Survivors' Perspectives on Intimate Partner Violence Support Systems: A Tuvalu Case Study

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Abstract

Intimate partner violence (IPV) is a pervasive problem across the Pacific, with Tuvalu recording rates well above the global average. However, despite recent legal and policy reforms, little is known about how survivors themselves understand and experience the IPV support systems designed to assist them. This thesis addresses that gap by examining Tuvaluan women's perspectives on the formal and informal IPV support systems available in Funafuti, Tuvalu. It asks: (1) How do IPV survivors in Tuvalu navigate and perceive the existing support systems? Furthermore, (2) From survivors' perspectives, what improvements can be made to enhance access to IPV support systems?

Guided by Southern feminist epistemologies, Standpoint Theory, the study adopts a qualitative, survivor-centred design. Data were generated through semi-structured interviews with 10 survivors and five written questionnaires from survivors who had experienced IPV within intimate relationships. Participants were recruited through local networks and snowball sampling, with eligibility limited to women in an intimate relationship. Data were analysed inductively using thematic analysis, with constant comparison across cases to identify patterns in how survivors learn about, access, and evaluate support.

Three interrelated themes emerged: Awareness, Accessibility, and Survivor-centred Recommendations. Survivors described varying levels of awareness of formal services (such as Tuvalu Police Services, Office of the People's Lawyer, Department of Gender Affairs, health services, and NGOs) but often only a nominal understanding of what these services

offered or how to safely use them. Help-seeking was strongly shaped by informal networks- family, church, and peers- through which many women first disclosed violence. Accessibility was triggered by moments of crisis, particularly concerns about children, but constrained by shame, fear of retaliation, cultural expectations of forgiveness, economic dependence, and concerns about confidentiality in a small-island context.

Survivors called for more visible, reliable, and culturally safe support: improved public awareness, clearer information about available services, strengthened confidentiality, better training and coordination across frontline agencies, and stronger collaboration with churches and community leaders. Collectively, the findings show that Tuvalu's IPV response cannot be understood solely through laws and policies; it must be grounded in survivors' own definitions of safety, support and justice. The thesis contributes the first empirical, survivorled account of IPV support systems in Tuvalu. It offers practical guidance for policymakers, service providers, and Pacific regional partners seeking to build more accessible, survivorcentred, and culturally responsive systems of support.

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List of Abbreviations

4G Fourth-generation mobile (cellular) network

AHC Australian High Commission

AIC Australian Institute of Criminology

AIHW Australian Institute of Health and Welfare

ANGAU ANGAU Memorial Provincial Hospital (Lae, Papua New Guinea)

ANROWS Australia's National Research Organisation for Women's Safety

CEDAW Convention on the Elimination of All Forms of Discrimination against Women

COVID–19 Coronavirus Disease 2019

CRC Convention on the Rights of the Child

DFAT Department of Foreign Affairs and Trade

DPP Director of the Public Prosecutions

DV Domestic violence

DVDS Domestic Violence Disclosure Scheme (also known as Claire's Law")

EVAW Eliminating Violence Against Women (policy/national framework)

FLRC Fiji Law Reform Commission

FPDV Family Protection and Domestic Violence Act (Tuvalu)

FSC	Family Support Centre (at ANGAU Memorial Provincial Hospital, PNG)
GBV	Gender-based violence
GOT	Government of Tuvalu
ICU	Intensive care unit
IPPF	International Planned Parenthood Federation
IPV	Intimate Partner Violence
LCP	Local Contact Person
MICS	Multiple Indicator Cluster Survey
NGO	Non-governmental organisation
OAG	Office of the Attorney General
OPL	Office of the People's Lawyer
PACLII	Pacific Islands Legal Information Institute

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FAKAFETAI LASI

1. Introduction

Intimate Partner Violence (IPV) refers to behaviours that cause or intend to cause fear or harm within intimate relationships, encompassing various forms of abuse, including physical, sexual, emotional, and psychological abuse (Australian Institute of Health and Welfare, 2024). It is a term also used to refer to actions within an intimate relationship that result in physical, sexual, or psychological harm, encompassing behaviours such as physical aggression, sexual coercion, psychological abuse, and controlling actions by a present or past partner (World Health Organization, 2021). It is a pervasive issue affecting millions, especially women (Wilt & Olson, 1996). This crime is mostly committed against women in the safety of their own homes and at the hands of a current or previous intimate partner (Ganley, 2008; Australian Institute of Health and Welfare, 2023). Studies from around the world have extensively documented the prevalence, forms, and impacts of intimate partner violence on individuals, families, and communities (Satyen et al., 2024). Some of the survivors of intimate partner violence suffer immense social consequences, as their mental health, self-esteem, and overall well-being are severely impacted (Warshaw et al., 2009; Lagdon et al., 2014; World Health Organization, 2021). Research has consistently shown that intimate partner violence is not confined to any specific region, culture, or socioeconomic group but is rather a pervasive phenomenon cutting across geographical and cultural boundaries (García-Moreno et al., 2015; Sardinha et al., 2022; Rajkumar, 2023).

Intimate Partner Violence has also been identified as a growing problem across the Pacific region (*Radio* New Zealand News, 2022). The Pacific region consists of thousands of islands and atolls stretching from the western shores of Papua New Guinea and Indonesia to the eastern coast of South America. It is divided into three main ethnic groups: Melanesia, Micronesia and Polynesia (Tuvalu Central Statistics Division, 2020). The region is culturally and politically diverse, facing various challenges such as economic development,

environmental issues, and social challenges such as domestic and sexual violence (Alefsen & Young, 2021). These issues have increasingly become significant concerns across many Pacific Island nations. Research shows that between 37 to 79 percent of women in the Pacific have experienced physical and sexual violence in their lifetime, with many facing shame and stigma when seeking help (World Health Organization, 2024). In a thematic brief published by the South Pacific Commission in 2023, it is reported that 68% of women in Kiribati have experienced intimate partner violence in their lifetime, while Fiji and Solomon Islands recorded 64% of women facing intimate partner violence (Pacific Community, 2023). These statistics reflect a significant prevalence of IPV across the Pacific region.

Similarly, in Tuvalu (part of the Polynesian group), the statistics indicate that 72% of women who report their husbands getting drunk very often have experienced emotional, physical, or sexual violence (Pacific Community, 2023). These Pacific Island countries have domestic violence rates higher than the global average of 27% (UN Women Asia- Pacific 2022). The 27% global rate represents women aged 15-49 who have experienced physical and/or sexual violence by an intimate partner at least once in their lifetime. Put simply, more than one in four women worldwide have been subjected to IPV. This alarming figure situates Tuvalu within a broader crisis, one that has driven jurisdictions worldwide to build coordinated IPV support systems (Hetzel-Riggin, 2022).

In the United States, for example, IPV support and similarly other countries, includes shelters, support groups, counselling services, and visitation centres (Sullivan, 2018). Australia provides Primary Health Networks for long-term support of intimate partner violence survivors, offering free, trauma-informed mental health care services (Department of Health and Aged Care, 2024; Sullivan, 2018). In Japan, the support system includes national legislation, women's shelters, and professional help-seeking consultations through call centres and in facility visits (Seposo, 2022). The Act on the Prevention of Spousal Violence and the

Protection of Victims in Japan allows intimate partner violence survivors to file for protection orders against the perpetrators. These protection orders may extend to the survivor's relatives if there is a potential risk (Japanese Law Translation, 2023).

The same drive to address and prevent violence is echoed across Pacific Island countries. In the Pacific region, countries have made considerable efforts to address intimate partner violence through comprehensive legal frameworks and support services (Forster, 2011). Most Pacific countries introduced legislation to criminalise acts of domestic violence and to provide for immediate protection of victims (Forster, 2011). Moreover, partnerships with nongovernmental organisations (NGOs) are encouraged in the Melanesian region to address the issue effectively (Watson et al., 2024). Early in 2018, Kiribati opened a Women and Child Support Centre in Tarawa to support individuals experiencing violence (Australian Government Department of Foreign Affairs and Trade, 2018). Some of the specific island support services for domestic violence, especially intimate partner violence survivors in New Zealand, include Pacific Island Women's Refuge, Mother of Divine Mercy Women's Refuge, Vaka Tautua, SIAOLA, and the Fono Health and Social Services (Ministry for Pacific Peoples, 2020).

In Tuvalu, domestic violence is very commonly committed in the context of intimate partner violence, despite it being a broader category that can also involve abuse against children, siblings, or other household members (UNICEF, 2021). The Tuvalu Government has made recent interventions through agencies such as the Tuvalu Police Service, the Department of Gender and Welfare, and the Office of the Attorney General to address the issue of intimate partner violence. This includes the introduction of the Family Protection and Domestic Violence Act in 2014 (Amin et al., 2024). The introduction of this Act provides a legal framework specifically addressing domestic violence by defining the offence of domestic violence, outlining protective measures, and establishing penalties (Tuvalu Government,

2022). The adoption of a no-drop policy (GOT, 2018) Byrnes ensures that prosecutors cannot dismiss charges against perpetrators of domestic violence and must actively involve victims in the prosecution process (Nichols, 2014). Tuvalu's ratification of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) underscores its commitment to addressing violence against women through legislation (Byrnes & Freeman, 2012).

Despite government interventions in Tuvalu, the effectiveness and efficiency of these measures remain uncertain. To date, there are no assessments or records detailing who the (IPV) survivors are, where they come from, or other necessary logistical information. This lack of data makes it challenging to identify and reach out to survivors effectively. Furthermore, no assessments have been conducted to gauge the understanding of IPV survivors regarding their experiences and perceptions of the government's interventions aimed at supporting IPV survivors. This lack of evaluation extends to understanding how well these interventions meet the needs of survivors and the effectiveness of the support systems in place. Similarly, there has been a notable absence of studies specifically focusing on Tuvalu's intimate partner violence support systems. Furthermore, there is a lack of reports to evaluate the impact of government intervention on addressing intimate partner violence nationwide. Consequently, there is limited knowledge about the viewpoints of intimate partner violence survivors and their perceptions of the policies implemented by the government to address domestic violence.

The absence of literature, attention, study, and focus on survivors reveals a significant gap in addressing IPV. Although national reports like the MICS report (Pacific Community, 2021) acknowledge high rates of abuse, survivors' experiences are mainly sidelined or filtered through public policy and academic debate (Amin et al, 2024). The absence of survivors' voices in how Tuvalu designs and shapes its IPV support system underscores the need for an

in - depth study to investigate survivors' perspectives on the IPV support system, as this most crucial viewpoint strengthens the IPV support system and ensures an effective and efficient response. Through qualitative, semi-structured interviews, new light is shed on the barriers survivors face and the systemic failures that perpetuate their stance. Drawing on 10 interviews and five answered questionnaires, this research is guided by Standpoint Theory, which foregrounds survivors' voices and lived experiences as the theoretical framework (Harding, 2004). This study represents the first empirical research endeavour in this area, aiming to examine the perspectives of intimate partner violence survivors, their understanding and experiences in accessing support systems, their perceptions of current interventions, and their recommendations for enhancing and improving intimate partner violence support systems in Tuvalu.

Having set out the overall scope and contribution of this thesis, the remainder of this chapter outlines the background and context of the study base, Tuvalu (Section 1.1), followed by the discussion on the purpose and significance (Section 1.2) of this research, further explaining how it contributes to existing knowledge. The research question posed by this study in (Section 1.3) will break down the research questions into key terms and their meaning within the scope of this research. This chapter concludes with (Section 1.4) providing an overview of the research structure, offering a clear guide for what to expect in the upcoming chapters.

1.1. Background and Context

Tuvalu, a nation of just over 11,000 people, comprises eight main islands, with its name commonly translating to "eight united islands," despite consisting of nine islands (Apinelu, 2018). This paper is based on Funafuti, the capital and central business district, where half the population resides. In contrast, the remaining half is scattered across the eight

land masses known as outer islands (Tuvalu Maps & Facts, 2023). The Tuvaluan society is small, where people live in tight-knit communities, fostering bonds and relying on each other for support. Their way of living reflects their deep-rooted values of interdependence, communal living, and extended kinship (Taafaki & Oh, 1995). Traditional practices, customs, ceremonies, and rituals play a significant role in Tuvaluan life, which may include traditional dances, music performances, and storytelling, which are passed down through generations as a way of preserving Tuvaluan heritage and values (Tuvalu Central Statistics Division, 2020) Christianity is the predominant religion, with most of the population adhering to Protestant denominations (Goldsmith & Munro, 1992). The arrival of the London Missionary Society in 1860 introduced Christianity to Tuvalu. Since then, Christianity has been central in Tuvalu society, shaping religious practices, cultural traditions, and community dynamics. Pastors are perceived as central figures in Tuvalu's history, shaping religious practices and broader community dynamics (Goldsmith & Munro, 1992).

Tuvalu, a constitutional monarchy with a parliamentary democracy, has a governance structure inspired by the United Kingdom's Westminster parliamentary system (Tuvalu Maps & Facts, 2023). The people of Tuvalu elect their government through regular elections guided by the Electoral Provision (Parliament) Act. The parliament, as the legislative body, is responsible for making laws and policies (Tuvalu Human Rights Report, 2020). The legal system of Tuvalu is based on statutes enacted by the parliament. Laws are passed through the legislative process, involving debates and voting by members.

Tuvalu is particularly vulnerable to the effects of climate change, including rising sea levels, coastal erosion, and extreme weather events. These environmental challenges threaten Tuvalu's livelihoods, infrastructure, and way of life, leading to displacement, loss of land, and increased vulnerability to natural disasters (UNDP, 2020). Additionally, subsistence activities such as fishing and agriculture are increasingly threatened by changes in weather patterns and

ocean conditions, affecting food security and economic stability (Islam et al., 2022). This poses significant economic implications for the nation.

Besides climate change, Tuvalu faces broader economic challenges related to its small size, remoteness, limited natural resources, and dependence on external aid (Islam et al., 2022). High transportation costs, limited market access, and a narrow economic base hinder diversification and competitiveness, further exacerbating Tuvalu's economic vulnerabilities (World Bank, 2013). Telecommunications infrastructure in Tuvalu is also underdeveloped, with limited internet connectivity and mobile phone coverage (Kaczmarek, 2025). While efforts have been made to improve telecommunication infrastructure in recent years, including the rollout of 4G mobile networks and the Te Vaka cable[1], access to affordable and reliable internet services, remains a challenge for many Tuvaluans. The limited bandwidth and high internet access costs hinder communication, access to information, and participation in the digital economy (Kakzmareck, 2025).

Tuvalu maintains diplomatic relations with various countries and actively engages with regional and international organisations, including those focused on addressing issues such as domestic violence (Marinaccio, 2019). Regionally, Tuvalu participates in organisations such as the Pacific Islands Forum (PIF) and the Secretariat of the Pacific Community (SPC), which provide platforms for collective action on social issues, including domestic violence. As part of its commitment to addressing issues such as domestic violence, Tuvalu ratified CEDAW. Its engagement with CEDAW involves reporting on its progress in implementing the convention's provisions (Tuvalu CEDAW Report, 2008), participating in CEDAW committee sessions, and incorporating CEDAW principles into national legislation and policies. As a party to CEDAW, Tuvalu has committed to strengthening protections for women and girls, sensitive approaches to addressing domestic violence, and advancing the

[1] Te Vaka cable – first international subsea cable connection for Tuvalu

overall well-being and empowerment of women and girls in Tuvalu (Translating CEDAW into Law, 2009).

1.2. Purpose and Significance

The primary purpose of this study is to document and analyse how female survivors of IPV in Tuvalu navigate, access, and perceive the range of supports available to them. This investigation examines both formal services (such as law enforcement, healthcare, counselling services and legal aid) and informal sources of support (including family, church, and community networks) (Amin et al., 2024). Intending to guide and inform policymakers and service providers, this study plays a significant role in fulfilling the 14th Priority[2] of the Government of Tuvalu, which emphasises promoting inclusivity in government policies, legislation, and infrastructural development to cater for women (Tuvalu Public Service Commission, 2024). To promote inclusivity, it is essential to study and amplify the voices of marginalised IPV survivors to prevent them from being sidelined.

Statistical evidence points to the severity of the issue, with 40 per cent of Tuvaluan women reporting experiences of IPV, positioning Tuvalu's prevalence well above the global average of 27% (Pacific Community, 2021; UN Women Asia Pacific, 2022; Tuvalu Central Statistics Division, 2020). This recording causes significant concern for Tuvalu, as it indicates a profound disconnect between the country's current realities and its public advocacy for gender equality, human rights, and a safe environment for women and children (Government of Tuvalu, 2014, 2016, 2024a, 2024b, 2025; United Nations, 2018)

[2] The 14th Priority is extracted from the Statement of the 21 Priorities of the Current Government of Tuvalu

Apart from its significant contribution to fulfilling government priorities and society, the study makes a significant contribution to southern feminist epistemologies by amplifying the voices of women survivors from Tuvalu. Much of the existing IPV literature, theory, and

programming stems from the Global North and tends to reflect Western worldviews, priorities, and assumptions (O' Donnell et al., 2023). This aligns with broader critiques in feminist and decolonial literature, which argues that IPV theory and programming often universalise Western norms, overlooking diverse cultural understandings of violence, healing and justice (O'Donnell et al., 2023). This study serves as a representation of voices and perspectives from the Global South, rooted in southern cultural contexts. It provides important insights for other Pacific Island nations encountering similar issues, ultimately encouraging the development of more inclusive and adaptive approaches to tackling IPV in the region.

1.3. Research Questions and Definitions

The study poses two main research questions that aim to provide a holistic and nuanced understanding of survivors' perspectives on the IPV support systems in Tuvalu.

a. How do IPV survivors in Tuvalu navigate and perceive the existing support systems?

b. From survivors' perspectives, what improvements can be made to enhance access to IPV support systems?

1.3.1. Perceive and Navigate

"Perceive" in this study refers to how survivors understand, interpret, or make sense of the IPV support services available to them. It involves their knowledge, beliefs, attitudes,

assumptions, awareness, and expectations regarding the existence of support services in Tuvalu, as well as their perceptions of whether these services are safe, responsive, trustworthy, confidential, culturally appropriate, and effective. This study further investigates the potential risks, such as stigma, shame, breaches of confidentiality, retaliation and cultural repercussions, and how they obstruct navigation for survivors within the IPV support system.

"Navigate" focuses on how survivors interact with, access, and move through formal or informal support systems during and after experiencing violence. This may involve survivor actions, decision making, strategies, and efforts to seek help, whether immediately or delayed, to choose between different services or support people. Part of survivors' navigation also looks at how they overcome barriers or their coping strategies, and how privacy, safety and disclosure are managed. Overall, "navigate" describes the survivor's agency and process of finding and using support services, including making choices in a complex social and institutional environment.

How survivors perceive and navigate within the existing IPV support system of Tuvalu is unpacked by common themes extracted from survivors' narratives. The perception and navigation are explicitly addressed by the themes of Awareness (Section 4.2), which focus on the nature of awareness for survivors, the depth of awareness, and the factors that shape their awareness or learning process regarding the existing support system and Accessibility (Section 4.3) focusing on how survivors understand accessibility, what triggers the access, the preferred support system for Tuvaluan survivors, and what hinders or discourage accessibility.

1.3.2. Survivor

In this research, the term survivor refers to women who have experienced IPV and have endured its effects. The survivors included are married women or women who have been

married or involved in an intimate relationship. This was a deliberate criterion, as women in this group are more likely to have faced IPV compared to single women or those who have never been married or not involved in an intimate relationship.

The choice to use “survivor” rather than “victim” reflects the resilience and agency demonstrated by Tuvaluan women in navigating harmful circumstances and coping with systemic barriers to support. This term is especially suitable in the context of Tuvalu, where the concept of survival relates not only to physical safety but also to the capacity to resist social silence and stigma often associated with disclosing abuse (Sinko et al., 2024).

It is important to recognise that “victim” is often linked to passivity and shame, which can reinforce negative stereotypes or discourage women from coming forward. In contrast, “survivor” honours self-identification and provides a more empowering and inclusive perspective for understanding help-seeking, support experiences, and healing (Dunn, 2004). To foreground survivors' voices, this study remains survivor-centred throughout, ensuring that the analysis, findings, and recommendations are influenced by those whose experiences are most often neglected in policy and academic discussions (Satyen et al., 2024).

1.3.3. Support System

Sullivan (2018) conceptualises the IPV support system as an interlinked system of services and resources that support IPV victims. These services and resources may include advocacy, emergency accommodation, legal support, counselling and safety planning. In the Pacific region, especially the Polynesian group, IPV support systems extend to family, community, faith networks and local leaders. (Heard et al, 2018). The extension demonstrates the shared responsibility and interdependence among the people. Due to the contrasting features, aims, and frameworks, the IPV support system in the Pacific region, including Tuvalu, is split into two: the Formal Support System, which includes both services and

resources, delivered through institutional mechanisms and the Informal Support System, which provides relational and material resources such as emotional care, shelter and guidance, without the structure or mandate of professional services (Davies et al., 2023).
These supports arise from necessity, kinship, and cultural obligation rather than formalised service provision.

1.3.3.1. Formal Support

Formal Support consists of professionally trained providers, usually operating within bureaucratic organisations such as government agencies, healthcare centres, police, legal institutions and NGOs (Lipman & Longino, 1982). These services typically involve standard procedures to ensure client safety, confidentiality, and swift response to urgent needs. However, in practice, formal systems may be fragmented, complex to access, or not fully responsive to the needs of survivors, particularly during periods of social disorder, such as the COVID-19 or resource scarcity (Idris-Wheeler et al., 2022). Some survivors report facing marginalisation, misunderstanding, or mistrust within these systems. This phenomenon, known as epistemic injustice, involves survivor stories being silenced or misinterpreted (Anyango et al., 2025).

In Tuvalu, formal support services, such as the Office of the Attorney General (OAG) Department of Gender Affairs, Tuvalu Police Services (TPS), Office of the People's Lawyer (OPL), Fatu Lei Organisations, Tuvalu National Council of Women (TNCW), Princess Margaret Hospital (PMH), Social Welfare Department, and Tuvalu Family and Health Association (TUFHA) and the Office of the Judiciary, serve as foundations but may replicate the limitations mentioned above.

1.3.3.2. Informal Support

Informal support includes help provided by individuals within a survivor's personal social network, such as family members, friends, neighbours, colleagues, and faith-based community members (Davies et al., 2023). Survivors often turn to these trusted contacts before seeking formal assistance, relying on them for immediate practical help, shelter, and emotional support. (Davies et al., 2023; Morgan & Chadwick, 2009). In Pacific contexts, informal networks are often viewed as more culturally suitable and accessible, due to high levels of community trust and deep-seated spiritual and family values (Campbell et al., 2025; Equality Institute, 2020).

Despite their value, informal support systems also have limitations in the sense that supporters might lack the resources or expertise required to address complex IPV situations and may themselves experience high levels of distress, guilt, and helplessness (Davies et al., 2025). In close-knit communities like Tuvalu, informal support can also reinforce silence or victim blaming, especially when community harmony is prioritised over justice (The Equality Institute, 2020). Therefore, an effective IPV response in Tuvalu should focus on strengthening informal support through education, fostering community dialogue, and equipping informal networks to work collaboratively with formal services, thereby empowering survivors while challenging harmful norms.

1.4. Thesis Outline

This study is organised into five chapters:

Chapter 1: Introduction (current chapter) sets the context for the study, outlines the research questions and significance, and defines key terms.

Chapter 2: Literature Review explores existing literature on IPV in the Pacific, with a focus on feminist and decolonial perspectives. It critically reviews research on formal and

informal support systems, gaps in survivor-led knowledge, and the influence of gendered social norms in the region.

Chapter 3: Methodology outlines the research design and methodological framework, including the use of Southern Feminism and Standpoint Theory. It details the data collection process, ethical considerations, recruitment strategy, and approach to thematic analysis, grounded in the Tuvaluan cultural context.

Chapter 4: Research Findings and Analysis present the empirical data collected from interviews and questionnaires alongside epistemological frameworks, drawing connections to regional policy, theory, and practical responses.

Chapter 5: Limitations, which discusses the restrictions in applying this study.

Chapter 6: Summary of findings, which summarises key findings and lays the contribution to knowledge and practice, and implications for Tuvalu and the wider Pacific.

Chapter 7: Conclusion, which addresses the research questions based on the findings.

Chapter 8: Reflection is the researcher's reflection on what the study indicates, including its implications, limitations, and contributions to understanding the lived realities of IPV survivors in Tuvalu.

2. Literature Review

In the Pacific region, reported rates of intimate partner violence range from 19% to 30% in the past year (World Health Organization, 2025). Most experts believe these figures do not reflect the true portion of actual cases, as most survivors are discouraged from reporting by family, community pressure, and cultural codes. In addition to the societal silence, survivors' accounts are often sidelined, reinforcing silence and secrecy amongst survivors (WHO, 2025). Tuvalu, like most Pacific Island nations, confronts not only the impacts of climate change but also the effects of IPV, compelling survivors to navigate complex landscapes of cultural safety, secrecy, and social stigma merely to seek assistance and to be heard. To survive.

This literature review aims to illuminate the survivors' accounts, which are often sidelined. This review draws on Pacific-focused scholarship, examining how IPV support systems are perceived and navigated across diverse contexts. This chapter places Pacific voices at the centre, highlighting their response and support system in the attempt to address IPV, and illuminating the factors that shape help-seeking behaviours and the progressive pathways to survival behaviours, on the road to recovery.

It begins by breaking down what IPV support systems are, followed by international perspectives. Then it maps the development of IPV support frameworks in countries such as the United States, Canada, and Australia, including both institutional models and survivorcentred approaches. It then narrows to the Pacific region, highlighting legislative advances, policy strategies, and the interplay of formal and informal support in countries such as Fiji, Solomon Islands, Papua New Guinea, and Samoa. Finally, the chapter addresses the relatively limited but expanding literature on IPV in Tuvalu, focusing on how cultural practices, religious dynamics, and gender roles shape support systems and survivor experiences.

2.1. Understanding Intimate Partner Violence (IPV) Support System

Intimate partner violence support systems refer to the network of formal and informal services that address the immediate and long-term needs of survivors, provide protection, and prevent further violence (Idris-Wheeler et al, 2024; Kaburi, & Kaburi 2023). Formal support system includes law enforcement, healthcare, shelters, hotlines, counselling services, legal aid, and advocacy programs, while informal support encompasses support from family, friends, faith leaders, community elders, and cultural institutions (Davies et al, 2023). Building on these foundational definitions, this section critically assesses how support systems are conceptualised and operationalised in existing global and regional scholarship.

Globally, the IPV support system is conceptualised as a comprehensive, survivorcentred set of interventions that address prevention, protection, support, and justice, encompassing health, justice, social service, and community sectors (Davies et al, 2024). For survivors, these support systems play a critical role in providing safety, empowerment, and resources for survivors to rebuild their lives after experiencing IPV (Kothari et al, 2017). Yet, as documented by international organisations such as the WHO and UN Women, many countries struggle to put these details into practice, highlighting a persistent gap between global standards and the realities faced by survivors, particularly in resource-limited settings (WHO & UN Women, 2020).

In the Pacific region, IPV support systems are conceptualised as grounded in holistic, culturally responsive and community-led approaches that prioritise family, spirituality, and traditional structures alongside formal sector interventions (Campbell et al, 2025). Pacific approaches emphasise relational healing and strong integration of faith and cultural identity (Oranga Tamariki Evidence Centre, 2024). Despite strong cultural values, the region is among the highest globally for IPV, and stigma, shame, and social norms create both severe underreporting and barriers to disclosure and help-seeking (Campbell et al, 2025). While the

above evidence differs in their perception of IPV support systems, an effective IPV support system is characterised by accessibility, survivor-centeredness, trauma-informed practices, and cultural relevance (Kulkarni, 2018; WHO & UN Women, 2020).

2.2. Global Models and Response

Many high-income countries have developed comprehensive and institutionalised support systems for survivors of IPV. In developed countries like America and Europe, comprehensive and well-funded support services for IPV cover a broad spectrum of needs, including healthcare, education, social security, mental health services, and more (Kaburi & Kaburi, 2023). In contrast, contexts such as Tuvalu and many other Pacific Islands often lack the infrastructure and resources required for comparable support (Pacific Community, 2021).

Countries like the United States, Canada, and those in Western Europe have wellestablished welfare programs and numerous non-governmental organisations (NGOs) that provide additional support. In the United States, Victim Compensation Programs are offered to financially assist domestic violence survivors with their medical bills, counselling, and lost wages (Rempel et al., 2024). This program assists survivors in paying for injuries directly resulting from abuse, covers costs associated with counselling and therapy, compensates lost wages due to injury, covers emergency relocation costs, and, in some extreme cases where the violence results in a death, the program contributes to funeral or burial expenses (U.S. Department of Justice, Office on Violence Against Women, 2024). With such assistance, survivors in the United States reported feeling validated and supported when they received compensation (Ridgway et al., 2025).

In Canada, shelters and transition houses are available at the request of a domestic violence survivor almost instantly (Rempel et al., 2024). It provides emergency housing and a safe environment for women and children fleeing abusive relationships (Tutty et al., 2024).

These shelters not only offer emergency shelter, but they also provide wraparound services such as crisis intervention, safety planning, counselling, legal referral, and assistance with navigating benefits in housing systems, and even children's services and pet safety (Women's Housing Equality Network, 2024). These shelters in Canada have significantly increased safety and security for women, improved mental health and well-being, decreased risk of reabuse and better social support networks, improving quality of life (Tutty et al., 2024).

In Germany, the multi-agency coordination model ensures that victims receive immediate safety and long-term support with coordinated help from multiple agencies. This model integrates services from different sectors, providing holistic support to the survivors and sharing relevant information about the victims to provide a unified response (Davies et al., 2023). Studies and best practice reports indicated that this model increases victim safety, enables faster and more informed interventions and improves satisfaction among survivors, who receive holistic, integrated care without being left to navigate broken systems on their own (Davies et al., 2023).

The evidence above indicates that these countries offer extensive options for medical and mental health support for IPV victims, demonstrating a commitment to providing comprehensive, survivor-centred responses to IPV. Healthcare systems in these regions are equipped to address both the physical and psychological impacts of intimate partner violence, ensuring that victims have access to necessary treatments and therapies. Robust infrastructure and resources enable the effective implementation and enforcement of these services, guaranteeing that citizens can readily access the help they need. (Bacchus et al., 2024) Research conducted in developed countries listed above often highlights the importance of immediate safety, accessible around the clock, trauma-informed, and holistic (Tutty et al., 2024).

Survivors, on the other hand, prioritise access to legal advocacy, counselling, financial assistance, peer support, and community engagement opportunities (Kaburi & Kaburi 2023). According to Nichols (2013), advocacy services have been demonstrated to result in survivors experiencing reduced instances of violence over time, fewer challenges accessing community resources, and improved quality of life. Along with innovative models and support programs, countries have also enacted legislation to tackle IPV.

Some countries have innovated strategies that empower survivors; for instance, the United Kingdom government introduced the Domestic Violence Disclosure Scheme (DVDS), also known as Claire's Law, in 2014 to enable individuals to request information about whether a current or prospective partner has a known history of IPV. While the scheme does not provide access to a partner's full criminal record, the police disclose only whether there is relevant information indicating a risk of harm. This disclosure is limited to previous convictions or police intelligence related to domestic abuse. The rationale behind this scheme is to empower the victim survivors to make more informed choices about their safety through the sharing of information about prior histories of violence. Applicants must demonstrate a legitimate safeguarding concern; the assessment process can take time, and disclosures are made only when police determine that sharing the information is necessary to protect the applicant's safety. Applicants who are vulnerable to intimate partner violence must (Hadjimatheou, 2023).

In Australia, the Centre for Women's Safety and Wellbeing in Western Australia has advocated for developing and implementing a Code of Practice. This Code helps ensure that the standards by which the support services are designed and delivered are safe, inclusive, and accountable (Safe and Equal, 2022). In other parts of Australia and similarly other countries, trauma-informed approaches are adopted and implemented in domestic violence programs to create a safe environment, empower survivors, build supportive networks, provide coping

strategies, and focus on resilience and survivor strengths (Wilson et al., 2015). For instance, New South Wales has introduced laws that criminalise coercive control (Wangmann, 2024). Though non-physical, this controlling behaviour often precedes physical violence. This law marks the shift in the legal response to domestic abuse, recognising the profound harm of nonphysical and prioritising survivor protection.

While these international models are more comprehensive and offer valuable frameworks compared to mid-level and low-income countries, they are not without criticism, especially when considered in the context of cross-cultural application. A significant concern with the Western IPV support system is that it operates with the assumption that the survivor, once they seek their assistance, will leave the relationship to avoid any further abuse or engage in formal legal processes to prevent the perpetrator from further abuse (Tolmie et al, 2023). This individualistic assumption can create a mismatch with survivors' needs. Operating under such an assumption may influence the support provided, leading to inadequate support for survivors who, for a range of valid reasons, need help while remaining in the relationship or are hesitant about legal action (Murray et al, 2016).

There is also a growing critique that international models, although comprehensive, are often ineffective as they are designed by policy makers and service providers who may have never been a survivor of IPV, thus have no clue of what a survivor needs for support (Kulkarni, 2019). While many frameworks, Standards of Procedure, mandates, legislation, and policies use widespread terms such as “trauma-informed” or “survivor-centred”, there is a much-needed input by actual survivors to inform the creation, implementation, and evaluation of services. Unfortunately, survivors' input remains limited in this area (Kulkarni, 2019; Sweeney et al., 2022). This raises questions about the definition of safety. Who gets to define it? What is support? From which perspective is support being defined? Moreover, the same goes for words such as “empowerment” and “healing”. The concern is whether the current

system truly meets survivors' needs or merely fulfils institutional checklists (Goodmark, 2012).

Moreover, IPV services design in many well-developed countries often prioritises professionalism and bureaucratic structure that can unintentionally make access to these services challenging for the survivors, particularly those belonging to visible minorities, migrants, or those with limited literacy (Vives-Cases et al., 2014). These systems, while appearing neutral, may overlook structural barriers such as language access, transportation, legal status, and trust in institutions (Anyango et al, 2025). As Anyango et al. (2025) note, even well-funded services can perpetuate epistemic injustice when survivors' knowledge, cultural context, or lived experiences are dismissed or misunderstood by professionals. This is particularly relevant to postcolonial settings like Tuvalu, where externally imposed interventions may replicate colonial hierarchies and fail to resonate with survivors lived realities.

This underscores the urgent need to prioritise survivors' voices. There is a longstanding need for survivor-led, context-specific approaches to IPV. Although global models can serve as applicable starting points, their assumptions, structures, and professional standards must be carefully examined to ensure successful implementation in regions like the Pacific. Strategies successful in the Western context might not be effective in Tuvalu. Therefore, the implementation of foreign models cannot be done without considering local cultural beliefs, religious influences, kinship systems, and survivors lived experiences.

2.3. Pacific Efforts

Across the Pacific Islands, support systems for IPV survivors vary widely in availability, structure, and effectiveness. Studies conducted in the Pacific Island countries provide valuable perspectives on effective support systems and interventions and offer a

deeper understanding of the range of support services available, innovative interventions, and good practices that may apply to the local context (Craig et al., 2022). In the Pacific, initiatives, including policies, legislation, support services, and strategies, have been implemented to address domestic violence and assist survivors (Roberts, 2002).

The Pacific region features notable models like the Strengthening Peaceful Villages Programme (SPV) in Kiribati. This initiative, carried out by the Equality Institute, UN Women, and the Kiribati Government, is adapted from Uganda's SASA! Framework (Equality Institute, 2023). The SPV supports survivors by promoting community environments where violence is less accepted and harmful norms are actively challenged. Although it helps advance understanding and practice of IPV prevention in Kiribati, the community impact fell short of expectations due to deeply rooted social norms that continue to hinder the program's effectiveness (Equality Institute, 2023).

In Papua New Guinea (PNG), there are family support Centres (Femili PNG) that provide counselling, legal aid, and medical services for survivors of domestic violence (Australian High Commission Papua New Guinea, 2019). Femili PNG is a local nongovernment organisation that operates support centres in Port Moresby, offering access to shelter and legal referrals, while collaborating with hospitals and law enforcement to improve service outcomes (Femili PNG, n. d.). In addition, the Australian High Commission in PNG (2019) highlights the Family Support Centre (FSC) at ANGAU Memorial Provincial Hospital in Lae, which offers survivors of family and sexual violence access to medical care, trauma counselling, and safe spaces. The facility was purposefully designed for privacy and accessibility, especially for vulnerable populations (Australian High Commission Papua New Guinea, 2019). The FSC is reported to have been sought for assistance by more than 1,000 survivors of family and sexual violence. Their new and improved building enabled them to

take in more survivors per day while maintaining privacy and offering a safe space for survivors (AHC PNG, 2019).

Despite these advancements, supporting IPV survivors remains complex. The FSC Baseline Assessment (2021) report highlights various challenges and key issues facing FSCs in Papua New Guinea when responding to IPV. Some challenges noted include low community awareness and limited outreach. Most survivors are unaware of FSC services due to insufficient outreach, while those who do know are often restricted to seeking help during office hours, from 8 am to 4 pm. Like many organisations in the Pacific, FSCs in PNG also struggle with under-resourcing and staffing shortages. The report states that staff are often untrained in psychological first aid or trauma-informed care. Affordability also remains a major barrier. Survivors frequently experience difficulties affording transportation or related costs to access FSC services (AHC, 2019; Femili PNG, 2022).

Fiji's response further highlights the diversity of strategies adopted across the region. Specialist units within the police are trained to respond to domestic violence cases with sensitivity and effectiveness. These units work closely with NGOs and social services to ensure survivors receive protection and emotional support (Ministry of Women, 2018). Nongovernment organisations like the Fiji Women's Crisis Centre operate mobile counselling clinics that reach remote areas, including outer islands, offering legal advice, emotional support, and court support (Fiji Women's Crisis Centre, 2019). They also run the national helpline 1560 and are fully staffed with trained personnel in risk assessment, survivor-centred care, and confidentiality protocols (FijiGlobalNews, 2025). Government ministries are collaborating with police and other organisations to address gender-based violence, including IPV (Ministry of Women, 2024).

Despite these efforts, enforcement remains uneven. Informal settlements like Qauila in

Lami face overcrowding, poverty, and limited infrastructure, hindering police access and survivor reporting (Chand et al., 2024). Moreover, the outer island often lacks a consistent law enforcement presence, making it difficult to uphold protection orders or provide timely support (Fiji Women's Crisis Centre, 2013). Finally, traditional conflict resolution mechanisms sometimes prioritise communal harmony over individual justice, potentially obscuring cases of family violence (Stamatakis, 2024). Fiji's model demonstrates potential, particularly through its multi– sector collaboration, but achieving consistent enforcement and survivor-focused care, especially in marginalised regions, depends on continuous investment and active community participation.

In the Solomon Islands, mobile outreach services have been implemented to enable the distribution of support services to remote communities and provide support and education on domestic violence prevention (Honda et al., 2022). Mobile outreach programs in the Solomon Islands are designed to reach remote communities- especially in outer provinces like Temotu- where survivors of IPV have no access to police, hospitals, or crisis centres (UN Women- Asia and the Pacific, 2024). These programs include transporting survivors to a safe location, providing medical care, legal aid, and counselling. There are also educational workshops in the process, which raise awareness about IPV, legal rights, and available support services. The program also empowers the community by training local leaders and volunteers to recognise and respond to violence (UN Women – Asia and the Pacific, 2024). One example is the SAFENET network, which coordinates services among police, hospitals and NGOs. It expanded to outer provinces in 2019, and within two years, reported GBV, including IPV cases, tripled, suggesting that increased access leads to greater reporting (UN Women Australia, 2024).

Nonetheless, logistical and cultural challenges persist in the delivery of the program. Many islands in the Solomon Islands are accessible only by boat, and travel can be expensive,

weather-dependent, and time-consuming (UN Women Australia, 2024). Moreover, some communities lack basic infrastructure such as electricity, mobile coverage, or even basic health facilities, further constraining access to help. Beyond these physical challenges, deeply entrenched social norms often discourage survivors from reporting abuse or seeking assistance. In many cases, community preferences for reconciliation over formal justice processes, coupled with the pervasive fear of stigma or retaliation, contribute to the persistence of underreporting of IPV (UN Women- Asia and the Pacific, 2020).

Samoa's judicial system offers another innovative model through its specialised courts. The Family and Violence Court expedite domestic violence cases, reducing delays and prioritising survivor safety via protection orders, closed hearings, and trauma-informed procedures (Ligaliga, 2021). The judges and staff for this Court are trained in domestic violence dynamics, ensuring more consistent and empathetic rulings (Federal Court of Australia, 2013).

However, survivors often face challenges in the aftermath of the verdict. Some of the challenges faced include limited access to long-term counselling or trauma recovery services, the lack of safe housing, and the struggle to find employment or regain financial independence. Samoa Victim Support Group (SVSG) is the primary provider of psychosocial services and shelter facilities for women and children in Samoa. However, geographical obstacles limit its outreach capacity (Samoa Victim Support Group, n.d.). A 2023 survey found significant mental health distress in Samoa, with only one psychiatrist serving over 225,000 people (Talamua Online News, 2025).

While the Pacific region continues to make ambitious efforts to combat IPV and better support survivors, the challenges encountered in each approach highlight the urgent need to include survivors' voices in every model. Survivors' voices help ensure services are accountable, empowering, and fair.

2.4. Domestic Laws and Policies

One critical dimension of regional response to IPV has been legislative reform. Legislative reform has been a significant focus in recent years, with countries such as Fiji, Solomon Islands, Vanuatu, and Samoa enacting laws to criminalise domestic violence and provide protective mechanisms for survivors (Pacific Community, 2021). Fiji's criminal law has evolved significantly to address domestic violence, especially with the introduction of the Domestic Violence Act 2009, which provides a robust legal framework for both prevention and protection (Stamatakis, 2024). The Act recognises domestic violence as a criminal offence and allows for the prosecution of offenders, as well as provisions for urgent protection orders.

Despite these advances, challenges remain. The Fiji Law Reform Commission (2024) recommended, in its review, that further improvements are needed in Fiji's legal response to domestic violence. For instance, in their Discussion Paper 2: Criminal Justice System, the FLRC found that while domestic violence was recognised as a crime under the Act, it was not a standalone criminal offence. This means that domestic violence is regarded as a crime based on general definitions, doctrines, and judicial precedent. The danger lies in the fact that precedent can shift depending on a judge's interpretation and the framing of violence in each case. In contrast, having it as a standalone provision allows the crime to be punishable in a specific written law or statute that cannot be changed in any way unless it follows proper consultation and is passed in parliament.

In addition, the implementation of policing policies shapes access to support and protection for survivors. The Fiji Police Department implemented the "No Drop" Policy, which requires all domestic violence cases to be investigated and prohibits any case withdrawals or dropping of charges, regardless of the survivor's willingness to pursue charges (Cokanasiga, 2023). The policy provides a layer of protection for victims who may be too

afraid or coerced into dropping charges, and it also leads to better support systems for victims, as it highlights the seriousness of domestic violence and the need for comprehensive services (Naupa & Newton Cain, 2024). The Samoa Police have implemented a 'no drop" policy aimed at reducing violence. They note that reports are often made initially but are later withdrawn due to family pressure. This allows perpetrators to go free, avoiding legal consequences. Culprits often remain unpunished, justified by cultural and traditional beliefs, preventing survivors from obtaining justice. Consequently, this hinders the cycle of violence from being broken (The Editorial Board, 2023).

However, the long-term success of these policies depends critically on cultural context and professional training. While the implementation of the policy in Fiji and Samoa started strongly, it weakened as cultural and traditional influences continued to prevail. According to the Editorial Board (2023), a change in mindset is necessary for the policy to be effective. Police officers must understand that the law takes precedence over the community's cultural and traditional matters, provided respect is maintained. They should avoid selectively enforcing the policy, choosing which cases to follow and which to dismiss. Easier said than done. The tension between respecting cultural norms and enforcing legal protection is a recurring theme in the Pacific (Chand et al, 2024). In respecting cultural practices, the risk lies in perpetuating impunity, especially when traditions normalise silence and prioritise family unity over safety, whereas enforcing law without cultural sensitivity can lead to resistance, distrust of authorities, or even community backlash (Chand et al, 2024; Pacific Community, 2023).

Another layer of complexity involves critiques about the autonomy of victims and the practicality of enforcing policies on the ground. Policies can undermine the autonomy of victims, who may have valid reasons for not pursuing a complaint. While the policy aims to improve responses to IPV, its effectiveness largely depends on proper implementation and

adequate training of police officers (Cokanasiga, 2023). Zero-tolerance policies, as such, while designed to ensure accountability, can, in the process, undermine valid and complex reasons a survivor may not want to proceed with charges. Survivors may have valid or complex reasons for choosing not to proceed, including trauma, concern for children, retaliation, economic hardship, and, in middle and low-income countries, like most of the Pacific nations (Ciurria, 2018). There is often a lack of resources to address the consequences caused by enforcing this policy. For example, the lack of police officers does not ensure that the survivor will be watched around the clock at her home to prevent retaliation (Larsen & Guggisberg, 2009). In most cases, the government is unlikely to support the children or offset the financial difficulties, unless the survivor goes through lengthy legal proceedings claiming children and spousal maintenance (AIHW, 2024).

Turning to the Solomon Islands, recent legislation such as the Eliminating Violence against Women (EVAW) Policy was endorsed with a number of aims

(1) zero tolerance of violence,

(2) recognition of women's rights,

(3) sharing responsibility for the elimination of violence against women, and

(4) achieving gender equality (Ministry of Women, Youth, Children & Family Affairs, 2016).

The principle sets a clear stance that violence against women is unacceptable under any circumstances. The Family Protection Act 2014 was the first law to define domestic violence in the Solomon Islands, introducing police safety notices, protection orders and duties for police and healthcare providers to assist survivors (Solomon Islands Government, 2014).

Despite the concrete law, IPV remains alarmingly high in the Solomon Islands. Sixtyfour per cent of women aged 15-49 have experienced physical and/or sexual IPV at some point in their lives, with 42% reporting such incidents in 2009. These figures are twice

the global average of 27%, highlighting that IPV remains deeply embedded in social norms and everyday life (UN Women, 2023). A lack of police training, limited funding, culture and traditional practices, religious obligations and poor infrastructure continue to affect survivor outcomes, particularly in remote or outer island communities where services are sparse or non-existent (UN Women, 2023).

Similarly, Vanuatu has enacted its domestic violence legislation to promote gender equality and protect survivors, that is, the Vanuatu Family Protection Act 2008, which criminalises all forms of domestic violence, including physical, sexual, psychological, and emotional abuse (Kanan, 2019). Apart from the Act, the Vanuatu National Gender Equality Policy 2020-2030 is a bold and comprehensive framework that aims to eliminate genderbased violence and promote equal rights, opportunities, and responsibilities. The policy revolves around five strategic areas-

1. Leadership and Governance aiming at increasing women's participation in making levels,
2. Economic Empowerment, which supports women's access to land, finance, and employment,
3. Elimination of Gender Based Violence, which looks at strengthening laws, services, and community prevention efforts,
4. Health and Education that aims at ensuring gender equity in access to quality services and
5. Climate and Disaster Resilience, which promotes gender-responsive strategies in disaster risk reduction (Ministry of Justice and Community Services, 2021).

Like other ambitious policies, deep-rooted cultural norms and limited resources still pose barriers to full implementation. A study conducted in Sanma Province, Vanuatu, found that 42.6% of pregnant women experienced some form of IPV during pregnancy, leading to

significantly higher levels of psychological distress, poor overall health, and suicidal thoughts. (McKelvie et al, 2021). These findings show that, even with robust policies in place, IPV continues to impact women in the Pacific. This underscores the urgent requirement for thorough, culturally sensitive IPV screening and support to be integrated into maternal health services.

Despite the critical role that support systems play in providing safety, empowerment, and resources for survivors of domestic violence, the literature on such systems in Tuvalu is notably limited. The existing literature regarding intimate partner violence in Tuvalu falls short in several key areas: a comprehensive analysis of who the intimate partner violence survivors are, survivor perspectives, and social context. While it acknowledges the existence of domestic violence, it rarely delves into the specifics of the support systems in place, their effectiveness, and how survivors interact with these systems. It is often briefly mentioned in broader discussions about social issues in Tuvalu (Watson et al, 2023), which highlights the challenges faced by police in addressing domestic violence. However, it stops short of exploring how survivors navigate the support systems or how they could be enhanced to serve their needs better (Watson et al., 2023). The implementation and effectiveness of intimate partner violence support systems vary significantly across different contexts. While developed countries and some Pacific island nations have established comprehensive support services and legal frameworks, they still face numerous challenges, such as resource limitations, cultural barriers, inadequate infrastructure, and weak legal frameworks (*Pacific Community*, 2021). In Tuvalu, anecdotal evidence reveals that some support systems, like free legal assistance and healthcare, exist and provide support for intimate partner violence survivors. However, the absence of specific studies focused on intimate partner violence support systems and the perspectives of survivors raises significant concerns. This study contributes valuable data and analysis to the existing literature, providing a clearer understanding of the

effectiveness of intimate partner violence support systems in Tuvalu. It will also inform policymakers on what needs to be done to improve the efficiency of the legislation addressing domestic violence.

3. Methodology

This research focuses on the intimate partner violence support systems in Tuvalu. The purpose of this project is to gain a comprehensive understanding of the knowledge, perspectives, and experiences of intimate partner violence survivors regarding the support systems available to them, as well as how they navigate these systems to meet their needs. Additionally, the research aims to gather suggestions for enhancing support for survivors and to provide a nuanced view of the challenges they face and the effectiveness of existing support mechanisms.

This chapter presents the methodological approach of this study, beginning with the theoretical framework (3.1) that guides it. This framework emphasises a qualitative, survivorcentred approach informed by standpoint theory. The chapter then covers the research design (3.2), including participant selection and recruitment, highlighting inclusion criteria and ethical practices. Data collection methods (3.3) and key ethical considerations are discussed later. Overall, this chapter establishes the methodological foundation for understanding the process and principles that prioritise survivors' voices.

3.1. Research Paradigm – Standpoint Theory

Standpoint theory provides a key epistemological foundation for this research, as it centres and amplifies the voices of those on the margins, in this case, the IPV survivors. Rooted in feminist epistemology, standpoint theory asserts that lived experience constitutes a valuable and legitimate form of knowledge and that power and context influence what people know and how they perceive it (Harding, 1986; Toole, 2004; Ward, 2024). In this case, the narratives of IPV survivors become legitimate sources of truth and knowledge, as they speak out of lived experience. The core foundations of Standpoint theory involve the following:

1. Situated Knowledge Thesis (what we know is shaped by where we stand). Sandra Harding (1991) attests that knowledge is not neutral, meaning there is no objective truth; rather, it is shaped by one's social location, experiences, and access to power.
2. Epistemic Privilege Thesis. The Epistemic Privilege Thesis holds that marginalised perspectives offer deeper insights into social structures, including power and control, gender roles, etc., than those in dominant positions (Hartsock, 1983). People in marginalised or oppressed positions, such as IPV survivors or women, are believed to perceive social realities more clearly than those in dominant positions. This is because they experience contradictions firsthand, they have navigated multiple worlds and are often forced to reflect, cultivating deeper insights.
3. Achievement Thesis. The Achievement thesis holds that standpoint is not automatic; instead, it is cultivated (Smith, 1987). A standpoint is developed through consciousness-raising, reflection, and engagement with lived experience. This means that, as claimed above, marginalised groups do not always guarantee insight. Friesen & Goldstein (2023) highlight that standpoints are cultivated through critical engagement rather than being automatically granted by identity. In other words, marginalised individuals do not possess epistemic authority simply by virtue of their social position; insight develops when they actively reflect on their experiences and situate them within wider patterns of power and inequality.

3.1.1. The Evolution of Standpoint Theory

Understanding the development and breadth of standpoint theory illuminates its value for research on marginalised experiences, such as IPV. The theory has seen changes over time; however, the foundation remains the same throughout. It began in the 1970s, when feminist movements started challenging male-dominated knowledge systems (Hartsock,

1998). It sparked the idea that those at the margins (e.g., women) hold unique, critical knowledge about power and inequality. Nancy Hartsock argued that women's social position provides a more nuanced and complete understanding of social reality (Hartsock, 1998). From the 1970s to the 80's, the theory expanded to cover women's social position (Harding, 1991). In the late 1980s, a further development of the theory was made as Smith developed a method rooted in women's daily lives, arguing that through women's experiences, we can discover how institutions organise and how to control society (Smith, 1987). In 1990, Collins introduced the concept of intersectionality among women, arguing that not all women share the same perspective on their experiences or hold the same standpoint (Collins, 2000). This argument extends to include the notion that race, gender, and class shape distinct standpoints. Sandra Harding (1991) further argues that research beginning from the lives of the marginalised is more comprehensive and less biased (Harding, 1991). Since 2000, Standpoint theory has been widely used in gender-based violence research to centre the lived experiences of survivors, especially those from marginalised groups, as a source of critical knowledge and insight into systemic injustice (Bowell, 2021).

The theory's feminist and social justice origins directly align with the focus of this research, which is the perspectives of IPV survivors in Tuvalu. The framework, in this study, is used to justify why survivor voices are central to the methodology, show how Tuvaluan cultural context shapes knowledge differently than Western legal frameworks, and argue that standpoint-based research leads to more ethical, accurate, and transformative insights. Considering this, the theory informs participant selection, shapes the data collection approach, and guides the interpretation of findings by amplifying the voices of IPV survivors in Tuvalu.

3.1.2. Framing the Research Focus

Marginalised individuals, such as women and survivors of systemic violence, often occupy positions outside dominant power structures. For instance, in Tuvalu, women are

traditionally not permitted to speak in meetings when men are present, even if they hold leadership positions or are guests (Kofe & Taomia, 2007). These are "outside positions" that require women to remain silent and submissive to the patriarchal system. Such positioning places them at the margins of decision-making spaces, where they witness power dynamics without being permitted to influence them. From this vantage point, they see contradictions, blind spots, and injustices that may be invisible to those in privileged positions (Collins, 2000).

Harding and other feminist theorists argue that starting research from the lives of the marginalised leads to more complete and less distorted knowledge (Harding, 2004). This is because marginalised groups must navigate dominant systems while also critically reflecting on those systems themselves (Collins, 2000; Harding, 2004). For example, survivors of IPV often understand the failures and gaps in institutional support systems better than policymakers or clinicians (Wheildon & Australia's National Research Organisation for Women's Safety, 2023). However, this does not necessarily mean that marginalised perspectives are faultless; instead, they are essential for building a more comprehensive understanding of society. This research, therefore, sought to prioritise the lived experiences of IPV survivors as the central source of knowledge.

3.2. Research Design

This research is qualitative in nature. According to Creswell and Poth (2017), qualitative research is particularly beneficial for gaining rich and detailed insights into complex social phenomena, making it the best research method for such a sensitive research topic. Denzin and Lincoln (2018) argue that qualitative approaches are suitable for capturing the contextual nuances of human behaviour and social interactions. It emphasises the importance of context and meaning, enabling researchers to understand the unique cultural,

social, and environmental factors influencing the intimate partner violence survivor's perceptions of the support system in Tuvalu.

Because this research involves personal experiences of IPV, private interviews were conducted. These interviews allowed women to describe their own experiences and opinions about the support systems available to them (Eriksson et al., 2022). This method employs a participatory approach, allowing survivors to freely share their stories and contribute to the generation of new knowledge (Mertens, 2007). Survivor stories help us understand how well support systems work and what can be improved (Dragiewicz et al., 2023). The interviews were conducted in a gentle and respectful manner, using sensitive language to create a safe space where participants felt comfortable sharing (Rappaport et al., 2019). In line with recommendations from qualitative research, behaviours were described without using labels such as "abuse," "violence," or "crime" (Hegarty, 2011), which helps avoid judgment.

Individual semi-structured interviews were conducted with 15 female survivors of intimate partner violence (n=15), as this method is favoured by feminist researchers for its ability to provide a safe and supportive environment for survivors to share their experiences openly (Westmarland & Bows, 2018). Semi-structured interviews use a flexible set of guiding questions, allowing participants to lead the conversation. These one-on-one conversations allowed for a deeper exploration of each survivor's unique perspective, feelings, and needs regarding intimate partner violence support mechanisms in Tuvalu (Dragiewicz et al., 2023). Additionally, having private interviews created a safe and empowering environment where survivors felt comfortable sharing their stories honestly. This aligned with the feminist methodology, as it allowed survivors to speak for themselves and to respect their right to make their own choices during the research (O'Quinn, 2024).

3.2.1. Participant Selection (Sampling)

This study initially aimed to recruit 20 female survivors of intimate partner violence (IPV) from one of Tuvalu's nine inhabited land masses, Funafuti, between the ages of 25 and 35 years who are married or have been married. However, out of the 84 individuals approached, only 15 survivors consented to participate. Despite the small sample size, the number is considered appropriate because this study specifically focused on Funafuti, necessitating a manageable and detailed exploration of IPV survivors' experiences within this localised context. The age group of 25 to 35 years was targeted because they are expected to have experienced various life stages, including dating, cohabitation, and marriage, which can influence their perspectives on support services. To avoid the risks of re-abuse, survivors who have exited the abusive relationship or are no longer at risk of being re-abused were invited to participate. Participants from Tuvalu's other eight islands were excluded from this study due to the lack of IPV support services beyond Funafuti and because the study focused on survivors' experiences in accessing IPV support and understanding the available support systems.

3.1.2.1. Inclusion and Exclusion Criteria

The criteria for inclusion and exclusion are listed in Table 1 overleaf. The table below defines the sample for this research study. The outlined criteria ensure that the study includes individuals who can provide meaningful insights while safeguarding their well-being and maintaining ethical standards.

Inclusion Criteria

The inclusion criteria define the necessary characteristics that a participant must meet to be eligible for the study. These criteria are designed to ensure that the data collected is relevant, reliable, and contributes to answering the research question.

a. Access to technology

Participants must have access to personal smartphones or laptops that support communication platforms such as Zoom, Facebook and more. While these platforms enable remote participation, they also operate under their own privacy policies, meaning that complete confidentiality cannot be fully guaranteed. Participants were informed of these limitations and encouraged to choose private, secure locations for interviews. Participants without access to a digital device cannot be included in the study, as interviews are conducted exclusively online for privacy, safety, and logistical reasons. The decision to exclude individuals without digital access is made to ensure that participation remains entirely voluntary and does not impose undue strain on potential participants. This criterion also ensures consistency in data collection and participant experience.

b. Willingness to Participate

Participants must be willing to participate in the study and provide informed consent. It is an ethical requirement that the participant must participate of her own will and can provide consent. This is an integral requirement of the data collection process, as it reduces the risk of coercion and respects participant autonomy.

c. Female IPV survivors

This research project focuses only on female IPV survivors' experiences with IPV and their perspectives on support systems. While men and gender -diverse individuals can also be victims of IPV, their experiences may differ significantly, requiring a separate study. Therefore, to maintain a focused and gender-specific approach in analysing support systems, the male IPV survivors are excluded.

d. Age requirement: From 25 - 35 Years

Participants must be aged 25 to 35 years inclusive. This age range ensures maturity and independence, allowing survivors to reflect on and articulate their experiences. With this

age limit, those below the age of 25 and individuals above 35 years old are excluded, as they may have different experiences that could require a separate study.

e. Marital Status: Currently or previously married or in an intimate relationship. Participants must be currently married or have been married in the past or involved in an intimate relationship. Confining the sample size to a specific type of people ensures a consistent dataset on shared experiences.

f. Safety Condition: Survivors still at risk of being re-abused are discouraged from participating, as it could put them in danger if their participation is discovered. Ethical research practice requires ensuring the safety and well-being of participants. To ensure that this risk is eliminated, participants were asked a series of screening questions (refer to PIS) to assess the risk of being re-abused.

g. Residency Restriction: Must Live on Funafuti. The study examines support systems available in Tuvalu; however, data collection is limited to participants residing on Funafuti. This restriction is due to the lack of support systems in the outer islands and the unreliable internet connections there, which could cause unnecessary challenges during the process.

Table 1

Participant Inclusion and Exclusion Criteria

	Inclusion	Exclusion

	1	Have access to a personal smartphone or a laptop with WhatsApp (or other online platform(s) such as Viber, Skype, Zoom)	Do not have access to a personal Smartphone with WhatsApp (or other online platform(s) such as Viber, Skype, Zoom)
IPV survivors' participants	2	Be willing to participate and provide consent	Unwilling to participate and provide consent
	3	Female IPV survivor	Male IPV survivor
	4	Between 25 and 35 years of age	Individuals below 25 years of age and those over 35 years of age
		Is married, has been married, or is involved in an intimate relationship	Never married
	5	No risk of being re-abused	Risk of being re-abused
	6	Live on Funafuti	Does not live on Funafuti
	7	Female survivor	Male survivor

3.2.2. Recruitment Strategy

The initial strategy proposed is to recruit through trusted community organisations, which is a safer and more reliable approach, especially in the case of Tuvalu, where such topics are discouraged from being discussed outside the home. However, despite efforts to engage these organisations, no responses were received from them or the appointed Local Contact Person, whose role was to act as a community-based liaison by coordinating communication. This lack of response is likely due to their existing workload and capacity constraints, which was understandable given her dual responsibilities of running a legal

practice and leading a women's empowerment organisation, both of which involve high client demand

Consequently, the lead researcher directly approached potential participants, simply relying on word of mouth and suggestions from friends and family. Guided by standpoint theory, the lead researcher exercised appropriate caution when approaching potential participants, particularly in explaining the purpose of the approach. The language was polite and subtle to ensure the participant did not feel uncomfortable or singled out as an IPV victim. This was the main challenge in recruitment, due to cultural barriers and the sensitive nature of the topic.

The first two participants were approached directly by the lead researcher, and the rest were recruited by way of snowball sampling. Snowball sampling benefited the research in many ways. One, it allowed the word to spread faster and to the right people, using personal connections. This allowed for the process of data collection to speed up and buy more time for a deep analysis of the data collected. Secondly, snowball sampling allowed victims to connect with others and share information about the research. Having victims engage and connect is encouraging, as it empowers them to participate in the research for a good and greater cause.

A total of 64 individuals were approached through direct contact and snowball sampling. Out of the 64, 10 were successfully interviewed, five requested to fill out the questionnaires, seven withdrew participation, 30 agreed to be interviewed but never responded after a few follow-ups, and 12 never responded. The interviews were conducted online, via Facebook video call. The lead researcher, after setting a mutually agreed-upon time for the interview, contacts the participant to review the information sheet thoroughly, secures verbal consent from the participant that she willingly participates in the study and that

she consents to having the interview recorded. The lead researcher then proceeds with the interview.

3.2.3. Snowball Sampling

Snowball sampling is a non-probability sampling technique often used in qualitative research to access hard-to-reach or hidden populations (Noy, 2008). In this study, IPV survivors in Tuvalu are considered hard to reach, due to the sensitivity of the topic and cultural barriers that hinder survivors from openly reaching out or being identified as an IPV survivor or victim.

Snowball sampling was employed because the initial recruitment strategy was unable to recruit participants successfully. Consequently, the researcher made direct contact with an IPV survivor on Funafuti, who was recommended by a colleague of the lead researcher. The researcher directly approached participant number 1 (P1) and politely asked if she would be happy to participate in the research. P1 raised concerns about not being able to answer the questions, as she feared they might be overly challenging for her to answer effectively.

In this regard, the researcher began explaining to P1 the basis for the questions. This eventually led to a discussion of the research project's focus and the targeted participants. The Participant Information Sheet was thoroughly covered to ensure that the participant was well informed before deciding. P1 also questioned why she was approached as a participant, feeling shame and embarrassment from being labelled as an IPV victim survivor. The researcher clarified that participants were not selected based on assumptions or labels but were instead invited as a fellow Tuvaluan woman to share her perspectives on support systems, provided she felt safe and willing. This response used inclusive language rather than singling out the survivor, and it was also grounded in a trauma-informed and non-judgemental

approach that prioritised participant agency. This underscored the need for sensitivity and careful framing in culturally conservative settings, where IPV is often silenced or stigmatised.

After covering all pre-interview information, the lead researcher allowed P1 some time to decide. Upon completion of the interview, P1 was asked if she would be happy to share with her peers about the research, and if there was anyone interested in getting interviewed. The rest of the participants were recruited successfully via snowball sampling. The potential participants initiated contact with the lead researcher to show their interest; unfortunately, not all of them were committed. This approach ensured that participation is autonomous and informed and protects the privacy and safety of all individuals who might not be accessible through the initial recruitment method (Davies et al., 2023).

3.2.4. Participant Withdrawal

All participants were informed that they could withdraw from the project at any point before data analysis. Participation is completely voluntary. If they choose to take part, they can withdraw during the interview or within three weeks after receiving their transcript. Transcripts were sent by email, as participants confirmed it was safe to send them this way. Once the transcriptions were sent, participants were advised to make amendments to their transcripts, if necessary, within three weeks. During the verification period, the participants were reminded that they were free to withdraw their participation. If they wish to withdraw, they can notify the lead researcher via email or via the LCP, and no information provided by the withdrawing participant will be included in the research data analysis. Despite that, the data will be safely stored in line with QUT's research data management policies and legal data retention requirements. Primary research data will not be destroyed immediately upon withdrawal but will be securely stored for the required retention period.

This crucial information was also stressed to participants to ensure awareness and avoid any inconvenience. Participants were informed of the purpose of the research when initial contact was made, and then again verbally at the commencement of the interview. This information included reminders to the participants that they are free to pause or end the interview or terminate submission of their multimedia diaries at any time and withdraw from the research if desired. Participant withdrawal was anticipated once the interview commenced.

3.2.5. Screening of Participants

This process was designed to confirm that participants are survivors of IPV who have exited the abusive relationship and are no longer at risk of re-abuse. Screening was carried out sensitively, prioritising participants' comfort and privacy. The purpose of this screening is to identify participants who can safely share their experiences without jeopardising their wellbeing. The screening process is as follows.

Step 1: Confirming Inclusion Criteria

Participants must meet all the following conditions:

	Eligibility Criteria	**Screening Questions**
1.	Age Requirement (25 – 35 years old)	✓ How old are you? (*Only participants aged 25-35 will be eligible)*
2.	IPV Survivor	✓ Have you experienced intimate partner violence in a past or current relationship? (*Only survivors are eligible)*

3.	Gender Requirement	✓ *(Only female participants are eligible)*
4.	Marital Status	✓ Are you married, or have you been married? (*Only those who have been married are eligible)*
5.	Residency Requirement	✓ Do you currently reside in Funafuti? *(Only participants living on Funafuti are eligible)*
6.	Digital Access	✓ Do you have access to a smartphone or laptop with Zoom or Facebook *(Only participants with access will be eligible)*
7.	Willingness to Participate	✓ Are you willing to participate and provide informed consent? *(Only those who consent will be eligible)*

Step 2: Assessing the risk of re-abuse

To protect the participant's safety, the following questions were used to assess whether the participant is at risk of re-abuse.

- Do you feel safe from your former or current partner? (YES/NO)
- Are you currently experiencing any threats, harassment, or intimidation related to your past relationship? (YES/NO)

If the participant answers NO to the first question or YES to the second question, they will not be eligible for the study to prevent distress and further risk exposure.

Red Flags for Ineligibility:

- The participants express ongoing fear of their former partner.
- The participant discloses a recent incident of IPV or threats.
- The participants indicated active engagement in legal or crisis intervention services due to recent abuse.
- The participant still lives with an abusive partner.

Step 3: Eligibility Decision

- If the participant meets all inclusion criteria and is not at risk of re-abuse, they proceed to consent and participation.
- If the participant fails any inclusion criteria OR is at risk of re-abuse, they will not be eligible for participation

3.3. Data Collection Method

Standpoint theory emphasises dialogue, tone, reflexivity and interviews (Collins, 2000; Harding, 2004). While it does not prescribe interviews as the ideal method, these principles strongly inform the approach to interviewing, particularly in culturally sensitive contexts. It allows the participant and interviewer to engage in a deep and meaningful conversation that goes beyond answering questions. For some participants, this process offered moments of emotional release, building relationships, and reflection, all while creating a safe space in culturally sensitive contexts.

The framework guided the research to use semi-structured interviews, which allowed survivors to speak in their own words. Also, it allowed the participants to ask unscripted questions developed from their own experience (Magaldi & Berler, 2020). This method created a more relaxed conversation between the participants and the interviewer. The choices of words used depended wholly on the participants. Some participants preferred direct

language, while others used a more subtle and soft language to negate the sensitivity of the topics discussed.

The interviews focused on three areas:

1. Experiences with support services
2. Alternative to traditional support services
3. Recommendations for improvement of available support services

Annexed and marked Appendix A is the standard questionnaire that provided guidance to the interview; With participants' consent, all interviews were audio recorded, enabling accurate documentation of responses. In addition, notes were taken during each interview to capture non-verbal cues and immediate reflections, providing valuable context to complement the recorded content. All interviews were transcribed and also verified by the participants to enable a thorough analysis of themes and patterns.

3.4. Data Analysis

The analysis followed Braun and Clarke's (2006) six-phase framework for thematic analysis:

a. Familiarisation with the Data

All interview transcripts were read multiple times to gain a comprehensive understanding of the content. Initial impression and recurring ideas were noted in the margins.

b. Generating Initial Codes

Codes were developed inductively based on patterns observed in the data. Each participant was assigned a unique identifier (e.g., P1 for Participant 1) to maintain confidentiality and facilitate traceability during analysis.

c. Searching for Themes

Codes were grouped into broader categories that reflected underlying themes relevant to the research questions. These themes were refined iteratively to ensure they captured the essence of participants' experiences.

d. Reviewing Themes

Themes were reviewed against the data set to confirm their coherence and relevance. Discrepant cases were examined to enhance analytical depth.

e. Defining and Naming Themes

Each theme was clearly defined and named to reflect its core meaning. Subthemes were identified where appropriate to capture complexity within the data.

f. Producing the Report

The final themes were integrated into the findings chapter, supported by illustrative quotes from participants.

To ensure the credibility and reliability of the findings, several steps were employed; The researcher ensured that the themes extracted aligned with what the participants had shared. The researcher also kept careful records of the data, including how the ideas were grouped, how themes were developed, and reflections written during the process. These reflections show that the analysis was done in a consistent and thoughtful way. In doing so, the study aimed to present findings that truly reflect what participants shared, in a way that is careful, respectful, and trustworthy.

3.5. Challenges and Limitations

While this research offers valuable insights into the lived experiences of IPV survivors in Funafuti, Tuvalu, several limitations must be acknowledged. Fortunately, the challenges were well managed, and the impacts were kept to a minimum. Some of the practical difficulties faced are detailed below.

a. Local Contact Person non-responsive

The Local Contact Person was intended to hold an important role in this research, due to the data collection being conducted remotely. The role encompasses issuing of recharge cards, communicating concerns to the lead researcher, assisting with informing participants about the study, and facilitating logistical and emotional support. Communications were made with a potential candidate for the Local Contact Person role; however, the candidate did not sign the Memorandum of Agreement, despite expressing interest. Without a signed agreement, ethical and institutional obligations prevented the researcher from formally engaging the candidate, rendering the role inactive.

In response, the lead researcher directly communicated with the Tuvalu Telecom Corporation on Funafuti Island to arrange for the issuing of recharge cards to the confirmed participants and handled the recruitment and all communications with participants independently and in direct form. While this meant an increase in the workload of the lead researcher and less support for the lead researcher, it did not compromise participant safety or data quality. Data were collected, and participants were interviewed successfully, with minimal risks.

b. Organisations not responding to recruitment requests

Several community-trusted organisations were listed to assist with the recruitment of participants, given their established relationships and networks. However, after repeated efforts, none responded to the researcher's outreach. The lack of engagement could be due to their already existing commitments, including community programs, and the day-to-day demands, rather than a lack of interest. This raised concerns about feasibility, timeliness, and the risk of further outreach without reliable intermediaries.

As a result, the lead researcher decided to directly engage with participants via Facebook messages, ensuring that all ethical and safety measures were complied with. While

not the original recruitment plan, this approach maintained ethical integrity and aligned with the goal of the study, which is to amplify survivors' voices from within the community.

c. Constant rescheduling of interviews by Participants

One of the challenges that prolonged the data collection process was the constant rescheduling of interviews by participants, considering that families and individuals are constantly busy with community commitments and other responsibilities and obligations. Therefore, the constant delay was a challenge expected to unfold in the data collection process. The constant rescheduling raised concerns about sample saturation, as some participants failed to return after rescheduling. To manage the situation, the lead researcher conducted frequent follow-ups with participants and contacted 10 additional potential participants recommended by other participants, to compensate for those who did not return or delayed interviews.

3.6 Positional Statement

The lead researcher is a Tuvaluan by nationality from Funafuti Island. Before pursuing further studies in Brisbane, Australia, she served as an assistant people's lawyer at the Office of the People's Lawyer in Tuvalu. As a Tuvaluan woman educated in both local and Western systems, this positions the lead researcher as an insider, a great advantage to the research. A primary benefit of having an insider is a deeper understanding of the culture and social norms within the research context, which leads to a more accurate interpretation of events.

Having grown up in Tuvalu, values such as respect, kindness, and patience were instilled and expected to be displayed whenever engaging with fellow Tuvaluans. This influenced the language used in the interviews, the attitude displayed, and the overall manner in which the interviews were conducted. Throughout the interviews, the lead researcher remained reflexive by journaling, memo-writing and respectfully following up with

participants. The researcher's positionality shaped not only the methodology but also the relational ethics that underpin this study.

3.7. Ethical Considerations

This research was assessed and approved by QUT's University Human Research Ethics Committee (UHREC) as meeting the requirements of the National Statement on Ethical Conduct in Human Research (2023) on the 8th of May 2025 (Approval number 9278). Due to the sensitive nature of this research, the Ethics Application included multiple documents that set out rigid terms and carefully planned out each step of the data collection to guarantee that it is conducted ethically.

Cultural sensitivity was prioritised at every stage, with particular attention to Tuvaluan norms surrounding gender, privacy, and indirect communication. The research employed trauma-informed and respectful language, and interviews were conducted in a manner that honoured participants' autonomy and emotional safety.

The researcher's insider status as a Tuvaluan woman and legal advocate informed both the methodological approach and ethical engagement with participants. Reflexivity practices, including journaling and memo-writing, were used to critically examine power dynamics and ensure that survivor narratives were represented with integrity.

3.8. Chapter Conclusion

This research marks the first known study to centre the voices of IPV survivors in Tuvalu, offering a rare and critical lens into how women perceive and navigate the support system available to them. In a context where IPV is often silenced, normalised, or dismissed as a private matter, this study challenges dominant narratives. It repositions survivors as authoritative voices in shaping policy and practice.

By grounding the methodology in feminist epistemologies and Standpoint Theory, and by adopting culturally sensitive, trauma-informed approaches, this research not only documents lived experiences but also affirms them as legitimate sources of knowledge. The insights gathered through this process have the potential to inform more responsive, survivorled support systems and contribute to broader conversations about gender, justice, and reform in Pacific Island communities.

4. Data and Analysis

This chapter represents the findings of this study, revealing the realities, challenges, and recommendations shared by Tuvaluan women who have lived through IPV. Their voices, long unheard, now take centre stage. Drawing on semi-structured interviews with Tuvaluan survivors of intimate partner violence to answer two questions: 1) How do IPV survivors in Tuvalu perceive and navigate the existing support systems? 2) What improvements can be made to enhance access to IPV support systems?

Beginning with a brief profile of the participants to ground the analysis in the identity of the speakers, the study acknowledges the significance of social location, such as age, cultural background, and lived experience, as central to understanding how each participant interprets and navigates the IPV systems. Guided by Feminist Standpoint Theory, the words and day-to-day realities of the IPV survivors are acknowledged. Together, these sections demonstrate how the IPV support system works in practice for survivors in Tuvalu and highlight insights and recommendations informed by survivors' priorities.

The data analysis process began with all interviews being transcribed verbatim and coded to protect participants' identities. After having studied the transcripts, meaningful segments of text were highlighted. Through iterative comparison and constant engagement

with the data, preliminary themes were developed. Themes were further refined through multiple rounds of review, ensuring coherence and grounding in the data. Through this rigorous and reflexive analytical process, the voices of Tuvaluan IPV survivors were not only heard but meaningfully interpreted in ways that honour their lived experiences.

4.1. Data Overview

A total of 15 participants (n = 15) took part in the study, representing a specific age range (25 to 35 years old) and a diverse range of professions and relationship statuses. The table below summarises key demographic data and support systems accessed based on the interviews and questionnaires.

Table 2

Survivors' Profile

Code	Employment	Education	Relationship Status	Support Institution
P1	NGO intern	Tertiary	Single mother	Police, Lawyer, NGOs
P2	Dentist	Tertiary	Married	Family, Legal Aid
P3	Domestic duties	Tertiary	Married	TUFHA, Family, Peer group
P4	Teacher	Tertiary	Divorced	Church, Social Welfare, PMH
P5	Police	High School	Married	Family
P6	House girls	High School	Married	Family

P7	Finance Officer	High School	Married	Family
P8	Ministry Professional Assistant	Tertiary	Married	Police, Family, Colleagues
P9	Home maker	High School	Re married	Police, Social welfare
P10	Admin Officer	Tertiary	Single mum	Fatu Lei, Police, Hospital
P11	Police	High School	Married	Police, Family
P12	NGO Coordinator	Tertiary	Married	Police, NGO
P13	Home maker	Tertiary	Married	Family
P14	Student	Tertiary	Married	Church. Women's group, family
P15	Home maker	High School	Married	Family

Age

The age group displayed in the table ranges from 25 to 35 years. This was deliberate, as each age group has unique challenges. Focusing on a specific age group reduces irrelevant variation and enables an in-depth understanding rather than generalised findings.

Employment and Education

The employment and educational status of each survivor is an important detail that provides readers with a background understanding of how participants experience, perceive,

and make sense of issues in their lives. These elements can significantly influence their helpseeking attitude and how they navigate the IPV support system in Tuvalu, as it affects their access to resources, social networks, and overall perceptions of available IPV support (Malihi, 2021)

Relationship Status (Marriage, Divorced, De Facto)

Each participant's relationship status tells a story of how much they have experienced, how they have coped and how they are willing to help. This element enables meaningful subgroup analysis, revealing how support systems work differently for married survivors compared to single survivors (White et al., 2023).

Support Accessed

In Funafuti, Tuvalu, there is a total of nine obvious Formal Support services and five Informal support services groups. Formal Support includes the following.

a. Tuvalu Police Service – the primary law enforcement body, responsible for responding to IPV incidents, enforcing protection orders, and liaising with community leaders. Officers often navigate tensions between customary authority and legal obligations, requiring culturally sensitive policing approaches (Watson et al., 2025)

b. Princess Margaret Hospital – As Tuvalu's only hospital, PMH provides medical care to IPV survivors, including emergency treatment, maternal health services, and referrals. It serves as the central health facility for all islands, with outreach clinics supporting remote communities (Generis Online, 2024).

c. TUFHA- Tuvalu's leading NGO for sexual and reproductive health. It provides clinical SRHR services, counselling, mobile outreach, and educational programs, including support for IPV survivors and vulnerable groups (Family Planning NSW, 2024))

d. Gender and Welfare Department – This government department leads national gender policy implementation, coordinates responses to GBV, and promotes women's empowerment. It works across ministries and civil society to mainstream gender and support survivors (SPC, 2021).

e. Fatu Lei (NGO) - A grassroots women's organisation focused on advocacy, education, and empowerment. It leads community-based initiatives to prevent violence, promote women's rights, and support survivors through outreach and capacity-building (Pacific Women Lead, 2025).

f. The Office of the People's Lawyer – The office provides free legal advice and representation to Tuvaluan, including in family law and IPV-related cases. It plays a vital role in access to justice, especially for women navigating complex legal systems (People's Lawyer Act, 2022).

g. Director of Public Prosecutions – The DPP is responsible for prosecuting criminal cases, including IPV-related offences. It ensures that cases are handled ethically and fairly and provides guidance to police and legal officers (Public Prosecutions Act, 2008).

h. Tuvalu National Council of Women – This council advocates for women's rights, supports survivors, and contributes to national gender policy. It serves as a bridge between government and community, amplifying women's voices in decision-making (SPC, 2021).

i. The Office of the Judiciary – Tuvalu's judiciary includes the High Court and Magistrates' Courts. These bodies adjudicate IPV cases, issue protection orders, and uphold legal rights. The judiciary is central to ensuring justice and accountability (Tuvalu Government, 2022).

The Informal support system, therefore, includes family, friends, peers, church, and community groups. This is an important element as it speaks volumes about awareness and visibility of these services to IPV survivors. It shows what survivors notice and remember. Public crisis services, such as the police, are often seen first, while health and justice offices

are not always clearly recognised as sources of IPV help. In everyday life, family, church, and peers are more readily visible, making them feel more accessible.

Mothers

Among the participant cohort, mothers represented a distinct subgroup whose helpseeking patterns often reflected child protection priorities and pressures. While motherhood was not an inclusion criterion for participation, the majority of participants identified as mothers. This characteristic became analytically significant, as concerns for children's safety and well-being strongly shaped survivors' help-seeking decisions and navigation of support systems. For instance, mothers in the sample tended to seek help when child safety was at risk. However, they were restrained by compounding barriers related to social expectations, childcare logistics and economic dependency.

Understanding these demographic profiles and their links to help-seeking patterns is vital for interpreting the nuanced ways in which survivors engage (or hesitate to engage) with IPV support services (Stiller et al., 2025). This contextual foundation supports the thematic analysis that follows, shedding light on how structural and social factors influence access and responses to survivor needs in Tuvalu and the Pacific region.

4.2. Themes

The findings are organised into three themes: Accessibility, Awareness, and Recommendation. These themes explain how survivors learn about support services, examine their knowledge of these services, and explore their understanding and perception of what support is offered. The theme of Awareness focuses on how the survivors understood IPV support systems, the visibility of support services in Tuvalu, how the survivors feel about the support services and how much they know about them. Accessibility focuses on how

survivors feel about the services, when they use these services, what triggers them to use them and what hinders them from using these support services. Finally, the recommendation theme highlights the specific improvements survivors seek, including reliability, confidentiality, cultural trust, and continuity of care. These themes align with the research questions: RQ1 (navigation of existing systems) is addressed by Accessibility and Awareness;

Recommendations address RQ2 (how to improve access).

Table 3

Outline of Themes

Research Question	**Theme**	**Sub-theme**
Navigation of the existing system	Awareness	1. Measurement of Awareness Level a. High awareness b. Moderate awareness
Navigation of the existing system	Accessibility	1. Triggers to accessibility 2. Barriers to accessibility
Recommendations	Survivors' recommendation	1. Recommended resources 2. Recommended services

The themes were developed through inductive thematic analysis, which involved lineby-line coding of transcripts and constant comparison across participants, refining categories and identifying patterns that reflected both shared and divergent experiences. A theme was retained only if it was supported by multiple participants and clear examples and

answered the research questions. Together, the themes highlight key determinants of help-seeking in Tuvalu among Tuvaluan women experiencing IPV.

4.2.1. Awareness

This theme examines the visibility and accessibility of support services for survivors in Tuvalu and examines the extent of survivors' knowledge and understanding of these services within the broader support system. This theme significantly contributes to addressing research question one: How do IPV survivors in Tuvalu perceive and navigate the existing support systems? as it explores how survivors navigate through awareness of the IPV support systems in Tuvalu. Guided by Standpoint Theory, survivors' stories are highlighted to demonstrate how awareness is created or hindered in everyday life. From this standpoint, awareness becomes "real" only when it is credible, private, and culturally safe, which explains why visibility does not always convert into use (AIHW, 2023).

The concept of "awareness" in relation to IPV support services has been defined and classified by Idris-Wheeler et al. 2022. Awareness can be passive and active. Passive awareness (Nominal) refers to the situation where a survivor is aware that a service exists (ref). In contrast, active awareness (Functional) involves understanding when and how to use it and feeling capable and safe doing so (Idris-Wheeler et al, 2022). In this study, awareness refers to the extent of survivors' knowledge and understanding of the existing support systems available on Funafuti, Tuvalu.

For survivors in this study, awareness is categorised into three levels: high, moderate, and low. High awareness refers to nominal and active consciousness, as well as the ability to recall IPV support services without hesitation or further explanation. Moderate awareness ranges from the ability to name support services after a few clarifications or explanations. This is generally the functional awareness discussed by Idris-Wheeler (2022). Low awareness describes survivors who are unable to name any support services or resources. The table

below presents data on how survivors respond when asked if they were aware of any IPV support services in Funafuti, and whether it was easy or challenging for them to learn about the support services or resources

Table 4

Identified Services

Participant	Named Services	Direct quote	Awareness Level
P1	Department of Gender Affairs; TNCW; TUFHA; Police DV Unit; People's Lawyer; Social Welfare	I sought legal support by reporting the matter to the police and the Office of the People's Lawyer …it was easy to get help"	High
P2	Social Gender Department, People's Lawyer, Welfare	It was easy…but sharing such sensitive topics takes courage …with the right person, it would be easier.	High
P3	TUFHA	Finding the service is easy, but reaching out for help — and being seen by people —is a different matter.	Moderate
P4	Social Welfare; Hospital; divorce lawyer/ Office of the People's Lawyer	For me, it was easy because I had connections…the big The barrier is our culture	Moderate

P5	Fatu Lei; Polic Hospital; TUFHA; Family /friends	The IPV support services that I can think of include Fatu Lei, …Police Service, the Hospital, TUFHA…families and	High
		friends are also a great support system in such circumstances	
P6	Police, Hospital	I turn to police for protection and when I am badly injured, I also visit the hospital for dressing of my injuries	Moderate
P7	Police, TUFHA	It was easy to know, but difficult for me to approach them… I feel reluctant to share information…especially confidential information	High

P8	of Police, Department Gender, Fatu Lei	Police Services is the only support service that I know can offer help in time like these to women… (later added) Department of Gender under the Government, Fatu Lei but to me its not going to work, especially when the people working there are Tuvaluans	Moderate
P9	Police, Office of the People's Lawyer, Social Welfare	Police told me to go to lawyers; lawyers told me to go back to the police for a police order	High
P10	Police, PMH, Fatu Lei	The IPV support services I am most familiar with are the Tuvalu Police Services and PMH, and because I have encountered IPV several times, these are the two primary support services that I turn to, and Fatu Lei just recently	High
P11	Police, Fatu Lei,		High

	Gender Department	"Yes, the only support service I've used is the Tuvalu Police Service…I can only think of Police, oh yes and Fatu Lei and the Gender Department."	
P12	Gender Police, PMH, Affairs, Fatu Lei	There is a gap between knowing the service exists and feeling safe enough to use it	High
P13	Gender Affairs Counselling, Police, TNCW, Lawyers	"Yes, easy to find and learn about it"	High
P14	Police, Hospital, Gender Department	These services are easy to find, but hard to approach…we don't like to cause embarrassment to our families	Moderate
P15	Police, Legal Assistance, Fatu Lei, Office of the People's Lawyer	I don't trust them to keep the things I share confidential … I just talk to my mother-in-law	High

4.2.1.1. Measurement of awareness level

The table above shows the awareness levels of survivors. The questions asked during the interview, in relation to awareness, aimed to gather information on what survivors know

about IPV support services in Tuvalu, how much they know, how they learned about them, and their feelings and perspectives towards the existing support system.

In this study**, "awareness"** is measured through

(i) Unaided recall of IPV services – survivors can name IPV services without prompt or assistance from the interviewer

(ii) Ease of discovery – survivors find it easy to learn about an IPV support service.

This could also refer to the pathway to knowledge (who/where/how).

Unaided recall is a well-established metric in marketing and public health to assess spontaneous recognition of services or campaigns (Stoeckel & Davies, 2016). It is considered a strong indicator of services' visibility in the community, the cultural salience of support options, and trust and familiarity, as when a service is top-of-mind, it may be perceived as more accessible or credible. This metric has been widely used in community readiness assessments to gauge how well-known services are before and after awareness campaigns (Edwards et al, 2008). In this study, the metric is used to assess how well survivors know services by asking them to name or identify all IPV support services they know in Funafuti.

Ease of discovery is a concept widely used to capture the navigability of the information landscape, meaning how quickly, clearly, and confidently survivors can find help (Sultana et al., 2025). In this study, this concept is used to examine how easily, quickly, clearly, and confidently survivors can identify, recognise, and access IPV support systems in Tuvalu. Survivors were asked to share how they first became aware of the IPV support services available in Tuvalu, whether it was easy to learn about them, and how they decided which service to use.

These approaches are important in this study because they illuminate how survivors become aware of IPV services in Tuvalu, which is essential for understanding their

helpseeking behaviour. In a survivor-centred study, these measures do more than just evaluate awareness; they also uncover systemic barriers to access, cultural relevance, and the emotional experience of seeking support.

According to Figure 3, 60% of survivors (n=9) possess a high level of awareness regarding the existing IPV support system, as they were able to name or recall more than two IPV support services at first instance. The ability to recall more than one support service without prompt implies that survivors have a broader understanding of the support landscape and that at least one service is visible, trusted, and embedded in community knowledge. These survivors, when asked to name existing support systems, started listing without delay, indicating a convincing awareness of IPV support services. For some survivors, it took a moment to think of the services when asked, and some also inquired if they could be provided with further explanation of what IPV support services entail. While these survivors offer equally valuable insights, their inability to identify IPV support services without assistance suggests gaps in visibility and outreach.

A notable finding in this study is that none of the survivors showed low awareness. This is mainly because Funafuti is a small, close-knit community where information spreads quickly through word of mouth or the coconut wireless. This leaves no reason for survivors on the island to be uninformed about IPV support services. Every survivor in the study has either some basic awareness or functional awareness, or both, of the available IPV support services.

While these key indicators reflect survivor accounts, they do not accurately represent population-wide visibility, as they are based on the memories and perspectives of individuals who have lived through the events, which can be influenced by recall and priming biases. This is, however, mitigated by the use of semi-structured interviews, which allow the lead

researcher to consistently phrase and sequence questions across participants, thereby reducing the interviewer's influence on responses.

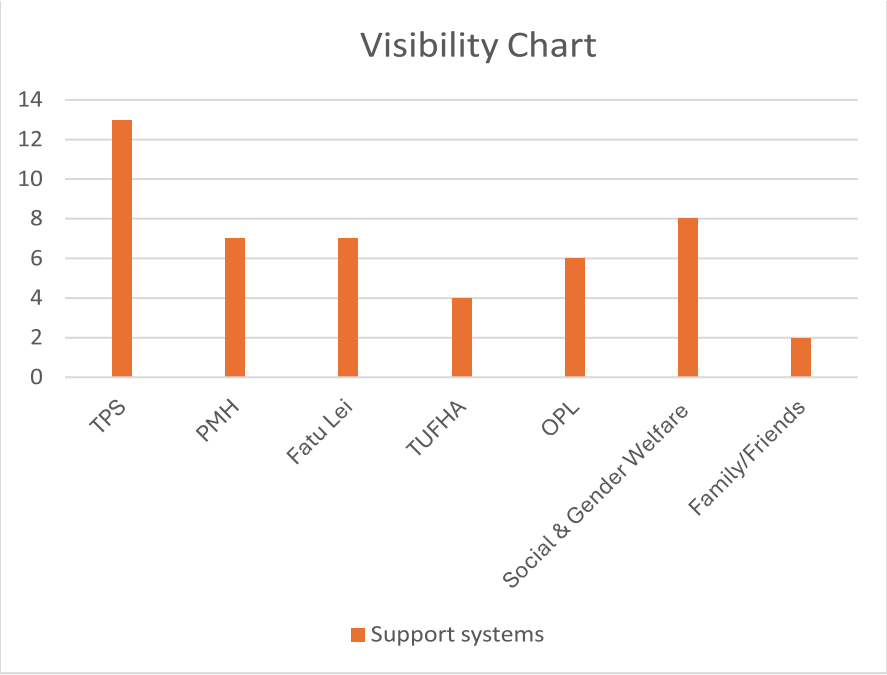
4.2.1.2. High-Level Awareness

Awareness of IPV support services is influenced by factors such as education, media exposure, social networks, cultural norms, and systemic accessibility (Stiller et al., 2025; Disanayake, 2025). The patterns extracted from the survivors' standpoint are that awareness is attributed to high visibility of services, close-knit communities, and educational/ social media campaigns. Although there are important contextual distinctions, both studies highlight the role of social and structural factors in shaping awareness of IPV support services.

A. <u>Service Visibility</u>

Table 5

Visibility Chart



The support services most mentioned, indicating high visibility and easy discovery among survivors, are the Tuvalu Police Service (TPS) and Government Departments (Gender & Social Welfare). Conversely, NGO providers like Fatu Lei, TUFHA, and PMH, along with other support options, are mentioned less frequently and are considered mid-tier. Family and friends are rarely mentioned, each named only once by a single survivor, reflecting their low visibility or recognition as an IPV support service.

Information about top-tier visibility services usually reaches survivors through open observation, radio, or social media. For instance, TPS is actively engaged with the public daily to maintain peace in the community. These observations instil in survivors an understanding of what the Tuvalu Police Service is capable of and an idea of its line of work. Without formal campaigns, these observations increase TPS's visibility among survivors. This is reflected across some survivors' accounts:

P7- "Police are the ones that maintain the peace on the island… I have witnessed it a number of times."

P6 – "I have always known that Police…help victims…and my family take me to the hospital when I am injured."

This is further affirmed by Roberta Signori et al., 2024, who found that when officers are regularly present and embedded in communities, they accumulate local knowledge and foster trust. Their frequent engagement helps maintain visibility of policing services and encourages community members to seek help when needed (Putt, 2010). As in this study, due to frequent interactions between police officers and the public, survivors have gained local knowledge of the support TPS provides through personal observation.

B. Educational and Social Media

Apart from daily engagements, broadcast programs on radio and television, awareness clips and information circulated on social media, and workshops also promote the visibility of

these services. Some survivors reported learning about these services through social media, social activities, workshops, and the radio.

P12- "I learned about these services through university research and attending regional workshops on GBV."

P13- "From the workshop and training done by the Gender Affairs Department."

P3- "I was first introduced to this IPV support service in 2018…influenced by social media and women's empowerment."

These lived experiences confirmed the findings in Bigby (2024), which argue that engagement in meaningful activities and social interactions, along with the consistent use of active support practices, leads to higher visibility and uptake of services. Education and media exposure enhance visibility and normalise help-seeking, especially when messages resonate culturally. Survivors who engage with media and training are more likely to remember services unaided and to advocate for improvements, as these methods make IPV support services more noticeable, memorable, and top-of-mind for survivors.

C. Close- Knit Community

Another factor contributing to survivors' awareness of support services is the small size of Funafuti Island. This is reflected in P3's narrative – *"Tuvalu is a very small island, and these services are very easy to find or learn about".* Given the proximity of living, learning about services can be relatively easy through word of mouth, as neighbours, friends and families share their experiences, fast-tracking recognition even without formal campaigns. Some survivors shared that they learned through aunts with forms (P4), church announcements (P14), and sisters or mothers-in-law (P2, P5 and P15). This suggests that in close-knit communities, survivors may not respond to posters or campaigns alone; for some, they need trusted intermediaries who validate the service and guide them towards it. A regional analysis of the Pacific information environment similarly observes that messages

(accurate or otherwise) circulate rapidly through local networks, amplifying in small populations (Lowy Institute, 2024). This aligns with evidence that word of mouth is among the most influential channels for shaping what people know and do (Huete-Alcocer, 2017).

These findings therefore suggest that, although awareness is high, it is likely to be superficial and may contain some misinformation. For survivors, high visibility does not guarantee trust or effectiveness, but it anchors awareness. Survivors often turn to the most visible service first, even if it is not the most appropriate or trauma informed. The findings above indicate that while survivors rarely discover services in isolation, they rely on social cues, trusted relationships and cultural legitimacy. This underscores the need for programmes to use trusted local networks and provide clear, consistent, and easy-to-share service information to keep visibility high and prevent misinformation from discouraging use.

4.2.1.3. Moderate Level of Awareness

A moderate level of awareness is mainly attributed to limited outreach, a lack of public engagement, and reliance on informal networks (Stiller et al., 2025). From the survivor's standpoint, the level of awareness is shaped by procedural barriers, stigma, confusion and lack of awareness. The following survivors shared their existing knowledge and the challenges they faced in learning about the existing IPV support services on Funafuti.

Table 6

Survivors' Existing Knowledge of, and Barriers to Learning About, IPV Support Services in Funafuti

Participant	Statement	Existing Knowledge	Barriers to Learning

P8	It was not easy, because there is not much awareness, and also domestic violence and issues such as these are frowned upon when openly discussed. So, the support service is not something that you can easily learn about.	Knows that some support services exist, but they are not visible or openly discussed.	Lack of awareness, social stigma, and difficulty accessing information about support services

P14	The support services I am aware of are the Tuvalu Police, the hospital, and possibly the Department of Gender. However, honestly, we do not seek them out unless it is a serious issue.	Aware of specific services (Police, hospital, Department of Gender) for serious cases.	Reluctance to seek help unless the situation is severe; limited knowledge of available services
P10	The hospital only deals with injuries	Sees the hospital as a place for physical injuries, not broader IPV support.	Limited scope of support (only physical injuries addressed)

P7	Yes – what I know is that they try to help, but I do not really know to what extent or how they will help. There is a lack of awareness about the services they provide and the support they can offer.	General awareness that "They try to help", but unclear about what help looks like	Uncertainty about the extent of help; lack of awareness about services and support
P9	They told me to go first and talk to the lawyers, and then the lawyers told me I need to go back to the police. It has been like that - back and forth. I am not entirely sure who should be doing what.	Knows that both police and lawyers are involved in IPV cases	Confusion about procedures; being sent back and forth between agencies; lack of clear guidance

The lack of awareness is attributed to several factors, including a small population, social network dynamics, infrastructure constraints, the weakness of formal institutions, limited media, education, and data gaps, as explained by La Trobe University (2022). These factors contribute to deeper issues with the circulation, teaching, and running of awareness programs, as well as the dissemination of official information. The statements tabulated above

highlight procedural confusion and a lack of coordination and awareness, which weaken trust and reduce visibility of services.

The lack of awareness-raising programs by IPV support institutions has been a pervasive issue and a central barrier to addressing many challenges in Tuvalu. This is not only felt by IPV survivors, but also by leading institutions on Funafuti, who have reported on it. The Department of Environment (2007) states that the absence of a national awareness campaign exists from policymakers at the national level down to the Falekaupule [local government] and civil society sectors. An in-depth review of government strategy and legislative framework also concludes that lack of awareness is a key challenge for Tuvalu's climate response (Government of Tuvalu, 2012). Chouhan (2025) found in his study that the lack of targeted awareness programs led to insufficient knowledge among patients of mental health and had a particularly significant impact on those in underserved rural areas. Like in this study, low awareness directly affects the help-seeking behaviours of survivors. This makes navigating survivors within Tuvalu's IPV support system complicated and discouraging, leading to these services being ineffective and inefficient. Survivors displayed a narrow awareness of the range and functions of support services in Tuvalu. P10 and P14 both had misconceptions of service scope and help-seeking threshold. P10 does not conceptualise the Princess Margaret Hospital (PMH) or the healthcare system as a support network for violence or crisis. This misconception stems from a lack of awareness, as discussed above. Often, in small Pacific nations and resource-constrained contexts, service institutions operate with minimal resources, resulting in the invisibility of some services. When people do not see active or visible support services in their communities, they may assume those services are non-existent or ineffective (Krnjacki et al, 2016).

The survivor's perception has been limited by what is visible to them, recognising PMH as a support only for those in medical need, when in fact, health workers can safely plan

pathways to safety and protection, prepare documentation for legal proceedings, provide trauma-informed care, brief counselling, referrals, and many more (Davies et al, 2015; Dichter et al, 2021; The Women's Hospital, 2024). The Family Protection and Domestic Violence Act 2014 (FPDV) imposes responsibilities on health service providers to respond expediently (provision of medical, counselling and protection services) to cases of domestic violence (Government of Tuvalu, 2014); however, because these responses are hardly visible or heard of, survivors' awareness of the support that healthcare can provide remains limited to what they can see. These experiences call for more targeted awareness, procedural awareness, and a more user-friendly system that ensures survivors can easily and quickly access information.

4.2.1.4. Survivor's Awareness Map of Support Services.

Drawing on the discussion above, the awareness of support services among survivors is mapped below for visual reference.

Table 7

Survivor Perceptions of IPV Support Services in Funafuti by Level of Visibility and Knowledge Gaps

Level of Visibility	Named Support Service	What is Known (perceived roles)	What is Not Known
High	Tuvalu Police Service	TPS- arresting and detaining abusers	The Domestic Violence Unit offers support explicitly for IPV survivors, protection orders, and restraining orders and facilitates the No Drop Policy
High	Gender and Social Welfare	Counselling	Provide housing, shelters and referral pathways.

Moderate	Princess Margaret Hospital	Injuries focused	Counselling, safety planning, warm referrals, and documentation
Moderate	TUFHA	Counselling	More survivor-friendly clinic care, psychological support, outreach, awareness, and prevention
Moderate	Office of the People's Lawyer	Court representation	Legal advice, apply for protection orders, and injunction orders
Moderate	Fatu Lei	Counselling	Confidential counselling, privacy, warm referrals, community outreach, and advocacy for the survivor friend system
Low	Family	Holistic Support	Emotional, financial and psychological support, spiritual support, and physical support if necessary

The table above shows the depth of survivors' awareness of the existing support systems in Tuvalu. It details what survivors recognise from each service, and what they are yet to learn about them. While some survivors demonstrated a high level of awareness of IPV support services in Tuvalu, critical reflection reveals that mere awareness does not always translate into effective access or utilisation. Several accounts show survivors who, despite being able to name multiple formal services, consciously avoided them due to deep-seated distrust or a lack of perceived cultural safety. For instance, Participant 8 (P8) explicitly recognised multiple services but dismissed them as "not going to work for me, especially when the people working there are Tuvalu," highlighting the role of perceived confidentiality risks and community proximity. Similarly, some participants expressed confusion about procedural boundaries, citing being sent "back and forth" between police and legal agencies without clear guidance (P9), which erodes their trust in the system's effectiveness.

Another unexpected pattern was the reluctance of some survivors to identify healthcare providers like Princess Margaret Hospital as possible sources of IPV support, reflecting a limited conceptualisation of available help and a misconception of medical professionals' roles. These contradictions imply that while survivors might have high nominal awareness, practical obstacles like privacy worries, stigma, procedural confusion, or previous negative experiences can still hinder their actions. Therefore, programmatic initiatives need to differentiate between mere awareness and a genuine, actionable understanding that allows survivors to seek support securely.

In summary, awareness in Tuvalu is high in name but fragile in function. Survivors often know what exists, or who works at the institution, but lack trusted, clear pathways to act. The next subtheme, 4.2.2. Accessibility refers to how survivors access these support services despite having limited awareness. The table plays a significant role in explaining limited access (4.2.2), as it stems from the limited awareness in survivors.

4.2.2. Accessibility

While most survivors demonstrated a high level of awareness, in that they could name multiple services and described them as accessible, this knowledge did not necessarily translate into help-seeking or active engagement beyond superficial familiarity. As Figure 3 indicates, 60% (n=9) of survivors possess a high level of awareness. Figure 1 illustrates that 40% (n=6) of survivors with a high level of awareness do not access or use the formal support services they describe. This theme is drawn from survivors' accounts as they share their experiences of accessing these services, their treatment, and the challenges that hindered their access. The theme is further broken down into subthemes: 4.2.2.1 Triggers of Accessibility and 4.2.2.2 Barriers to Access.

Accessibility is commonly defined as the ability to use and enjoy products, services, environments, or information, regardless of age, status, or ability (Oxford Review, 2025).

However, in this context, it extends beyond the availability of support services and the mere use of them. Idris-Wheeler et al. (2024) describe it as more than just physical entry or service availability; it is primarily about survivors feeling safe, heard, and supported in ways that resonate with their lived experiences, particularly during challenging times of crisis. Idris Wheeler's understanding of accessibility in IPV support systems emerges from a scoping review of how survivors engage with health and social support during stressful life events (SLEs), such as pandemics, disasters, and economic crises. This resonates strongly with the lived realities of IPV survivors in Funafuti, Tuvalu, as survivors battle SLEs such as climate change, limited infrastructure, service fragmentation, economic precarity and cultural safety (SPREP, 2023)

From a survivor's standpoint, accessibility is shaped by the severity, urgency and frequency of the violence, the impacts of the violence experienced, and the encouragement by family and friends. This is reflected across survivors' accounts:

P9- "Sometimes at night, he comes right into the house without any fear for my elderly father and just damages multiple items in the house by punching, kicking and throwing things around the house"

P11- "I was badly injured, and plus I had just given birth"

These factors not only influence the initial decision to seek help but also determine which support services survivors perceive as most appropriate in their immediate circumstances. Survivors' accounts showed that cultural barriers, bureaucratic processes, shame, and trust have all contributed to hindering access for survivors; however, these barriers are not inflexible and can be overturned depending on the severity and frequency of the violence. This is reflected in survivors' narratives as they share that they involve the police and other formal support when the violence gets physical and severe. This is directly reflected

in P8's narrative, as she shared how she moved beyond keeping IPV matters to herself to getting police involved.

P8- "It was that time when I knew for sure that he was going to lay his hands on me. That is when I decided to get the police involved, because I knew he was going to injure me."

Another survivor who also works in one of the support service providers said,

P11- "Sometimes… when I am desperate, I call in to work and ask to speak to a senior officer…they are more responsive to my requests."

These participant quotes align with studies that find that the most potent triggers for accessibility are escalating violence, life-threatening episodes, harm to or witnessing by children, and reaching a personal or emotional breaking point (Ansara & Hindin, 2010; Meyer, 2010; Ravi et al, 2022). In Meyer (2010), it was found that victims who reported more severe types of abuse were more likely to seek formal support, such as professional/medical, police, and legal, in addition to informal help. Ravi (2022) further validates the survivor's findings by focusing on a broader set of facilitators (provider knowledge, accessibility of services, desire to prevent future violence, protection and safety, knowledge of services, policy and institutional factors, and personal factors) that make accessing and engaging with services possible or likely well beyond just the crisis event.

4.2.2.1. Triggers of Accessibility

Participants described accessibility as contingent on the intensity and impact of the violence they experience. While many participants describe hesitation to seek formal support, they tend to reach out when the threat of harm escalates, fear increases, or they have suffered severe and/or repeated harm.

Table 8

Triggers of Accessibility

Triggers of Accessibility	Support Accessed	Evidence
Severity of Violence	Police and Hospital	"I turn to the police for protection, and when I am badly injured, I visit the hospital" – P6
Escalation of Abuse/ Tipping point	Police and Lawyers	"Repeated property damage and violence"- P9
Children safety	Police and Lawyers	"To protect myself and my children"- P3
Encouragement by others	Police and Counselling Services	"… my aunt came with the forms"- P4

The table above narrows down the survivors' narratives to five primary triggers of access. It shows a consistent pattern where the majority of the survivors, when asked how they deal with IPV, at first instance respond to say that they keep it to themselves or share it with trusted family members; however, they move beyond self-keeping and informal support after experiencing the above triggers shown in Table 8.

Severity of Violence

IPV is manifested in many forms, such as physical, verbal, psychological, emotional and financial (Stewart et al, 2020). For survivors, the severity of physical violence forces

them to access formal support services that provide imminent protection and safety. P11 and P6 shared their experiences and what pushes them to seek formal support services.

P11- "When he laid his hands on me, and to the point where the abuse was so severe that I had to call in to work (TPS) for some help"

P6 – "I turned to the police for protection, and when I am badly injured, I also visit the hospital for dressing of my injuries."

These lived experiences illustrate how the severity of violence influences participants' access to support and shapes their decisions about which services to engage with. For instance, P11 shared that while she typically bears the brunt of physical abuse from her husband, she only involves police officers when she is badly injured. However, for most of the time, she is also physically abused but not injured; she does not access any support services.

Reluctance to report to the police is deeply rooted in culture. Amin et al., 2024 note that women often hesitate to report domestic violence to police because doing so is seen as an admission that the issue cannot be resolved within the family. In Tuvalu, the justice system is viewed as a foreign or colonial system and is generally considered a last resort (Watson et al., 2021). Taking this step might end marriages, break family ties, or separate fathers from their children. It is regarded as the final measure, because while cultural approaches, like informal support, can be flexible, compassionate, and adaptable, the justice system makes it clear that once a decision is made, it is final. Although it can bring justice for one party, it often causes pain and sorrow for the other.

A study that focused on Canadian national data highlighted that severe violence is seen as surpassing a threshold where personal coping or informal help no longer suffice, leading survivors to access formal channels such as police or healthcare providers (Ansara & Hindin, 2010). Furthermore, it is highlighted that in instances of injury or escalating violence,

survivors view formal services as better equipped to offer protection and immediate relief, which most informal support cannot meet (White et al., 2024).

Within the Pacific, Malihi et al. (2021) explain that the shift from informal support service or self-keeping is driven by fear for personal safety, the risk of further harm and death, and the need for medical intervention. Formal support is perceived as a "last step" that survivors seek when informal networks are exhausted or when abuse escalates beyond what community or kin-based responses can address (Taylor, 2023). These studies explain the lived experience of survivors, where they find it necessary to involve the police only when they are in fear for their safety, physically abused, injured and in fear of further harm and death.

These studies strongly reinforce the experiences of the survivors in this research, showing that formal support is seldom the initial choice. It highlights that accessibility is not static; instead, it is activated by harm. For these survivors, it becomes a last resort, prompted by increasing violence, injuries, or fears of death. In contrast, some survivors in this study who have never needed formal support services explained that they prefer to stay with family because, besides lacking trust and facing cultural barriers, they never saw the need to seek formal help since the violence in their marriage is mild and manageable within the family.

P15- "I have never used formal services, but we do have problems …well, he has never hit me, but just mental and emotional abuse…and I just normally pray about it."

Escalation of Abuse

The escalation of abuse becomes the tipping point for some. Survivors in this study shared their experiences with what drove them to seek the assistance and support of formal services.

P9- "Yes, my family. Sometimes they come and chase him away. But when my family leaves, he comes back again and continues to torment us…sometimes at night, he *comes right*

into the house without any fear for my elderly father and just damages multiple items in the house by punching, kicking, and throwing."

P9- *"There was a time when I went to the police so they could come and stop him from bothering me (after divorce) but they told me to go first and talk to lawyers, and then when I get to the lawyers, they tell me again that I needed to go to the police and get them to issue a restraining order."*

P9 shared her frustration of having to endure repeated abuse coming from her exhusband. She ended up seeking the assistance of police and lawyers for restraining orders against her ex-husband. P9 shared that she often relied on her family to protect her; however, the protection is only temporary, as it ends when they leave. When she is alone, or with elderly relatives who cannot help in such situations, the abuser returns and threatens her, damages properties, and even harms her. This continuous torment shifts the survivor's reliance from informal to formal support. Her decision to seek police assistance, as evident in her narrative, is driven by the escalation of violence, repeated property damage, fear for personal safety and inadequacy of informal support. While the role of lawyers appears to be underutilised in this study, survivors who reached the threshold of harm and sought systemic protection often turned to lawyers not just for advice but also for legal authority to initiate restraining orders, custody arrangements, and protective measures

The escalation of abuse indicates that the survivor has normalised the abuse, with the hope that the situation improves. Nevertheless, the frustration and exhaustion arise when the abuse does not stop, and the informal support system fails in controlling the abuse. This shift is explained as a necessity, as survivors believe that formal services have the authority to disrupt the cycle, intervene decisively, and restrain the perpetrator (Nurius et al., 2011). Evans et al. (2015), a study based in the United Kingdom, found that accumulation of harms, failed informal support, and recurring abuse motivate survivors to seek intervention from a formal

institution with the authority to restrain or remove the perpetrator. More closely to the context of this research is a study by UNFPA Pacific (2015) that highlights that survivors return to formal support as a necessity when violence, fear for life, and recurring abuse overwhelm informal resources.

These studies have shown that escalation of abuse not only triggers survivors to access formal support services but also creates direction on which support services to access. The studies both highlight that survivors, in their effort to break abusive cycles, sought the assistance of not any formal support service, but one that has the authority to remove perpetrators or break the abusive cycle. In this study, survivors who have indicated escalation of abuse as a trigger for access sought the support of police and lawyers, who have the authority to apply for restraining orders against perpetrators.

Protection of Children

Survivors' accounts consistently expressed concerns for children's well-being as a reason for moving from informal to formal support. Survivors highlighted how selfpreservation and ongoing violence affected their children.

P1- "I decided to seek help from the police and the Office of the People's Lawyer because I believed they could provide the legal protection and guidance I needed. I was feeling overwhelmed and unsure of what to do, but I knew I had to take a step to protect myself and my children."

P3- It really helped ease the load I carry mentally. My children were no longer facing the effects of a stressful mind."

P9- "Even with my kids, when I ask the police to get my kids back from my ex-husband, they ask me to go talk to lawyers, and then it is a long process."

P1 recognised she needed to act for her children's well-being and future. P3 shared that severe abuse had drained her mentally and distressed her children. The relief that P3 described after accessing support suggests that the impacts of a good support service can extend to the lives of those around the survivor, even those in her household. P9 highlights her attempt to use formal services to protect and regain custody of her children, and her frustration with the bureaucratic delays. The narratives above reveal a profound truth about survivors in this study: their help-seeking is not only about self-preservation but also about protecting, nurturing, and restoring their children's lives. Children emerge as both a source of strength and a catalyst for change. Survivors describe enduring abuse until the emotional or physical toll on their children becomes unbearable. This underscores the need for childsensitive support services and highlights survivors as resilient caregivers navigating complex systems for the sake of their children's future.

In most Tuvaluan families, children are seen as the future. This means they shape the future for most people, parents, families, friends and elders in the community. To ensure a bright future, it is the duty of parents to raise children in a healthy environment and protect their mental well-being. Though there is an absence of literature on Tuvalu in substantiating this claim, this is, however, reflected in Tuvalu's commitment to being a member of the Convention on the Rights of the Child (CRC). The Convention establishes comprehensive rights and protections for all children under 18, aiming to ensure their survival, development, protection and participation in society. Moreover, the national laws of Tuvalu (The Constitution of Tuvalu, article 12(2)(a); Custody of Children Act; Adoption of Children Act; Penal Code; Employment Act; and FPDV Act) all come together to legislate and govern the community, while prioritising and protecting the best interests of children (GOT, 2014). As children hold great value and emotional significance for their mothers, survivors reported

their willingness to overcome cultural stigma, shame, and privacy concerns related to experiences of GBV to shield their children.

Aligning with the above, studies have revealed that children's exposure to domestic and family violence drives many parents to seek formal support to break the cycle, restore safety and enable a caring environment for children (Australian Institute of Family Studies, 2014). This shift is motivated by protective attitudes toward children and recognition that informal supports cannot provide sufficient safety or long-term stability (Meyer, 2010). In addition, the fear of traumatising the children with ongoing exposure to violence motivates parents to seek protection orders, police assistance or formal support services (Boxall et al., 2020; Taylor, 2023). Recent research further demonstrates that children exposed to IPV experience significant emotional, behavioural, and developmental harm, and that exposure often co-occurs with direct abuse, reinforcing parents' urgency to engage with formal systems (AIHW, 2026; Wolbers et al., 2023).

Encouragement by Others

For some survivors, family and friends encourage them to seek formal support services. Survivors who identify family and friends as their first point of contact for support often report that, after sharing their problems with these individuals, they are encouraged to file a formal complaint or approach certified counsellors and other formal support services.

P4- "I first heard from my aunt, who came with the forms to be filled."

P10- "I was encouraged by a friend to go to Fatu Lei. She even came with me."

P3- Mygodmother is the one who pushed me to get help."

These survivors' narratives illustrate that informal support often recognises the limitations of what they can provide and offers to compensate in other ways. For instance, some friends offer to accompany survivors to support institutions, while others handle

paperwork and other necessary documents. Survivors have praised these traits found in families and friends, which is why they prefer these support systems over other, more reliable ones. It is because they offer companionship, guidance, direct encouragement and emotional support, helping survivors navigate the complex systems

This moral support from family and friends has often acted as a bridge between survivors and formal support services (Schucan Bird et al., 2025). On most occasions, they act as the initial entry point for survivors into formal support, by physically transporting them to the location, filling out forms, and paying consultation fees (Ansara & Hindin, 2010). Survivors, inspired by the commitment that these individuals put into helping them, follow along and make use of these safety-seeking actions (Meyer, 2010).

These studies mirror the reality of survivors in Tuvalu. Most survivors turn to family and friends when the violence is not severe, or the physical protection is not necessary. This is due to several hindrances, which will be discussed in another subtheme. However, the point is that, while encouragement from families and friends can facilitate access to formal support, for some survivors, it takes more than mere encouragement or advice. Witnessing these individuals' commitment to support and protect empowers other survivors to access support services.

4.2.2.2. Barriers to Access

While most survivors in this study could identify at least one formal support service, the pathways from awareness to actual access were marked by a range of barriers, demonstrating that knowing about a service does not equate to being able or willing to use it. Genuine access was hindered by a combination of institutional, social, and emotional barriers that reframe what support really means from a survivor perspective**.**

Across survivors' accounts, the following patterns emerged as barriers to their access to support services: Stigma and Privacy; Lack of Trust and Fear of Gossip; Service Attitudes and Training; Cultural Barriers and Inadequate Services.

Table 9
Barriers to Accessibility

Barriers	Manifestation
Stigma and Privacy Concerns	Shame, embarrassment, public judgement, public labelling,
Lack of Trust	Leaking of confidential information & breach of procedural trust
Service attitudes and training	Police cruelty, rude language, facial expressions, lack of empathy, blaming, judgment
Practical barriers	Failure of telecommunication facilities
Cultural barriers and minimising attitude	Reinforcing silence, self-blaming, sacrifices

The table outlines the recurring barriers that survivors have shared in their interviews. These challenges make it difficult for survivors to break through the first entry point and discourage survivors who have already gone through the first entry point from revisiting formal support services. Similar to the discussion on triggers of access, this discussion focuses on barriers that hinder survivors' access to formal support services. Informal support services will be detailed in another section to maintain the flow and coherence of thoughts.

Stigma and Privacy Concerns

Stigma and privacy concerns emerged as key barriers to accessing support services among participants, shaping their help-seeking behaviours and coping strategies. From a survivor's perspective, stigma includes feeling embarrassed and ashamed (P3; P5; P11; P8), fearing judgment or gossip (P12), feeling like a failure (P3), and a strong cultural reluctance to discuss private or family matters openly (P2), even when help is needed.

Many survivors described feeling too ashamed or scared of being judged to seek formal support.

P14- "The hardest part was shame; everyone talks in a small place like Tuvalu." Others expressed fears of judgment from the community, peers, and the public-*P2- "I had concerns that local staff might gossip, so I was guarded."*

Some shared that seeking support might indicate the presence of IPV, which they see as a sign of failure, while others emphasised the cultural belief that family matters or IPV issues should remain private within intimate relationships.

P3- "I did not want people to know what I was going through because I was embarrassed…I feel like I failed as a mother and as a wife."

Due to the fear of being stigmatised, participants shared that, due to their status as women in the community, they felt that discussing and sharing their experiences with service providers would bring shame to their families and stigmatise their reputation in society. As a result, they prefer to remain silent and keep the matter within their families or close friends.

Amin et al. (2024) further affirm the findings, arguing that shame, concern for family reputation, religious interpretations, and community scrutiny cause survivors to remain silent and not seek formal support. The CEDAW Committee's concluding observations on Tuvalu (2023) also find that pervasive stigma, community gossip, fear of unfavourable consequences, and lack of privacy deter women from reporting violence or seeking help. Stigma around IPV

stems from deeply rooted cultural and religious norms tying shame to breaches in expected gender roles, family reputation, and marriage vows (Amin et al, 2024). Community expectations dictate loyalty to one's family and husband; help-seeking, therefore, is perceived as a step towards a separation of marriage.

The social proximity and communal living in Funafuti are central to everyday interactions with friends and family. With a population of just over 11,000 across the islands and fewer on Funafuti, privacy is limited, and personal affairs can become common knowledge within the community (McCubbin et al., 2017). Close relational ties, resulting in everyone knowing each other, largely contribute to the difficulty in maintaining privacy (La Trobe University & UNDP, 2025). This makes it difficult for survivors to find privacy when seeking support. According to survivors in this study, being seen visiting the police station on Funafuti triggers a lot of rumours and public judgment.

P8- "Even when you go to the police, you cannot fully disclose the details…for sure the police will share all this confidential information with whomever they wish to share it with."

P5- "It is very difficult to share private affairs with counsellors or police officers, because there is always the risk of them sharing it with whomever they feel comfortable sharing it with."

These narratives capture the social stigma and fear of exposure that discourage women from seeking help publicly. This immediate attention from the community can create an environment of discomfort and anxiety for survivors seeking assistance. The ever-present scrutiny not only amplifies feelings of embarrassment and shame but also reinforces concerns over privacy and confidentiality. Survivors may become hesitant to approach formal support services, knowing their actions are likely to be observed and discussed by others. This dynamic further perpetuates the stigma associated with seeking help for intimate partner

violence, pushing survivors towards silence and discouraging them from pursuing the support they require.

Lack of Trust

Survivors expressed a lack of trust in service providers, particularly regarding the confidentiality of the information they shared. This has been a challenge for them in accessing support services, as they have no trust that service providers would keep their shared information confidential. P8 shared, "*One thing that stops me from sharing my problems with service providers, especially if they are locals, is that there is no trust, because I know the nature of Tuvaluan people, with us, things do not stay confidential for long."* This statement clearly shows that a lack of trust in confidentiality and a lack of trust in service providers and the wider community hinder survivors from freely accessing support services. Although these service providers are legally required to keep information confidential and may explicitly state this, survivors often find it hard to believe, having witnessed numerous breaches.

Survivors report that, although services are physically accessible and their existence known, profound concerns remain about whether their experiences and identities will be handled with genuine respect, privacy, and understanding. This lack of trust is often rooted in prior negative encounters, cultural stigma, and uncertainty about whether confidentiality will be maintained. These factors can amplify survivors' fears of exposure or judgment (Overstreet & Quinn, 2013).

Trust is crucial to ensure an honest and full disclosure (Heron et al., 2021). Alaggia et al. 2009 further confirm that when survivors predict a breach of confidentiality in support services, they are reluctant to seek support services. The authors emphasise that service providers and systems can either enable or prevent disclosure, depending on how they respond to and handle each case. Leaking of information could result in public judgment,

shame, further harm and public ridicule (Battaglia et al., 2003). For survivors, their fear of trust stems from their individual experiences, having witnessed multiple breaches of trust and confidentiality with most formal service providers, which placed them in an insecure spot about sharing confidential information. Research shows that such breaches can diminish the sense of safety and increase emotional burden, leading to survivors withholding information (Kafka et al., 2024).

The nature in the Pacific is that breaches of trust also include anxiety about mandatory reporting, fear of social isolation, and concern that seeking help might worsen their situation or result in loss of custody of their children (UNFPA, 2015). This is also the reality of the survivors in Tuvalu. P8 added, *"I don't really trust the police, and I'm being really honest. I have heard so many stories of police cruelty, and that also made me reluctant to seek the help of the police in such circumstances."* This quote captures the survivor's fear that seeking formal support might not improve her situation and could potentially make things more dangerous. Feelings of insecurity, worry, and fear rush in as they become desperate for help. In contrast, those who are not desperate for support might suffer in secrecy because of their past experiences and stories that they have heard.

Service Attitudes

Survivors have expressed disappointment with the attitude of some service providers. P10 states, *"another thing with police and hospital is the poor customer service…Fatu Lei is better…they deliver a good service, with proper care."* Incidents of police cruelty have been occurring frequently on Funafuti, and this negative image threatens the public, especially survivors, when reaching out for help. Survivors who have accessed police support showed concerns, dissatisfaction with police services, especially regarding confidentiality, responsiveness, and police cruelty. This discourages survivors from reaching out to police, as their desires are often not met. P8 shared that in one incident, she considered calling the

police for help but was afraid due to rumours of police cruelty. She worried her husband might be beaten in custody and, when released, could pose a greater threat to her.

P8- "Besides, I don't really trust the police, and I am being really honest. I have heard so many stories of police cruelty, and that also made me reluctant to seek the help of the police in such circumstances. I'm scared of my husband, and I'm also scared of the police."

P11- "I was really hurt and felt betrayed…they found him but only warned him and never arrested."

P9- "They never really lock him up…they just go and get his statement and then release him, and then he comes back to my house angrier and bothers me again."

These survivors' accounts clearly illustrate inconsistent responses and a perceived lack of professionalism among arresting officers, reinforcing the need for capacity-building and standardised training across all ranks. P8's sharing captures the thoughts, fears, worries and concerns that survivors go through before deciding to reach out for support. Survivors who have already accessed support services expressed that the poor attitude or customer service acts as a barrier for frequent visits and discourages most women from visiting out of their own free will. Participants also emphasised that IPV survivors should be treated with care, regardless of their behaviour or physical condition as evident in the following accounts

P10 shared "Another thing with Police and Hospital is the customer service, their atthey need need to always respond with care and kindness because they do not know what the other person has gone through… the consistent follow-up, or regular check really helps mentally"

P5- "They (Formal Support Services) should only encourage, rather than becoming part of the problem. They should also respect the decision made by the couple and be able to create a safe space for the couple."

P12- "Service providers should receive certified training in confidentiality, trauma, and survivor-led support."

From the perspective above, it is clear that how survivors are treated is just as important as the services provided. The existence of support services alone is not enough; the quality of personal interaction can determine whether a survivor chooses to seek help at all. Most survivors in this study perceive the TPS solely as a detention service and believe they should only intervene for the detainment of the abuser or when involved in serious situations. TPS, being a constitutional establishment (Government of Tuvalu, 2009), emphasises adherence to legal procedures over the needs of survivors or equitable treatment. Often perceived as strictly procedural, lacking cultural approach and sympathy for perpetrators, survivors tend to avoid engaging with the TPS because they believe that the TPS would not comply with their needs, but would strictly follow procedure and legislation. Survivors see this approach as unhelpful for their situation, as it might even exacerbate the problem, particularly when police confront the perpetrator or initiate formal steps without considering cultural dynamics or safety planning, increasing the risk of retaliation and community backlash. Consequently, survivors turn to more culturally and community-based perspectives, where they feel more listened to and less disrupted (Davies et al., 2023). This observation also aligns with the researcher's broader understanding of service delivery in Tuvalu. Based on her professional experience in legal advocacy and research, along with the lack of trust and the difficulty in keeping sensitive matters confidential by service providers, poor attitudes within formal support services often discourage help-seeking, especially among survivors who are not in immediate crisis.

Negative service attitude is manifested through an aggressive tone, rude language, facial expressions, constant and unnecessary delays, lack of empathy, being judgmental, and blaming (Heron & Eisma, 2021). These attitudes have a direct effect on survivors' willingness

to disclose abuse and engage with formal support services (AIC, 2009; Heron et al, 2021; Lim, 2025). This is a crucial barrier that needs to be recognised and addressed as it can reinforce fears of exposure, stigma and further trauma. On the contrary, positive attitudes enable survivors to access help, speak openly, and trust the service provider (Lim, 2025). When dealing with IPV survivors, service attitudes are most important, especially at initial points of contact, such as first disclosure or intake sessions, when survivors are most vulnerable and evaluating whether the service is trustworthy (Heron, 2021).

Practical Barriers

Practical barriers, such as unreliable telecommunications, play a significant role in preventing survivors from accessing formal support services. Although Funafuti is geographically small and most support services are located nearby, survivors highlighted that unreliable telecommunications pose a significant barrier, particularly during urgent moments of need for protection. *P8 states, "Their (police) telephone does not work. What I did that early morning of the incident was run to the road and try to stop a car that was approaching. Luckily, the car belonged to the Mataili crew (Marine Police) … where we live is quite a distance from the police office, so imagine if something happened to me with that distance?"*

On Funafuti, landline phones can make calls within Tuvalu, but coverage and reliability are often poor, leading to unsuccessful calls. Making a phone call on Funafuti via mobile is almost impossible. While internet coverage on Funafuti is good, and people have access to the internet, most Formal Support services, such as Tuvalu Police Service, Princess Margaret Hospital, and TUFHA have yet to establish official websites to enable survivors to contact them. This makes it extremely hard for survivors on Funafuti to reach out to service providers with privacy and urgency. This barrier not only hinders access for survivors but may also expose survivors to more danger and unsafety, as most services cannot be reached

via telephone. Survivors who have relatives or friends working in support institutions may find this not to be a barrier for them, as they can easily send a message to their personal contact via social media. The greatest burden falls on survivors like P8, living on the outskirts of the main town, who experience heightened risk of IPV and have limited connections to frontline responders. In such contexts, assistance is often delayed and, in some cases, arrives too late.

The failure of telecommunications is a barrier experienced both directly (inability to make direct phone calls) and indirectly (delays or breaches in communication leading to harm) (Pelosa, 2025). For survivors, phone access is critical for reaching out to formal support. When phones do not work, survivors experience further insecurity, especially at moments of imminent danger . As P8 has shared, the failure of telephones is mostly harmful when a survivor needs urgent intervention from police officers, immediate medical care, or when survivors are preparing to leave/escape abusive environments. This is a common barrier that is faced by survivors in most Pacific islands, especially in the context where there are limited resources to cater for the needs of survivors (Wood, 2012).

Cultural Barriers and Minimising Attitudes

Cultural practices or beliefs that women must not "make noise", simply referring to the mindset that expects women to remain silent in public gatherings, political spaces, and any social groups (family, community), and the cultural pressure to maintain family harmony, even at the cost of personal safety or rights (Kofe & Taomia, 2006). This cultural mindset remains prevalent in many families across Funafuti Island. This is reflected in P5's narratives, as she shared how women take blame, even if she is understood and believed by her parents.

P5- "There are times my mother tells me that I am the problem, and that the situation is my fault, even when she understood and believed me. She tells me I must apologise and

usually advises me to just sacrifice and hope for a change in my husband's abusive behaviour. She encourages me to stay in the marriage because that is *my duty as a wife and as a mother… she said the only time I can walk away from my marriage is when my husband leaves me"*

P5's experience is common in Tuvalu, and most survivors have expressed experiences parallel to this.

P8- "My mum normally advises me to reconcile with my husband. Sometimes it is hard."

P14- "My older sister reminded me that we women have to carry our families through hardship."

In Tuvalu, a patriarchal system, women are viewed as inferior, and in cases of married couples, women are culturally obliged to be submissive to their husbands. This kind of cultural belief often leads to women preferring solutions that would not disrupt family unity or bring shame, indirectly forcing survivors to suffer in silence and instilling fear in survivors from moving against the social fabric (Magnussen et al., 2011). P14 raised fear of dishonouring family and of community ostracism as an obstacle to her freely accessing support services in Tuvalu. Studies have revealed that minimising attitudes and beliefs as such downgrade the seriousness of IPV and normalise it as an ordinary marital dispute (Amin et al, 2024; Watson et al, 2024). This reinforces silence around domestic violence and IPV, preventing women from accessing formal support, especially in culturally heavy settings like Funafuti.

While there is a significant focus on education and advocacy against IPV programmes, these cultural barriers persist due to intergenerational transmission, as they are deeply embedded social patterns that require long -term, culturally grounded, survivor-centred approaches to shift. For example, children who are exposed to norms of condoning violence or silence about IPV will likely grow up to reproduce these attitudes, perpetuating

barriers despite school-based or media advocacy (Green et al., 2023). Other studies have argued that, due to poor outreach to rural areas, or in this context, the outer islands, resistance may be active from conservative leaders or elders who perceive the acknowledgement of IPV as a threat to cultural integrity (Finucane Consulting, 2010). This study validates survivors' expressions and their perceptions of barriers to accessing support services.

4.2.3. Survivor- Centred Recommendations

This theme, like other themes, is extracted from survivors' narratives as they share what resources are needed to improve support and what additional services Tuvalu needs to better equip its responses to the issue of IPV. This theme addresses research question two, which aims to gather insights from survivors on recommendations for improving Tuvalu's support for IPV survivors and its response to IPV.

This theme is broken down into two subthemes: (1) recommended resources, which refers to tangible supports, materials, or provisions survivors want improved or provided as part of the support and (2) recommended services, which include improvements or expansions in the structure, quality, and approach of direct support services and systems.

4.2.3.1. Recommended Resources

The category of recommended resources emerged from survivors' accounts of the types of assistance they considered most beneficial for women seeking support services in Tuvalu. Survivors highlighted the need for resources that more effectively meet their needs during periods of support and protection. The table below provides a visual summary of these recommended resources.

Table 10

Recommended Resources

Recommended Resources	Particulars
Confidential Communication Tools	Reliable phone lines, secure reporting channels and options for anonymous web/text outreach
Psychological Support Materials	Self-help guides, trauma- recovery workbooks, informational pamphlets in local languages, certified counsellors, and therapists
Safe Shelter and Economic Aid	Emergency housing, transportation vouchers, food support, childcare assistance, and direct financial help for survivors and their children
Access to Legal and Health Information	Clear guidance on restraining orders, custody, healthcare, safety planning and navigation of legal and health systems

The recommended resources are not necessarily absent in Tuvalu; some resources are in fact present, however, there is a need for them to operate on a 24-hour basis, particularly for survivors seeking help during times of urgent need. This table, therefore, highlights the different types of practical resources that survivors most often say they need to stay safe, recover from trauma, and get reliable support. Each line describes a resource designed to make getting help easier, protect confidentiality, and address survivors' everyday needs.

Confidential Communication Tools

Confidential communication tools such as reliable phone lines, secure reporting channels and anonymous text outreach provide a safer avenue for survivors who wish to

maintain privacy and confidentiality, while sharing sensitive information. The fear of shame and lack of privacy addressed in earlier themes discourages survivors from accessing formal support services. In addition, survivors in earlier themes have expressed their need for urgent interventions by police and hospital management, highlighting how confidential communication can serve as critical conduits for initiating rapid, life-saving support.

These tools would serve the purpose of enabling survivors to safely, anonymously, and privately reach out for help and ask questions that they would not freely ask had it been a face-to-face session. Studies have shown that telephone communications are more relaxed and direct than face-to-face consultations (Irvine, 2020). This approach is particularly beneficial for survivors in Tuvalu, who often find face-to-face consultations stressful and pressuring, as they navigate the public eye and judgments while seeking help.

As P3 puts it, "the hard part is opening up to your problem and being seen by people."

The journey of a survivor is arduous and needs no additional pressure or burden from support services. Having reliable phone lines and secure reporting channels takes away the unnecessary stress of maintaining privacy. Not only does it alleviate additional stress imposed by the community, but it also creates a safe environment for survivors to express their frustrations and pain, while protecting their identity.

Another benefit of having reliable phone lines, as expressed by survivor P8, is for emergency purposes. Survivors have expressed the need to have reliable phone lines in cases where they urgently need intervention from police officers or medical attention. P8 shared that she was lucky a car stopped for her and helped her reach out to the police officers. In a hypothetical event where the car had not stopped for her, she admits she could have been badly injured and probably admitted to the ICU.

These are the situations that drive survivors to recommend reliable phone lines, domestic violence hotlines, anonymous counselling sessions and safer reporting channels.

Most Pacific Islands, like Fiji, Tonga, Samoa and Papua New Guinea, all operate 24-hour domestic violence hotlines and crisis lines designed for confidential support, counselling and emergency responses (Women United Nations Pacific, 2024). Pacific Islands that have implemented confidential communication tools have reported increased help-seeking and counselling uptake as survivors became more comfortable opening up and reporting their experiences to support services (Fiji Women's Crisis Centre, 2019). Reports of reduction in barriers, faster emergency response, better coordination of services and safer disclosure environment were made and attributed to the installation of confidential communication tools, contributing to a broader shift in community attitudes towards IPV (Finucane Consulting, 2013; Morgan & Associates, 2017).

Psychological Support Materials

Survivors expressed the need for psychological support materials, such as self-help guides, trauma-recovery workbooks and informational pamphlets that are easy to read and understand. Survivors also expressed the need for professionals who provide psychological care and support.

P8 shared "Also, I think it would be good to have therapists here in Tuvalu, especially to provide support to the mental state of women, because in the context of Tuvalu, we cannot just blurt out whatever issues we have, and it affects us mentally. I know a few who have committed suicide due to mental breakdown…"

Survivors fear for mental breakdown, and the dire need for psychological care and support is reflected in their recommendations. Psychological support has been proven to normalise feelings and reactions of fear and trauma by offering validation, understanding, and strategies for coping (Brooks et al., 2021). Materials like information pamphlets, trauma recovery workbooks, and self-help guides help survivors to exercise self-regulation and stress

management, as they provide practical strategies to cope with stress and intrusive memories (Nollett et al., 2018). Moreover, these tools empower recovery and facilitate communication and connection as they guide survivors towards recovery and link them to professional help (Helpguide, 2025).

In the Pacific region, studies have revealed that psychological support tools, such as those used by Save the Children, have proven to reduce distress and help children and adults express emotions (Save the Children, 2022). In Solomon Islands, psychosocial education materials such as handouts and printed materials have led to significant improvement in survivors' safety planning, coping strategies, and willingness to seek formal support (SPC, 2009). These examples highlight how well-designed, locally relevant psychological support materials can contribute to positive mental health.

Other studies have, however, indicated that such resources may not succeed or have a limited impact in Pacific Island contexts. A review from Australia and regional partners revealed that psychosocial support in the Pacific Islands, especially in remote rural populations, is lacking due to the absence of community-driven materials, cultural mismatch and the unavailability of service providers to continuously provide them (Australian Government Department of Health, 2024). This, therefore, calls for psychosocial support tools that are community-driven, written in the local language, culturally appropriate and easy to find and use. Survivors have expressed the importance of tools and professionals of such nature to their well-being and empowerment.

Safe Shelter and Economic Aid

Safe housing, food vouchers, and financial aid are significant needs for survivors who are trying to escape the abusive environment. The majority of (n=8) the survivors have expressed the need for IPV shelters. These recruitment agencies could help women achieve

greater financial independence, provide funds to support survivors and their children, and offer aid in terms of food and water to sustain themselves during their transition to safety. In Tuvalu, most survivors depend financially on their husbands. This makes it hard to leave their abusive husbands because they fear financial struggle and starving their children after the escape (Amin et al, 2024). Survivors have shared that they wish they could walk away from the marriage because of the constant abuse, which affects not only them but also the children. However, due to their financial dependency on their husbands, they cannot leave and must endure the suffering in silence.

P11- "...My husband really supports our child and me. He works really hard to support us, so it is tough for me to divorce him because of that."

Safe houses and shelter services provide immediate protection by removing survivors from dangerous environments, especially in close-knit communities in the Pacific, where privacy is limited and perpetrators may wield considerable influence (SPC, 2009). In other studies, they prove supportive space for survivors to stabilise, recover from traumas, and access counselling or medical care (ODE & DFAT, 2019). Likewise, economic assistance, such as financial support and job opportunities, empowers survivors to rebuild their lives outside of abusive relationships, reducing dependence on perpetrators for basic needs (SPC, 2009).

Pacific Islands, such as Samoa and the Solomon Islands, have implemented safe house models. Meanwhile, Papua New Guinea and the Fiji Islands have well-established crisis centres that provide support and protection for survivors by engaging them with professionals and assisting them in job hunting (ODE, 2019; SPC, 2009; World Bank, 2019). These implementations have documented positive pathways leading to higher rates of survivor safety, well-being and successful reintegration. This Pacific region evidence reiterates the necessity of safe houses and economic aid for survivors, especially those in close-knit

communities, like Tuvalu and in societies that are still heavily influenced by cultural beliefs and practices.

Access to Legal and Health Information

Legal and Health departments are among the services where survivors often struggle to find help, become confused by procedures, or avoid them due to unclear pathways or mandates, ultimately hindering their access to the support they need. This is reflected in survivors' narratives, particularly P10 and P9:

P10 – "the PMH mainly cares only for injuries…"

This reflects the lack of awareness and understanding among survivors about the support the hospital can provide. This is due to procedural barriers and the lack of visibility for actual roles. The uncertainty in procedure and the lack of visibility around the actual roles and responsibilities of medical staff in IPV cases can affect the perception of survivors of the roles of each service. Survivors are often unclear about what steps to take when seeking help, what kind of support they are entitled to, and how their cases will be handled once they disclose abuse. This includes not knowing:

- Who to approach within the hospital for IPV-related concerns
- What the process entails, whether they will be asked to file a report, undergo an examination, or speak to a counsellor
- What happens after disclosure, whether there will be follow-up, referrals, or legal involvement

The procedural ambiguity can lead to hesitation, mistrust, and disengagement. Survivors often rely on what they have seen, observed or heard from others. If they have never witnessed or heard a medical professional offering IPV-related support, they may assume that such support does not exist. As a result, the hospital becomes perceived as a place for physical treatment only. Just as survivors experience uncertainty when navigating

hospital-based support, some survivors also face significant confusion and hesitation when engaging with legal services. While institutions like OPL are technically available to assist, survivors often lack a clear understanding of how these services operate, what their roles are, and how to initiate contact. P9 revealed in her narrative that the uncertainty around standard procedures led to repeated attempts to seek assistance, ultimately resulting in inadequate support

P9- "There was a time when I went to the police so they can come and stop him from bother me after my divorce, but they told me to go first and talk to lawyers, and then when I get to the lawyers, they tell me again that I need to go to the police and get them to issue a police order… so the things I want them to do never happen."

P9's experience highlights the impact of lacking clear, mandated pathways for survivors to access legal assistance and support easily. These experiences have created the need in survivors to recommend clear, written pathways that could help them with directions and provide them with full awareness of what support they can expect from legal and health institutions.

Having clear and easily accessible information about services has been proven to have a positive impact in the Pacific region. SOPs ensure all respond correctly, consistently and ethically to survivors, so survivors receive appropriate and supportive care regardless of where they enter the system (UNFPA, 2015). In addition, they enhance coordination and quality care, leading to faster and better referrals between health, police, legal and counselling services (Ministry of Women, Community and Social Development, Samoa, 2023).

These reviews validate the recommendations of survivors, as they not only strengthen survivors' safety, dignity, and access to coordinated services but also align service providers in their response to IPV matters.

4.2.3.2. Recommended Services

This subtheme details the services recommended by survivors to be present in Tuvalu, to be added to an already existing support service institution or to be improved. These are the recommended services that survivors believe will improve the existing support system on Funafuti to better meet their needs. The highest rated services are those that combine professionalism, empathy, confidentiality, therapeutic follow-up, and culturally sensitive approaches.

Table 11
Recommended Services

Recommended Services	Particulars
Professional counselling and therapy	Young counsellors, certified counsellors; confidential sessions
Long-term support	Follow up
Awareness	Community, especially for the informal support
Specialised DV Units	Specialised unit with authority to protect and make orders as it deems necessary

Professional counselling and therapy

There is a clear demand for more counsellors and professionally trained therapists, particularly those with trauma-informed, survivor-centred, and confidential training. In addition, many survivors prefer “younger counsellors” or those closer to their age group (2535 years) or sometimes foreign counsellors.

P2- "Also, I would be more confident sharing all these with a foreigner, so I would suggest that a foreigner be our counsellor because they do not really know your background and there will be less judgment."

The participant expresses a lack of trust in local service providers, rooted in the fear of being judged or having personal information shared. In tightly knit communities like Funafuti, social proximity can compromise perceived confidentiality. Due to foreign counsellors not having a local perception or understanding, participants feel more comfortable talking to them as they are perceived as more neutral and less embedded in local social networks and less likely to hold cultural biases or personal knowledge that could prejudice their judgement.

Participants also expressed difficulty in opening up to older counsellors, noting that these counsellors tend to be stricter with procedures and have a different level of understanding of their circumstances. Survivors also explained that with some older counsellors, instead of helping them develop coping strategies, they are advised to stop making their husbands angry, which reinforces self-blame. This leads survivors to recommend more professional counsellors who are young enough to understand their circumstances and way of thinking, or foreign counsellors, who would not know them personally, reducing judgmental advice or self-blaming.

P7- "I feel like the older counsellors aren't very welcoming, and I reckon they need someone closer to our age who can relate to us when we bring our problems. It would be like talking to a sister. I had that one time, I went to see an elderly counsellor, and she told me to stop having more children. I felt judged and not welcomed."

P8- "... one thing that stops me from sharing my problems with another local counsellor, is because the counselling you are likely to get is influenced by what they have heard about you, their opinion of you and their local knowledge of your background..."

Survivors believe that because of proximity, counsellors' advice is influenced by their local knowledge of a survivor's background, culture, and gender roles, which has led to a preference for a counsellor who offers advice independent of family background, culture, or gender roles, focusing instead on a trauma–informed approach.

This recommendation is, however, not unique to Tuvalu. Other Pacific countries have also expressed the need for professional and trauma-informed counselling. The Review of Counselling Services in the Pacific (2017) highlights the need for professionalisation of counselling, such as more explicit role definitions, increased competence, and trauma-specific training. This study suggests that the preference for professional counselling stems from the perceived incompetence of counsellors who offer basic counselling. Pacific literature, including community-based research with Samoan and multi-ethnic youth, reveals significant preference differentials based on age and perceived cultural distance between survivors and counsellors. Young survivors often seek support from peers or young counsellors whom they feel better relate to their realities and the difference between the old and new worlds (Va'afusuaga, 2013). Confidentiality is also a paramount feature that attaches to counselling, as young Pacific people are particularly concerned about the ability of service providers to maintain privacy (Va'afusuaga, 2013).

In other studies, counsellors who understand local customs and language are prioritised over foreign, young, and certified counsellors (Watts, 2009). This is especially true for survivors who sometimes feel less understood in mainstream services and require a more culturally aligned support. In some cases, Pacific survivors prefer Pacific counsellors due to their better understanding of the cultural context and traditional lifestyle. This is particularly relevant for survivors living overseas or outside the Pacific region (Koloto, 2003).

In summary, while studies present contrasting views, individualised approaches are key for truly meeting survivor needs, as both Western-style services and culturally embedded

solutions are valued and both need strengthening. Building a system that allows survivors to choose a counsellor with whom they feel safe, whether young, from a different ethnicity, or a foreigner, is seen not only as best practice, but vital to increasing access and aiding in the well-being of survivors.

Long Term Support

Survivors (n=7) mentioned the lack or inconsistency of formal follow-up, expressing a need for regular check-ins, continuous case monitoring, and support not only during crises but throughout their recovery process. They value therapeutic follow-up because it makes them feel important, loved, and cared for. Receiving this support helps survivors feel relief, reduces stress, and promotes a positive environment and stronger family bonds.

P10- "I think Fatu Lei's service is good because they not only counsel you for that time, but they also secure a second session for you to have a follow-up session. Even when I am at home, they still make the effort to come and visit me at my home, and they check on my mental status."

P8- "It is good that they (TPS) immediately respond, but they need to do more than that, perhaps a warning, encouragement, or some follow-up sessions."

P2 – "Yes, there was a follow-up, just to check on me whether I wanted to continue pursuing the case, and they also checked if I had any more problems. They were looking out for me, which was very supportive. I wish there could be more of these follow-up or random visits."

Fatu Lei receives frequent praise for trauma-informed care, mental health follow-up, home visits and ongoing emotional support. Survivors recommended the expansion of such counselling services and the establishment of more trauma-informed, culturally grounded support centres.

Due to the stress and trauma caused by IPV, survivors carry an ongoing burden of shame, stigma, isolation, and ongoing safety needs that require extended engagement to ensure recovery. This renders one-time attention by service providers insufficient to help survivors heal (Watts, 2009). These impacts can persist for years, leading survivors to need continued safety, counselling, and practical support. Koloto (2003) highlight that follow-up is vital for overcoming shame, building resilience, and supporting children affected by trauma, especially as family or community pressure to maintain silence is intense. Long-term engagement (regular check-ins) has been proven to help survivors process grief, build new support networks, and develop coping strategies beyond immediate crisis relief (Percival et al, 2010).

While these studies have proven that long-term engagement is vital to support IPV survivors, the literature has highlighted that ongoing engagement can be costly, sometimes unnecessary and traumatises survivors even more. The frequent revisit of the incident to heal from it, or the mere encouragement to move on from the abuse, often takes the survivor back to the traumatic events, pushing the survivor back in their recovery journey. The study addresses how recurring exposure and repeated retelling of traumatic events can sustain distress and hinder recovery (Sorrentino et al., 2021).

While it is important to note previous studies, the survivor's standpoint strongly suggests that interventions should prioritise individualised, survivor-determined pacing. Avoiding forced repetition of traumatic stories enables survivors to reduce feelings of being "stuck", enhancing recovery and empowerment. This is particularly important in the context of Tuvalu, where shame, stigma, and community norms further complicate help-seeking. Adapting service delivery in these ways ensures both trauma-sensitive and culturally attuned pathways to care.

Awareness Programs

Across survivors' accounts, there is a strong call for greater awareness. Survivors emphasised the need for more awareness workshops in communities, on the radio, and especially on social media. Some have also requested that awareness programs be incorporated into the school curriculum and public events like Tau-Maketi[3]. Survivors believe that widespread awareness initiatives would help them access information about support services more easily, without needing to discuss it openly, thereby avoiding public gossip and judgment.

As highlighted in the awareness theme, increasing the number of awareness programs and expanding the ways to share information are essential for supporting survivors. The theme of awareness showed that survivors' current understanding of support services is superficial, which hampers their willingness to seek help. Developing a robust support system would be ineffective if survivors are unaware of its existence, the services it offers, and the safe environment it provides for survivors.

The need for awareness is further emphasised by a statement made by the current Prime Minister of Tuvalu, emphasising the importance of awareness campaigns and educational programs to prevent gender-based violence and support survivors (Tavuli News, 2024). The Tuvalu National Gender Equity (2024), in an attempt to address issues such as GBV, IPV, and DV, prioritises raising awareness and supporting the transformation of harmful gender norms and practices as a key strategy for addressing violence and discrimination. The plan also calls to produce educational resources (brochures, videos, workshops) tailored to harmful gender norms and their impacts, and for organising community dialogues and forums

[3] Tau Maketi is a Tuvaluan term that refers to a community market day, often organised by the Trade Department to promote small businesses including local businesses.

to engage leaders, families, and individuals in promoting gender equality and respectful relationships (GOT, 2024).

The Government of Tuvalu has made significant efforts to address violence by implementing targeted policies and initiatives. Central to these efforts is the recognition of survivors' recommendations and viewpoints on the kind of awareness needed. Survivors have

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voiced that awareness and understanding of the support services available (services offered, who to talk to, operating hours, procedures) shape their help-seeking behaviour. For instance, to know that a survivor can choose which counsellor to engage in privacy would open up more survivors and negate the fear of stigma and confidentiality in most survivors.

Moreover, survivors also indicated the importance of increased awareness and understanding among traditional leaders, community members, church leaders, family and friends. As informal support is the preferred support system for survivors, particularly family and friends. Survivors expressed the importance of having their first point of contact trained and equipped to handle such cases. Studies have demonstrated that the effectiveness of informal support is deeply influenced by the awareness, understanding, and training of informal supporters (Schuchan Bird et al, 2023). Having survivors prepared to support survivors appropriately helps mitigate long-term harm and improves well-being outcomes (Gezinski et al., 2019).

Specialised DV Units

Survivors have expressed the need for a centralised organisation or unit that handles all IPV matters, such as a specialised unit for DV, IPV, GBV, and similar crimes. They expect that the unit would provide protection, have the authority to issue and enforce protective orders, access to counsellors, recruitment agencies, housing, financial aid, and helplines—all

in one place. This aims to reduce bureaucracy and confusion in support access procedures, ensuring all survivors can find the support they need.

Having a centralised “one-stop” centre that offers coordinated support—covering legal, medical, psychosocial, and shelter services—reduces the need for survivors to engage with multiple agencies and helps ensure confidentiality, quick response, and greater reassurance for survivors, directly addressing gaps in fragmented systems (UNFPA Asia and Pacific Regional Office, 2024). This model is often endorsed in regional frameworks, such as the Pacific Islands Forum’s GBV strategies and UNFPA’s guidance for Pacific contexts, which highlights its essential nature.

Although heavily supported by literature, studies caution against seeing them as a comprehensive solution, stressing the need for multilayered, culturally grounded, and intersectional responses that address both formal system gaps and informal support realities in the Pacific, especially in Tuvalu (Fulu et al., 2013; Koloto, 2003)

5. Limitations

While this study offers important survivor-centred insights into the accessibility and effectiveness of IPV support systems in Tuvalu, several limitations must be acknowledged. First, the research is based on a relatively small sample of 15 survivors, predominantly aged 25-35, which provides depth but limits the representativeness and generalisability of the findings. Experiences and needs among survivors of different ages, backgrounds, or those living on Tuvalu's outer islands may differ in important ways not fully captured here.

The qualitative, in-depth approach foregrounds survivors' voices but also introduces potential for recall and response bias, as participants' willingness to share and ability to recount events may be shaped by trauma, memory, and sensitivity of experiences. Furthermore, the study centres exclusively on survivor perspectives. It does not systematically incorporate input from service providers, law enforcement, healthcare staff, or community leaders whose insights could add nuance to understanding systemic barriers and implementation realities.

The utilisation of thematic analysis and Standpoint Theory brings valuable interpretive depth. However, this approach means the study is primarily exploratory and contextual, with limited quantitative data on overall service usage, outcomes, or system-level trends. Additionally, discussion of policy and institutional constraints, such as resource limitations, legal frameworks, or staff training needs, is limited, warranting caution in extending recommendations without consideration of practical challenges.

Taken together, these limitations suggest that while the study highlights crucial directions for reform based on the lived realities of Tuvaluan survivors, its findings should not be interpreted as a definitive national blueprint but rather as evidence-informed guidance that requires further development.

6. Summary of Findings

The primary aim of this study is to document and analyse how female survivors of IPV in Tuvalu navigate, access, and perceive the range of support systems available to them, including both Formal Support services (such as TPS, PMH, TUFHA, OPL, OAG, Social Welfare, Gender Department and NGOs) and Informal sources of support (family, church, friends, and community networks.) In doing so, the study identified, from survivors' own perspectives, how they understood IPV support systems in Funafuti, the depth of awareness, what is recognised as IPV support, what triggers accessibility, what hinders accessibility to IPV support services, and lastly, what they recommended for improvement of services and resources to better support survivors. By centring survivors' interpretations, experiences, and strategies, the research moves beyond policy intent to examine how support systems are encountered and lived in practice.

The significance of this study is fourfold. First, it addresses a significant empirical gap in Tuvalu, where there is little to no systematic evidence on who IPV survivors are, how they experience current interventions, or how they perceive the support available to them. Second, it generates survivor-informed insights that can guide policymakers and service providers, directly contributing to the Government of Tuvalu's 14th Priority to promote inclusivity in policies, legislation, and infrastructure for women. Third, it advances southern feminist and decolonial epistemologies by foregrounding Tuvaluan women's voices in a field dominated by Global North frameworks, questioning universalised assumptions about safety, support, and healing. Finally, the findings have wider regional relevance, offering context-specific lessons for other Pacific Island countries grappling with similar patterns or IPV, resource constraints, and reliance on informal support networks, thereby informing more culturally responsive and survivor-centred IPV responses across the Pacific.

This raises considerations regarding the findings of the study. First, the participant profile (n=15, aged 25-35, with varied education, employment, and relationship status) shows

that survivors are not a homogeneous group. Employment, education, and motherhood shape how they interpret violence, their help-seeking threshold, and their capacity to navigate services. Mothers, in particular, often frame help-seeking around child protection and future wellbeing, not only their own safety.

Second, in relation to awareness, most survivors can name multiple formal services, especially the Tuvalu Police Service and Gender/Social Welfare Departments, which have the highest visibility through daily presence, media, and workshops. NGOs (e.g., TUFHA, Fatu Lei), PMH, and OPV are moderately visible, whereas family and church are rarely labelled as "IPV support" settings, despite being widely used in practice. Survivors demonstrate mostly high nominal awareness (they know services exist) but uneven functional awareness (they are often unsure what each service actually offers or how to use it). Some see PMH as "only for injuries" or are confused about roles and procedures (e.g, being shuffled between police and lawyers). No participant had low awareness, which reflects the small, close-knit context of Funafuti, but awareness is often superficial, incomplete, or shaped by misinformation.

Third, the theme of accessibility reveals a clear gap between knowing about services and actually using them. Formal help is rarely the first choice and is often treated as a last resort, activated only when violence escalates or informal support becomes inadequate. Key triggers of access include:

(1) severe or escalating violence and injury,

(2) repeated property damage and ongoing torment,

(3) concern for children's safety and wellbeing, and

(4) encouragement and practical assistance from trusted family or friends.

Even survivors working within the system sometimes rely on personal connections or senior colleagues for help. This pattern illustrated that accessibility is dynamic and

crisisdriven, not automatic, and that the threshold for seeking formal support is high. Survivors in this study also expressed the challenges or barriers that hinder and prevent them from turning awareness into safe, sustained access. These include:

- Stigma and privacy concerns
- Lack of trust and fear of confidentiality breaches
- Negative service attitudes and inconsistent responses
- Practical barriers
- Cultural barriers and minimising attitudes.

Finally, survivors articulate clear, survivor-centred recommendations to strengthen the system. They call for: confidential communication tools, psychological support materials, mental health care, Safe shelters, economic support, and better legal and health information. In terms of service design, survivors recommend:

(1) expanding professional, trauma-informed counselling, with options for younger or foreign counsellors perceived as less judgemental and more confidential.

(2) long-term follow-up and ongoing support, not just one-off crisis responses.

(3) stronger awareness campaigns that reach communities, schools, churches, and informal supporters, and equip family and friends to respond safely; and finally,

(4) specialised DV/IPV/GBV units or a central “one stop” service, where legal, health, psychosocial and practical support are coordinated in a single, survivor-friendly entry point.

Overall, the study shows that Tuvalu’s IPV support landscape is visible but not yet fully usable from the survivors’ standpoint. The system’s effectiveness depends not only on having services in place, but on transforming trust, confidentiality, service attitudes, cultural norms, and communication infrastructure so that survivors can move from simply knowing about support to safely using it.

7. Conclusion

The study posed two main research questions, which will now be addressed directly in this chapter, based on the findings. This chapter first addresses question 1, then question 2, and concludes with remarks on the study.

7.1. Research Question 1: How do IPV survivors in Tuvalu perceive and navigate the existing support systems?

Overall, the findings show that survivors perceive the IPV support system in Tuvalu as visible but precarious. Formal services are not unknown or invisible; instead, they are seen as risky, culturally exposed, and procedurally confusing. Survivors recognise that "help" exists, but they question whether it is confidential, non-judgmental, and safe to use in a tiny, tightly surveyed community. Awareness, therefore, is mainly nominal rather than functional: women know who and where services are, but do not necessarily experience them as realistic options in everyday life. Survivors' navigation of the system is highly conditional and strategic, not passive. They deliberately sequence support, starting with informal networks (family, friends, church, trusted individuals) and only moving into formal systems when certain thresholds are crossed. For example, when violence escalates, when children are at risk, or when informal support is exhausted. Formal services are positioned as a "last resort" mechanism of control and protection, rather than a routine or holistic source of safety and recovery.

The findings also indicate that navigation is shaped as much by institutional behaviour as by culture. Breaches of confidentiality, perceived police cruelty, bureaucratic conflicts between agencies, and a lack of clear pathways all contribute to a sense that the system can re harm survivors or leave them exposed. In practice, this means survivors often ration their engagement with formal services and remain internally "on guard" even when they do seek help. From a Standpoint perspective, survivors' experiences reveal a system that is formally present but practically fragile—one that they must carefully manage, rather than one that reliably holds them.

7.2. Research Question 2: What improvements can be made to enhance access to IPV support services?

The findings make clear that survivors are not only describing problems; they are actively outlining the contours of the system they need. Their recommendations move beyond calls for "more services" to a deeper emphasis on how support should be delivered and on the conditions that would make it usable. At the heart of their suggestions is a desire for trustworthy, confidential, and trauma-informed support that first addresses the realities of a small island context.

Survivors envision a support system built around:

- Protected communication and privacy (reliable phone lines, confidential reporting options, anonymous or low visibility contact points).
- Stability and security (safe housing, economic support, and child-sensitive responses so leaving or seeking help is materially possible); and
- Relational, ongoing care (professional counselling, younger or non-local counsellors where needed, and consistent follow-up rather than one-off interventions).

Survivors also call for clear, coordinated, and centralised pathways. For example, specialised DV/IPV units or "one-stop" style services that reduce confusion between agencies and ensure survivors are not bounced around the system. Importantly, survivors stress the need for broader community and informal support awareness, so that the people they turn to first (family, church, peers) are better equipped to respond in supportive, non-minimising ways.

Taken together, the answer to RQ2 is that enhancing access is not simply a question of adding more services, but of re-designing the system around survivor-defined principles: confidentiality, cultural and relational safety, procedural clarity, and continuity of care. Survivors' recommendations effectively reframe "access" as the ability to seek help without losing dignity, safety, or community belonging- and they provide a grounded blueprint for

Tuvalu's IPV response to move towards that goal.

8. Reflection

These findings show that Tuvalu's IPV support system is not simply "underused" because women lack information or motivation; it is approached cautiously because survivors are reading it accurately. From their standpoint, the system is simultaneously present and precarious, highly visible yet socially risky, procedurally confusing, and uneven in its capacity to protect without causing further harm. Their narrative unsettles assumptions that awareness campaigns or new services alone will "fix" the problem. Instead, they reveal that the objective measure of an effective IPV system in a small island context is whether a survivor can seek help without sacrificing her safety, dignity, children's well-being, or place in the community. By centring Tuvaluan women's own analyses and recommendations, this study shifts IPV from a technical policy issue to a question of whose realities count in the design of solutions. Survivors are not passive recipients of support; they are already mapping risks, negotiating thresholds, and proposing concrete, context-specific reforms. Their standpoint demands a system built around confidentiality, cultural and relational safety, and sustained, survivor-led care. This is the core contribution of the study; it shows that when survivors' perspectives are treated as the starting point rather than an afterthought, they provide both a diagnosis of why current support systems fall short and a grounded blueprint for a more just, responsive, and culturally attuned IPV support system in Tuvalu.

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Appendix A- Interview Schedule

Name:
Age:
Place of work:
Level of education:

Theme	Interview questions
Introductory (I	1. Greet the participant and thank them for their time and willingness to participate. 1.1 Reiterate that the interview is confidential and voluntary, and that they may skip any question or stop the interview at any time. 1.2 Please tell me about yourself. 1.3 What do you do for a living? 1.4 What is your relationship status?

General experi with support se	2. Can you please list all the IPV support services available on Funafuti? 3. Can you share how you first became aware of the support services available in Tuvalu for women who have experienced intimate partner violence (IPV)? 3.1 Were these services easy to find or learn about? 3.2 What type of support did you seek (e.g., legal, emotional, medical, community-based)? 3.3 How did you decide which services to use?
Accessing supp systems	3.4 What was your experience when you first contacted these services? Was it easy or difficult to get help? 3.5 What factors made it easier or harder to access these services (e.g., location, communication, transportation)? 3.6 Who was the most helpful in connecting you to support systems (e.g., friends, family, community members, organisations)? 3.7 Were there any particular people or groups that made the process easier for you?
Perceptions of su quality	4. How would you describe the quality of support you received from the available services? 4.1 Did you feel listened to and understood by those offering help? 4.2 Were your needs met? 4.3 Were there any services or types of support that you felt were missing or inadequate?

Ongoing support and improvements	5. After you first accessed help, were there any follow-up services or long-term support systems available to you? How did these services help you in the long run? 5.1 Based on your experience, what changes or improvements would you suggest for the support systems in Tuvalu? 5.2 Are there specific services that could be added or improved to better meet the needs of women in similar situations?
Community a informal supp systems	6. Did you seek help from community groups, churches, or other informal support networks? How effective were these informal sources of support compared to formal services? 6.1 How could informal support systems (such as family, friends, or community leaders) be better involved in helping women access formal support services?
Recommendatio future servic	7. If you could improve a support service in Tuvalu, what would it be and what improvements would you suggest? 7.1 What kinds of help or resources would be most beneficial for women who need support? 7.2 How can service providers better communicate or promote the services available to women in Tuvalu?
Closing questi	8. Is there anything else you would like to share about your experiences with support services in Tuvalu? 8.1 How are you feeling after talking about these services? Would you like any additional information or support moving forward? 8.2 Once I have transcribed your interview, would you like to receive a copy of the transcript to review and confirm its accuracy? If so, would it be safe and appropriate to send it to you via email?