under sections 50 and/or 51 of the Civil Status Act 1981. Also, given that section 5 of the Interpretation and General Clauses Act 1974 states that "words importing the masculine shall include the feminine and the neuter", it is possible for the State

[3] Office of the Director of Public Prosecutions, E-Newsletter, April 2017, Issue 69, pg. 2

to include "neuter" (X) as a "sex/gender marker" on the national identity card, which would enable trans people to overcome the administrative hurdles they face on a day-to-day basis as they search for jobs and for housing, access healthcare, make applications at the bank, or travel, amongst others. The recognition of trans people in Mauritius is more a matter of the State's willingness to protect all its citizens equally rather than a legal predicament.

2.5 The Protection of LGBTQIA+ children

A child is defined as a person under the age of 18 in the Children's Act 2020, which has been passed by Parliament but is yet to be promulgated. The new law is meant to give effect to the UN Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child. While some laudable achievements have been made, for instance, with respect to the legal age of both civil and religious marriage, which is now 18, some important gaps may be noted, particularly with respect to the rights of LGBTQIA+ children. The law does not protect the child against discrimination based on sexual orientation,[4] contrary to the spirit of the UN Convention on the Rights of the Child. Under Article 2(1) of the UN Convention on the Rights of the Child, State Parties have the responsibility to ensure that children are protected against discrimination on various grounds or "other status", which has been interpreted to include sexual orientation (Sandberg, 2015), in line with the classification of LGBTQIA+ children as "children in potentially vulnerable situations" (UN General Comment, 2011, paras 60 and 72(g)).

LGBTQIA+ children are, therefore, left unprotected in the face of potential risks to their health and security, such as being subject to "conversion therapy" practices, verbal, psychological and physical harassment because of their sexual orientation and/or gender identity, being forced to leave the home, name-calling and other harmful practices which may be meted out to them by family members. In its Annual Report 2020-2021, the Ombudsperson for Children collected the testimony of a 15-year-old boy who self-identifies as a gay person. The latter reported being repeatedly beaten up because of his sexual orientation. He further reported having joined a social media platform in an effort to "cure himself", to "try to be normal" and "to try to feel

[4] Section 11(1) of the Children's Act on "Discrimination against Children" states the following: "No person shall discriminate against a child on the ground of the child's or the child's parent's race, caste, place of origin, political opinion, colour, creed, sex, language, religion, property, or disability". Therefore, sexual orientation is excluded as a ground of discrimination.

attraction for girls". This case reflects the dilemma that many children are forced to go through because of family rejection and abuse. Therefore, it is equally important to mainstream the protection of LGBTQIA+ children across legislative, administrative and social measures.

3.0 JUSTIFICATION FOR THE RESEARCH

Advocacy efforts of civil society actors and NGOs have greatly helped to advance sexual minority rights in Mauritius. While laws have been passed to afford equal treatment to LGBTQIA+ people in various areas of life, very little is known about the conditions and challenges faced by LGBTQIA+ people, particularly adolescents, in family settings. The importance of parents in the lives of their children is unquestionable. Not only does the parent-children relationship impact the individual's own sense of self-worth, but it also affects the way they move on to form relationships with others as they grow up. The child's early experiences with primary caregivers are also key determinants for attachment or the profound sense of emotional safety and security (Bowlby, 1969). While securely attached individuals are more likely to be resilient and thrive in the face of stress (Calhoun & Tedeschi, 2006; Joseph & Linley, 2006), insecurely attached individuals are more likely to report high levels of psychological distress, poor physical health and poor adaptation (Mikulincer & Shaver, 2007). While the influences of family support on adolescents' well-being and self-esteem is well-established (Berenson et al, 2005; Robertson & Simons, 1989; Robinson, 1995), the impacts of family support and rejection on LGBTQIA+ people's well-being are less documented.

A vast majority of LGBTQIA+ individuals are raised by heterosexual parents who probably expect their children to be heterosexual or who may hold implicit or explicit negative attitudes towards homosexuality. Even in the absence of disclosure from children, conscious or unconscious suspicion of LGB sexual orientation may elicit negative reactions (Rosario, 2015). In studies carried out with representative samples of youth, sexual minorities reported lower levels of parental closeness (Pearson & Wilkinson, 2013), less secure attachment to their mothers (Rosario M et al., 2014), as well as elevated rates of parental abuse (Corliss et al., 2002).

In addition, given the high level of stigmatization associated with homosexuality, sexual orientation and gender development are potentially stressful experiences for sexual and gender minorities (Rosario & Schrimshaw, 2013). LGBTQIA+ youth are also more likely to have poor mental and physical health as compared with heterosexual and cisgender peers (Institute of Medicine, 2011). Sexual minorities also experience more stress as compared to heterosexuals (Friedman et al., 2011).

Numerous cases of ill-treatment by parents have been reported by LGBTQIA+ young people to local NGOs advocating for LGBTQIA+ rights. Given that Mauritian laws fall short of adequately protecting LGBTQIA+ youth against risks of harm and violence that they may face in the family because of their sexual orientation and/or gender identity, it is essential to understand the family context and the ways in which it impacts the well-being of LGBTQIA+ people. It is also important to assess the extent of ill-treatment and the different forms of violence that may be perpetrated against LGBTQIA+ people in the family so that appropriate policies and remedial actions may be crafted and implemented.

It is, therefore, of paramount importance to research the conditions and challenges faced by LGBTQIA+ people in family settings. This research seeks to delve deeper into the literature on parental reactions to youths' LGBTQIA+ disclosure, parental acceptance or rejection of LGBTQIA+ individuals, and the implications for LGBTQIA+ youth identity and health. Given the paucity of research in this area in Mauritius, the literature review is largely based on international studies that have been carried out. A national survey has also been carried out to gauge the level of support or rejection that Mauritian LGBTQIA+ youth receive from their family and their experience of coming out. The aim of the research is to make recommendations to improve the condition of LGBTQIA+ people in the family based on the literature review and the survey results. However, given the limited literature on transgender people, the literature review mostly covers sexual minorities, that is, lesbian, gay, and bisexual people.

4.0 LITERATURE ON LGBT PERSONS AND THE FAMILY

4.1 Parental reactions to gender nonconformity

Research shows that gender conformity exists on a spectrum, and that adolescents who are more gender nonconforming are more likely to be sexually, physically, and psychologically abused by caregivers (Roberts et al, 2012), which may be indicative of negative parental reactions to gender nonconformity. A qualitative study found out that parents were more welcoming to gender nonconformity among their daughters, while they had mixed reactions to their sons' gender nonconformity. They generally accepted some level of nonconformity, such as the interest of their sons in cooking, but had negative reactions to higher levels of nonconformity, for example, their sons wearing dresses (Kane, 2006). Such negative reactions to gender nonconformity may extend to sexual minority youth's disclosure to the family (Katz-Wise, Rosario & Tsappis, 2016). There is no indication, however, in the literature as to whether this acceptance also holds for transgender people.

4.2 Parental reactions to youths' disclosure of their sexual orientation and gender identity

Disclosure of sexual orientation to family members is an important part of the coming-out process for LGBT youths. In addition to being an indication of self-acceptance, the act of disclosure to others may reduce the stresses associated with concealing one's sexual orientation, and may serve as a necessary precursor to gaining the support of family members (Morris, 2003; Rosario et al., 2001; Corrigan & Matthews, 2003)

Various studies have delved into the patterns of disclosure amongst LGBT youth. In a study conducted by Savin-Williams, 38% of gay men and lesbians reported disclosing to a sibling before any other family member (2001). In another study, 63% of gay men and lesbians had come out to their siblings and 60% of those who had done so rated their siblings as supportive (Beals and Peplau, 2008).

Yet another study found that 46% of men and 44% of women had disclosed their sexual orientation to their parents, that participants were more likely to come out to their mothers as

opposed to their fathers, and that disclosures generally occurred around age 19 (Savin-Williams & Ream, 2003). Another study shows that youth who disclosed their sexual orientation to their parents reported more parental verbal abuse related to their sexual orientation, but were significantly less scared of future negative family reactions as compared to youth who did not disclose their sexual orientation to their parents (D'Augelli, Grossman & Starks, 2005), which is indicative that parents may become more supportive with the passage of time. A third of the youth in the study did not disclose their sexual orientation for a variety of reasons, including fear of rejection or eviction from their homes. There is very little research on family reactions with respect to disclosure by transgender people. However, one study shows that Thai transgender adolescents experienced more rejection than their cisgender counterparts, which takes the form of physical punishment, financial deprivation, exclusion from family activities, ejection from the house, and social deprivation with respect to friends (Yadegarfard & Meinhold-Bergmann, 2014).

The values of the family system, ranging from more conservative to more liberal, play an important role in the disclosure process. There is evidence to suggest that cultural norms and ideals may work against disclosure while family unity and unconditional caring may make it easier for sexual minorities to disclose their sexual orientation to their families (Merighi & Grimes, 2000). One study shows that families very deeply rooted in traditional values were less accepting of homosexuality and were perceived as reacting to disclosure with more disapproval (Newman & Muzzonigro, 1993).

Research also indicates that it is acceptance and rejection reactions following disclosure, and not disclosure per se, that are the key determinants of substance use and abuse by sexual minorities (Rosario, Schrimshaw and Hunter, 2009). Prior to the research, the empirical literature examining the relation between disclosure and substance abuse was largely inconsistent. While some studies have found no association between disclosure and alcohol, tobacco or drug use among sexual minorities (Rosario, Rotheram-Borus & Reid, 1996; Wright & Perry, 2006), others have found that disclosure is associated with significantly greater alcohol and drug abuse (Kipke et al., 2007; Wong, Kipke & Weiss, 2008). In other studies, disclosure to the family has been linked to fewer substance abuse problems (Stall et al., 2001). The ground-breaking findings of Rosario, Schrimshaw and Hunter suggest that in understanding substance use and abuse by sexual minorities, the reactions to disclosure are more critical than the disclosure itself. This helps to recentre the focus on the importance of

the family in shaping the lives of LGB people. These findings highlight the importance of designing treatment programs and therapeutic interventions that address the consequences of experiencing rejecting reactions in an effort to address the unmet needs of LGB people. These findings also suggest that educating the family about homosexuality and the potential negative effects of rejection needs to be an integral part of policy and implementation efforts to reduce substance abuse among sexual minorities.

4.3 Impacts of family rejection and family acceptance on LGBT people

A limited number of studies has looked into the impacts of family rejection and family acceptance on LGBT persons. Studies have associated the rejection of the family with greater mental health issues and poorer psychological adjustment in this group of youths (D'Augelli, 2002; Elizur & Ziv, 2001). On the other hand, there is research to show that certain protective factors such as family connectedness can reduce the risk of suicidality among sexual minorities (Eisenberg & Resnick, 2006). Another study found that family responses are closely related to perceptions of self and identity in sexual minority groups, inasmuch as less parental rejection was associated with greater likelihood of having an affirmed identity as opposed to struggling with one's identity (Bregman, Malik et al., 2013).

The Family Acceptance Project (FAP), a community research, intervention, education, and policy initiative, studies how family acceptance and rejection affect the health, mental health, and well-being of LGBT youth. FAP researchers have identified more than 100 ways that families react to an adolescent's LGBT identity, from which about half are accepting and half are rejecting. Each of these behaviours was measured to show how family reactions affect an LGBTQIA+ young person's risk and well-being.

4.3.1 The serious negative impacts of family rejection

Research shows that negative family reactions to an adolescent's sexual orientation are significantly associated with health problems in LGBT young adults (Ryan, Huebner, Diaz & Jorge-Sanchez, 2009). Adolescents who experience rejection within their family because of their sexual orientation have much lower self-esteem, are more isolated, and have a weaker support system. They are generally at high risk of health and mental health problems upon reaching adulthood. Compared with LGBT young people who experienced no or low levels of

family rejection because of their sexual orientation or gender identity, those who experienced higher family rejection were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse. Moreover, family rejection is a major factor for homelessness among LGBT young people (Wilbur, 2006)

FAP researchers also found that families who are conflicted about their children's LGBT identity often push the latter to fit in with their heterosexual peers, convinced that it is the best way for their children to thrive. Very often, what families may perceive as care and concern for their children is perceived as non-acceptance by the latter, thereby creating more separation between parents and children.

4.3.2 The positive impacts of family acceptance

Family acceptance is a protective factor for LGBT youths (Ryan C et al., 2010). Adolescents who are supported by their family have better social support, overall health, and mental health. They have higher self-esteem, are much less likely to be depressed, to become drug addicts, or to attempt suicide. LGBT youth who have accepting parents are more likely to believe that they can have a happy, productive, and fulfilled life as an LGBT adult. Results from a survey carried out among sexual minority youth specifically showed that adolescents whose mothers responded positively to their sexual orientation disclosure were less likely to use substances as compared to those who had not disclosed their sexual orientation or those whose parents did not react positively to their disclosure (Padilla et al., 2014). Among transgender youth, parental acceptance is protective against depression and is associated with a higher quality of life (Simons et al., 2013). Family acceptance, therefore, helps LGBT young people to develop self-confidence, to learn positive coping skills and to be better equipped to deal with discrimination.

4.3.3 Overlap between parental and community-based support for healthy development of LBGT youth

Very little research has been conducted to explore the different ways in which family and community contexts intersect to influence the health of LGBT youth. One study has found that youths with supportive families reported less need for external support but greater ease in accessing resources when they wanted given that their parents facilitated that process for them,

for instance, by referring them to churches, clinics, potential jobs, and other resources (Mehus et al, 2017). The study also found that separation between youths' LGBT and family experience impacts their interactions with their environment. Youths who had not come out to their parents often had to hide their activities. Those who had come out, partially or fully, and whose parents were unsupportive, often had to navigate the gap between their parents and living as an LGBT youth by constantly having to make decisions to avoid conflicts, shaping their behaviour to align with their parents' expectations and values, or hiding portions of their lives. Overall, the separation made it harder for them to access resources that could otherwise have helped them. In light of the findings, the researchers recommend that health practitioners and organizations should endeavour to ensure that LGBT youths, particularly those who do not have the support of their families, have easy access to resources in all confidentiality.

5.0 CHALLENGES FACED BY LGBTQIA+ PEOPLE IN THE FAMILY SETTING IN MAURITIUS

Based on the literature review, a survey was conducted with a sample of 153 LGBTQIA+ respondents to identify the challenges faced by LGBTQIA+ people in the family setting in Mauritius. The results, coupled with the literature review, support recommendations for the increased engagement of families and health care professionals in providing care and guidance for sexual and gender minorities.

5.1 Survey Methodology

An online survey was carried out to capture the unique experiences of LGBTQIA+ people in the family settings. The survey was hosted on the Young Queer Alliance's website and shared on social media platforms, amongst others. Given the pandemic situation, an online survey was considered preferable to maximize response rate from the target population, which would otherwise be harder to reach. The online survey also had the merit of keeping the process anonymous, hence, ensuring privacy for respondents and potentially making respondents more comfortable in answering socially or emotionally sensitive questions. The survey comprised mostly close-ended questions which included binary as well as Likert type questions that aimed to capture behaviours, perceptions and opinions.

The survey sought to gauge the following:

(i) the level of difficulty experienced by LGBTQIA+ people in disclosing their gender identity and/or sexual orientation to their family and the reasons for non-disclosure to the family;
(ii) the level of support that LGBTQIA+ people get from their family;
(iii) the negative and positive behaviours that LGBTQIA+ people experience within the family;
(iv) the factors that LGBTQIA+ people consider important in improving their condition; and
(v) avenues of help for LGBTQIA+ people.

Table 1 below summarizes the demographics of respondents to the survey.

Table 1: Demographics of Respondents

Demographics of participants (n = 153) in percentage						
Gender	**Man**	**Woman**	**Trans**	**Gender non-conforming/ gender queer**		
	46%	*34%*	*8%*	*12%*		
Sexual orientation	**Hetero**	**Lesbian / Gay**	**Bisexual**	**Pansexual**	**Asexual**	**Other**
	2%	*59%*	*22%*	*8%*	*3%*	*6%*
Age	**Below 18**	**18 – 30**	**31 – 40**	**Above 40**		
	5%	*72%*	*16%*	*7%*		
Religion / Faith	**Hinduism**	**Christianity**	**Buddhism**	**Islam**	**Other**	**Decline to reply / Not applicable**
	42%	*19%*	*1%*	*12%*	*10%*	*16%*
Highest level of education	**CPE**	**SC**	**HSC**	**Bachelor's Degree**	**Master's Degree**	**PhD**	**None**
	1%	*10%*	*33%*	*40%*	*12%*	*1%*	*3%*

5.2 Discussion of survey results

5.2.1 Employment status and income range

The results of the survey revealed that of the 71.90% who are employed, 61.82% earn less than MUR 25,000 with 11.82% earning less than MUR 10,000 and 32.75% earning between MUR 25,000 and MUR 50,000 as shown in Figure 1 below.

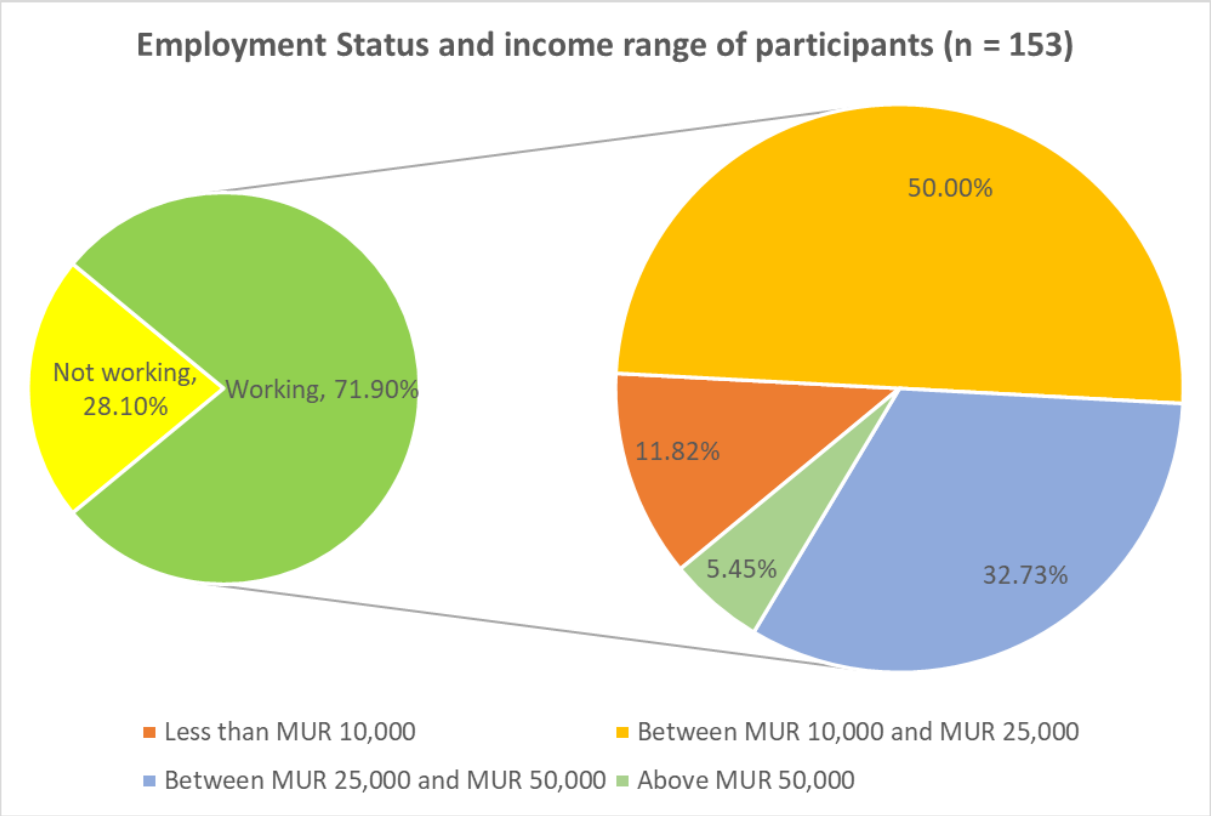

Figure 1: Employment Status and income range

5.2.2 Disclosure to the family

Figure 2 shows that 78.43% of respondents had disclosed their sexual orientation and/or gender identity to at least one member of their family (mother/ father/ sibling/ grandparents/ partner/ spouse/ cousins/ other adult relatives). Moreover, 66% of respondents felt that one or more of their family members were aware of their sexual orientation and/or gender identity even if they had not disclosed same. Of the 78.43% of respondents who came out to their family, only 7.50% of them found that coming out was somewhat easy or very easy.

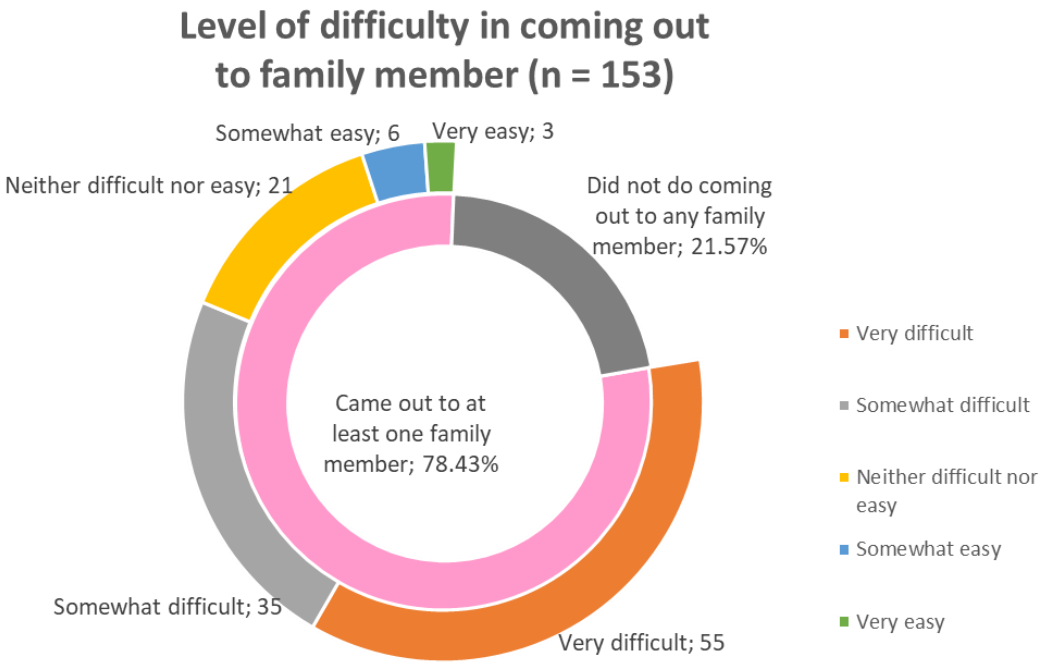

Figure 2: Level of difficulty in coming out

With regard to the age at which respondents came out to their family, the survey found that the average age is 19.05 years with the minimum age of coming out being 10 years and the maximum being as old as 42 years (including outliers). The findings are more fully represented in Figure 3 below.

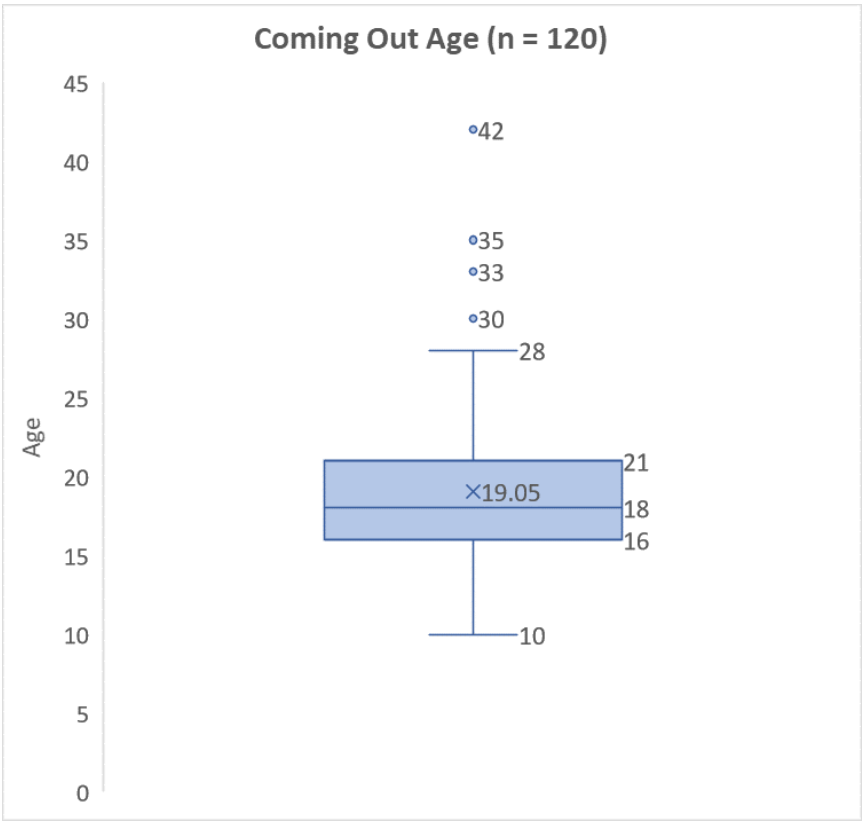

Figure 3: Coming out Age

The results of the survey also show that respondents were more likely to come out to their siblings (50%) and cousins (48%), which is an indication that siblings and cousins are potential sources of support for LGBTQIA+ people given the higher degree of intimacy and horizontality.

A lower percentage of respondents came out to other family members, including their mother (39%), father (31%), other adult relatives (28%), and a mere 9% had disclosed their sexual orientation and/or gender identity to their grandparents. The results are consistent with the literature suggesting that LGBTQIA+ people tend to come out to a lesser degree to authoritative figures in the family (Grafsky, Hickey, Nguyen and Wall, 2018).

The respondents were also asked the reasons for not sharing their sexual orientation and/or gender identity with any or all members of their family. Reasons advanced by respondents for not sharing their sexual orientation and/or gender identity with any or all members of their family were fear of not being accepted (87.02%), fear of losing their home (38.93%) and fear of being harmed (33.59%). Among “other reasons” for not coming out to their family,

respondents mentioned the fear of harming their parents' reputation, the fear of being harassed, and having homophobic parents. The results in Figure 4 highlight the need to ensure a safe family environment for LGBTQIA+ people.

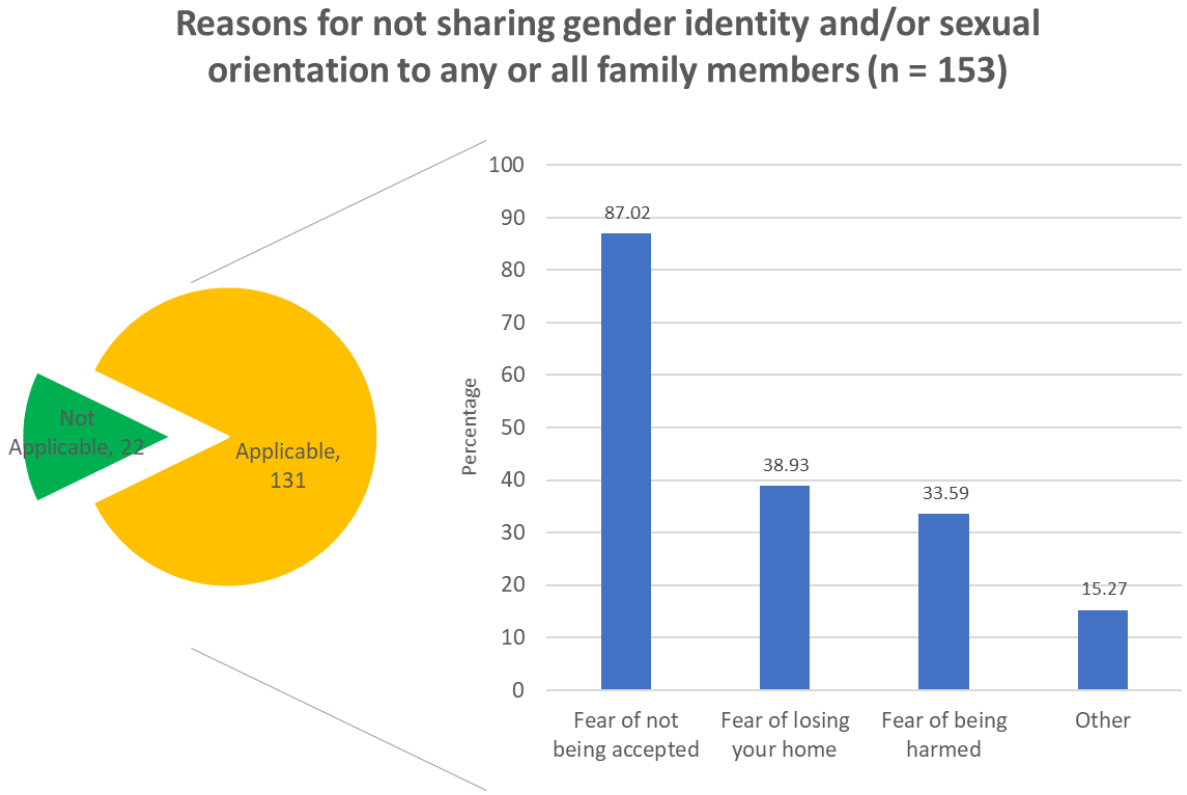

Figure 4: Reasons for not sharing SOGI with the family

5.2.3 Level of support

In terms of level of support, respondents reported receiving more support from their cousins (47.44%) and siblings (45.45%) as compared to other family members. 45.92% of respondents reported that their mother was either somewhat non-supportive or not at all supportive, while around 48.81% reported that their father was either somewhat non-supportive or not at all supportive and 39.39% reported that their grandparents were either somewhat non-supportive or not at all supportive. The results, as represented in Figure 5, tend to conform to the groups to which respondents were more likely to come out to, namely, their siblings and cousins.

I, 19 years, queer
"I came out to my mother and sister at 17. While my mother has been supportive, my sister, a school teacher, refuses to accept me for who I am. She repeatedly tells me that I'm doing the wrong thing and that I need to mend my ways. I feel like I am constantly being judged."

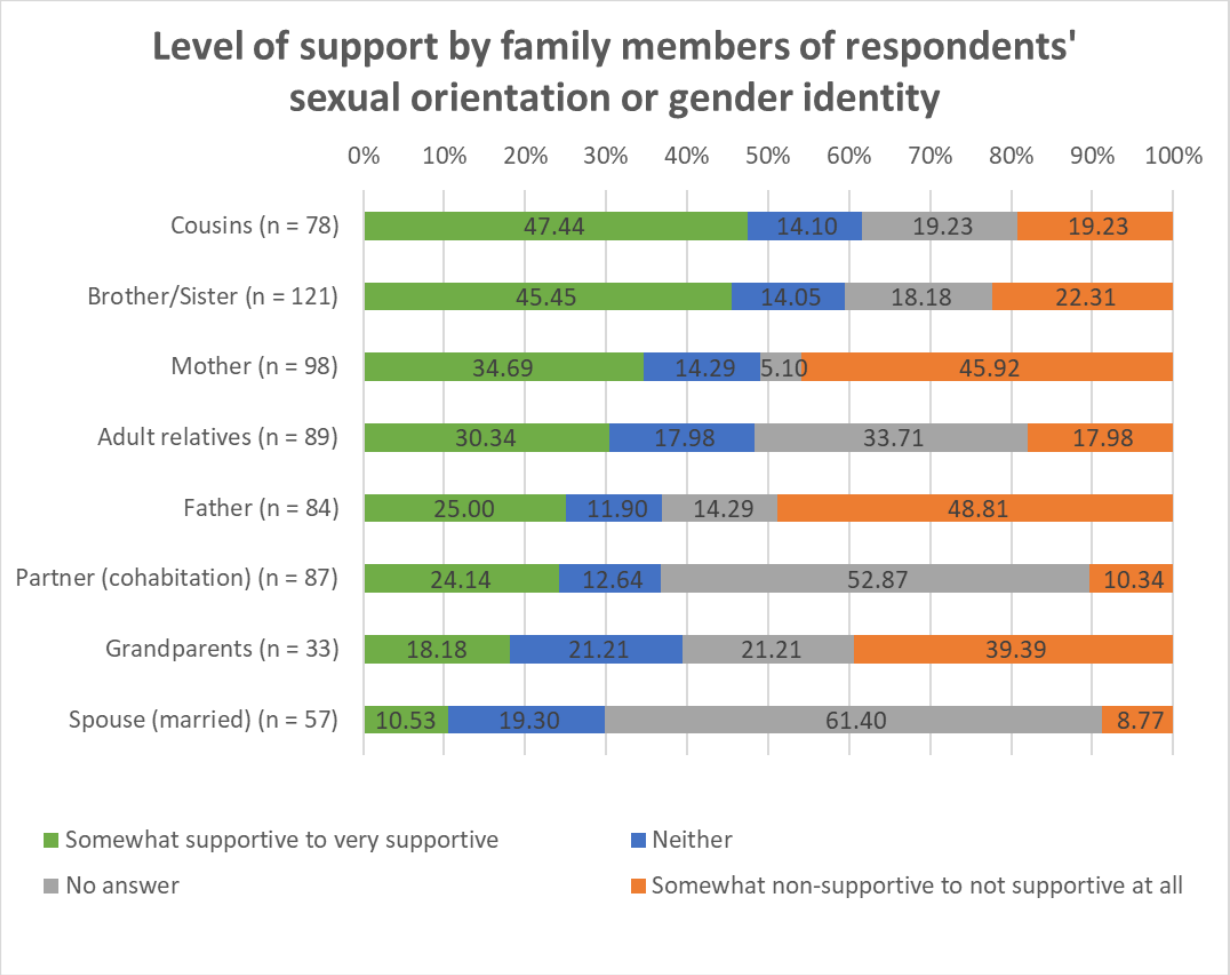

Figure 5: Level of support of family members

5.2.4 Negative and positive behaviours experienced by LGBTQIA+ people in the family

The results of the survey reveal that an overwhelming 70.6% of the respondents have experienced at least one form of rejection behaviour in the family. As shown in Figure 6, being reminded by family members to watch appearance or the way to speak/act (45.75%), verbal abuse (41.18%), and psychological abuse (39.22%) are the most common rejection behaviours experienced by LGBTQIA+ people in the family.

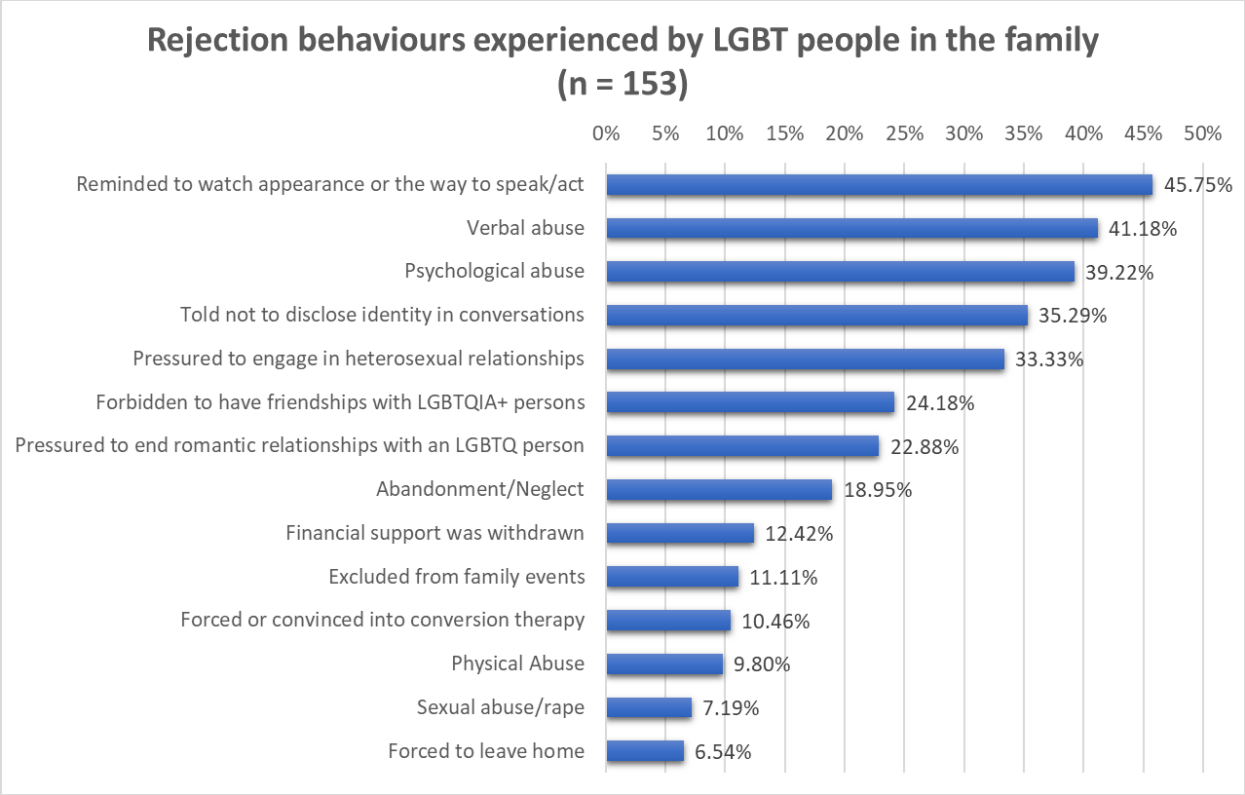

Figure 6: Rejection behaviours experienced by LGBTQIA+ people in the family

> ***L, 23 years, gay***
> *"I live with my mum and my partner. On numerous occasions, my partner's family has emotionally blackmailed us, verbally harassed us, and even threatened to use their political connections to harm us. We have been told that we are in a dirty relationship and we should never show up in family gatherings. They have threatened to harm us through black magic. I wish the family would understand that being gay is not a disease, that this is how we are born, and that being gay is not something to be cured."*

Respondents were also asked about the different ways in which their family supported them. A staggering 52.94% of respondents reported that their family exhibited no positive behaviour at all. Only 32.03% of respondents reported that their family members had open conversations with them as means of support and 29.41% of respondents reported that family members provided moral support despite feeling uncomfortable on the matter.

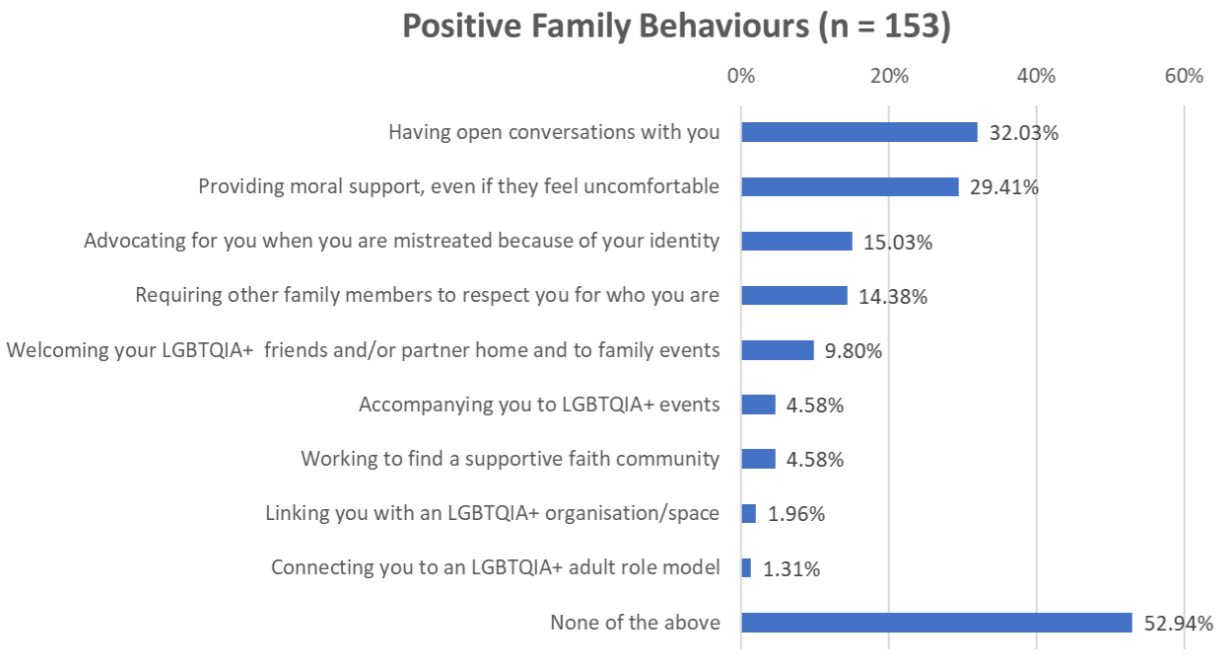

Figure 7: Positive Family behaviours

A.S, 43 years, gay
"My brother is homophobic. We have frequent violent disputes. A few years ago, my house was destroyed in a fire outbreak. I suspect the fire was deliberately caused by my brother to intimidate me and force me to leave the house. Harassment of the family coupled with societal persecution has made it very hard for me to cope. I have reached a point where I simply want to leave the country now and start my life anew in a place where I can live in all dignity."

The results, therefore, confirm that family life is complicated for many LGBTQIA+ people, loaded with restrictions and challenges that potentially expose them to physical, emotional and psychological harm.

5.2.5 Factors considered important in improving the condition of LGBTQIA+ people

Table 2: Factors contributing to improve the condition of LGBTQIA+ people in family settings

Factors that can contribute to improve the condition of LGBTQIA+ people (n = 153)					
Factors	***Very important***	***Important***	***Moderately important***	***Slightly important***	***Unimportant***
Media awareness	**88%**	**10%**	**1%**	**-**	**1%**
Decriminalising homosexuality	**86%**	**8%**	**2%**	**-**	**3%**
Marriage equality	**84%**	**12%**	**3%**	**-**	**1%**
Being economically independent	**82%**	**14%**	**3%**	**-**	**2%**
Religious person conveying supportive messages during prayers	**76%**	**16%**	**4%**	**3%**	**2%**
For trans people, to be able to change their name and/or sex	**75%**	**16%**	**7%**	**1%**	**2%**
Counselling with parents	**61%**	**29%**	**8%**	**1%**	**1%**

Table 2 above shows that the respondents stated that media awareness (88%), decriminalising homosexuality (86%), marriage equality (84%) and being economically independent (82%) were very important factors which can contribute to improve the conditions of LGBTQIA+ people.

5.2.6 Avenues of help for LGBTQIA+ people

Respondents were asked who they seek help from with issues or problems regarding their sexual orientation and/or gender identity. The results reveal that LGBTQIA+ people are less inclined to seek help from family members and to an even lesser degree from doctors and health institutions. A majority of 78.43% reported that they turn to their friends for help, followed by 16.99% who reported turning to a family member, 16.34% to a social agency/non-profit organisation, and 14.38% of respondents also reported turning to other sources for help, including social media, online communities, or consulting therapists.

A, 16 years, bisexual
"I am fortunate enough that my parents are not homophobic. Still, I have not yet told my father and brother yet because I fear I may hurt them. My mother is supportive and that makes me stronger. I have overcome depression with her help."

The survey also shows that only 7.84% of respondents reported approaching health institutions or doctors for help. Various reasons could explain the reluctance of LGBTQIA+ people to seek help from health institutions, amongst others, lack of confidence in the healthcare system and lack of support or perceived lack of support from healthcare providers. Moreover, only 6.54% of respondents approached teachers/school officials for help, and fewer still turned to law enforcement (3.92%), Ministry/Priest/Other religious worker (3.27%) or a government agency (1.96%) for help. These results are represented in Figure 8 below.

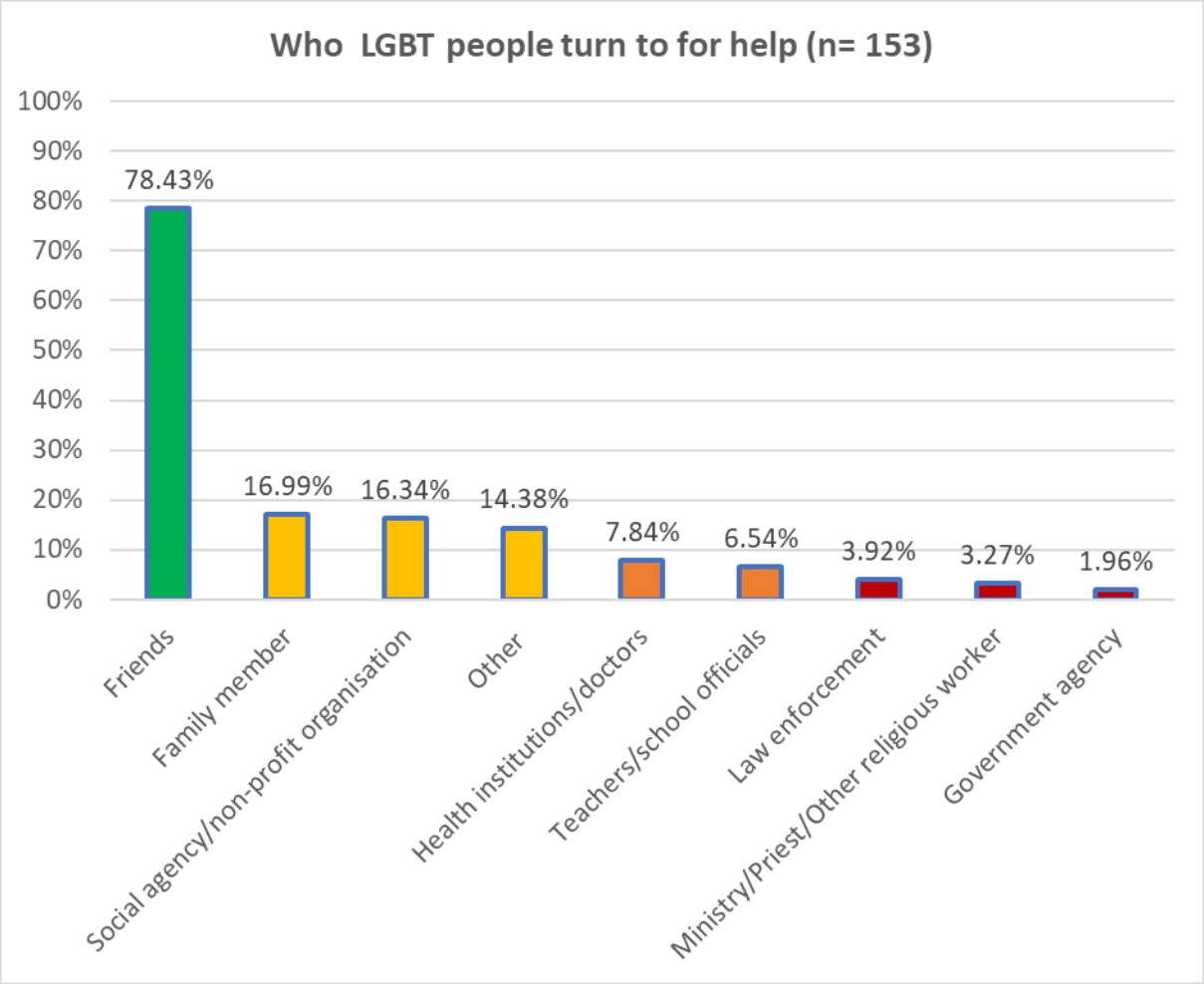

Figure 8: Who LGBTQIA+ people turn to for help

5.3 Limitations of the survey

The survey has some limitations, which future research may want to address. Given that the survey was hosted on the YQA website, it may not be representative of all LGBTQIA+ people in Mauritius. LGBTQIA+ people who have not yet disclosed their sexual orientation and/or gender identity to anyone, those who have no access to an online platform, and those who do not have recourse to YQA for help and support may be underrepresented in the sample. Also, while the survey explores acceptance and rejection behaviours, it does not further investigate the impact of rejection on the well-being of LGBTQIA+ people. The survey, however, provides compelling evidence for policy change.

6.0 RECOMMENDATIONS

This research points to the need for concerted action to increase family support for LGBTQIA+ people in Mauritius. Not only do parents need help to become more supportive of their LGBTQIA+ children, but LGBTQIA+ people should also be assisted in disclosing their sexual orientation and/or gender identity to their families should they wish to do so and be provided with resources to cope with their families' reactions. The recommendations are therefore, twofold:

(a) programmes and interventions to promote family acceptance; and
(b) amendments to laws and policies to reduce stigma and eliminate stereotypes against LGBTQIA+ people.

6.1 Programmes and Interventions to promote family acceptance

E, 20 years, trans and bisexual
"I come from a very religious family. When I came out to my mother, she was very unsupportive and threatened to kick me out of the house. After a long time, I've also come out to my father, who is surprisingly more supportive. He is willing to listen, even if he does not want me to disclose my gender identity and sexual orientation to other members of my extended family. He understands that negative reactions may even lead to suicide. I am relieved to have his support."

It should not be solely the responsibility of NGOs working with LGBTQIA+ people to design programmes and interventions to promote family acceptance. The survey results show that only 16.34% of respondents turned to NGOs for support. Moreover, the low level (1.96%) of LGBTQIA+ persons turning to Government agencies for support could be explained by the fact that there is a lack of Government-led initiatives, policies and programmes to support LGBTQIA+ persons in family and domestic settings. Therefore, Government endorsement and support to NGOs are vital in reaching out to larger sections of the population and in providing more platforms for dissemination of information with respect to the acceptance of LGBTQIA+ persons in the family.

6.1.1 Counselling and parent training programmes

> ***D, 23 Years, trans***
> *"My parents are divorced and I live with my father and sister. My sister believes I am a shame for the family. On numerous occasions, she has deliberately locked me out of the house to punish me. Many a times I've had suicidal thoughts. Luckily, I have other family members who support me, and I manage to navigate the numerous challenges. I think it is very important to educate parents and other family members about LGBTQIA+ people."*

Many families believe that young people have to be adults before they can actually know they are gay, or that being gay is just a "phase" that the young people need to grow out of. Others fear that their child is gay due to having a gay friend, reading about homosexuality or hearing about gay people from others. Families need help to break these myths.

Parents should be encouraged, through counselling, to discuss gender identity and sexual orientation with their children prior to them coming out, if possible. As highlighted by Mehus (2017), making unconditional support explicit might make it easier for youths to share their gender identity and sexual orientation with their parents. Counselling can also help parents to reconcile their individual beliefs and values (including religious, cultural, and others) on homosexuality with their love and attachment for their LGBTQIA+ children. In many cases, when parents understand how much influence their support has on their child's well-being, that in itself provides the motivation needed to help them accept their LGBTQIA+ children (Bregman et al, 2013).

It is also important to train parents to adopt supportive attitudes, such as requiring respect in the family for an LGBTQIA+ child; supporting the child's LGBTQIA+ identity even if they feel uncomfortable; connecting LGBTQIA+ children with LGBTQIA+ resources; and welcoming the child's LGBTQIA+ friends and partner to the home and family events (Ryan, 2009).

Very often, parents are engulfed in uncertainty upon learning that their child is gay, and may unconsciously adopt unsupportive behaviours that increase family conflict. As also shown by the research, family rejection is a predictor for health and mental health problems among LGBTQIA+ people. It is, therefore, equally important to train parents to identify and avoid

unsupportive behaviours such as physically hurting or verbally harassing a child; name-calling; excluding LGBTQIA+ youth from family events; blocking access to LBGTQIA+ friends, events and resources thinking that this may help bring their child to "behaving normally"; blaming the child when they are discriminated against because of their LGBTQIA+ identity; pressuring the child to conform to society's expectations of gender; telling the child that God will punish them because they are gay and coercing them in "trying to pray the gay away"; or pressuring the child to keep their LGBTQIA+ identity a secret, amongst others.

In a gist, supportive families are a potential resource for helping LGBTQIA+ people navigate challenges and they should be engaged as allies to promote support for their LGBTQIA+ children.

6.1.2 Training healthcare professionals to provide sexuality-specific support to LGBTQIA+ youth and families

Healthcare professionals are a centrepiece in promoting family support for LGBTQIA+ people. They are well-placed to help parents understand that sexual orientation and gender identity development are normative aspects of child development and not a "phase" or a reaction to outside influences. They should be trained to support LGBTQIA+ people as well as their families. They need to be empowered to provide supportive counselling and to connect LGBTQIA+ people and their families with LGBTQIA+ community resources and programs when needed (Ryan, 2010).

6.2 Amendments to laws and policies to reduce stigma and eliminate stereotypes against LGBTQIA+ people

Over and above targeted programmes and interventions, the State has the responsibility to promote a human-rights-based approach to enhancing the well-being of sexual and gender minorities throughout their life-cycle, including in the family setting. In particular, it is recommended that laws criminalizing LGBTQIA+ people, at the instance of Section 250 of the Penal Code, be repealed. It is also recommended that laws and policies be amended to protect LGBTQIA+ people from all forms of violence and harassment, thereby reducing stigma against LGBTQIA+ people and giving equal recognition to LGBTQIA+ people across areas of life.

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