

Understanding gender-based violence responses during emergencies and disasters in Solomon Islands

Submitted in fulfilment of the requirement for the degree of
Master of Philosophy

Juliana Pikemali Zutu

School of Justice, Faculty of Creative Industries, Education and Social Justice, Queensland
University of Technology
2024

KEYWORDS

Gender-based violence, domestic violence, emergencies, disasters, survivors, service providers, frontline responders

ABSTRACT

Gender-based violence (GBV) is the most pervasive yet least visible human rights violation in the world. Solomon Islands is one of the countries with the highest prevalence rate of GBV in the Pacific region with 64% of women and girls experiencing physical and or sexual violence in their lifetime. Available studies and reports provide limited understanding of the increase rates of GBV during emergencies or disasters. This study took a qualitative approach to understand and explore increased rates of GBV in an emergency or disaster situation in Solomon Islands. The study's finding identified key challenges for frontline responders during emergencies, emergency response strategies employed and possible ways forward for improving GBV response during emergency or disaster in Solomon Islands. The study highlighted the significant financial, logistical, human resource and training and capacity building challenges faced by GBV frontline responders, as well as hinderances to accessing GBV services during emergencies or disasters. The study identified existing and ineffective emergency strategies and suggests a way forward for improving GBV responses during emergencies or disasters in Solomon Islands. The study also revealed the challenges of the justice system to progress with GBV cases and the challenges experienced by the people with disabilities during emergency or disasters in Solomon Islands. This study will make a modest contribution to the literature on GBV in emergency or disasters in Solomon Islands.

TABLE OF CONTENTS

KEYWORDS	ii
ABSTRACT	iii
TABLE OF CONTENTS	iv
LIST OF FIGURES	vi
LIST OF ABBREVIATIONS	vii
ACKNOWLEDGEMENTS	ix
CHAPTER 1: INTRODUCTION	1
1.1 Background and context.....	2
1.1.1 An overview of Solomon Islands	3
1.1.2 Solomon Islands emergency and disaster context	4
1.1.3 Domestic violence in Solomon islands	7
1.2 Research question, purpose, and significant of the study	10
1.3 Thesis outline	11
CHAPTER 2: LITERATURE REVIEW	12
2.1 Gender-based violence.....	12
2.1.1 Causes for increased GBV rate	13
2.1.2 GBV risk factors.....	14
2.2 GBV support services and response strategies	16
2.2.1 Multi-sectoral approaches to GBV	18
2.3 Theoretical framework	19
CHAPTER 3: METHODOLOGY	21
3.1 Qualitative methodology	21
3.2 Research method of data collection.....	22
3.2.1 Recruitment process.....	22
3.2.2 Semi-structured interview	23
3.3 Data analysis.....	25
3.4 Ethical considerations and limitations	26
CHAPTER 4: FINDINGS	28
4.1 Introduction.....	28
4.2 Theme 1: Challenges.....	29
4.2.1 Sub-theme 1: Limited financial support	30
4.2.2 Sub-theme 2: Limited logistic resources	33
4.2.3 Sub-theme 3: Limited GBV services	35
4.2.4 Sub-theme 4: Lack of training and capacity building	37
4.3 Theme 2: Emergency response strategies.....	39

4.3.1	Sub-theme 1: Standard response strategies	39
4.3.2	Sub-theme 2: Innovative response strategies	42
4.4	Theme 3: Improvements.....	44
4.4.1	Sub-theme 1: A way forward.....	45
4.5	Chapter summary	47
CHAPTER 5: CONCLUSION.....		49
5.1	Summary of key findings	49
5.2	Recommendation	51
REFERENCES.....		53
APPENDICES.....		64
Appendix A: Ethics approval		64
Appendix B: Participants information sheet.....		65
Appendix C: Participants consent form		68
Appendix D: Email sent to participants requesting voluntary participation.....		69
Appendix E: Ministry of Education and Human Resource Development research permit		70
Appendix F: Guiding interview questions		72

LIST OF FIGURES

Figure 1: Chapter 4 outline.....	29
----------------------------------	----

LIST OF ABBREVIATIONS

CCC – Christian Care Centre

DFAT – (Australian) Department of Foreign Affairs and Trade

DV – Domestic violence

EVAWG – Ending violence against women and girls

FSC – Family Support Centre

FV – Family violence

FVU – Family Violence Unit

GBV – Gender-based violence

IASC – (United Nations) Inter-Agency Standing Committee

IMHS – Integrated Mental Health Services

IPV – Intimate partner violence

MHMS – Ministry of Health and Medical Services

MWYCFA – Ministry of Women Youth Children and Family Affairs

NDOC – National Disaster Operation Committee

ODPP – Office of the Director Public Prosecution

PIC – Pacific Island Country

PSN – Police Safety Notice

PWDSI – People with disability Solomon Islands

RSIPF – Royal Solomon Islands Police Force

SAU – Sexual Assault Unit

SI-CGA – Solomon Islands – Country Gender Assessment

SIG – Solomon Islands Government

SINCW – Solomon Islands National Council of Women

SIPPA – Solomon Islands Planned Parenthood Association

SOP – Standard Operating Procedure

SWD – Social Welfare Division

UNFPA – United Nations Fund Population Activities

UNICEF – United Nations International Children’s Emergency Fund

UNHR – United Nations Human Rights

VAWG – Violence against women and girls

WHO – World Health Organization

ACKNOWLEDGEMENTS

My MPhil study journey would not have been possible without the guidance and support of several individuals who generously gave their valuable assistance from the start to the completion of this journey.

Firstly, I would like to express my deepest appreciation and gratitude to my two supervisors Associate Professor Dr Danielle Watson and Professor Melissa Bull for all the support, guidance, advice, understanding, and the patience rendered to me in this education journey. I have learnt a lot from your expertise in the field of research and I will always treasure all the lessons that I learnt from you both. Danielle, your simple approach, the understanding, and guidance to supervising has been a motivation to me. Your continuous checking up on me has pushed me to work hard and smart. I am honoured to have been supervised under your leadership. Melissa, thank you for the encouragements that has helped me through this research journey. The catch-up session during the start of my research journey and advice to 'keep working hard' and 'more practice' has helped me through this research journey. Thank you! I would also like to extend the acknowledgement to the School of Justice, Faculty of Creative Industries, Education and Social Justice for the immense academic guidance and support, the best environment that has shaped my research journey.

This research was supported by QUT Scholarship funding.

Professional Editor, Laura Black, for copyediting and proofreading service according to the guidelines in the university – endorsed national Guideline for editing research theses.

To my Mum and Dad, for always believing in me. Thank you for your prayers, love, support, encouragement that keeps me going.

To my siblings thank you for the love and support.

Thank you!

CHAPTER 1: INTRODUCTION

“Gender-based violence (GBV) is the most pervasive yet least visible human rights violation in the world” (SAFENET & Solomon Islands GBViE sub-committee, 2022). International studies have documented the increase of GBV worldwide (World Bank, 2022). Findings of a study conducted by the World Health Organization (WHO), recorded 30% of women globally, as having experienced either physical and or sexual violence (WHO, 2021). Regardless of income, age, or education, women across the world are subjected to physical and sexual violence perpetrated by current or former intimate partners (UN DESA Statistics, 2020).

A United Nations report noted that there is a rise in GBV during emergencies or disasters, with the most vulnerable groups being women, girls, children, and people with disabilities (UN Women, 2020). The Solomon Islands is one of the countries in the Pacific region where this is most prevalent. According to the Solomon Islands Disaster Management Reference Book (2023), vulnerable groups such as people with disabilities, the elderly, children, women, and girls are disadvantaged by the impacts of natural disasters, economic shocks, and crises in the society. Whereas emergencies and disasters may involve different types of events, each has an impact on the lives of women, girls, children, and people with disabilities (PWD) (WHO, 2022). Global statistics shows that during emergencies or disasters, the number of GBV cases, especially among women increased by 5% as evidenced by the recent COVID-19 pandemic (WHO, 2022). The UN Women’s Humanitarian Strategy Brief (2022-2025) recorded statistical data of women who experienced physical and or sexual violence as being approximately 35%, while 70% have the same experience in some emergency or disaster and conflict settings.

Most Pacific Island Countries (PIC), including Solomon Islands, have had little government support for GBV prevention service delivery, despite the high cost of GBV and the evidence that prevention services are crucial to addressing the increase in GBV incidents. There continues to be limited financial support for the construction of additional safe houses for women and girls, child protection services, human resources such as counsellors, assistance with legal systems and health care services. As a result, to help address the issue of GBV, Solomon Islands primarily depends on aid support. Stakeholders and development partners provide technical

support to responsible government ministries to influence decision makers to support GBV response programs. GBV prevention delivery services are present during emergencies or disasters to assist GBV survivors. GBV prevention services are done through multi-agency collaborations to respond to GBV cases (Watson et al., 2024).

As a way forward to understand GBV responses during emergencies and disasters in Solomon Islands, this thesis examined the increase in GBV rates among women, girls, children, and PWD and the impacts of GBV frontline responders' work during emergencies and disasters. The following sections provide an overview of the research background and context, explain the purpose and significance of this study and the research question, and outline the remaining chapter of this thesis.

1.1 Background and context

The widespread increasing rate of GBV is seen as a threat to public health and social protection issues globally. Studies and reports regionally and internationally confirm that GBV responders across PICs are also facing challenges to address GBV. Solomon Islands has one of the highest rates of family and sexual violence (Ride and Soaki, 2019). The Solomon Islands Family Health and Safety Study recorded a domestic violence (DV) prevalence rate of 64% (Secretariat of the Pacific Community, 2009). What this means for the Solomon Islands is that almost two out of three women experience either physical and/or sexual violence at least once or twice in their lifetime. In Solomon Islands, DV or family violence (FV) are the most common forms of GBV experienced, especially by women and girls and is perpetrated by men (Country Gender Assessment, 2015). There are existing GBV systems or services to support and assist victims and survivors of DV in place. For example, Family Support Centre (FSC) provides counselling support, Christian Care Centre (CCC) provides safe accommodation service, Seif Ples provides a 132 hotline service, and emergency departments under the national referral hospital provide medical supports during emergencies or disasters. However, challenges continue to be experienced by the support systems. While there are studies and reports conducted within the PICs on GBV there is lack of research specific to GBV on emergencies or disasters especially for Solomon Islands. This study aims to address this research gap by exploring GBV responses in the context of Solomon Islands.

1.1.1 An overview of Solomon Islands

Solomon Islands is a nation archipelago situated in the southwest Pacific Ocean, approximately 2000 kilometres to the northeast of Australia (Eves et al., 2018). There are approximately 1000 islands with nine major islands or provinces (Foukona et al., 2020). The capital city Honiara is located on Guadalcanal Island, one of the biggest island provinces and followed by Malaita, Western, Makira, Temotu, Isabel, Choiseul, Rennell and Bellona, and Central Island Province (Laracy & Foster, 2022). People in Solomon Islands are most ethnically Melanesian, Polynesian, and Micronesian (Laracy & Foster, 2022). Seventy languages are spoken within the islands. The most common language used is Solomon Pidgin and English is the official language (SI-CGA, 2015). The Solomon Islands Country Gender Assessment (2015) explains that the country has been politically independent from the British protectorate since 1978. Solomon Islands is a democratic country with the government structure adapted from the Westminster system. “The country is tackling cross-cutting challenges of stable governance, poverty alleviation, health and education, and equitable development” (Solomon Islands Disaster Management Reference Book (2023), p. 10). For instance, key challenges such as shifting of government key priority areas impacts the implementation progress of government policies and legislation, especially resources and financial support. Also, the spread of the population across the nine major inhabited islands creates coordination, logistics and communication challenges during emergencies or disaster situations (UNFPA, 2022).

Furthermore, Solomon Islands with a population of approximately 700,000, is a low human development country (SI-CGA, 2015). The United Nation country snapshots report (2021) described low human development as low-income countries with a relatively low standard of living, under-developed industrial base and countries suffering from structural impediments to sustainable development. Economic growth has been driven by an unsustainable logging boom and expansion of the government and donor expenditure (Haque, 2012). Gender norms vary significantly between cultures, even though gender equality indicators are low across all groups (SI-CGA, 2015). Women are regarded as lower status than men, leading to “inequalities in control of decision making, economic resources, access to health, education, leisure and restricts the rights and freedoms of girls and women, resulting in unequal benefits from the development process” (Eves et al., 2018 p. 3). Eves et al. (2018) added that

traditional *kastom*, is often used to instil power and control in men, which has an impact on women and girls in Solomon traditional societies. The Solomon Islands Country Gender Assessment (2015) explains two forms of cultural diversity or clan, the patrilineal and matrilineal systems. For example,

In matrilineal societies, men usually head clans and inheritance are often from a woman's brother to her son. This is because women normally marry outside their own clans and may not live in their home communities after marriage. Solomon Islands women from matrilineal groups have not traditionally exercised as much political or spiritual authority as men, nor have they formally led decision making about land, yet they often enjoy higher status than women in patrilineal societies. In patrilineal societies, land rights are inherited through the father, and men are recognized as both conduits of inheritance and decision making. This creates a de facto lower status for women because they are neither member of the lineage through which the highly valued land assets are passed, nor do they receive traditional respect that the matrilineal cultures still sometimes support. (SI-CGA, 2015 p. 4)

Women in the matrilineal system may be influential to their societies if only from behind the scenes, unlike women in a patrilineal system who never had the chance as that system depicts men who make final decisions (SI-CGA, 2015). When a woman in both matrilineal and patrilineal system raises her concerns with her husband regarding some of the decisions made by the men, tensions can arise, leading to DV (SI-CGA, 2015). The SI-CGA (2015, p. 62), highlighted the Family Health and Safety study "which demonstrates that women and children are frequently punished with violence if they challenge men's power or do not meet men's expectations about how they should behave." Furthermore, women find it challenging to reach out to support systems or access support services because of fear and overall control by men or their intimate partners. While the matrilineal systems in some way recognise women's contribution there is still inequality, less access and benefits from development and this affects women with increased experiences of GBV in the community.

1.1.2 Solomon Islands emergency and disaster context

Solomon Islands is one of the countries located on the Pacific ring of fire where 90% of the world's earthquakes occur (World Vision, 2022). It is a country highly exposed

to natural disasters (Solomon Islands Disaster Management Reference Book (2023), 2023). Reports have identified that natural disasters such as tropical cyclones, earthquakes, tsunami, flooding, drought, volcanic eruption contribute to the country's vulnerability (UNFPA, 2022). Recent examples include the 2007 Gizo earthquake and tsunami, 2009 Guadalcanal flash flood, 2013 Santa cruz earthquake and tsunami, 2014 flooding in Honiara and Guadalcanal, 2016 earthquake and tsunami, 2020, 2022 and 2023 earthquake and tropical cyclones in Honiara, Guadalcanal, and parts of the country (World Vision, 2022 & Solomon Islands Disaster Management Reference Book (2023)). The 2022 World Risk Index Report classified Solomon Islands as very high for disaster risk based on the high exposure and vulnerability to natural disasters compared to other PICs (Solomon Islands Disaster Management Reference Book, 2023). In addition, the islands have been impacted by global warming as people residing in diverse coastal communities' cope with changes taking place because of climate change. The effects of climate change have a trend that Solomon Islands and other PICs will continue to expect and experience more frequent disasters (Solomon Islands Disaster Management Reference Book, 2023). A case study 2022 in Solomon Islands stated that "rising sea levels have submerged five of the archipelago's islands in the last 50 years" (Humanitarian Advisory Group, 2022 p. 6).

The Asia Pacific Disaster Report (2022) reported that in "every increment of a degree between 1.5°C and 2°C translates into increased risks of tropical cyclones in the Pacific small island developing states (SIDS) with expanded geographical coverage and increasing intensity followed by floods and droughts". The report further on stated that, "over the past 50 years, natural hazards have affected over 26.6 million people in the Pacific SIDS" (APDR, 2022). The increasing of such risks contributes to the multifaceted impacts on the vulnerable populations. In a systematic review by Murphy et al., (2021), estimated that women around the world have experienced DV or intimate partner violence (IPV) as a form of GBV and the evidence shows the risk of GBV is often higher in conflict and during a humanitarian crisis. According to the South Pacific Islands Crises Response Plan 2023-2025 (international Office of Migration, 2022), the ongoing occurrence of disasters in PICs contributes to the challenge the government experiences of its limited capacities responding to GBV to achieve its development objectives. Similarly, such experiences are not experienced by Pacific SIDS alone, but were experienced worldwide. Studies and several reports show that GBV increases in

prevalence and severity in areas experiencing emergencies or disasters and this enhances the risk of GBV among vulnerable populations (UN Women, 2023).

On the other hand, political instability also contributes to the emergency and disaster status of Solomon Islands. Over the past few years, Solomon Islands has experienced extreme disasters that manifest as an emergency in the country's political crisis such as looting, riot burning down of buildings in the capital city, Honiara in April 2006, a 2014, mini riot and recently in November 2021 (Frankel & Smith, 2022). A report related to the Solomon Islands' ongoing political issues published by O'Brien (2021) in the Centre for Strategic and Internal Studies mentioned that, since the Solomon Islands government under the leadership of Prime Minister Sogavare made a diplomatic switch from Taiwan to China in 2019, national and international rivalries have escalated in a way that creates fear and tension for the vulnerable people of Solomon Islands. Furthermore, the defeat of a vote of no confidence against PM Sogavare led to the destruction of infrastructure (O'Brien, 2021). The civil unrest is a form of human-caused disaster that poses a threat to women, girls, children, and PWD. It is possible that those who are already suffering from GBV find it challenging to seek assistance due to the curfews and lockdowns imposed by the Prime Minister of the Solomon Islands (Sora, 2022).

Moreover, there are also health risks that contribute to the country's vulnerability including the recent COVID-19 pandemic, and a measles outbreak in 2019. In March 2020, the PM of Solomon Islands declared a state of emergency. As a result, the country's health system is trying to address these health issues with the limited health resources available. According to WHO, Solomon Islands reported 21,611 confirmed cases of COVID-19 with 153 deaths between March 2020 and November 2022 (Solomon Islands Disaster Management Reference Book, 2023). There were number of curfews and lockdowns imposed by the government in response to COVID-19 and as a result many vulnerable people faced challenges to move around. According to Sharma et al. (2021, p. 1) "UNFPA estimates that, every 3 months of lockdown contributes an additional 15 million cases of GBV". The advocacy notes responding to COVID-19 and GBV in Solomon Islands (2022) stated that, global health crises like COVID-19 increase the existing risks of gender inequalities disproportionately by impacting women, girls, children, and PWD. The COVID-19 global pandemic has revealed structural injustices that women, girls, children, and PWD experienced in the

communities such as economic impacts, challenges accessing health and social services and increased GBV in the community (SAFENET & Solomon Islands GBViE sub-committee, 2022).

Furthermore, during the current COVID-19 pandemic, lockdowns have led to women, girls, children, and PWD being at high risk of exposure to abusive partners and perpetrators (WHO, 2022). Due to the COVID-19 pandemic in 2020 and community transmission in Solomon Islands in early 2022, there was an increase in reported GBV cases through the GBV support services. This has been identified anecdotally by many frontline service providers in Solomon Islands. According to the International Federation of Red Cross (2015), one of its recommendations to frontline service providers was even if there are no data collected for GBV, all frontline responders must acknowledge that GBV is happening and is most likely to occur in times we do not expect.

1.1.3 Domestic violence in Solomon Islands

It is important to acknowledge current debates about gender to understand the phenomenon of GBV (Ali & Rogers, 2023). The term 'gender' refers to the socially constructed behaviour of a person through their social interactions, such as the norms and roles in a society (WHO, 2023). A gendered analysis is an important analytical approach that recognises the gendered nature of social issues, revealing different experiences and challenges that affect individuals based on their gender (Barkha, 2020). The ending violence against women and girls policy (2016-2020, p. 8) defines 'GBV' as "violence directed against a person because of his or her gender expectations of his or her role in a society or culture." According to Barkha (2020), research indicates that climate change has an impact on women, peace, and security in areas where GBV is prevalent like in Solomon Islands. Recognizing the interplay between climate change effects on women peace and security and the widespread rates of GBV is important for effectively addressing GBV responses during disasters as these trends have contributed to the vulnerability and resilience of women, girls, children and people with disabilities.

There is also other terminology used across various research contexts with the same understanding as a harmful act. For instance, the United Nations defines violence against women and girls (VAWG), as "any act of GBV that results in or likely to result

in physical, sexual, or psychological harm or suffering to women including threats of such acts, coercion, arbitrary deprivation of liberty, whether occurring in public or in private life” (EVAWG Policy 2016-2020). The terms GBV and VAWG are frequently used interchangeably in most literature and by advocates in Solomon Islands. Similarly, DV and FV have the same meaning and are used depending on the context. For example, the Solomon Islands EVAWG policy (2016-2020) and FPA (2014) defines DV “as conduct committed by a person (the offender) against another person with whom the offender is in a domestic relationship”. Thus, for Solomon Islands the term GBV and DV will mostly be used in this research. According to Fulu (2018), there have been significance advances in understanding and addressing the issue of GBV in PICs. Furthermore, “scholars, activists, and practitioners in areas of GBV can attest, invoking the explanatory power of gender for understanding a range of forms of violence is sure to stir up resistance from some quarters” (Buiten, 2022, p. 23). Pfitzner et al., (2023), explained that forms of GBV vary and can include sexual harassment and abuse, human trafficking, DV, and early marriage. DV is by far the most common and harmful form of GBV perpetrated that is discussed (Thurston et al., 2021). According to the Family Protection Act (FPA, 2014) there are four common forms of domestic violence that are most perpetrated in Solomon Islands; the first is physical abuse of a person, which means “conduct causing bodily pain or harm to the person or danger to the person’s life or health and includes assault” (FPA, 2014 p. 11). Psychological abuse means “conduct that degrades or humiliates a person including insults, ridicule or name calling, obsessive possessiveness or jealousy, harassment, stalking and intimidation” (FPA, 2014 p. 12). Sexual abuse of a person means “conduct of a sexual nature that abuses, humiliates, degrades, or otherwise violates the dignity of the person” (FPA, 2014 p. 12). Economic abuse of a person means;

unreasonably controlling behaviour which denies the person financial autonomy or prevents them from taking part in decisions over household expenditures or the disposition of joint property, withholding financial support reasonably necessary for the maintenance of the person or persons’ household and unreasonable and unilateral disposal, retention or subtraction of moveable or immovable property in which the person has a material interest, or damage to or destruction of their property so as to interfere with their use of such property. (FPA, 2014 p. 10)

Stated in the ending of violence against women and girls' policy (EVAWG) (2016-2020), "SIG recognises the growing gender inequalities and high prevalence of violence against women and girls (VAWG) and commits to several global and regional commitments". In the United Nations sustainable development goals (SDGs) have specific targets (5.2 and 5.3) which call for the elimination for all forms of VAWG (EVAWG, 2016-2020). In 2002, the Solomon Islands Government ratified the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW). According to the United Nation Human Rights (UNHR) treaty bodies, CEDAW is the most important of human rights for women. In response to this treaty, the Solomon Islands government was obliged to report on the current implementation on eliminating violence against women and girls. There are several other treaties which have been ratified and policies and legislations developed by relevant government ministries who coordinate and implement them. Policies and legislations such as the 'Gender Equality Women Development' policy (GEWD, 2010), 'Ending Violence Against Women and Girls' policy (EVAWG 2016-2020), the Family Protection Act (2014) and treaties such as the Convention on the Rights of Children (CRC, 1995), the Beijing platform of action, Convention on the Rights of People with Disability and many others. Solomon Islands established a National Council of Women (SINCW) in 1983 as a non-government organisation which coordinates women's organisations in the country (Solomon Islands Disaster Management Reference Book, 2023). The fundamental mandates of SINCW include monitoring the effective implementation of the SIG's international gender equality and women's rights commitments including prevention of VAWG.

Mentioned earlier in this chapter, GBV rates are high in Solomon Islands and DV is one of the common forms that is perpetrated. For example, statistics from the gender equality brief for Solomon Islands (2022) mentioned that 46% of ever-partnered women experienced physical violence, 55% of ever-partnered women experienced sexual violence, 56% of ever-partnered women experienced emotional violence and 43% of ever-partnered women experienced economic abuse from an intimate partner in their lifetime (UN Women, 2022). Physical, psychological, sexual, and economical abuse are the most perpetrated forms of abuse in most PICs and other countries experiencing emergencies or disasters. Therefore, it is critical to understand the key

areas of GBV responses during emergencies or disasters as it is mostly used in literatures and international studies, noting the different contexts.

There are several existing support systems or service providers that respond to DV in Solomon Islands. For example, the Royal Solomon Islands Police Force (RSIPF) created a sexual assault investigation policy introduced in 2007 to ensure that all sexual assault offences must be prosecuted (UN Women, 2022). In 2013 was the establishment of the national SAFENET referral network with six frontline service providers and currently there are 11 members who provide essential GBV services such as, counselling, safe accommodation, legal assistance, medical, child protection and a toll-free hotline.

GBV is an issue that every PIC including Solomon Islands is trying to combat. The ongoing events related to emergencies and disasters in Solomon Islands create challenges to the existing support systems. There are laws, policies, and treaties in place to tackle GBV. Support systems are in place however there are barriers refraining them from accessing this support. GBV rates continues to increase year after year and are believed to escalate during emergencies or disasters.

1.2 Research question, purpose, and significant of the study

The current study is guided by two research questions:

- (i) What empirical evidence is there to support anecdotal reports that GBV increases during emergencies or disasters?
- (ii) How are frontline responses to GBV impacted by emergencies or disasters?

Understanding the increase and impacts of GBV during emergencies or disasters is important as it will help to improve responses for future emergencies or disasters. Furthermore, the study will add knowledge to the current literature regarding GBV responses in emergencies or disasters for Solomon Islands.

It is important to understand GBV responses in emergencies or disasters to help reduce the high rates of GBV. Significantly, GBV coordination must be included in all disaster responses plans to guarantee that services are offered in a safe and accessible manner in any emergencies or disasters so that preventative and mitigating measures are in place to lessen GBV (Raftery et al., 2022). There is limited research

on GBV in emergencies or disasters and the cause of the increased rates in Solomon Islands. Thus, it is important to further investigate the problem for Solomon Islands as studies in other countries have shown increased GBV rates (Rezwana & Pain, 2021). Responses to GBV are crucial to help reduce the high rates especially in women, girls, children, and PWD in the country.

1.3 Thesis outline

The remaining chapters of this thesis include a literature review, methodology, findings, and conclusion. Chapter 2 – Literature review explores previous studies about GBV during emergencies or disasters followed by identification of existing strategies and GBV responses and the theoretical framework guiding this study. Chapter 3 – Methodology outlines the qualitative and interpretive approach followed by the explanation of the recruitment process used in this study and the method for collecting data, using semi-structured interviews. The methodology chapter also describes and explains the data analysis process for the study and outlines the ethical consideration and limitations of the current study. Chapter 4 presents and analyses the study's findings and Chapter 5 provides a conclusion and recommendations based on the findings of the study.

CHAPTER 2: LITERATURE REVIEW

This chapter explores relevant existing literatures related to increased GBV rates in the context of emergency or disaster events. While there is available literature and ongoing discussions about this issue (Rezwana & Pain, 2021; Kopf, Fink, Weber (2020); Alston, Fuller & Kwarney (2023)), there is limited understanding of increased GBV rates during emergencies and disasters in PICs, especially Solomon Islands. Exploring various impacts and risk factors for increased GBV rates through available international studies helps to address the research gap for Solomon Islands. The following sections look at international studies about GBV and its increased rates during emergency or disaster events in PICs that share similar context with Solomon Islands. It presents a review of available literature on GBV response strategies during emergency or disaster. Previous international and regional studies about various GBV support services or GBV disaster response strategies along with the feminist theoretical framework that guides this research study, are also discussed.

2.1 Gender-based violence

GBV has emerged as a major issue that affects societies regardless of culture and social environment (Yanez et al., 2023). It is one of the primary social problems in most PICs, like Solomon Islands and other smaller developing countries experiencing the increased rates of GBV where women, girls, children, and people with disability are mostly affected. A research review on GBV and rurality in the 21st century conducted by Qi et al., argued that “GBV impacts people regardless of socio-economic, race and religion” (2023 p. 2). Research has identified women, girls, children, and people with disability worldwide who are at greater risk of exposure to GBV and have experienced the suffering of GBV destroying their lives (WHO, 2021). Qi et al. (2023) argued that GBV has negative impacts on victims due to the culturally constructed gender roles and the stigma associated it which affect the wellbeing of the survivors. The ongoing issues surrounding GBV have not been well studied within PICs specifically Solomon Islands due to lack of accessible available data.

Interestingly, numerous studies worldwide have shown results of increased GBV rates data during emergencies or disasters nevertheless, there is also limited documentation of empirical data (Desai & Mandal, 2022). Emergencies or disasters most often occur unexpectedly, and they can disproportionately affect vulnerable

groups in a society. As identified in the previous chapter, vulnerable groups are fragmented and often antagonistic communities with restricted access to limited social support (Limante et al., 2023). An analysis conducted by UN Women (2021-2022), stated that “crises often disrupt conventional data collection mechanisms as affected areas may become inaccessible, and face-to-face data collection may carry health and safety risks for respondents” (Kaul & Valero, 2022). Fisher (2010) stated that over the past decade recognition of women’s vulnerability to GBV during emergencies or disaster situations has increased. When the needs of women, girls, children, and PWD are not addressed during emergencies or disaster preparedness, recovery plans or in humanitarian assistance, then women, girls, children, and PWD’s vulnerability will increase (True, 2013). The challenge remains with increasing rates of GBV during emergencies or disasters and with a lack of accessible and available GBV data.

Identified in several studies that during emergency or disaster rates of IPV or DV increases significantly. The forms of violence include physical, sexual, psychological, or mental harm (Perrin et al., 2019). The increased rates of GBV during emergencies or disasters leads to health and social consequences for survivors who experience physical or mental health issues. Furthermore, the negative consequences often exacerbated by the fear of disclosure, as survivors are reluctant to make reports because of stigma they fear from the society and service providers (Perrin et. al., 2019).

2.1.1 Causes for increased GBV rate

There have been ongoing discussions and argument about the cause for increased GBV rates in Solomon Islands however, reasons for the increase are still uncertain. Contemplating across the available literature as to why there is increased GBV rates during emergencies and disasters, most have the common causes reported for the increased rate. The UNICEF Annual Report (2016) stated that the cause for increased GBV rate involves limited access to medical services and social networks, power imbalances between sexes fuelled by cultural norms, social acceptance of harmful social practices, and insufficient legal protections to protect individuals’ rights. The World Vision advocacy report by Taylor (2020), described the cause for increased GBV in disaster context as because of protection systems and accountability breakdown. Negative coping mechanisms exist because of economic strains leading

to forced child marriage, for example (Bradbury et al., 2021). Survivors of GBV go through challenges in ensuring their needs are met to avoid long-term impacts that may affect their wellbeing. This could be similar in Solomon Islands, where GBV survivors have had to struggle to get out of a violent environment, getting assistance because the more the survivor stays in that violent environment, the longer the survivor will face the long-term consequences of DV. The protection systems and social networks such as counselling services are also affected by disasters (Wirtz et al., 2014). These are some of the reasons explaining how GBV rates increase during emergencies and disasters. GBV survivors affected by disasters are unable to reach out for support.

A few regional reports have identified potential causes that may lead to increased GBV rates (UN Women, 2023). For example, the Pacific family health and safety studies show that there is a stigma associated with reporting such violence, which explains the reluctance to speak out and survivors continue to experience DV (UN Women, 2021). It is also possible that the causes are like those in Solomon Islands. Reports are accessible through the United Nations websites working in partnership with PICs governments. This would suggest that instances of GBV increase during emergencies or disaster events.

2.1.2 GBV risk factors

Trauma and mental health risk

International studies identified that GBV frequently resulted in trauma and mental health issues (Thurston et al., 2021). Survivors of GBV suffer from devastating short-term and long-term impact, especially to their mental wellbeing. The long-term effects of emergencies and disasters are often rarely acknowledged in disaster response reports and assessments shared through media (O'Malley et al., 2022), for example, women's experience of their struggles to overcome the traumatic experiences and suffering they been through during emergency or disasters. The increase in substance abuse and struggling with mental health leads to risk factors for VAWG across many post-disaster settings (Aryanti & Muhlis, 2020). Research on post-disasters in several countries such as Haiti and Vietnam, women expressed their disagreements with their husband's use of the family's money for survival (Thurston et al., 2021). The experiences by women from Haiti and Vietnam are somewhat like several reports

identified in Solomon Islands. For example, following DV experiences, women are the ones who struggled to earn income for their family's needs. The inability to cope with depression and anxiety, or suicidal thoughts are a few of the common impacts. Thus, trauma and mental health is one of the high risks for the vulnerable groups exposed to GBV during emergencies or disasters.

Displacement

The IFRC (2015) reported that GBV during displacement after emergencies or disasters has rarely been studied. Displacement often impacts the vulnerable at greater risk within highly complex disasters where access to services is limited (Cone, 2020). For example, "displacement causes mass population movement exposing individuals and families to environmental, social, and physical dangers" (Gasser et al., 2004). A case study conducted in Haiti after Hurricane Katrina found out that after being displaced by an emergency or a disaster, people especially in temporary shelters are highly exposed to sexual assault by strangers (IFRC, 2015). According to UNDRR (2023) displacement includes evacuation or relocations to an area because of a disaster. Qualitative research done in Columbia on GBV in conflict and displacement interviewed several GBV survivors and service providers (Wirtz et al., 2014). The result from the interview shows that IPV is the highest reported violence perpetrated though acknowledging that other violence such as sexual violence is often perpetrated by strangers (Wirtz et al., 2014). Displacement frequently leads to a higher risk of GBV when people from various cultures and communities are living together, where cultural norms and other challenges further marginalise women, girls, children, and PWD, socially and economically (Cone, 2020). Research conducted by Parkinson et al. (2017) argued that men and women experience the effects of emergencies and disaster events differently. For instance, men are frequently the ones who receive information about disasters and emergencies and how to respond when such event occur, whereas women are not exposed to such information, resulting in lack of knowledge about how to react or what to do when an emergency or disaster occurs. Solomon Islands like other countries identified have experienced similar forms of emergencies or disasters that impact women, girls, children, and people with disability that can lead to the risk of displacement. Vulnerable groups in society are suffering (Desai & Mandal, 2022).

Women's health

The United Nations International Children Emergency Funds (UNICEF, n.d.) reports on GBV in emergencies stated that some of the severe risks women, girls, children, and people with disabilities may experience are exposure to health issues such as a sexually transmitted infection. In Solomon Islands, GBV risk of women's health was acknowledged in reports that there are GBV victims accessing health facilities on other related health issues however, specific to GBV the health information system does not capture that information (Statistical Health Core indicator report, 2018). There is still limited available data. Access to limited health services poses a high risk to women's health. The COVID-19 pandemic with social distancing, lockdowns, and other restrictions of women put women and girls at greater risk of violence inside their own home. For example, interventions for sexual assault/rape like emergency contraceptive pills are time sensitive to prevent unwanted pregnancy within the next 120 hours or medication to prevent getting HIV infections. Organisations such as the World Health Organization initiate programs in developing countries to strengthen its work in GBV during emergencies to address women's health risks during disasters (WHO, 2023). UNICEF (2022) further reported that between 2005 and 2022, conflict parties committed rape, forcible marriage, sexual exploitation, and other serious forms of sexual violence against at least 16,000 children. Sexual violence disproportionately affects girls, who were victims in 97 per cent of cases from 2016 to 2020. The risks of GBV in complex emergencies and disasters have contributed to risking the health of vulnerable groups" (Murphy et al., 2021).

2.2 GBV support services and response strategies

Understanding GBV responses in an emergency or disaster situation is important. In the context of a disaster, affected individuals from the disaster may experience suffering that requires immediate support, such as immediate safe accommodation, counselling, legal services, child protection, psycho-social support and many others. The delivery of GBV services is an essential component for responses to GBV cases, especially during emergencies and disasters. In the PICs there are limited essential GBV services represented across all countries. An unprecedented case occurred in Tonga, the Hunga Tonga-Hunga Ha'apai volcanic eruption in 2022 caused destruction to most essential services such as the outage of electricity and telecommunication

where disrupted, women and girls experiencing GBV were unable to call and reach out to access GBV services, as reported by UNFPA (2022). Safe accommodation was the most needed service during disaster or emergencies where GBV victims can feel secure from perpetrators. Furthermore, safe accommodation is a key GBV service that is lacking in the PICs, including Solomon Islands. There are existing GBV counselling services, however there is a lack of human resources and qualified GBV counsellors to support GBV survivors during emergencies or disasters. A situational analysis finding of the experiences of children in the PICs done by UNICEF (2017), recorded that during emergency situations there is inequality in access to social services and other resources for women, girls, and children and people with disability.

While most studies conducted around support services during emergencies or disasters the challenges experienced by frontline responders remains the same worldwide. For example, as much needed responders to an immediate emergency by providing emotional or psycho-social support, GBV frontline workers bear the stress that sometimes leads to mental disorder. The UN Women report (2022) stated that GBV frontline responders also experienced the impact of disasters through GBV survivors' experiences that mentally affects their ability to further provide GBV services. However, data on mental health effects of DV is not available in Solomon Islands. Furthermore, lack of human resource and other emergency resource support such as equipment, transportation, finances, and many others are hindrances to social services for the vulnerable population (Williamson & Mandolini, 2023). In addition, the literature also recognises the urgent need to access key primary responders such as counselling services, appropriate and safe accommodation and other essential services that support the vulnerable during emergencies or disasters (Nyugen, 2019).

A key service identified in several reports is the justice and legal system (Secretariate of the Pacific Community, 2009). It was shown in several NDMO situational reports that legal services do not perform any response because it was not clear what their role was when it came to disasters (NDMO Situational Report, 2020). In emergencies or disasters justice and the legal system were not seen as important. Identified by several reports in PICs was the need to strengthen the justice and legal services. This is to ensure that GBV survivors who require justice and legal services can immediately access them.

On the other hand, responding to GBV during emergencies or disasters requires coordination to work together with government, non-government organisations, civil societies, and development partners through disaster response strategies to respond to and mitigate GBV in emergencies and disasters. Take for instance, the UN Disaster Risk Reduction (2023) encourages countries that are prone to disasters to have disaster management response plans. A structural plan to respond provides resilience to the vulnerable people experiencing GBV during emergencies or disasters and has been suggested by frontline workers who have been involved in various disaster response (Wies & Halden, 2011; King et al., 2021; Nagashima-Hayashi et al., 2022; Raftery et al., 2022).

2.2.1 Multi-sectoral approaches to GBV

Addressing GBV requires a comprehensive approach that aims to change the ongoing conditions that drive violence, like harmful social norms to ensure survivors of GBV access quality essential services (UN Women, 2022, Watson et al., 2022). The women's resilience to disaster programme in the Pacific highlights the importance of integrating GBV services and disaster-related services to help mitigate the risks of GBV related issues and barriers experienced during disasters (UN Women, 2021). The multi-sectoral approach response is a holistic and well-coordinated approach explained by Pyone et al. (2015). The aim is to work in collaboration on implementing programs and responses by various institutions such as health, justice, and psycho-social welfare (Institute of Medicine, 2015). For example, when a disaster assessment team identified the needs of those affected by disaster and which GBV survivors needs support, they will do referral for the victim/survivor to a service provider for either counselling support or safety accommodation. A standardised operational procedure (SOP) and GBV referral systems have been developed to guide the implementation of the multi-sectoral response. An effective coordination of multi-sectoral approaches reduces any duplication of work (Felten, 2023). A multi-sectoral approach portrays coordination between existing essential social services for GBV. As disaster continues to occur worldwide (Institute of Medicine, 2015) a regional disaster response workshop series demonstrated that a successful response to disasters is through coordination across the public sector and private sector. Moreover, multi-sector coordination has been highlighted and encouraged in most literatures to

implement when responding to GBV during disasters as it increased the level of immediate safety, effective response to GBV cases (UN Women2022).

Furthermore, in disaster-related services the multi- sector coordination looks at a broader response. The IASC (2016) elaborates on the various aspects in disaster responses such as the camp management cluster, protection cluster, health cluster, education cluster, livelihood, infrastructure, and communication cluster. Each individual cluster with mandatory roles from different organisations with similar intentions is a response to people affected by disasters (IASC, 2016). Specifically, it is the protection cluster that coordinates services responding to affected people's welfare such as GBV (IASC, 2016). On the other hand, with a multi-sectoral approach there are challenges encountered. For example, the IFRC (2015), discovered each institution have their own agendas and priorities. Furthermore, the challenges such as limited human and financial resources to respond to GBV and other related disaster needs (Alston, 2019) remains the same. Thus, as stated by Reddy & Goodman (2019 p. 133) "Natural disasters are destabilizing events which expose vulnerable populations, particularly women, to increased violence. Disaster response teams should be adequately trained on prevalence and impact of gender-based violence to ensure gender sensitive interventions". Standard training of response personnel in a multi-sectoral approach can ensure adequate identification of victims of GBV and referral to appropriate services.

Understanding the increased GBV rates has been a discussion throughout the gender space. The concept and dynamics of GBV are often poorly understood by certain implementers like GBV frontline responders, with limited knowledge on how GBV happens. Therefore, it is important for frontline responders to have the knowledge and to ensure responses to GBV in emergencies or disasters are theoretically guided.

2.3 Theoretical framework

GBV has been identified as the most significant human rights violation that occurs across all societies (Peate, 2019). Feminist theory focuses analysis on social norms and cultural beliefs to explain the various social, cultural, and situational factors that influence the perpetration of and responses to GBV (Rogers & Ali, 2023). Feminist theory is entwined with a history of activism, it provides a framework for analysis and

better understanding of the need for potential change in knowledge and practice in the future in relation to reducing and preventing GBV (Grosz, 2010).

Feminist theories have been widely used in various studies on topics related to GBV (Rogers & Ali, 2023). According to Qi et al., (2023) feminist theory contributes to the academic understanding of GBV. This research study aims to understand the cause of the increased GBV rates during emergencies and disasters in Solomon Islands and the feminist theory framework provides critical understanding of gender in a patriarchal cultural context (Qi et al., 2023). Feminist theory initiated by women in the early 20th century aimed to put the GBV issue on global and national agendas (Rogers & Ali, 2023). Feminist work has contributed to the development of social support addressing GBV through victims/survivor's service infrastructure such as safe accommodation and awareness advocacy to help women and girls understand the consequences of GBV to their wellbeing (Rogers & Ali, 2023). According to a feminist perspective, "GBV is caused by and constitutive of the gendered patterns of power and privilege in society" (Rogers & Ali, 2023 p. 23).

Thus, because this study is trying to understand the increased rates of GBV and the responses of frontline workers, adopting a feminist theoretical approach to better understand the core concepts will focus attention important gaps in knowledge and practice. It is important in this research study to employ feminist theory, as previous studies in PICs including Solomon Islands have used the theory to guide the understanding of strong patriarchal culture. The understanding of PICs cultures, social norms and practices are well defined by feminist theory (Buiten, 2022). An example is the patriarchal system where men dominate the leadership and decision making in communities and within domestic settings (SI-CGA, 2015). It is by understanding that women and men have separate experiences in society when there is an unequal power to respond against perpetrated violence. The patriarchal system overrules most legal systems where women are less heard (Mackay, 2021). This means that women have no contributions within the justice and legal systems over the years until the current time. Feminist theory helps us to understand gender dynamics and that is how society shapes our mindsets.

CHAPTER 3: METHODOLOGY

This chapter describes and explains the qualitative research methodology of this study. Section 3.1 explains the qualitative methodology the current study used to understand how GBV rates increased during emergencies or disasters in Solomon Islands. Section 3.2 explains the participants recruitment process done in this study. Section 3.3 explains the data analysis process adopted in the current study and section 3.4 details the ethical considerations and limitations in the current study.

3.1 Qualitative methodology

This research used a qualitative research method, which is more prominent in the health, social science, and humanities disciplines (Bradbury et al., 2014). It was used to investigate people's attitudes, beliefs, and preferences. A qualitative research method "begins with one or more relatively broad research questions that maybe revised iteratively as the research is carried out to narrow the research aim or purpose" (Denny & Weckesser, 2022 p. 1). Qualitative approach has enabled a researcher's ability to retrieve in-depth data so that researchers interpret the individual participants' experiences in the context of the issue. For instance, a qualitative approach can be used to conduct interviews across the SAFENET referral network, where members have access to and the knowledge of administrative data's use of existing secondary sources about GBV in Solomon Islands context. SAFENET is a network of government and non-government organisations that aims to strengthen the referral and coordination of sexual and GBV services in Solomon Islands (SAFENET Guidebook, 2017).

An interpretivist paradigm was used to interpret the understanding and the experiences and knowledge of the participants about what contributes to increased GBV rates and the GBV response during emergencies and disasters. Levers (2013, pg.3) stated that the interpretivist paradigm "focuses primarily on recognizing and narrating the meaning of human experiences and actions". The experiences are expressed in language and emotions that researchers use to interpret the deeper meaning of a phenomenological issue. Thus, participants in this study shared their experiences in relation to understanding the increased GBV rates and the responses during emergencies or disasters. These responses were then analysed to provide an answer to the research questions.

3.2 Research method of data collection

3.2.1 Recruitment process

Purposive sampling was used to recruit participants for this study (Denny & Weckesser, 2022). As mentioned in Section 3.1, this research was conducted with the SAFENET referral network in Honiara, Solomon Islands. The network comprises of eight members including: the Ministry of Health and Medical Services (MHMS); Royal Solomon Islands Police Force (RSIPF) including Seif Ples, a sexual assault clinic; Public Solicitors Office; Solomon Islands Planned Parenthood Association (SIPPA); Family Support Centre (FSC); Christian Care Centre (CCC); Honiara City Council Women's Development Division; and the Ministry of Women Youth Children and Family Affairs (MWYCFA) who plays the coordination role of the multi-sectoral network. As of May 2023, three new service providers have signed a memorandum of understanding with SAFENET network, namely, the Immigration division under the Ministry of Commerce, Industry, Labor, and Immigration (MCILI); Hope Trust organisation a non-government organisation and Office of the Director of Public Prosecution (ODPP). There are eight services provided by the SAFENET referral network: medical; reproductive health; child welfare; mental health; safety and security; GBV counselling and safe accommodation; legal and para-legal. These are essential services offered for free to help and assist survivors of domestic violence in an effective and timely manner to women, girls, and children including people with disability in Solomon Islands.

A total of 19 study participants were selected based on the different organisations. The selection process was done according to the number of service providers under the SAFENET referral network, and the number of individuals employed by each service providers. There were four participants from *FSC* (two counsellors, one legal officer, and the centre manager), *CCC* – one participant, *Seif Ples* – two participants, *SIPPA* – one participant, *RSIPF* – two participants, *MWYCFA* – one participant, Immigration division – one participant, *ODPP* – one participant, five participants from *MHMS* (one representative from Honiara City Council clinic, one from the emergency department at the national referral hospital, one from the Integrated Mental Health Services (*IMHS*), one from Social Welfare Division and one from the GBV unit), and also a participant from People with Disability Solomon Islands (PWDSI). It is worthwhile

noting that PWDSI is not a member of SAFENET however, PWDSI has been working closely with SAFENET during GBV responses in emergencies and disasters.

The potential participants were contacted through email requesting their voluntary participation in the study. The email outlined the aim, background and the importance of this research and provided proposed details of the date, time, and venue for the interview to be conducted. A research information sheet and consent form were also attached to the email. However, from the 20 selected participants, 19 individuals responded to the email agreeing to participate in this study. Other service providers were not included in this because of non-availability to participate in the study.

3.2.2 Positionality Statement

The researcher's positionality as an insider were important ethical considerations in this study. According to Nasen (2022), insiders have better understanding of a research context and can interpret events more effectively. The researcher is a Solomon Islander national from the Western province. Prior to commencing research at QUT, they served as the national SAFENET coordinator and as a result was able to leverage the network for the purpose of this study. Insider research raises numerous ethical concerns and challenges. Bias in the researcher's methodology, particularly data analysis, is one of the challenges (Collins & McNulty, 2020). For example, previously as the coordinator of SAFENET the researcher knew and understood the specific responses of GBV front liner workers provided during COVID 19. To avoid this knowledge influencing analysis, participants were given numbers as de-identified during data analysis. Insider research can provide authority and legitimacy by leveraging pre-existing knowledge to ask meaningful questions and understand the fields historical and practical context (Collins & McNulty, 2020 p. 203). The researchers existing knowledge and experience working with the SAFENET referral network has prompted them to undertake this research.

3.2.3 Semi-structured interview

This study collated information and data through a semi-structured interview with members of the SAFENET referral network, frontline responders. These interviews collected data about the experiences of frontline responders during emergencies or disasters, what existing services are available to respond during emergencies or disasters and what impacts causes the increased GBV rates in an emergency or

disaster in Solomon Islands. An advantage of using a semi-structured interview method is to enable the interviewer to improvise follow-up questions based on the participant's response (Kallio et al., 2016, p. 2955). Furthermore, "semi-structured interviews are the preferred data collection method when the researcher's goal is to better understand the participant's unique perspective rather than a generalized understanding of a phenomenon" (Adeoye-Olatunde & Olenik, 2021 p. 1360). Frontline responders have experiences and deep knowledge of responding to GBV cases and by using semi-structured interview a better understand will be gained.

The interview protocol comprised of 15 questions developed to guide the interview sessions (see Appendix F). The research questions focused mainly on the participants' individual organisations, the aims and role of the organisation, the impacts of disaster and emergencies to the organisations and survivors of GBV in Solomon Islands. The face-to-face semi-structured interviews with individuals were estimated to take approximately 30 to 40 minutes however, with a few individuals the interview exceeded one hour. The researcher probes were determined following the guiding questions that was asked during the interview. Using probe questions enables the participant to impart in-depth knowledge and experience meaning making on the topics that may be referred to (Adeoye-Olatunde & Olenik, 2021). For instance, when trying to understand the individuals' experiences when responding to a GBV case by asking what disaster event took place or asking to follow-up questions about why data collection is a challenge. Face-to-face interviews took place in Honiara, Solomon Islands over five weeks from 18 July to 25 August 2023.

The 15 interview questions had five main themes: (i) the identification of key service providers who were responding to GBV during emergencies or disaster and their challenges experienced during response (ii) the common forms of DV perpetrated (iii) the impacts emergencies and disasters cause to organisations and GBV survivors, (iv) challenges experienced by service providers and (v) recommendations suggested to help in preparedness should there be a major emergency or disaster. The interview was done using Solomon Islands Pidgin and was audio recorded using a phone recorder. The audio recordings were translated into English. Participants gave their consent to be recorded and for their responses to be used as part of the study.

3.3 Data analysis

This study employs the thematic analysis of data collected to identify themes that lead to the understanding of increased GBV rates and responses during emergencies or disasters. The study uses the thematic analysis approach developed by Braun and Clark (2006) to understand the issues of both increased GBV rates and responses from interviews conducted. The data collated was transferred to an Excel spreadsheet and used a colour coding method to identify the main themes that answer the research questions. Maguire and Delahunt (2017) argued that thematic analysis is the most influential approach across the social sciences because it offers a clear and usable framework for the analysis. Thematic analysis “is recognized as a useful method for psychotherapy process research and as a method that is flexible straight forward and accessible” (Clarke & Braun, 2018 p. 107). According to Nowell et al. (2017) and Maguire & Delahunt (2017), thematic analysis is a qualitative research method not tied to a particular epistemology or theoretical perspective thus it makes a flexible method given the diversity work in learning and teaching. It is a method that aims to identify, analyse, organise, describe and report themes found in a dataset (Nowell et al., 2017). Thematic analysis can possibly generate unpredicted findings that can contribute to inform future qualitative research (Braun & Clarke, 2006). Most importantly, thematic analysis is rich analysis which from simple description into interpretation, can tell a story about the ‘so what’ of the data (Clarke & Braun, 2018). Thus, using thematic analysis in the current research helps to analyse and portray the participants’ knowledge and experiences to understand the increased GBV rates and responses during emergencies or disasters in Solomon Islands.

Data analysis followed the six steps of thematic analysis strategy (Maguire & Delahunt, 2017 p. 3353).

- *Step 1*, familiarisation with the data. The audio transcription was translated into a table in a Microsoft word document in a sequence following the guiding interview questions to show the data that has been collated from the transcription. This is to read and familiarise with the data that has been extracted from the audio recordings.
- *Step 2*, coding of the data where the researcher starts to make meaning in a systematic way. Using the table that was developed in step 1, a colour coding

method was used to create meaning for the current study as it helps to identify meanings relating to the research question. Colour coding helps the researcher to identify themes from the data in the table created in step 1.

- *Step 3*, generating of themes. Themes are a pattern that capture significant and interesting factors about the data relevant to the research questions (Maguire & Delahunt, 2017). Colour coding the transcript was done manually to generate themes to better understand the data information to answer the current study research question. The generated themes were (i) identification of frontline responders and service providers challenges. The second theme (ii) is the emergency response strategies used by frontline responders. And the third theme (iii) was the way forward for improvements on GBV responses performed by frontline responders.
- *Step 4*, is to review and develop the identified themes and determine whether they create meaning from the data and align with the research questions. This is where the themes identified in step 3 will be reviewed to see if they address the research question and be modified accordingly.
- *Step 5*, refine, define, and name themes. This is where themes are refined with the goal of identifying the essence of what each theme is about (Maguire & Delahunt, 2017).
- *Step 6*, is to complete the report (Clarke & Braun, 2018). A brief description of the themes to ensure they address and align with the research questions and aims. The final step is to write the report in the order of presenting which data to use and what data to omit (Clarke & Braun, 2018).

3.4 Ethical considerations and limitations

This study involved the analysis of 19 interviews. This research level of human risk was considered a low risk. Ethics approval (#6844) was obtained from the Queensland University of Technology (QUT) University Human Research Ethics Committee. A conflict-of-interest application was also submitted due to the familiarity with the participants from a previous job. A research permit approval to conduct research with individuals from Solomon Islands was sought from the Solomon Islands Ministry of Education and Human Resource Development.

According to the National Statement on Ethical Conduct in Human Research (2023), it is required that researchers conducting human research must consider ethical principles. This was done to minimise potential harm and potential risks associated with the study. The research study has developed ways to manage the potential risks mentioned earlier. For instance, participants were given the option to voluntarily participate before the initial interview process by signing the informed consent form. Participants were reminded and given options should they not feel able to answer the questions as was indicated in participants' information sheet and consent form. Participants are ensured that their responses and information will be anonymous, and confidentiality will be adhered to for privacy. The confidential information and data will be stored in the University's One Drive and will later be archived in the university's Research Data Storage service.

CHAPTER 4: FINDINGS

4.1 Introduction

This chapter presents the findings of the data analysis gained from participants' interviews. Findings are presented using qualitative examples from the transcript. Findings of this study were analysed deductively using interpretive thematic analysis (Braun & Clarke, 2012) as discussed in Section 3.3. The identified themes highlighted the importance of GBV responses and added influence to improve future GBV responses in Solomon Islands. The analysis in this chapter addressed how GBV frontline responses were impacted by emergencies or disasters in Solomon Islands.

Three themes emerged from the data. First, consider the challenges that GBV service providers and frontline responders face when responding to GBV cases; secondly, emergency response strategies; and finally, future improvement to ensure that the increased reported GBV cases are addressed appropriately.

Figure 1 depicts the themes and sub-themes identified through the analysis of the findings.

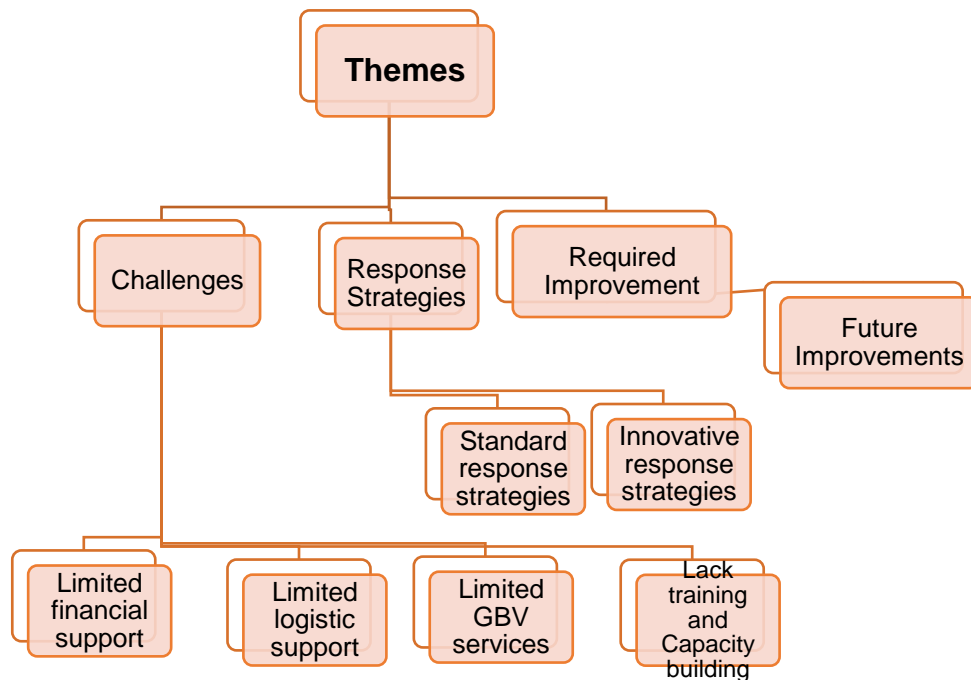


Figure 1: Chapter 4 outline of themes and sub-themes

4.2 Theme 1: Challenges

The data revealed the most prominent theme to be the challenges faced by GBV service providers and frontline responders. GBV service providers faced challenges in their daily operations and these challenges increased during emergencies and disasters. This study identified three outstanding sub-themes among the challenges that GBV service providers and frontline responders experienced. The sub-themes are: limited financial support, limited logistical resources, and lack of GBV services. This section will illustrate these three sub-themes with examples from the study's findings.

4.2.1 Sub-theme 1: Limited financial support

Financial support refers to the monetary resources provided to GBV service providers and relevant stakeholders to ensure the program operations and responses of GBV services are progressing. The majority of the participants commented that limited financial support was a major challenge working as a frontline responder. According to John et al. (2023), GBV service responses are often not prioritised and are the least funded even prior to an emergency or disaster. GBV service providers and frontline responders in Solomon Islands mainly relied on bilateral and multilateral funding agreements to support the GBV operations and response services.

According to the findings of the study, most participants shared that it is a challenge for them to respond to GBV cases, considering the geographical setting when it comes to emergencies or disasters, due to limited financial support. Three participants discussed the financial challenge that their organisation faced due to donor dependency. For example, participant 1 stated, “our organization entirely depend on aid donor from development partners”, participant 3 added that “we depend entirely on donors to fund our operations and implementation of programs” and participant 5 expressed a view from a management level perspective, stating,

we depend on donor funding’s as we do not have our own source of fund and because of donor funding, once the project ends it means either our staff are asked to layoff or staff will work without pay before new agreements are in place for staff payments.

In these statements, participants shared their thoughts on the importance of having the adequate funds to support their work in providing GBV response services. In Solomon Islands, the existence of a multi-sectoral approach coordinated by the government has been working on addressing GBV. However, despite the multi-sectoral approach, there is limited financial support towards key service providers to ensure that responses during emergencies or disasters are addressed. Limited financial support to run operations of key GBV service in Solomon Islands include the safe accommodation services, GBV counselling services, health services, child welfare and protection services, legal services, and the toll-free helpline.

It is interesting to note that almost all service providers and frontline responders obtained funding grants from development partners such as the United Nation

agencies, particularly UN Women, UNFPA, and UNICEF; other international organisations like the International Planned Parenthood Association (IPPF), WHO, International Office of Migration; additional government funding support from New Zealand, Australia, and the Solomon Islands government was given to improve the work of GBV response in the nation. It was highlighted in the data that the funding support received by service providers is not emergency funds that will guarantee frontline responders to promptly acquire the necessary resources to respond to GBV during emergencies or disasters. Thus, the data indicated financial support plays a crucial role when dealing with GBV responses during emergencies or disasters. This shows that service providers need financial support to ensure there is continuous improvement of GBV response and services.

Several participants were particularly critical of the limited financial support from the government. Participant 3, for example, “there is non-consistent of government funding support which impacted GBV service response” that participant 4 and 5 expressed similar sentiments. For example, in the event of an emergency, service providers must continue operations in terms of their welfare; however, if there is insufficient financial support, GBV service response will be disrupted, with no frontline responders available to respond to any GBV cases. In this context participants were referring to the Solomon Islands government’s annual grant support. The responses to GBV cases are also influenced by the inconsistent funding support, meaning that service providers rely on Solomon Islands government funding to continue with supporting them even after funding from development partners ends.

Several participants commented that funds are frequently delayed due to the lengthy process of accessing the funds, limiting frontline responders’ and service providers’ ability to assist GBV survivors. For example, participants 5, 7, 13 and 16 argued that “the long process to access funding leads to the delay of funds, which affects our preparedness and responses for GBV cases”. Therefore, when funding is difficult to access because of the lengthy process, GBV service providers rely on other supporting agencies to assist with financial support to ensure training and obtain other resources to support GBV response during emergencies or disasters. For example, when Seif Ples has a GBV survivor who requires urgent referrals to CCC but does not have transportation, Seif Ples contacts FSC and requests their assistance in transporting the survivor to CCC in their vehicle. Also, when a service provider needs

to conduct important training but lacks the funds, they will seek assistance from the Australian government through the Department of Foreign Affairs and Trade (DFAT).

Another example is from participant 10, who stated that “there are more GBV cases reported however, less funding to support the work of the police to assess and investigate cases before proceeding to court”. In this context, police officers responding to GBV cases have expressed their challenges to access funds or financial support due to de-prioritisation of GBV work by the hierarchical levels within the police organisation. The data revealed that funding’s for GBV response were not equally allocated, making it a challenge for police GBV frontline responders that had a duty to support GBV response, to access the funds. Similarly, the prolonged process to access financial assistance is also applicable to other GBV service providers, like health service, legal services and in terms of coordination for the multi-sectoral approach. This is because several services are provided by the government, and all the GBV service providers in the government sector follow the same process when requesting funding. It can often take up to four to six weeks, which is inconvenient for GBV responses, especially in an emergency or disaster.

Participants 5 stated that “if clients fled from the perpetrator to seek help from service providers, they will have to provide clothing, food and other basic needs”. Service providers are unable to perform their mandated functions due to limited resources and insufficient funds to replenish supplies. As a result, service providers look to other partners for support, some service providers come up with ways to get support. As an illustration, participant 17 said that “business houses support with donations from the public using coin box and the money supported our services to ensure we meet our client’s needs with food, repatriation to return home and other needed help from our clients”. This demonstrates adaptations and innovations necessary to be able to provide basic support services despite major financial challenges.

A few participants were particularly critical of how funding was managed within organisations, particularly government agencies. One of the participants expressed that funds in the health sector were not properly managed during the recent COVID-19 pandemic, which impeded their ability to respond to GBV cases. Participant 13 stated, “there was no proper management of funds for disaster or emergency services within our organization and this has impacted our preparedness and response to child

protection cases”. In this case, with GBV services like mental health and child protection, frontline responders were challenged to use financial support to ensure mental health and child protection issues are addressed because all their funding was diverted for the COVID-19 pandemic response. Participant 19 stated that “mental health service not seen as a priority when doing response, thus there several mental health cases due to the impact of COVID-19”. There are laws and policies that support the work, but funds are still not managed appropriately and do not support GBV response.

Participants also highlighted issues with budgetary allocations. Participant 19 stated that “since the establishment of the national protection sector committee, allocation of funding for preparedness, response, and recovery from the Ministry of Women, Youth, Children, and Family Affairs (MWYCFA) has never been included in the ministry’s annual budget”. The participant further shared that “the Ministry of Finance needs to understand that disaster not only coordinated by NDMO but also from other sector committees coordinated by other government ministries”. These statements depict frustration with the allocation and management of the funding to support all the ministries in coordinating various national sector committees so that responses, including GBV are effectively addressed.

4.2.2 Sub-theme 2: Limited logistic resources

Further analysis of the data revealed that limited logistical resources were another challenge for service providers and frontline responders. Logistic resources in this context are the operations and coordination of items, transportation, and human resources to ensure that GBV responses are well organised. Participants identified instances of difficulty accessing and mobilising resources to ensure availability to support GBV survivors effectively. This is to ensure that the existing multi-sectoral referral system is effective, and that human resources for GBV essential services are adequately staffed to assist with GBV cases.

Some participants stated that a lack of human resources had an impact on the organisation’s core purpose of addressing GBV issues, for example, participants 1 and 4 stated that there is lack of skilled and qualified human resources in the country, particularly emergency GBV health workers and GBV counsellors which leads to a shortage of staff to respond to the increasing rate of GBV. With lack of qualified GBV

workers, responding to GBV cases in health settings presents challenges and deviates from best practices for GBV responses during emergencies or disaster situations. Participant 9 expressed that “only one GBV national program coordinator to train approximately 3000 health workers in Solomon Islands” implying that training all health workers within a year is unrealistic given the country’s geographical context.

Police participants shared that there are “limited officers to assist serving police safety notice to perpetrators”. Participant 16 stated “due to limited human resources, we only categorise cases to deal with when we receive an increased number of cases being reported”. This suggests that all reports are not responded to, and resource constraints result in a case prioritisation system being used. This also demonstrates that, based on experiences with a lack of human resources within each organisation, service providers and frontline responders work within the available resource capacity. Participant 6 stated that,

generally, our organisation does not function in isolation from other major stakeholders. If courts do not operate during disasters or emergencies our office will not be progressing the cases in court. It will effectively delay the cases to be heard. If the police stop investigating cases because they divert their resources for disasters and emergencies, we will not be receiving any new cases.

The study’s findings identified consumables as one of the factors which contribute to limited logistical resources. Consumables are the basic items that frontline responders require when responding to GBV, such as office supplies to ensure awareness and advocacy materials are developed and delivered to the communities as part of emergency and disaster preparedness, clothing for emergency GBV clients, phones for remote counselling, first aid medical kits and other basic items for emergency response items. Participant 4 stated that “emergency supplies to respond to sexual assault cases are out of stock and we are in need of such essential supplies to be fully stocked because we never know when an emergency or disaster will strike”. Participant 1 stated that “limited support to the provincial FSC committees to assist survivors in remote areas”. Service providers and frontline responders required these consumables to address GBV cases because it is part of the responsibility they must provide when assisting GBV survivors. Participant 2 stated that “victims live in fear

which makes them afraid to seek help”. Participant 4 stated that “nobody sees the actual importance of gender issue that will happen during a disaster and so there is no provision of rape kit or GBV kit to provide for GBV survivors”. If consumables are not available within service providers, GBV survivor’s needs may not be able to meet, and as frontline responders, they may cause them to live in fear and they may not feel confident to seek help.

Transportation was also identified as a contributing factor to limited logistical resources based on the data analysis. When participants were asked about the statement “limited vehicles” most of them said “no vehicle” implying that they are unable to assist the survivor in getting help from another service provider. Other GBV services typically rely on police vehicles to transport survivors to the next service provider, but this was not the case for majority of frontline responders. For example, participants 10 and 16 stated that during emergencies or disasters the police force will be fully operational with orders from the Police Commissioner, which means that all their resources will be diverted to respond to national issue like COVID-19 and civil unrest, making it difficult for other service providers to rely on police for transportation. This presents a challenge as emergencies and disasters impact on resource sharing arrangements in a way that results in some responders not having access to the necessary resources to perform their functions. As a result, transportation was identified as one of the most significant challenges that participants face when responding to GBV cases. The data revealed that frontline responders rely on transportation to ensure that their responses to GBV cases are effective. Without proper logistical transportation, there will be more GBV cases with ineffective GBV responses by service providers and frontline responders.

4.2.3 Sub-theme 3: Limited GBV services

When examining frontline responders’ and the GBV services provided through the multi-sectoral referral system, accessibility to GBV services and infrastructures was identified as a challenge.

FSC is the only organisation in the country that provides GBV counselling services by qualified counsellors. GBV counselling services play an important part in the lives of those who have experienced DV. Despite the FSC’s presence across Solomon Islands, GBV counsellors face challenges in providing the necessary assistance to

survivors. This is because the services are only available at provincial headquarters and urban areas, making it difficult for GBV survivors in remote areas to access them. There are existing support systems in the community level however, the response may address the survivor's actual needs such as safe accommodation, medical or police help. Thus, FSC the only organisation with qualified counsellors but the issue is not enough counsellors. This study revealed how frontline responders struggle to ensure that the services they provide meet the needs of GBV survivors. Several participants stated that there are limited GBV services available, and the current available services do not meet the needs of the GBV survivors seeking assistance in emergency and disaster situations, such as legal and safe accommodation. For example, participant 7 stated that "there are clients who get help and are empowered through the services offered to them; however, there are certain long-term effects of violence on the survivor that no services or frontline responders have the capacity to address". This means that certain services to address the long-term effects that were identified by the counsellors are not available in Solomon Islands, such as psychological counselling. The participant also stated that "when a woman is subjected to violence, her children and family members are also affected". This shows that the entire family is affected, and there is a lack of services that can assist other family members because service providers do not have enough capacity to address all their issues. Service providers are also survivor centred and oriented, which means they will focus more on the DV survivor. It also demonstrates the need to improve child welfare and child protection services to address the needs of survivors, including children and people with disabilities so that frontline responders are motivated to assist the survivors.

Furthermore, the study's findings revealed that services do not provide adequate support for child protection issues. One of the participants stated that, "it is difficult dealing with children because there is insufficient support to meet the children's needs". There is a social welfare division that is currently working to address children's issues; however, due to limited government support, social welfare services are not being delivered to address the children's issues; this challenge is also related to lack of funding support (refer to Section 4.2). The length of process and delay in response to cases contributes to a lack of timely provision and adequate services. For example, a participant mentioned "delay in serving of PSN, police cases took time, and survivors are tired of waiting for their case to be over and return to their home safely without any

potential risk”. The longer the process, the more survivors feel their needs are not being prioritised and when cases are repeatedly delayed emergencies or disasters put additional pressure to frontline responders on how to assist survivors with their needs. This demonstrated how challenging it is for frontline responders to meet the expectations of GBV survivors in emergencies or disaster situations.

There is also limited access to safe accommodation services. According to the study’s findings, CCC and Seif Ples are the only two organisations that provide safe accommodation services to GBV survivors. In the event of an emergency or disaster, for example, during the COVID-19 pandemic Seif Ples services were closed due to not meeting certain criteria from the Ministry of Health and Medical Services, whereas CCC was unable to accommodate incoming GBV survivors due to limited space. With only one service provider with a smaller number of front liners attempting to accommodate the increased number of GBV survivors seeking safety accommodation, CCC frontliners were under additional pressure to ensure they provide the adequate service that GBV survivors need.

It was further revealed from the study that justice systems appeared to rely on police to prosecute cases in court. For example, participant 12 stated that civil cases were not prioritised during an emergency or disaster, only criminal cases. On the other hand, a participant added “our organization has no experience dealing with GBV cases during emergencies, as their work primarily relies on police to bring up cases for them to work on”. In this case it shows how services are connected when it comes to responses. Also, if the police do not present a case, they will not have one to work on. This could explain why justice systems were perceived as having a lower priority for addressing GBV cases during emergencies or disasters. Thus, access to GBV services is still viewed as unimportant, despite the fact it has an impact on the lives of those affected by DV.

4.2.4 Sub-theme 4: Lack of training and capacity building

The study’s findings revealed a lack of training and capacity building for GBV frontline responders to deal with GBV cases, especially during emergencies or disasters. Participant 2 stated that “most nurse lack knowledge on how to respond to GBV cases and there is lack of GBV trainings specific for all Honiara City Council clinic nurses”. Participant 4 added;

no GBV training held specific for emergency department staff and for staff who are trained the impact of the training they had in the workplace is still a challenge and the level of understanding needs to be ironed out.

This explains why most frontline responders do not receive adequate training on how to respond to GBV incidents during emergencies or disasters. In some cases, the lack of response from the frontline responders does not provide the exact service that GBV survivors require, which is due to a lack of training for the frontline responders. The study's findings also revealed a lack of training and capacity building among individual service providers. For example, participant 18 shared that "not all the nurses are trained to specialise in mental health and GBV". This was highlighted as a challenge because nurses lack the understanding to respond to GBV cases involving mental health. Thus, it demonstrates the critical need for all nurses as well as other GBV frontline responders to receive adequate training and capacity building for future responses.

The data also revealed that there are limited opportunities for GBV training, especially frontline responders to understand the concept of gender or the work of responding to GBV. For example, participant 16 stated, "limited opportunities on training and capacity building and courts needs to understand the work of GBV". Due to a lack of understanding of how GBV works, cases that should be in court may continue to be delayed, especially during emergency or disaster situations.

Participant 14 shared that "challenges around capacity building to ensure maximisation of advocacy roles in its work such as infrastructure and equipment's". This shows how current GBV services are inaccessible to PWD, and there needs to be a better understanding of how to deal with GBV cases for PWD during emergencies or disasters, taking into consideration the various forms of disability impairment. Also, to ensure that information about GBV services is accessible to PWD, based on their level of impairment. Participant 14 further expressed that "the importance of the work of PWDSI is still not recognised by most government ministries, a few NGO in Solomon Islands, the hierarchy level in the government who does decision making and understanding the values seems to be a challenge". This shows that not only frontline responders are trained on how to respond to PWD experiencing GBV, but also those

who make decisions to understand the significance of the concept of GBV to ensure services meet the needs of PWD.

Participant 19 shared that “there are times where frontline responders are not gender-sensitised or do not understand the issue which makes them to overlook the protection issues when responding during emergency or disaster”. Gender-sensitisation is essential for effectively addressing GBV issues, avoiding further harm to the survivor while providing the necessary support. However, service providers find it challenging to engage in or attend any training and capacity building, and the challenge is funding, as discussed in Section 4.2.1. This explains why necessary training has not been done earlier due to lack of funding support, which causes frontline responders to struggle to respond to GBV cases during emergencies or disasters. Additionally, they were not trained to be gender-sensitive to better understand GBV situations.

4.3 Theme 2: Emergency response strategies

The experiences of frontline responders in dealing with GBV cases during emergencies and disasters provided insight into two sub-themes on Emergency response strategies. These are Sub-theme 1 – standard response strategies and Sub-theme 2 – innovative response strategies – which are discussed below to highlight the impact of emergencies and disasters on frontline response.

4.3.1 Sub-theme 1: Standard response strategies

Standard response strategies are guidelines that frontline responders follow when responding to a GBV case. It was revealed from the study’s findings, that most service providers and frontline responders have used a standard response strategy to guide their responses when dealing with a GBV case. The data also revealed that several standard response strategies from several service providers and frontline responders were ineffective. Some participants stated that their response strategy does not fit the context of the emergency or disaster event. In such situations, frontline responders may not render the services expected by survivors. Participants also stated that their response is tailored to the nature of the emergency or disaster. For example, participant 1 stated “while working from home, I received phone calls from a few GBV survivor’s experiencing emotional violence, and I provided the counselling services to the victims”. Participant 5 added,

I worked from home during the COVID-19 pandemic outbreak lockdown and most of the phone calls I received were from GBV survivors concerned about their safety while living with the perpetrator, and my response was to ensure the survivors are safe by providing options for safety plans or make referrals.

The examples provided by the participants above demonstrated that it is preferable to have a standard GBV response strategy for different types of GBV response from frontline responders. Standard GBV response strategies may appear difficult to implement due to the nature of the emergency or disaster.

However, several participants stated that phone counselling was an ineffective strategy. A participant stated that,

It depends on the survivors who are able to reach out to us counsellors if they have access to a phone or have credits, and using phone counselling is not safe for the survivors because they are living with the perpetrator, and the survivor can only make a call if she finds a safe place inside the house to make a call, it is a risk for the survivor.

Participant 7 added that “phone counselling is not a best practice for the Solomon Islands context because survivors also need a phone with credits to call a counsellor for assistance”. The statements indicated that frontline responders understand the importance of testing the developed standard response strategies so that in the event of disaster, they can be confident that the strategies will be effective in responding to GBV cases from the perspective of various GBV service providers.

Further findings from this study revealed that a few participants stated that they lacked a standard response strategy and are currently developing one. This suggests that there is a lack of clear guidelines on how to provide and adapt services during emergency situations. Participant 8 stated that,

On daily operations we provide GBV services to survivors who seek assistance from us; however, during the COVID-19 even though we acknowledged violence occurred and understand that survivors are struggled to access our services due to fear of becoming infected with the virus.

Participant 9 further stated that “there is no special procedure under health to respond to GBV during emergencies or disasters; we only follow the SAFENET protocol”. This

shows how some of the GBV frontline responders respond to GBV cases during emergencies or disasters. The SAFENET protocol also known as an emergency response plan was developed as a standard response strategy for the different GBV service providers to use as a guide to contextualise the strategy based on the services they provide to survivors. Participant 16 shared that “we have been working according to our investigation response strategy and merged it with the SAFENET emergency response plan”. This demonstrated that service providers and frontline responders collaborate on response strategies to ensure responses do not cause additional harm to GBV survivors in difficult situations.

Furthermore, this study showed how emergencies or disasters affected GBV frontline responses in difficult emergency and disaster contexts, such as civil unrest and the COVID-19 pandemic. For example, participant 10 stated that,

during the COVID-19 outbreak lockdown, a GBV survivor called the police asking for help, police officers responded that no vehicle was available and advised the survivor to walk to the nearest police patrol operations and wait for transport arrangements to take the survivor to the safe accommodation service.

However, the accommodation service had closed, leaving the survivor at the police station for safety and later referred to other accommodation service. Another example, participant 16 stated that when responding to GBV survivors during the civil unrest in 2021,

When police respond to GBV cases, we are putting the survivor in danger because people were targeting police vehicles whenever they saw the police vehicles, they throw stones without knowing women and children who had experienced violence are in the truck.

This indicated that even in instances where resources are available, there are challenges providing services. The findings also highlight the fact that resource sharing, as in the case of police transportation, does not always work in the best interest of the victims and survivors. While police are required to conduct a first assessment in any DV incident before an actual response is given to address the GBV cases, they are not best placed to provide all the support services required.

Further analysis revealed that a few participants discussed their experiences responding to various natural disasters in Honiara, including the 2014 and 2018 flash flooding. Participant 3 stated that “during the 2014 flash flooding in Honiara, many families lived in disaster camps, and when kits were distributed, most women and girls in particular, were afraid to seek help from the team”. It was identified in this study that, women, girls, children, and people with disabilities are more likely to experience GBV by men or strangers when living in disaster camps.

Participants mentioned that there are more reported GBV cases in the aftermath of the disaster. This was coded when participants were asked what changes they noticed in their response to GBV cases. Most of the participants stated that “we received DV cases mostly during the disaster aftermath”. Participants explained that an increased number of GBV cases were reported to GBV services following the disaster event. For example, a few participants stated that “we received a lot of GBV cases reported to our services when GBV survivors felt safe and free to seek help”. Another reason given by participants was that due to the nature of the disaster, GBV survivors are afraid to seek help during the actual emergency or disaster because they may face a double impact from the disaster and GBV from their partner. Participants stated that during the COVID-19 pandemic and civil unrest, there is an increase in the number of calls where GBV survivors are requesting information on how to access services and how a frontline responder can assist them. The above statements expressed by participants reflect the reality that service providers and frontline responders see. The participants’ statements also explain the anecdotal reports that GBV rates increase during emergencies or disasters. It was acknowledged that GBV occurred during emergencies and disasters but was reported and recorded in the disaster aftermath.

4.3.2 Sub-theme 2: Innovative response strategies

The findings of this study identified that all GBV service providers with frontline responders were working together during COVID-19 pandemic outbreak. For example, participant 19 commented that the coordination of support services to assist survivors during the outbreak was working well. This means that support was received from development partners to assist frontline responders. The ongoing support received from other stakeholders demonstrated how innovative response strategies

can be beneficial in providing GBV survivors with the necessary support while going through the traumatic DV experiences they encountered.

Further findings identified the need for emergency plan improvements. Several participants mentioned the need for improvements to each service provider's emergency plans as well as how the SAFENET network can coordinate the response in an efficient, accessible, and available manner when needed. For example, participants 1, 7, 10, 13 and 16 all agreed on the need for SAFENET to develop an emergency plan so that all service providers know what response strategies to use when responding to GBV incidents. In relation to developing an emergency plan, participant 5 stated that it must be "reviewed and contextualised on a regular basis depending on the nature of the emergency or disaster". Several participants emphasised the importance of forming a GBV response team to work together to respond to GBV cases while making the best use of available resources. Participant 9 stated that,

GBV to have a disaster response team by mapping and train them on how to respond during emergencies and to prepare logistics and resources on standby as well as the team to be on alert for deployment when disaster happens.

The GBV response team is a way to ensure that the necessary services are available on time to meet the survivors' needs.

The need for a GBV response team as an innovative strategy to address GBV during emergencies or disasters was highlighted by most participants in the study. Participant 8 added "SAFENET should have a disaster or emergency fund for immediate needs to support GBV survivors", referring to responding to urgent needs when other services such as safe accommodation, are closed during an emergency, so that GBV survivors who require safety when experiencing DV have other options. Logistical improvements are needed, for example, participant 16 stated that to complete the sexual GBV case being investigated "we need a dedicated vehicle to ensure our investigators are done on time". There is room for improvement in human resources. For example, participants 1, 11 and 13 expressed the need for human resource improvement because it will improve GBV response by allowing more frontline responders to address the increased number of reported GBV cases in a timely manner.

Participant 12 mentioned that “after the civil unrest, things are still not in place, services are closed, people work from home, and there are some cases that require urgent court attention, so a court was held via zoom, which aided the case of the GBV survivor”. This demonstrates the importance of strengthening such existing response strategies that includes court via zoom for future disaster events to ensure that GBV cases proceed to court to meet the survivor’s needs.

There are issues with how the frontline responders handle GBV cases. Participant 17 provided an example of when a frontline responder mentioned the need for improvement in the response strategy, stating that,

 during the COVID-19 pandemic outbreak, one of the survivors we kept was pregnant and we rushed her to the hospital, only to be told to return because the hospital had kept several positive COVID-19 patients, and it is a high risk for the pregnant mother to deliver the baby in that hospital.

This demonstrates the need for improved responses for GBV survivors. It was suggested that safe accommodation for GBV survivors include a dispensary and a nurse on call during emergencies or disasters to assist with cases such as the pregnant mother.

Most participants agreed that improving resources, particularly logistics and finance, should be a top priority. This means that increased resources will better equip frontline workers to keep responding and reaching out to GBV survivors who are unable to access GBV services, especially during emergencies and disasters.

4.4 Theme 3: Improvements

The previous section presented themes that focused on GBV responses by frontline responders. The section focuses on enhancements recommended by frontline responders based on their experiences responding to GBV cases, which they believe will be helpful in future emergencies or disaster situations. Frontline responders shared their experiences dealing with GBV cases as a way of improving the normal response to better respond in disaster context.

4.4.1 Sub-theme 1: A way forward

Despite the ongoing challenges discussed in Section 4.2, the findings of this study revealed a positive outlook on the way forward for GBV responses by frontline responders. Participants were asked to share their thoughts on how to improve GBV response during emergencies or disasters. Most participants stated they wanted to see changes in how they respond to GBV cases. The ‘one-stop-shop’ model for the Solomon Islands was a standout from the data, and most participants want to see it implemented. A similar phrase echoed by participants was “SAFENET or all GBV service providers to stay in one location or building”. The idea of having a “one-stop-shop” model is believed to help to mitigate most of the frontline responders’ challenges faced through the multi-sectoral approach that is currently used by Solomon Islands GBV frontline responders.

Another way forward for GBV response improvement that was revealed from the data is training and capacity building. Several participants mentioned that when responding to GBV during emergencies or disasters, most frontline responders are not gender-sensitive. When gender-sensitisation in the Solomon Islands is discussed, it means frontline responders are not well trained and lack knowledge and strategies necessary to handle a GBV case. Often, not being gender-sensitised causes additional harm to a GBV survivor who may have already been affected by the disaster and DV. For example, participant 2 stated “all GBV frontline responders must have the same understanding when responding to GBV cases during emergencies or disasters”. A recommended course of action is to work with organisations or frontline responders who are aware of being gender-sensitised to conduct training and capacity building for those who are not. It is also one way for an emergency or disaster preparedness phase for any unexpected disaster to happen in the future. Another notable finding from the study is that ongoing training for police officers, courts, magistrates, judges, and health workers is a viable option for future response. One possible explanation for this data could be the current changing or re-shuffling of new officers, which causes delays and disruption to most GBV cases. Thus, providing training to identified frontline responders to better understand the dynamics of GBV can help them address GBV cases in the future.

Furthermore, the study identified improving the GBV data system as another way forward, which most participants believed will change how GBV frontline response could be more effective and well managed during emergencies or disasters. The data revealed that all existing GBV service providers do not have a proper GBV data system, which is believed to have an impact on how GBV service providers and frontline responders received support to improve their response to GBV cases. This statement made by participants advocating for the improvement of GBV data systems demonstrates how positive GBV frontliners believe that GBV data will contribute to and change how they respond to GBV cases with the help of partners. As a way forward for frontline responders, producing reports through a strengthened GBV data system will influence governments, policy and decision makers, and other development partners to prioritise GBV responses which include all forms of resources required by frontline responders to ensure they are well prepared to respond to GBV cases, especially during emergencies or disasters.

The justice response system could be improved, particularly the police and courts, to ensure GBV cases are brought to court and that protection orders are served on GBV perpetrators. For example, participant 17 stated that, “during the COVID-19 pandemic, it was difficult for GBV survivors to return to their homes during the lock down because a PSN was not served to the perpetrator, thus not allowing the survivor to return home for her family”. GBV survivors then had to stay at the safe accommodation centre for a longer period due to her safety and not being able to return to her home.

As explained in Section 4.3, currently CCC is the only organisation operating safe accommodation during emergencies like COVID-19. It was identified in the data that frontline responders wanted more safe accommodation services to cater for the increased GBV rates. Thus, as a way forward, it is critical to improve the justice response system, particularly the police so that they are fully equipped and resourced to respond to the many reported GBV cases. For the justice services to support the survivors, they must ensure their safety when returning to their homes during emergencies and disasters, because the goal is to ensure the safety of the GBV survivor. Also, improve safe accommodation services by encouraging church organisations to support CCC.

Further study findings revealed that GBV services must be recognised as an essential and emergency service within the Solomon Islands disaster management framework. According to the disaster management plan structure, GBV services are classified as emergency service, but they were not prioritised. For example, the majority of the participants reported that only a few of the frontline responders were permitted to work from the office on the GBV cases. However, as stated in Section 4.3, most frontline responders work from home, providing the service to the GBV survivors. As a next step, participant 19 suggested that,

improving work collaboration with the disaster management office and other disaster sector committees within the government, to continue promote the work of GBV services that help vulnerable women, girls, children, and people with disabilities safe from violence during emergencies and disasters.

Discussed in Section 4.2 is that people with various disability impairments faced difficulties to access GBV services. It has been a gap within the GBV response how to handle GBV cases of people with disabilities. Identified from the data was that, during the COVID-19 pandemic outbreak and the civil unrest, there were various GBV cases involving people with disabilities who were unable to reach GBV services. A participant added that,

As a disability advocate, I have seen from my experience perspective that our people with disabilities, particularly women and girls with disabilities, are the most vulnerable in accessing GBV services because of our physical impairments, the environmental barriers, impacts, infrastructure, and our frontline services are not user-friendly for our people with disabilities, including elderly people.

The above statement suggests a way forward for GBV service providers and frontline responders to consider people with disabilities when planning preparedness to ensure that people with disabilities who experience DV also receive the same assistance that other GBV survivors receive during emergencies or disasters.

4.5 Chapter summary

This chapter analysed the experiences of front liners responding to GBV cases in an emergency and disaster setting. Challenges were the main theme, and most

participants stated that it influenced how they respond to GBV cases. While front liners acknowledged anecdotal reports, service providers continue to face challenge with empirical evidence. The lower the GBV response, the more GBV cases occur. It was discovered that when frontline responders reported increased GBV rates during emergencies or disasters, they were referring to GBV cases reported in the disaster aftermath.

The participants discussed the impacts of emergencies and disasters on GBV responses and identified strategies to assist front line responders on GBV cases during emergencies or disasters. Contextualising existing response strategies to various types of disasters will aid in the improvement of GBV response strategies for future disasters in Solomon Islands. Without a proper emergency response plan, there are more reported cases but fewer responses. The participants also shared the importance of innovative strategies for improving future GBV responses in emergency or disaster situations.

Frontline responders also suggested a course of action to assist them in future response to emergencies or disasters. That is, participants wanted to have the one-stop-shop model for the Solomon Islands and more training and capacity building to improve responses. Participants understand that improving the GBV data system and the justice response system will contribute to a more effective response strategy in an emergency or disaster. Also, responders could work together to improve access to GBV services for women, girls, children, and people with disabilities.

CHAPTER 5: CONCLUSION

The current study aimed to understand the increased GBV rates and responses during emergencies or disasters in Solomon Islands. The study confirms that GBV service providers and frontline responders experienced challenges contributing to GBV responses and GBV cases in emergencies or disasters. It also provided insight into responders' perspective about how GBV is exacerbated during emergencies or disasters. The GBV frontline responders have also recognised the ineffective emergency response strategies, which contributes to GBV survivors not receiving the necessary assistance from service providers during emergencies or disasters. As a result, all GBV stakeholders in the Solomon Islands must collaborate to improve effective emergency response strategies to reduce the challenges that GBV frontline responders face during emergencies or disasters.

5.1 Summary of key findings

The study highlighted a range of challenges faced by GBV service providers and frontline responders when responding to GBV. The challenges associated with GBV responses varied, including financial resources, logistical resources, and availability of GBV services. The lack of delivery of essential GBV services to those experiencing DV during emergencies or disasters can disproportionately impact women, girls, children, and PWD (Fanm, 2022). The study also highlights the importance for the Solomon Islands government to prioritise funding for GBV service delivery and response. With GBV service delivery and response prioritised, especially through funding support, GBV survivors and perpetrators will gain a better understanding of the risk of GBV and how it can affect individuals and families in an emergency or disaster. Despite the emergency or disaster response, women, girls, children, and people with disabilities must continue to access lifesaving services efficiently, particularly police protection, safe accommodation, protection orders and access to legal aids and courts (SAFENET & Solomon Islands GBViE sub-committee, 2022). Being fully resourced is important for all GBV service providers and frontline responders because DV happens unexpectedly. Being fully resourced will help frontline responders respond quickly to the urgent needs that GBV survivors have when they seek help.

Furthermore, the study emphasised the importance of taking a multi-sectoral approach when responding to GBV cases. All GBV responses depended heavily on resources to ensure that service providers and frontline responders met the needs of the GBV survivors. The multi-sectoral approach depicts collaborative work among GBV services providers, resource sharing to ensure survivors' needs are met, and a goal to assist DV survivors during emergencies or disasters. The sharing of resources will enable all frontline responders to provide the necessary assistance to GBV survivors. Thus, service providers and frontline responders are required to collaborate with other development partners and relevant organisations to find effective ways to ensure that resources are available in time for an emergency or disaster when it occurs in the Solomon Islands.

The study found that GBV survivors were unable to seek help during emergencies or disasters when they experience DV. "Women and girls are now locked up with their abusers, and due to lockdowns and curfews, access to essential lifesaving services is limited and restricted, resulting in more violence and even death" (SAFENET & Solomon Islands GBViE sub-committee, 2022 p. 3). An effective emergency response strategy involves adequate training, providing relevant information on how to access services, and ensuring service delivery is in full operation during emergencies or disasters. Thus, training must be done as a preparedness phase for future emergency or disaster.

The study revealed that the lack of effective response strategies to address GBV during emergencies or disasters has contributed to an increase in GBV rates during disasters and emergencies. As outlined in Chapter 4, frontline responders, especially the GBV counsellors, stated that the phone counselling strategy should be expanded to include GBV survivors. There should be consultation between service providers and GBV survivors to identify the immediate needs of survivors during emergencies or disasters so that it will align with the development of individual service providers' emergency response strategies. It is most important to contextualise emergency response strategies according to the different types of emergencies or disasters.

This study also demonstrated a critical impression of GBV service providers and frontline responders, as well as their passion for assisting vulnerable people suffering from DV and proposed ways to improve GBV responses, especially during

emergencies or disasters in Solomon Islands. They recommended improvements in data collection and reporting to provide critical evidence to the Solomon Islands government and other development partners for increased support and prioritisation of the GBV response during emergencies or disasters. There is a need to build more safe accommodation, and increase human resources especially for key GBV service providers such as child protection, mental health, psychological counselling, reproductive health, and legal services, and prioritise people with disability with their accessibility to GBV services. Frontline responders also suggested advocating to the hierarchical management level in the government sector about the importance of the GBV response so that resources can be prioritised and well managed.

The study emphasised the importance of the 'one-stop-shop' model. It was believed that if all GBV service providers in Solomon Islands were based in the same building, they would be able to respond to GBV cases more quickly and urgently. If the GBV service providers and frontline responders improve response strategies with support from governments and development partners, the challenges identified in the study would be addressed, as would needs in relation to future emergency responses in the Solomon Islands.

5.2 Recommendation

GBV cases that occur during emergencies or disasters are demanding and challenging, and more research is needed to determine the best and most effective GBV response practices for Solomon Islands. The current study has identified research priorities for Solomon Islands government, with support from other relevant stakeholders. To begin, more research into GBV survivors' experiences during emergencies or disasters is recommended, as it will provide a better understanding of how the emergency or disaster affects the lives of GBV survivors, service providers and frontline responders.

The current study also highlighted the importance of targeting DV perpetrators through a behavioural change program. Thus, it is recommended that a perpetrators program be developed for the Solomon Islands. Another recommendation is that the Solomon Islands government, with relevant stakeholders, consult with women, girls, children, and people with disabilities when developing response strategies for future emergencies or disasters in the Solomon Islands. As the study made clear, GBV

service providers recommended advocacy to the Solomon Islands government to for a “one-stop-shop” model with support from relevant stakeholders as they believe the model can help address some of the challenges that were experienced during emergencies or disasters. These recommendations give GBV service providers and frontline responders in the Solomon Islands the chance to enhance their response to emergencies or disasters in the future.

REFERENCES

- Adeoye-Olatunde, O. A., & Olenik, N. L. (2021). Research and scholarly methods: Semi-structured interviews. *Journal of the American College of Clinical Pharmacy*, 4(10), 1358–1367. <https://doi.org/10.1002/jac5.1441>
- Gasser, N., Dresden, E., Keeney, G., and Warren, N. (2004). Status of women and infants in complex humanitarian emergencies, *Journal of Midwifery, and Women's Health*, 49(4), pp. 7-13. DOI: 10.1016/j.jmwh.2004.05.001
- Ali, P., & Rogers, M. M. (2023). Reflections and way forward, *Gender-based Violence: A comprehensive guide*, https://doi.org/10.1007/978-3-031-05640-6_42
- Alston, M. (2019). *Social work and disasters: a handbook for practice*. Routledge.
- Aryanti, T. & Muhlis, A. (2020). Disaster, gender, and space: spatial vulnerability in post disaster shelters. *IOP Conference series: Earth and environment science*, 447(1).
- Barkha, B. (2020). Gendered in security – A Pacific Reality. *Australian Outlook*. Australian Institute of international Affairs. <https://www.internationalaffairs.org.au/australianoutlook/gendered-in-security-a-pacific-reality/>
- Bouncken, R., Qiu, Y., Sinkovics, N. & Kursten, W. (2021). Qualitative research: extending the range with flexible pattern matching, *Review of Managerial Science*, 15(2) p. 251-273. DOI: 10.1007/s11846-021-00451-2
- Bradbury, J. C., Taylor, J., & Herber, O. (2014). How theory is used and articulated in qualitative research: Development of a new typology. *Social Science & Medicine* (1982), 120, 135–141. <https://doi.org/10.1016/j.socscimed.2014.09.014>
- Bradshaw, S. (2013). Gender, development, and disasters. *EBL books online*. Edward Elgar.

- Braun, V., & Clarke, V. (2012). Thematic analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbook of research methods in psychology, Vol. 2. Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. 57–71). American Psychological Association. <https://doi.org/10.1037/13620-004>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.
- Buiten, D. (2022). Familicide, gender, and the media. *The Springer Nature*, <https://doi.org/10.1007/978-981-19-5626-3>
- Bukamal, H. (2022). Deconstructing insider-outsider researcher positionality. *British Journal of Special Education, 49*(3), 327-349. DOI: 10.1111/1467-8578.12426
- Clarke, V., & Braun, V. (2018). Using thematic analysis in counselling and psychotherapy research: A critical reflection. *Counselling & Psychotherapy Research, 18*(2), 107–110. <https://doi.org/10.1002/capr.12165>
- Collins, H and McNulty, Y. (2020). Insider status:(Re) framing researcher positionality in international human resource management studies. *German Journal of Human Resource Management, 34*(2), 202-227. www.doi.org/10.1177/2397002220908425
- Cone, D. (2020). *Impact on displaced women & girls' refugees international*. Refugees International. <https://www.refugeesinternational.org/reports-briefs/gender-matters-covid19s-outsized-impact-on-displaced-women-and-girls>
- Daalen, K. R.V., Kallese, S. S., Davey, F., Dada, S., Jung, L., Singh, L., Issa, R., Emillian, C. A. Kuhn, I., Keygnaert, I. and Nilsson, M. (2022). Extreme events and gender-based violence: a mix-methods systematic review, *The Lancet Planetary Health. 6*(6), e504-e523
- Denny, E. and Weckesser, A. (2022). How to do qualitative research. *An International Journal of Obstetrics and Gynaecology, 129*(7) 1166-1167. DOI: 10.1111/1471-0528.17150

- Desai, B. H. and Mandal, M. (2022), Sexual and gender-based violence in international Law. *Springer Singapore*. <https://doi.org/10.1007/978-981-19-0894-1>
- Ending violence against women and girls policy, (2016-2020)*.
- Eves, R., Lusby, S., Araia, T., Maeni, M. F. and Martin, R. (2018) *Do no harm research*, Solomon Islands. Canberra, ACT: Coral Bell School of Asia Pacific Affairs, College of Asia and the Pacific, The Australian National University. <http://hdl.handle.net/1885/143396>
- Fanm, K. (2022). *Tackling gender-based violence in fragile context*. The World Bank. <https://www.worldbank.org/en/news/feature/2023/03/07/tackling-gender-based-violence-in-fragile-contexts>
- Family Protection Act (2014). Solomon Islands.
- Felten, L. (2023). Recognising the shadow pandemic in the humanitarian sector: Ending violence against women in the aftermath of COVID-19. *Journal of International Humanitarian Action*. 8(1). <https://doi.org/10.1186/s41018-023-00142-5>
- Fisher, S. (2010). Violence against women and natural disasters: Findings from post-tsunami Sri Lanka. *Violence Against Women*. 16(8) 902–918. DOI: 10.1177/1077801210377649
- Foukona, J. Bernard, V. and Scott, M. (2020). Solomon Islands national law and policy report consultation draft, displacement in the context of disaster and climate change. *ResearchGate*. https://www.researchgate.net/publication/352695553_Solomon_Islands_National_Law_and_Policy_Report_Consultation_Draft_2020
- Fraenkel, J. & Smith, G. (2022) The Solomons-China 2022 security deal: extraterritoriality and the perils of militarisation in the Pacific Islands. *Australian Journal of International Affairs*, 76(5), 473-485, DOI:10.1080/10357718.2022.2085243
- Grosz, E. (2010). The untimeliness of feminist theory. *Nordic Journal of Feminist and Gender Research*. 18(1), 48-51. DOI: 10.1080/08038741003627039

- Haque, T. A. (2012). *The influence of culture on economic development in Solomon Islands: a political-economy perspective*. SSGM Discussion Paper 2012/1. ANU College of Asia & the Pacific, School of International, Political and Strategic Studies, State, Society and Governance in Melanesia Program. <http://hdl.handle.net/1885/9857>
- Heitmann, S., Yamashina, M., Ross, B., Read-Hamilton, S., Turner, R., Heise, L. and Glass, N. (2019). Social norms and beliefs about gender-based violence scale: a measure for use with gender-based violence prevention programs in low resource and humanitarian settings. *Conflict and health*. 13(1). <https://doi.org/10.1186/s13031-019-0189-x>
- Humanitarian Advisory Group, (2022). *Beyond barriers Solomon Islands case study*. https://static1.squarespace.com/static/5ab0691e5417fc8a1ee9a417/t/626f57cda6dae5568ce95e86/1651464147158/HAG_WV_Case-Study_Solomon-Islands_Final.pdf
- International Federation of Red Cross (2015). Unseen, unheard: Gender-based violence in disasters [Global study]. <https://www.ifrc.org/document/unseen-unheard-gender-based-violence-disasters>
- Institute of Medicine. (2015). *Regional Disaster Response Coordination to Support Health Outcomes: Surge Management* [Workshop in Brief]. Washington (DC): National Academies Press (US) doi: 10.17226/21696 <https://www.ncbi.nlm.nih.gov/books/NBK274563/>
- International Office of Migration (2022), *South Pacific Islands Crisis Response Plan 2023-2025*, <https://crisisresponse.iom.int/response/south-pacific-islands-crisis-response-plan-2023-2025>
- Kallio, H., Pietila, A. M., Johnson, M. and Docent, M. K. (2016). Systematic methodological review: developing a framework for a qualitative semi-structured interview guide. *Journal of Advance Nursing*, 72(12), pg. 2949-3217
- Kaul, S. and Valero, S. D. (2022). *Disasters, crises and violence against women: evidence from big data analysis, lessons from Kiribati, Samoa, Solomon Islands and Tonga*. [UN Women Report].

- King, J., King, M., Edwards, N., Carroll, J., Watling, H., Anam, M., Bull, M. and Oviedo, T. O. (2021). Exploring women's experience of gender-based violence and other threats to safety on public transport in Bangladesh. *International Journal for Crime, Justice and Social Democracy*. 10(4) p. 158-173. DOI: <https://doi.org/10.5204/ijcisd.2086>
- Laracy, H. M. and Foster, S. (2023). *History of Solomon Islands*. Encyclopedia Britannica. <https://www.britannica.com/place/history-of-Solomon-Islands>
- Limanté, A., Tereškinas, A., & Vaičiūnienė, R. (Eds.). (2023). Gender-based violence and the law: Global perspectives and Eastern European practices (1st ed.). Routledge. <https://doi.org/10.4324/9781003391937>
- Marguire, M. and Delahunt, B. (2017). Doing a thematic analysis: A practical step by step guide learning and teaching scholars. [Reflections, Journeys and Case Studies] *Journal of Higher Education*, 8(3). <https://ojs.aishe.org/index.php/aishe-j/article/view/335>
- Ministry of Women Youth Children & Family Affairs, Solomon Islands (2016 – 2020), *Ending Violence Against Women and Girls Policy*
- Ministry of Health and Medical Services, (2018). *Statistical health core indicator report*. [Statistical report]. Solomon Islands. <https://solomons.gov.sb/wp-content/uploads/2020/02/CIS-2018-Statistical-Report-01-May-2019.pdf>
- Murphy, M., Ellsberg, M., Balogan, A. and Garcia-Moreno, C., (2021). Risk and protective factors for GBV among women and girls living in humanitarian setting: systematic review protocol, systematic review. 10(1). DOI: 10.1186/s13643-021-01795-2
- Nagashima-Hayashi, M., Durrance-Bagale, A., Marzouk, M., Ung, M., Lam, S., Neo, P. and Howard, N. (2022). Gender-based violence in the Asia pacific region during COVID-19: A hidden pandemic behind closed doors. *International journal of environmental research and public health*, 19(4). DOI: 10.3390/ijerph19042239
- National Disaster Management Office, (2020). [situational report] Solomon Islands.

- National Health and Medical Research Council, Australian Research Council and Universities Australia (2023). *National Statement on Ethical conduct in Human Research*. National Health and Medical Research Council
- Nowell, L. S., Norris, J. M., White, D. E., and Moules, N. J. (2017). Thematic analysis: striving to meet the trustworthiness criteria. *International journal of qualitative methods*. Vol. 16, pg. 1-13. DOI: 10.1177/1609406917733847
- Nyugen, H. T. (2019). Gendered vulnerabilities in times of natural disasters: male-to-female violence in the Philippines in the aftermath of super typhoon Haiyan. *Violence against women*. 25(4). Pg. 421-440. DOI: 10.1177/1077801218790701
- O'Brien, P. (2021). The deep roots of the Solomon Islands' ongoing political crisis. Centre for strategic and international studies. <https://www.csis.org/analysis/deep-roots-solomon-islands-ongoing-political-crisis>
- O'Malley, S., Parkinson, D., Leonard, W., Kaur, J. and Mackay, R. (2022). Gender justice in disaster conference. [Report]. *The Australian Journal of Emergency Management*. 37(1), pg. 44-51. <http://classic.austlii.edu.au/au/journals/AUJIEmMgmt/2022/19.html>
- Parkinson, D., Duncan, A. and Joyce, K. (2017). National gender and emergency management guidelines. *The Australian Journal of emergency management*. 32(1), pg. 21-23.
- Peate, I. (2019). Gender-based violence, *British journal of nursing*. 28(10). DOI: 10.12968/bjon.2019.28.10.607
- Perrin, N., Marsh, M., Clough, A., Desgroppes, A., Yope, P. C., Abdi, A., Kaburu, F., Pfitzner, N., Fitz-Gibbon, K. and True, J. (2022). When staying home isn't safe: Australian practitioner experiences of responding to intimate partner violence during COVID-19 restriction. *Journal of Gender-Based Violence*. 6(2), pg. 297-314. DOI: <https://doi.org/10.1332/239868021X16420024310873>

- Pyone, T., Dickinson, F., Kerr, R., Boschi-Pinto, C., Mathai, M. and Broek, V. N. (2015). Data collection tools for maternal and child health in humanitarian emergencies: a systematic review. *Bulletin of the World Health Organization*, 93(9), pg. 648-658. doi: 10.2471/BLT.14.148429.
- Qi, Z., Terry, A. and Lynn, T. J. (2022). *Global feminist autoethnographies during COVID-19*. Taylor and Francis. Routledge.
<https://www.taylorfrancis.com/chapters/edit/10.4324/9781003223832-8/navigating-empowerment-activism-ivory-tower-ziwei-qi-april-terry-tamara-lynn>
- Raftery, P., Howard, N., Palmer, J. and Hossain, M. (2022). Gender-based violence coordination in humanitarian and public health emergencies: a scoping review. *Conflict and Health*. 1-22. DOI: <https://doi.org/10.1186/s13031-022-00471-z>
- Reddy, H. and Goodman, A. (2019). Gender-based violence after a natural disaster. *Prehospital and disaster medicine*. 34(1). doi:10.1017/S1049023X19002917
- Rezwana, N. and Pain, R. (2020) Gender-based violence before, during, and after cyclones: slow violence and layered disasters. *Disasters*. 45(4), pg. 741–761, doi:10.1111/disa.12441
- Ride, A. & Soaki, P. (2019). Women’s experiences of family violence services in Solomon Islands. <https://apo.org.au/node/269351>
- SAFENET & Solomon Islands GBViE sub-committee (2022). *Responding to COVID19 gender-based violence in Solomon Islands*. Advocacy note.
- SAFENET Guidebook. (2017). Solomon Islands Government.
<https://asiapacific.unwomen.org/en/digital-library/publications/2019/09/sops-gbv-solomon-islands-safenet-guidebook-2017>
- Secretariat of the Pacific Community (2009). Family health and safety study, A study on violence against women and children.

- Sharma, V., Ausubel, E., Heckman C., Patrick, E., Save, D. and Kelly, J.T.D. (2021). Mitigating gender-based violence risk in the context of COVID-19: lessons from humanitarian crises. *BMJ Global Health*. 6. Doi:10.1136/bmjgh-2021-005448
- Solomon Islands Disaster Management Reference Handbook (2023). UN Center for Excellence in Disaster Management and Humanitarian Assistance. USA. <https://reliefweb.int/report/solomon-islands/solomon-islands-disaster-management-reference-handbook-october-2023>.
- Solomon Islands – Country Gender Assessment (SI-CGA) (2015). Asia Development Bank. <https://www.adb.org/documents/solomon-islands-country-gender-assessment>
- Sora, M. (2022). A security agreement between China and Solomon Islands could impact stability in the whole Pacific. Lowy Institute. Australia. <https://policycommons.net/artifacts/2293737/a-security-agreement-between-china-and-solomon-islands-could-impact-stability-in-the-whole-pacific/3054011/>.
- Taylor, K. (2020). *Why does violence against women and girls increase during disasters*. Child Marriage, Child Protection and Gender refugees. World Vision. <https://www.worldvisionadvocacy.org/2020/06/24/why-does-disaster-increase-the-risk-of-violence-against-women-and-girls/>
- Thurston, A., Stock, H. and Ranganattan, M. (2021). Natural hazards, disasters and violence against women and girls: A global mixed-methods systematic review. *BMJ Global Health*. 6(4). DOI: 10.1136/bmjgh-2020-004377
- True, J. (2013). Gendered Violence in natural disasters: Learning from *New Orleans, Haiti and Christchurch*. *Aoteroa New Zealand Social Work*. 25(2), pg. 78-89. DOI: <https://doi.org/10.11157/anzswj-vol25iss2id83>
- United Nations Department of Economic and Social Affairs (2020). <https://desapublications.un.org/publications/worlds-women-2020-trends-and-statistics>

United Nations, (2021). *The least developing country snapshot report*.
<https://www.un.org/development/desa/dpad/wpcontent/uploads/sites/45/Snapshots2021.pdf>

United Nations Disaster Risk Reduction (2023). *GAR Special Report. Mapping resilience for the sustainable development goals*.
<https://www.undrr.org/media/88718>

UN Women (2022). *How to Guide, Developing and implementing national gender-based violence multi-sector service delivery protocols: Lesson from the Pacific*. [Briefs]. United Nations Entity for Gender Equality and the Empowerment of Women. UN Women.
<https://asiapacific.unwomen.org/en/digital-library/publications/2022/08/how-to-guide-developing-and-implementing-national-gbv-multisector-service>

United Nations Economic and Social Commission for Asia and the Pacific (ESCAP). (2022). *Pathways to Adaptation and Resilience in Pacific SIDS*, [sub-regional report], <https://www.unescap.org/kp/2021/asia-pacific-disaster-report-2021>

United Nation Fund Population Activities, (2022). *Solomon Islands Humanitarian emergency*. <https://www.unfpa.org/data/emergencies/solomon-islands-humanitarian-emergency>

United Nations Inter-Agency Standing Committee (2016). *Protection in Humanitarian action*. <https://interagencystandingcommittee.org/iasc-protection-priority-global-protection-cluster/iasc-policy-protection-humanitarian-action-2016>

UNICEF, (2022). *UNICEF in emergencies*. <https://www.unicef.org/emergencies>

UNICEF, (2017). *Situation analysis of children in the Pacific island countries*.
<https://www.unicef.org/pacificislands/reports/situation-analysis-children-pacific-island-countries>

UNICEF, (2016). *Annual report 2016*.
[https://www.unicef.org/media/49311/file/UNICEF Annual Report 2016.pdf](https://www.unicef.org/media/49311/file/UNICEF%20Annual%20Report%202016.pdf)

UNICEF, (2022). *Gender-based violence in emergencies. Operational guide*.
<https://www.unicef.org/media/69216/file/Gender-Based%20Violence%20in%20Emergencies:%20Operational%20Guide.pdf>

- UN Women, (2023), *UN Women humanitarian strategy (2022-2025) in brief*,
<https://www.unwomen.org/sites/default/files/2023-08/un-women-humanitarian-strategy-2022-2025-in-brief-en.pdf>
- UN Women (2022) *Annual Report for Asia Pacific 2021 -2022*,
https://asiapacific.unwomen.org/sites/default/files/2022-08/UNW_Annual-Report-2022_FA-r18x.pdf
- UN Women, (2022). *Gender equality brief for Solomon Islands*,
<https://asiapacific.unwomen.org/en/digital-library/publications/2022/12/gender-equality-brief-for-solomon-islands>
- UN Women, (2021). *Climate change, disasters and gender-based violence in the Pacific*, https://wrd.unwomen.org/sites/default/files/2021-11/52741_52741sidsbrief2climatechangedisaste_0.pdf
- UN Women, (2021). *Women's resilience to disasters programme in the Pacific*. [Programme brief].
<https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2021/Programme-brief-Womens-Resilience-to-Disasters-Programme-in-the-Pacific-en.pdf>
- Watson D, Amin S. N., and Robinson A. (2024) Responding to domestic and family violence in resource constrained contexts: a case study on rural policing innovations in Melanesia" in its current form for publication. *Policing: An International Journal*. <https://doi.org/10.1108/PIJPSM-11-2023-0154>)
- Wies, J., & Haldane, H. (2011). Ethnographic notes from frontlines of gender-based violence, *Anthropology at the Front Lines of Gender-Based Violence*, 1(17).
- Williamson, C. and Mandolin, S. (2023). Representing gender-based violence global perspectives. *The Springer Nature*. <https://doi.org/10.1007/978-3-031-13451-7>
- Wirtz, A., Pham, K., Glass, N., Loochkartt, S., Kidane, T., Cuspoca, D., Rubenstein, L., Singh, S. and Vu, A. (2014). Gender-based violence in conflict and displacement: qualitative findings from displaced women in Columbia. *Conflict and Health*. 8(1). 10. DOI: 10.1186/1752-1505-8-10

- World Bank, (2022). Violence against women and girls what the data tell us. *Gender data portal*. <https://genderdata.worldbank.org/en/data-stories/overview-of-gender-based-violence>
- World Health Organization, (2022). *Violence against women prevalence estimates 2018*. <https://www.who.int/publications/i/item/9789240022256>
- World Vision, (2022). *Solomon Islands: Earthquakes, tsunamis, volcanoes and floods*. <https://www.worldvision.org/disaster-relief-news-stories/solomon-islands-earthquakes-tsunamis-volcanoes-floods-facts>
- World Vision, (2022). *Facts, FAQs, History, what you need to know about gender based violence*. <https://www.wvi.org/stories/facts-faqs-history-what-you-need-to-know-about-gender-based-violence>
- World Bank, (2023, March 08). *Tackling gender-based violence in fragile contexts*. <https://www.worldbank.org/en/news/feature/2023/03/07/tackling-gender-based-violence-in-fragile-contexts>
- Yanez, A. G. B., Fernandez, C. A. and Manjon, B. F. (2023). Systematic literature of digital resources to educate on gender equality. *Springer Nature*, <https://doi.org/10.1007/s10639-022-11574-8>

APPENDICES

Appendix A: Ethics approval



22 June 2023

Dear Miss Juliana Zutu,

We are pleased to advise that your application has been reviewed and approved by the University Human Research Ethics Committee (UHREC) or delegated review body as meeting the requirements of the National Statement on Ethical Conduct in Human Research (2007, updated 2018).

Project title: Understanding gender-based violence in emergencies or disasters in Solomon Islands
Approval number: 6844
Approved version: LR 2023-6844-14564
Approval date: 22/06/2023
Expiry date: 22/06/2028

Documents approved:

Document Type	File Name	Date	Version
Default	Interview questions_Juliana_n11267496	03/05/2023	1
Default	TMP_Interview_Participant_Information_Sheet_Juliana	08/06/2023	1
Default	TMP_Consent-Form_Juliana	08/06/2023	1
Default	Juliana Pikemali Zutu_Research Proposal_	08/06/2023	1

Research team approved:

Aspro Danielle Watson

Prof.Melissa Bull, MPhil Student Juliana Zutu

This approval is subject to the [standard conditions of approval](#) as well as any additional conditions of approval indicated by the UHREC or delegated review body.

Additional conditions of approval:

- Nil


Kind regards,

Office of Research Ethics and Integrity

QUT Human Research Ethics Advisory Team | humanethics@qut.edu.au | +61 (0)7 3138 5123

** This is a system generated email - PLEASE DO NOT REPLY TO THIS MESSAGE **

Appendix B: Participants information sheet

	PARTICIPANT INFORMATION FOR QUT RESEARCH PROJECT – Interview –
Understanding Gender-based violence in emergencies or disasters in Solomon Islands	
QUT Ethics Approval Number 6844	

Research team

Principal Researcher: Juliana Pikemali Zutu, MPhil student
Associate Researcher(s): ASPRO Dr Danielle Watson Principal Supervisor
Prof. Melissa Bull Associate Supervisor
School of Justice/Faculty of CI, Education & Social Justice
Queensland University of Technology (QUT)

Why is the study being conducted?

This research project is being undertaken as part of a master's study for Juliana Pikemali Zutu.

The purpose of this project is to:

- Examine the cause for the increase GBV rates during emergencies or disasters in Solomon Islands.
- Explore and identify the factors contributing to the increase rate of GBV during emergencies or disasters in Solomon Islands.

You are invited to participate in this research project because you have been identified as a potential participant in this project.

What does participation involve?

Your participation will involve an audio recorded interview in the interview room or other agreed location that will take approximately 45 to 50 minutes of your time.

Questions will include:

1. Your role in the organisation
2. Your experience or view on the issue of gender-based violence in emergencies or disasters
3. What you want to improve in response to gender-based violence during emergencies or disasters

Your participation in this research project is entirely voluntary. If you do not agree to participate you can withdraw from the research project without comment or penalty. You can withdraw anytime during the interview. If you withdraw within a week after your interview, on request any information already obtained that can be linked to you will be destroyed. Your

decision to participate or not participate will in no way impact upon your current or future relationship with QUT.

You will be able to review a transcript of your responses after the interview.

What are the possible benefits for me if I take part?

It is expected that this research project will benefit you directly. The outcomes of the research, however, may benefit all key stakeholders responding to gender-based violence during emergencies or disasters. A summary of the outcomes of the study will be sent to your organisation.

What are the possible risks for me if I take part?

There are no risks beyond normal day-to-day living associated with your participation in this research project. The risk that may be associated with your participation in this research project include:

- Risk of discomfort (you may experience discomfort when talking about your experiences responding to GBV during emergencies or disasters which may contradict with the values and principles of your organisation).

What about privacy and confidentiality?

All comments and responses are coded i.e., it will be possible to re-identify you. A re-identifying code stored separately to personal information (e.g., name, address), will only be accessible to the research team, and the code plus identifying information will be destroyed after data analysis.

Any personal information that could potentially identify you will be removed or changed before files are shared with other researchers or results are made public. The information that will be removed includes names, initials, date of birth, place of work, and occupation.

Personal identifying information or details of specific events are not sought in any of the responses. Given the generality of the responses captured in this research, it is unlikely to be relevant to or sought by any legal authority.

Any data collected as part of this research project will be stored securely as per QUT's Management of research data policy. Data will be stored for a minimum of 5 years and can be disclosed if it is to protect you or others from harm, if specifically required by law, or if a regulatory or monitoring body such as the ethics committee requests it.

As the research project involves an audio recording:

- You will have the opportunity to verify your comments and responses prior to final inclusion.

- The recording will be retained for the minimum retention period of 5 years after the last research activity.
- The recording will not be used for any other purpose.
- Only the named researchers will have access to the recording.
- It is possible to participate in the research project without being recorded.

Every effort will be made to ensure that the data you provide cannot be traced back to you in reports, publications, and other forms of presentation. For example, we will only include the relevant part of a quote, we will not use any names, or names will be changed, and/or details such as dates and specific circumstances will be excluded. Nevertheless, while unlikely, it is possible that due to the small number of people associated with it.

You can choose to have your comments attributed to you by name, or you can choose to be cited anonymously.

How do I give my consent to participate?

We would like to ask you to sign a written consent form (enclosed) to confirm your agreement to participate.

What if I have questions about the research project?

If you have any questions or require further information, please contact one of the listed researchers:

MPhil Student: Juliana Pikemali Zutu, julianapikemali.zutu@hdr.qut.edu.au

Principal Supervisor: Aspro. Danielle Watson, danielle.watson@qut.edu.au


Associate Supervisor: Prof. Melissa Bull, m.bull@qut.edu.au

What if I have a concern or complaint regarding the conduct of the research project?

QUT is committed to research integrity and the ethical conduct of research projects. If you wish to discuss the study with someone not directly involved, particularly in relation to matters concerning policies, information or complaints about the conduct of the study or your rights as a participant, you may contact the QUT Research Ethics Advisory Team on +61 7 3138 5123 or email humanethics@qut.edu.au.

Thank you for helping with this research project. Please keep this sheet for your information.

Appendix C: Participants consent form

	CONSENT FORM FOR QUT RESEARCH PROJECT – Interview –
Understanding Gender-based violence during emergencies or disasters in Solomon Islands.	
QUT Ethics Approval Number 6844	

Research team

Juliana Pikemali Zutu julianapikemali.zutu@hdr.qut.edu.au

Aspro Danielle Watson danielle.watson@qut.edu.au +61 7 31387104

Prof. Melissa Bull m.bull@qut.edu.au +61 7 31380584

Statement of consent

By signing below, you are indicating that you:

- Have read and understood the information document regarding this research project.
- Have had any questions answered to your satisfaction.
- Understand that if you have any additional questions, you can contact the research team.
- Understand that you are free to withdraw without comment or penalty.
- Understand that if you have concerns about the ethical conduct of the research project you can contact the Research Ethics Advisory Team on +61 7 3138 5123 or email humanethics@qut.edu.au.
- Understand that the research project will include an audio recording.
- Agree to participate in the research project.
- Agree to use your direct quote in this project but cited anonymously.

Please tick box

I agree

I disagree

Name _____

Signature _____

Date _____

Please return the signed consent form to the researcher.

Appendix D: Email sent to participants requesting voluntary participation

Dear _____,

A very good afternoon to you! I trust this email finds you well.

As part of my MPhil research study at the Queensland University of Technology, I am currently in the stage of my research to collect data. My research topic is "Understanding gender-based violence during emergencies or disasters in Solomon Islands". I am aiming to interview several SAFENET frontline responders who have had experience or have been responding to GBV during any emergencies or disasters that has happened in the past in Solomon Islands.

Therefore, I am emailing you to request for volunteers that would like to participate in my research through a face-to-face informal interview. The volunteers specifically; two counsellors and a legal officer from FSC.

Please kindly find the attached information sheet for more information and a consent form should there be any frontline responders willing to participate in the interview.

Your kind assistance will be of great help to my research study and will help to improve future GBV response during emergencies and disasters in Solomon Islands

Should you have any questions please do not hesitate to send me an email.

Thank you!

Warm Regards

Juliana Zutu (Miss)

Appendix E: Ministry of Education and Human Resource Development research permit



Solomon Islands Government
Ministry of Education and Human Resources Development
P O Box G 28
Honiara, Solomon Islands

Ph: (677) 24664

Fax: (677) 22042

Our Ref: 22/23

Date: 27th June, 2023

In Accordance to the Research Act 1982 (No. 9 of 1982) RESEARCH PERMIT:

Permission is hereby given to:

1. Name (s) :

Name	Gender	Nationality
Juliana Zutu	F	Solomon Islands

2. Research subject areas:

The objective of this research is to explore and identify the factors contributing to increase rate of Gender based violence during emergencies and disasters. The research questions guiding this research are: What empirical evidence is there to support anecdotal reports that Gender based Violence increases during emergencies and disasters and what are the factors contributing to these increases? Gathering data and identifying these factors will assist with the future development of response strategies and programs to help reduce GBV during emergencies or disasters.

3. Ward (s): Honiara

4. Province (s): Honiara

5. Conditions:

- To undertake research only in subject areas specified in 3 above.
- To undertake research only in the ward (s) and Province (s) specified in 3 and 4 above.
- To observe with respect at all times local customs and the way of life of people in the area in which the research is carried out.
- Not to take part at any time in any political or missionary activities or local disputes.
- To leave four (4) copies of your final research report in English with the Solomon islands Government Ministry responsible for research at your own expense.

f. A research fee of SBD 500 .00 must be paid in full or the Research Permit will be cancelled. (See sec. 3 subject 7 of the Research Act).

- g. This permit is valid until 30th August, 2023 provided all conditions are adhered to.
- h. No live species of plants and animals to be taken out of the country without approval from relevant authorities.
- i. A failure to observe the above conditions will result in automatic cancellation of this permit and the forfeit of your deposit.

Signed:

Minister of Education and Human Resources Development



Date: 27/06/23

Appendix F: Guiding interview questions

#	<i>Interview questions</i>
1.	Can you tell me a little about the work of your organisation – its, aims, role and challenges (How is it funded, what is it funded to do, and what does it do)?
2.	How many people work in your organisation and what role do they play in your organisation?
3.	Can you tell me a little about your role in your organisation (what do you do)?
4.	In day-to-day operations and reporting what information does your organisation collect and record? Who collects this data? Why does it collect this data? How is it collected? Who is it shared with? How is it shared?
5.	How do you think disasters or emergencies impact the work that your organisation does?
6.	How do you think disasters or emergencies impact the victims/survivors who your organisation works with?
7.	How do you think disasters or emergencies impact other organisations your organisation works with?
8.	What are some of your experiences when responding to a victim during an emergency or disaster. For example, during covid19? Or a cyclone?
9.	What are the common forms of violence that you respond to during an emergency or disaster?
10.	Where do you mostly received calls to respond to a GBV case during an emergency or disaster situation?
11.	Does your organisation have special procedures for how you respond to GBV victims during an emergency or disaster situation? If yes, How do they differ from what you usually do?
12.	Have you noticed changes in the number of people using your service during emergency or disaster situations? Why do you think there is a change? How are these changes reflected in the records/information your organisation keeps?
13.	Is there anything that could be improved in terms of addressing gender-based violence during disasters and emergencies?
14.	Is there anything else that you would like to share in relation to gender based violence during disasters and emergencies?
15.	Do you have any questions? Or anything else you would like to say?