Beyond Imported Understandings of Domestic Violence in Tuvalu



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FOREWORD

Domestic violence remains one of the most pressing and persistent social challenges in the Pacific, with far-reaching implications for community wellbeing, gender equality, and national development. In Tuvalu, as in many Pacific Island countries, responses to domestic violence are shaped by intersecting influences of culture, religion, tradition, and colonial legacies. While international frameworks and donor-driven initiatives have contributed to the development of national legislation and policies, they often fall short in addressing the realities of how domestic violence is understood and experienced at the community level.

This report emerges from a commitment to listen more deeply to local voices. It challenges the dominance of externally imposed models by presenting empirical findings grounded in the lived experiences and professional insights of Tuvaluan frontline responders, government officials, religious leaders, and civil society representatives. The study critically engaged with the disconnect between institutional definitions and community-level understandings of domestic violence, providing a nuanced analysis of its causes and manifestations, and appropriate responses in Tuvaluan society.

What distinguishes this work is its focus on context, its refusal to universalise, and its insistence that policy, policing, and service provision must be informed by local knowledge systems and practices. It offers not only a critique of current limitations but also practical, culturally anchored strategies for reform. These insights are vital, not only for Tuvalu but for regional and international actors committed to developing more inclusive, effective, and grounded approaches to gender-based violence.

This report is an invitation to policy-makers, practitioners, and community leaders to reframe their understanding of domestic violence through a Pacific lens that honours tradition, engages with modernity, and centres the agency of local actors.



Associate Professor Danielle Watson
Chief Investigator
Tuvalu DECRA Research Project

ACRONYMS

CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
DECRA	Discovery Early Career Researcher Award
DV	Domestic violence
EKT	kalesia Kelisiano Tuvalu
FPDVA	Family Protection and Domestic Violence Act
GBV	Gender-based violence
GDP	Gross domestic product
IPV	Intimate partner violence
NGO	Non-governmental organisation
QUT	Queensland University of Technology
SDGs	Sustainable Development Goals
SIDS	Small Island Developing States
TNCW	Tuvalu National Council for Women
TuFHA	The Tuvalu Family Health Association

A note on terminology/terms used

The terms "domestic violence" (DV) and "gender-based violence" (GBV) were not consistently understood in a singular or unified way participants, highlighting the need for this project to develop a localised understanding of stakeholders' perspectives on these issues. In some cases, DV and GBV were used interchangeably by participants, while in other instances, they were understood to represent distinct concepts. with the term DV used 229 times and GBV used far less at 52 times. For the purposes of this study, we will refer to DV, except in instances where reference is made to participant responses. The interpretations of these two key terms, as per the Government of Tuvalu's legislation and policy, are provided below.

Domestic Violence (DV)

From a legal perspective, the Family Protection and Domestic Violence Act (FPDVA) 2014 defines DV in Tuvalu. DV is defined in the Interpretation (3) section as *"violence within an existing or previous domestic relationship"*.[1] The Act identifies the following as domestic relationships:

> *relationship of persons: (a) who are, or were, married to each other; or (b) who are or were living together in a de facto relationship; or (c) who normally or regularly reside in the same household; or (d) who are regarded as a family member under Tuvaluan tradition and social practices; or (e) who is a child who resides or previously resided in the same household; or (f) who is wholly or partially dependent upon ongoing care in the same household; or (g) who is a household helper in the same household.*[2]

Gender-based Violence (GBV)

There is currently no legislation or singular definition for GBV in Tuvalu. GBV is addressed through the FPDVA 2014 and other legislation and policies, as detailed in Table 1, page 15. The Tuvalu National Gender Equity Policy 2024 identifies women as the main victims of GBV.[3]

[1] Family Protection and Domestic Violence Act, 2014: https://tuvalu-legislation.tv/cms/images/LEGISLATION/PRINCIPAL/2014/2014-0009/2014-0009_2.pdf

[2] Ibid

[3] Te Paagatasi a Tuvalu. Tuvalu National Gender Policy 2024: https://www.tuvalugender.tv/index.php/component/easyfolderlistingpro/?view=download&format=raw&data=eNpFj0tvwjAQhP-KtfeqSUtpu5wRN8Shd7SQjVnJxKkfFIT47_iRqFwne2f3G80Qti3ePS4Rems6drDy-IWws0aOwj6P6QKiZ1cPqoTQzCsd2Yd_-BNhvy_aZJXRgc6cxwYhP8uqSgcrwaZCjs1I4VRcXBP1uiPSFMiLKlluarLrxfBst_hA-IkXMlFtKYgdyKgNDymJWv9GCbeZfVFvi5F0gd4R-Bqm39j1U2i-juJy4ZqoTVEpBDqezjyk60NRvxPh-Fwi_FfLplwi2lptkvHjCfQwaWU,

EXECUTIVE SUMMARY

This project examined the persistently high rates of domestic violence (DV) across the Pacific, a challenge that has long undermined social wellbeing and hindered sustainable development. Focusing on Tuvalu, one of the least developed Pacific Island countries, the research explored how local stakeholders understood the causes and manifestations of DV, and their views on appropriate responses. Rather than relying on externally imposed frameworks, the study centred local voices to uncover culturally relevant knowledge and practices that could inform more effective interventions.

The study was guided by the overarching research question: **How can context-specific stakeholder understandings of domestic violence be used to inform improved responses to the social problem in formerly colonised Small Island Developing States (SIDS)?**

Four specific aims shaped the inquiry:

1. To discover local knowledge about how DV was understood in post-colonial Pacific contexts;
2. To investigate stakeholder perspectives on the causes and manifestations of DV;
3. To examine context-specific strategies to improve stakeholder responses; and
4. To provide conceptual and evidence bases to support locally grounded DV policy development.

Findings underscored the importance of adopting culturally sensitive, historically aware, and community-driven approaches to addressing DV. The research revealed a significant disconnect between the formal definitions of DV found in local legislation and the nuanced, lived experiences of frontline responders and affected individuals. Key influences on DV in Tuvalu such as patriarchal norms, economic stress, intergenerational trauma, and substance abuse were often not adequately captured in existing policy frameworks.

The following four key insights emerged from the research:

Key Insight 1: Understanding Domestic Violence in a Post-Colonial South Pacific Context
Perceptions of DV in Tuvalu were shaped by a complex interplay of traditional, religious, and colonial influences. While institutional definitions aligned with international norms, community understandings often emphasised family privacy, reconciliation, and traditional conflict resolution. As a result, some forms of abuse recognised in law such as emotional, economic, or psychological violence were not always acknowledged within communities, which reduced the likelihood of reporting and formal intervention.

Key Insight 2: Local Stakeholder Perspectives on the Causes and Manifestations of DV
Economic hardship, traditional gender roles reinforced by religious teachings, and substance abuse were identified as primary drivers of DV. Intergenerational cycles of violence contributed to its normalisation, with many perpetrators and victims lacking awareness of legal protections or support services. DV manifested in various forms, including physical, emotional, financial, social, and technology-facilitated abuse, each with significant impacts on victims' wellbeing.

Key Insight 3: Improving Stakeholder Responses to DV through Context-Specific Strategies

Stakeholders proposed six core strategies to improve DV responses:

1. Expanding culturally sensitive public awareness and education campaigns;
2. Strengthening legal and policy frameworks to align enforcement with community norms;
3. Enhancing collaboration among police, health services, non-governmental organisations (NGOs), and traditional leaders;
4. Building capacity for frontline responders through targeted training;
5. Expanding survivor support services, such as safe houses and trauma counselling; and
6. Establishing community-based rehabilitation programmes for perpetrators.

Key Insight 4: Informing Policy Development through Local Stakeholder Insights
For policies to be effective and sustainable, they needed to be grounded in local realities. This meant recognising existing community-based resolution mechanisms while ensuring survivor-centred protections. Policymaking should address the economic, social, and cultural drivers of DV, and be informed by continuous engagement with frontline workers, community leaders, and survivors.

Summary of recommendations

The report outlines five recommendations for improving understanding of and response to DV in Tuvalu. Please see the recomendation section for the full, detailed recommendations.

Rec 1. Enhancing Public Awareness and Education
Community-based awareness campaigns via radio, television, and social media, along with engaging religious and community leaders, are essential for cultural relevance. Integrating DV education into school curricula, training teachers to identify abuse, and holding regular workshops and survivor-led forums will raise early awareness and empower communities, police, and service providers to take action.

Rec 2. Strengthening Legal and Institutional Frameworks
Specialised DV training for police officers, clear response protocols, and expanded legal aid services are essential, along with strengthening partnerships between legal institutions and community groups. National DV legislation should be reviewed to align with international standards, and monitoring mechanisms must be implemented to ensure effective enforcement and implementation.

Rec 3. Improving Reporting and Response Mechanisms
Creating anonymous hotlines and online reporting platforms, training community leaders as first responders, and establishing peer support groups with accessible counselling services, especially in rural areas, were some of the key recommendations from stakeholders. Strengthening coordination through a national DV response task force and implementing data collection systems will improve case management and inform policy.

Rec 4. Capacity Building for Frontline Responders
Comprehensive DV training programmes should be developed, including mandatory trauma-informed care training for police, healthcare providers, and social workers, as well as a national accreditation system for professionals in DV response. Interdisciplinary collaboration should be encouraged through workshops and regular cross-sector meetings to improve coordination, while mental health and wellbeing support programmes should be established to prevent burnout and provide psychological counselling for those handling DV cases.

Rec 5. Addressing Root Causes and Perpetrator Accountability
Economic empowerment for survivors should be prioritised through vocational training, employment opportunities, and micro-financing initiatives to support small business startups. Additionally, community-based perpetrator rehabilitation programmes, including behaviour change initiatives and counselling for perpetrators, and incorporating faith and cultural engagement to promote non-violence and gender equity are essential for addressing the root causes of DV.

INTRODUCTION

This report presents the findings of a qualitative research project that examined local understandings and responses to domestic violence (DV) in Tuvalu. The study was conducted by a multidisciplinary research team from Queensland University of Technology and funded by the Australian Research Council through a Discovery Early Career Researcher Award (DECRA). It sought to challenge and move beyond externally imposed frameworks of DV by grounding its inquiry in the lived experiences of local stakeholders. The research investigated how DV is perceived, experienced, and addressed within Tuvalu's unique cultural, religious, legal, and socio-economic context.

The study explored how frontline responders and support providers understand the causes and manifestations of DV and how these understandings align or diverge from formal legal definitions and institutional policies. It focused on the perspectives of police officers, government officials, community leaders, and civil society actors. The research also critically examined the strengths and limitations of existing responses, both formal and informal, and identified culturally embedded barriers to reporting and intervention.
The project was guided by a commitment to localisation, rejecting the default reliance on imported policies and definitions, and instead prioritising community-based knowledge systems. Through 37 in-depth interviews and a thematic analysis of stakeholder insights, the research identified multiple drivers of DV in Tuvalu, including economic insecurity, patriarchal norms, intergenerational trauma, and substance abuse. It also uncovered inconsistencies in legal enforcement, limited support services, and a widespread cultural reluctance to report abuse.

Ultimately, this report aims to contribute to a reimagining of DV response frameworks that are more culturally responsive, survivor-centred, and grounded in the social realities of Tuvalu and comparable Pacific contexts. By presenting evidence-based, context-specific recommendations, the study sought to inform legislative reform, strengthen frontline service delivery, and foster regional dialogue on locally-led approaches to DV prevention and response.

BACKGROUND

Violence against women and girls represents a significant public health and human rights concern across Pacific Island countries, particularly in Small Island Developing States (SIDS), where the prevalence of domestic violence (DV) and intimate partner violence (IPV) remains alarmingly high. Available regional studies estimate that over 60% of women in Melanesia, and close to half of women in Micronesia and Polynesia, have experienced some form of DV.[4] These patterns reflect not only entrenched gender inequalities but also the enduring influence of patriarchal norms, economic precarity, and limited access to justice. The socio-economic cost of such violence is considerable, with DV estimated to consume approximately 6% of gross domestic product (GDP) in many Pacific contexts due to healthcare, legal, and productivity-related impacts.[5]

Recognising the scale and severity of the issue, Pacific policing agencies have increasingly prioritised DV within institutional reform efforts. During the 2018 Pacific Islands Chiefs of Police Conference, regional police leaders expressed a collective commitment to strengthening institutional responses to DV and called for greater collaboration with community actors. However, anecdotal evidence gathered during a concurrent workshop involving 62 female police officers from across the region revealed a disconnect between international and organisational definitions of DV and how violence is understood and navigated in everyday life. Many officers reflected that formal definitions encompassed behaviours and dynamics they had not personally identified as violence, raising questions about the cultural resonance of imported policy frameworks.

This tension between external policy standards and local understandings of violence prompted a deeper interrogation of how DV is defined, recognised, and addressed within post-colonial Pacific societies. It indicated the need for alternative models grounded in local knowledge, values, and lived realities. These reflections directly informed the conceptual foundations of this DECRA-funded research.

In rejecting the normative practice of policy borrowing from former colonial powers, this project adopted a localisation approach. It sought to foreground the perspectives of Tuvaluan stakeholders, those embedded within the social, cultural, and institutional fabric of DV response. Specifically, the project aimed to understand how DV is conceptualised within Tuvalu's post-colonial setting, identify the causes and manifestations of violence as understood by local actors, and explore community-informed strategies for more effective intervention.

The central research question guiding this work was: **How can context-specific stakeholder understandings of domestic violence be used to inform improved responses to the social problem in formerly colonised Small Island Developing States (SIDS)?**

[4] Global Database of Violence Against Women, 2016. *A one-stop source on the measures governments are taking to build a world free from violence against women and girls.* Counting_the_cost_of_Violence_CARECanada.pdf

[5] Counting the cost, 2018. *The price society pays for violence against women report.* https://www.care-international.org/files/files/Counting_the_costofViolence.pdf

To explore this, the study posed four supporting questions:

1. In what ways do frontline responders' perceptions of domestic violence differ from those presented in organisational policies?
2. What do local stakeholders identify as the underlying drivers of domestic violence in their communities?
3. How do local understandings of victim and perpetrator behaviour diverge from formal policy definitions of DV manifestations?
4. What opportunities exist to improve responses by reframing domestic violence through locally informed lenses?

Tuvalu — Country snapshot

Tuvalu, formerly known as the Ellice Islands, is a Polynesian island nation comprising nine low-lying coral atolls situated in the west-central Pacific Ocean (see Figure 1). With a total land area of approximately 26 square kilometres, it is one of the smallest and most geographically dispersed countries in the world. The population stands at roughly 11,000, with nearly half residing in the capital, Funafuti, which has experienced growing urbanisation and increasing population density in recent years.[6] This urban concentration has placed significant pressure on already limited infrastructure and services, contributing to overcrowding and deteriorating living conditions, particularly in the main settlement of Fongafale.[7]



Figure 1: Map of Tuvalu[8]

[6] Australian Government Department of Foreign Affairs and Trade (n.d.) *Tuvalu country brief*: https://www.dfat.gov.au/geo/tuvalu/tuvalu-country-brief

[7] Mortreux and Barnett (2009). *Climate change, migration and adaptation in Funafuti, Tuvalu*: https://www.sciencedirect.com/science/article/abs/pii/S0959378008000903

[8] Adobe Stock - Peter Hermes Furian

Tuvalu's economic base is exceptionally narrow. The country lacks substantial natural resources and a diversified private sector, making it heavily dependent on external sources of income.[9,10] International aid has consistently constituted over 30% of GDP and, in some years, has exceeded 60%.[11] Additionally, remittances from Tuvaluans employed overseas, particularly as seafarers and seasonal workers, play a critical role in household income and national revenue. However, both aid and remittance flows remain vulnerable to external shocks and global economic fluctuations, raising long-term sustainability concerns.

Tuvalu's social development is deeply entangled with its environmental precarity and economic limitations. As one of the countries most at risk from the impacts of climate change, Tuvalu faces a range of existential threats. Rising sea levels, saltwater intrusion, and intensified weather events pose severe risks to land availability, freshwater access, housing, and public health.[12,13] Coastal erosion and the contamination of traditional food and water sources further imperil agricultural productivity and subsistence fishing, both vital for local food security. These ecological stresses have ripple effects on social cohesion, mobility, and intergenerational wellbeing.

The compounding pressures of climate vulnerability, limited economic opportunity, and demographic stress contribute to a complex array of social challenges. These include youth unemployment, outward migration, and strain on health and education services. In this context, issues such as gender-based violence (GBV), social inequality, and community resilience must be understood in relation to broader structural constraints, including Tuvalu's post-colonial governance arrangements and its dependence on international assistance.[14]

Prevalence of gender-based violence/domestic violence in Tuvalu

GBV in Tuvalu is shaped by intersecting factors, including limited female representation in decision-making, the normalisation of DV within communities, and deeply entrenched patriarchal norms. These dynamics collectively constrain women's access to justice and perpetuate the prevalence of violence across social, familial, and institutional settings.[15] GBV in Tuvalu cannot be understood solely through the lens of gender inequality; it is also influenced by broader structural and historical forces, including colonial legacies, class hierarchies, race, national identity, and religious doctrine.[16] As such, any effective response

[9] Alam, M. (2017). *"Dancing with apocalypse" The impacts of climate change on livelihood of Tuvalu – Polynesia*: https://dialnet.unirioja.es/servlet/articulo?codigo=5756096
[10] Smith (2013). *Should they stay or should they go? A discourse analysis of factors influencing relocation decisions among the outer islands of Tuvalu and Kiribati*: https://intellectdiscover.com/content/journals/10.1386/nzps.1.1.23_1
[11] Ibid
[12] Alam, M. (2017). *"Dancing with apocalypse" The impacts of climate change on livelihood of Tuvalu – Polynesia*: https://dialnet.unirioja.es/servlet/articulo?codigo=5756096
[13] Fisher, P. B. (2011). *Climate change and human security in Tuvalu*: https://www.tandfonline.com/doi/abs/10.1080/14781158.2011.601852
[14] Dornan and Pryke (2017). *Foreign Aid to the Pacific: Trends and Developments in the Twenty-First Century*: https://onlinelibrary.wiley.com/doi/pdf/10.1002/app5.185
[15] Howes and Watson, (2019). *Strengthening policing in the Pacific: Community and police perceptions on the role of police in addressing gender-based violence*: https://figshare.utas.edu.au/articles/conference_contribution/Strengthening_policing_in_the_Pacific_Community_and_police_perceptions_on_the_role_of_police_in_addressing_gender-based_violence/23153132/1
[16] Amin, Momoyalewa and Peniamina, (2024). Culture, religion and domestic violence: Reflections on working with Fiji and Tuvalu Communities. *International Journal for Crime, Justice and Social Democracy*: https://repository.usp.ac.fj/id/eprint/14761/1/3601-Article%20Text-13776-1-10-20240821.pdf

must be grounded in a nuanced, context-specific understanding of these overlapping dimensions.

IPV, in particular, is recognised as a critical public health issue across Polynesia, including Tuvalu, where prevalence rates are among the highest in the region.[17] Alarmingly, research suggests that approximately 70% of women in Tuvalu agree with at least one justification for wife-beating,[18] highlighting the extent to which societal norms continue to reinforce and legitimise violent behaviours within intimate relationships. Despite the gravity of these figures, there remains a marked lack of comprehensive, locally grounded research on GBV in Tuvalu.[19] This gap significantly limits the development of targeted, culturally appropriate interventions and impedes broader efforts to reduce violence and promote gender equity.

Responses to GBV: Legislation and policy commitments

To address GBV, the Government of Tuvalu has ratified key international treaties and developed national policies to operationalise the legal frameworks. The country's commitment to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) highlights its efforts to combat GBV and uphold gender equality. The key legislation and policies are highlighted in Table 1.

Table 1: Local and national legislation/policy

Local and National Legislation/Policy	
Family Protection and Domestic Violence Act 2014 [20]	The Act defines DV and provisions for greater protection for women and girls from violence within domestic relationships.
Te Paagatasi a Tuvalu Tuvalu National Gender Equity Policy 2024 [21]	This policy promotes gender equality in Tuvalu by ensuring equal opportunities, inclusive decision-making, and freedom from violence. It calls for a collective effort to eliminate discrimination and build a more just and prosperous society.

[17] Heard, Fitzgerald, Whittaker, Va'ai, and Mutch, (2020) *Exploring intimate partner violence in Polynesia: A scoping review*: https://journals.sagepub.com/doi/pdf/10.1177/1524838018795504?casa_token=yFnBwKS7eV4AAAAA:y0IbsDH4nfGNhGCa5VMF2E__nC0JsMQEfm8nibXd4DdIFmGTIPJLE-eeWpzuG54AkXo1orWAv93KWg

[18] Global Database of Violence Against Women, 2016. *A one-stop source on the measures governments are taking to build a world free from violence against women and girls*. Counting_the_cost_of_Violence_CARECanada.pdf

[19] Ibid

[20] Government of Tuvalu. *Family Protection and Domestic Violence Act, 2014*: https://natlex.ilo.org/dyn/natlex2/natlex2/files/download/98665/TUV98665.pdf

[21] Gender Affairs Department and Office of the Prime Minster, (2024). *Te Paagatasi a Tuvalu. Tuvalu National Gender Equity Policy 2024*: https://www.tuvalugender.tv/index.php/component/easyfolderlistingpro/?view=download&format=raw&data=eNpFj0tvwjAQhP-KtfeqSUtpu5wRN8Shd7SQjVnJxKkfFIT47_iRqFwne2f3G80Qti3ePS4Rems6drDy-IWws0aOwj6P6QKiZ1cPqoTQzCsd2Yd_-BNhvy_aZJXRgc6cxwYhP8uqSgcrwaZCjs1l4VRcXBP1uiPSFMiLKlluarLrxfBst_hA-IkXMlFtKYgdyKgNDymJWv9GCbeZfVFvi5F0gd4R-Bqm39j1U2i-juJy4ZqoTVEpBDqezjyk60NRvxPh-Fwi_FfLplwi2lptkvHjCfQwaWU,#:~:text=Tuvalu%20Commitments%20to%20Gender%20Equality&text=It%20aligns%20harmoniously%20with%20international,the%20UN%20Sustainable%20Development%20Goals.

Marriage Amendment Act 2015 [22]	Under the Marriage Amendment Act 2015, the legal age of marriage is 21 years. However, individuals aged 18–20 years can marry with written parental consent or with the consent of the Registrar-General in exceptional cases.
International Instruments	
Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)	Tuvalu acceded to CEDAW in 1999, demonstrating its commitment to eliminating discrimination and violence against women.
Sustainable Development Goals (SDGs): Goal 5	While not legislation in the traditional sense, the SDGs represent a set of global targets endorsed by United Nations member states. Goal 5 specifically aims to eliminate all forms of violence against women and girls, thereby influencing domestic policies and legal reforms in Tuvalu.

Other responses include the establishment of the Tuvalu National Council for Women (TNCW) in 1980. The TNCW serves as an umbrella organisation advocating for women's rights, including addressing issues like GBV and DV. The TNCW operates a Women's Crisis Center in Funafuti, providing counselling services to affected women. The Falekaupule Act 1997 establishes Tuvalu's traditional island assemblies, outlining their composition, functions, and powers while ensuring adherence to traditional and customary practices (*Aganu*).[23] Each Falekaupule has an executive arm, the Kaupule, which implements decisions and manages local administration. While women's participation has been historically limited due to patriarchal norms, Part IX of the Act mandates key Kaupule appointments, including the Women's Community Worker (*Ofisa o Fafine*) to support women's affairs in local governance.

[22] Government of Tuvalu. Marriage Amendment Act 2015 : https://www.paclii.org/tv/legis/num_act/maa2015165.pdf
[23] The Falekaupule Act 1997: https://faolex.fao.org/docs/pdf/tuv169401.pdf

RESEARCH METHODOLOGY

This study employed a qualitative case study methodology to examine the localised understandings of domestic violence (DV) in Tuvalu, with particular attention to its causes, manifestations, and response mechanisms. The case study approach was selected to enable an in-depth exploration of DV within its real-life, socio-cultural context, acknowledging the complexity and specificity of the Tuvaluan setting as a post-colonial Pacific Island society.

The research was grounded in a participatory and context-sensitive framework, engaging directly with frontline stakeholders who possessed experiential knowledge and played key roles in responding to DV. These stakeholders included representatives from law enforcement, government ministries, health services, religious institutions, and civil society organisations. Semi-structured interviews were the primary data collection method, allowing the flexibility to explore predetermined themes while also responding to emergent issues raised by participants. Interviews were conducted in-country and facilitated by existing professional and community networks, which also helped to navigate local administrative processes necessary for the project's implementation.

Ethical approval was obtained from the Queensland University of Technology Human Research Ethics Committee prior to data collection. All participants provided informed verbal consent, and confidentiality protocols were strictly adhered to throughout the research process. Transcripts were anonymised, and participants were given the opportunity to review and validate their contributions to ensure accuracy and accountability.

Purpose of this study

This project was premised on the recognition that local actors, particularly frontline responders, hold culturally embedded and contextually relevant knowledge that is critical for shaping effective DV interventions in Pacific Island contexts. In Tuvalu, where formal policy frameworks often reflect externally derived definitions and models, there is a pressing need to elevate local voices and experiences in the development of DV responses.

The primary objective of the study was to develop an evidence-informed, actionable strategy to strengthen institutional and community-based responses to DV. In particular, it sought to support the work of police officers and non-governmental actors who collaborate in the prevention, reporting, and management of DV cases.

Project phases

The project was conducted in four sequential phases as shown in Figure 2. It began with a desk review of existing literature to establish a foundational understanding of DV in Pacific contexts. This was followed by stakeholder consultations to capture collective perspectives and refine the study's focus. The third phase involved in-country interviews to gather in-depth, experience-based insights from key informants. Finally, the data were transcribed and subjected to thematic coding to identify core patterns, themes, and context-specific nuances.

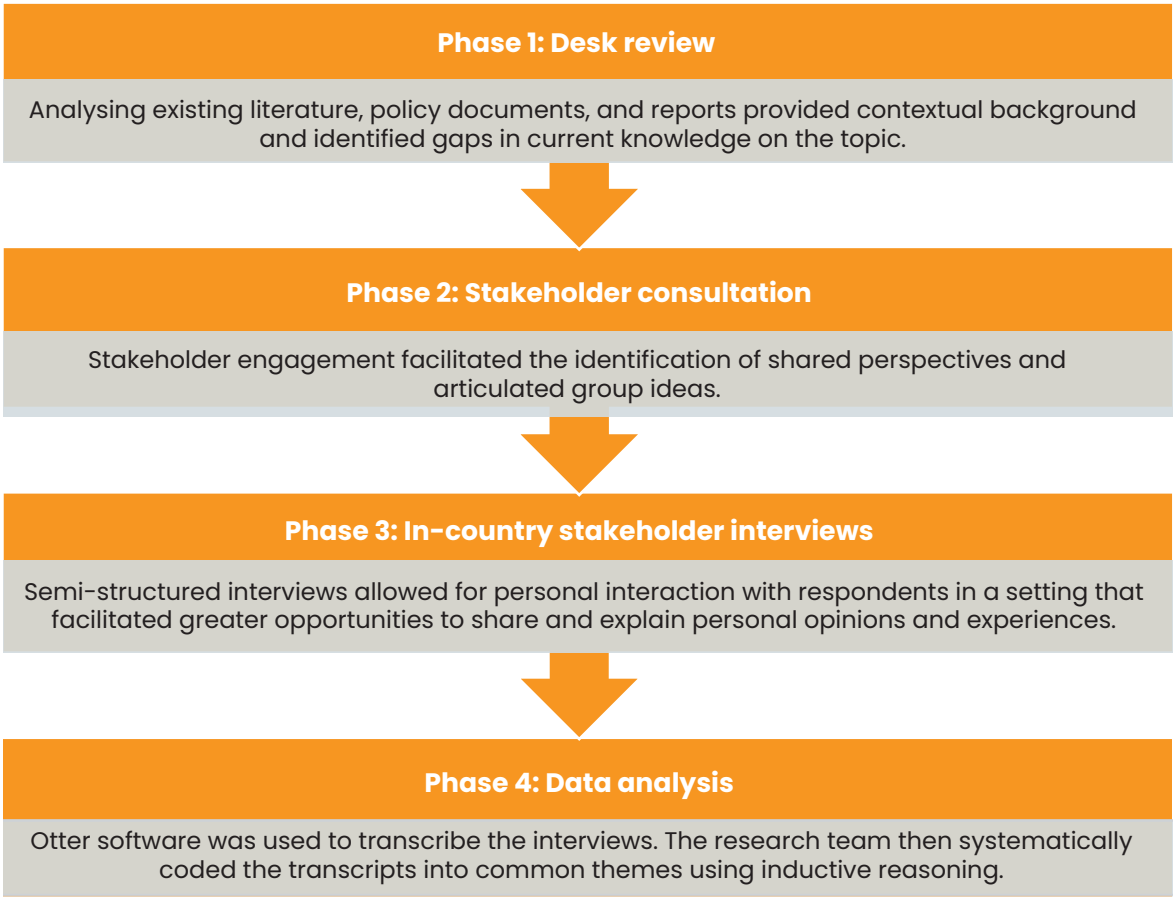


Figure 2: Phase 2 Stakeholder Consultation







Interview participants

This report draws on data collected through interviews with 37 participants, including police officers across various ranks and units; staff from the Government of Tuvalu working in legal, health, and social welfare sectors; and representatives from civil society, including leaders from community-based, religious, and non-governmental organisations (NGOs). Participants were purposively selected based on their professional roles and demonstrated experience in addressing DV in Tuvalu. Several of the individuals and organisations engaged in the study also held outreach responsibilities, extending services to remote and outer island communities. This enabled the research to capture a broader spectrum of experiences, including the unique challenges associated with geographic isolation and service delivery in decentralised settings.

Interviews were conducted in September 2024 using a semi-structured format that balanced consistency across participants with the flexibility to explore emergent themes. The interview guide (see Appendix A) was organised into five thematic sections: (1) socio-demographic background; (2) professional roles and training related to DV; (3) local understandings and perceived manifestations of DV; (4) assessments of current responses and their perceived effectiveness or limitations; and (5) contextual complexities influencing DV interventions in Tuvalu.

Research ethics

The research methodology and procedures received formal approval from the Queensland University of Technology Human Research Ethics Committee prior to the commencement of data collection. At the start of each interview, the research team provided a detailed explanation of the study's purpose, confidentiality measures, and participants' rights, ensuring that individuals had the opportunity to ask questions and seek clarification. Informed verbal consent was obtained before proceeding with any interview questions. To uphold ethical standards and ensure the accuracy of the data, all participants were subsequently offered the opportunity to review and validate their interview transcripts prior to the commencement of data analysis.

Limitations of the study

Several limitations were identified in the conduct of this study. One significant limitation was the limited engagement with stakeholders residing in Tuvalu's remote and outer islands. While the research aimed to capture diverse perspectives, all interviews were conducted in the capital, Funafuti, due to the concentration of government agencies, civil society organisations, and support services in this urban centre. As a result, the perspectives of individuals and service providers based in more isolated island communities may not be fully represented.

Despite this constraint, Tuvalu's small geographic size and closely interconnected communities helped mitigate some of the representational challenges. Many participants, including those interviewed in Funafuti, held responsibilities or had experience working across outer islands through outreach programmes, community engagement, and inter-island coordination. Their insights provided valuable reflections on the broader systemic and logistical challenges facing DV response in less accessible locations.

Another limitation relates to the reliance on self-reported data obtained through interviews. Measures were taken to ensure confidentiality and to build trust with participants. However, there is always a possibility that sensitive topics, particularly those involving institutional shortcomings or personal experiences, may have been underreported or selectively framed due to concerns about social desirability or professional repercussions.

Lastly, while the study provides rich qualitative insights, its findings are not intended to be statistically generalisable. Instead, the focus was on depth, context, and local relevance, with the aim of contributing to more grounded and culturally informed policy and practice responses to DV in Tuvalu and similar Pacific contexts.

Socio-demographic data of participants[24]

The following section presents the participants' socio-demographic information, including their age, gender, religion, island of origin, highest level of education, employing organisation, and length of time in their current role.

Participants' ages

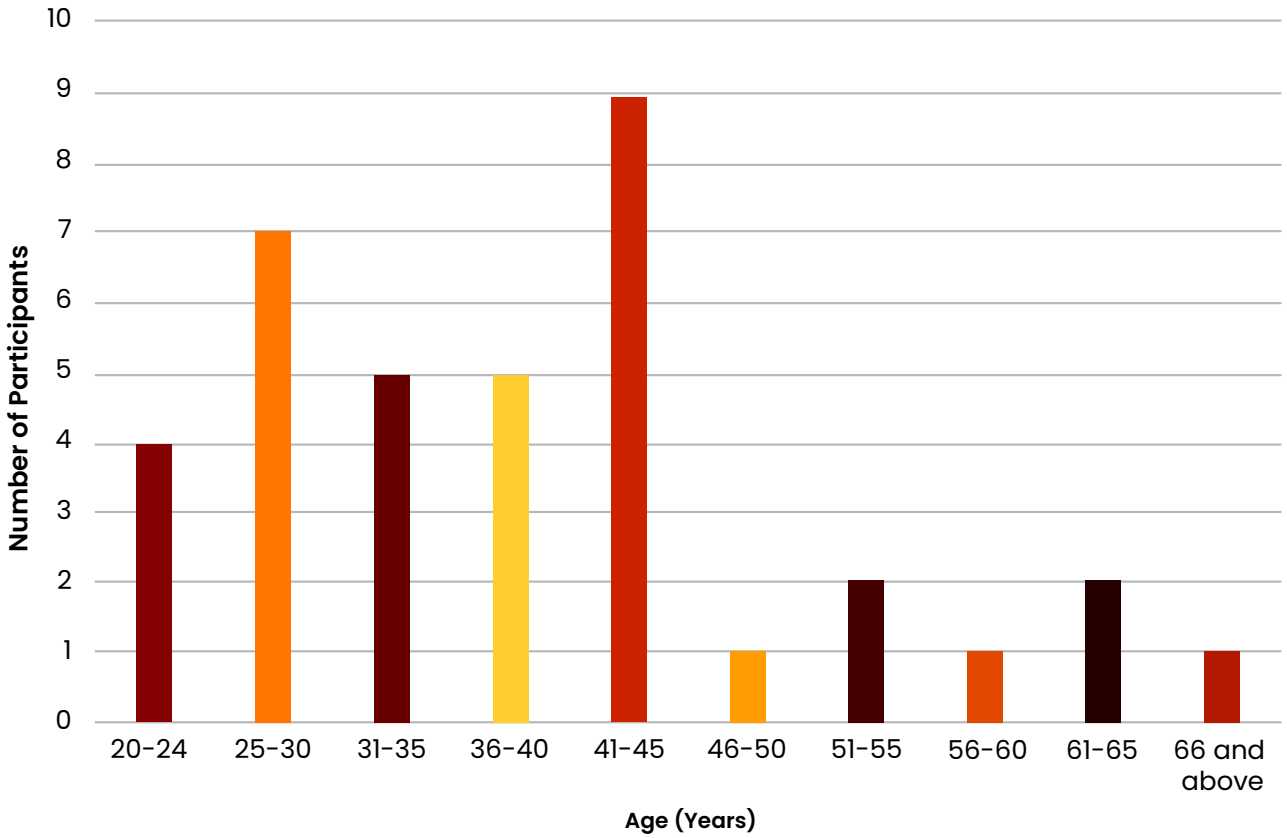


Figure 3: Participants' Ages

Concerning the participants' ages, Figure 3 shows that the majority (n = 9) fell within the 41–45 years age range. The next most common age brackets were 31–35 and 36–40 years, each comprising five (n = 5) participants. There were two (n = 2) participants each in the 51–55 and 61–65 categories, and one (n = 1) participant each in the 46–50, 56–60, and above 66 categories.

[24] A full table with socio-demographic data for the interview participants is available in Appendix B.

Gender of participants

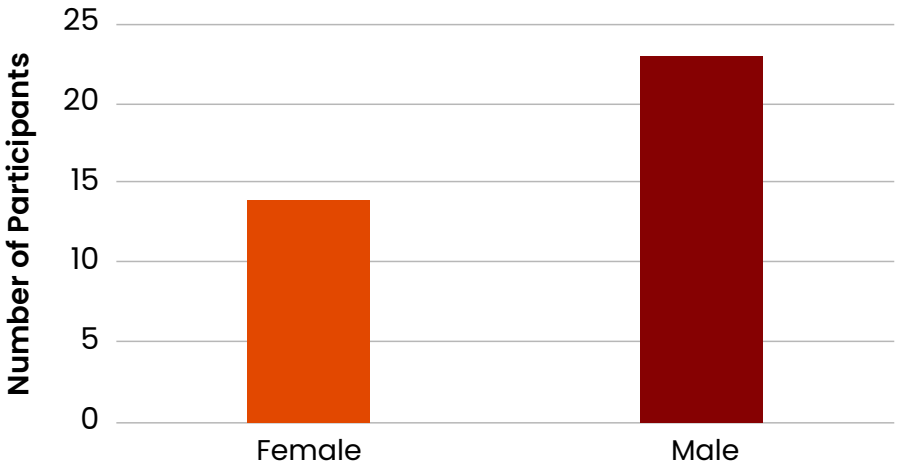


Figure 4: Gender of participants

Regarding gender, as depicted in Figure 4, the majority of participants were male accounting for 23 of the 37 participants. While female participants were fewer in number, they comprised a significant portion, with 14 individuals.

Participants' religion

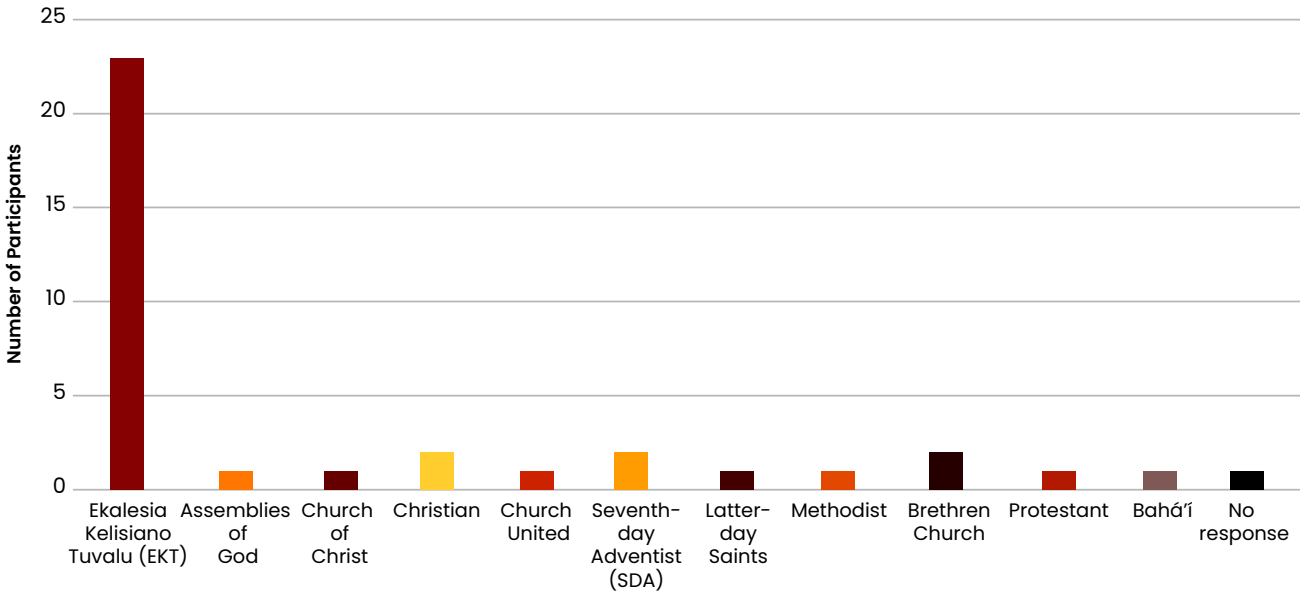


Figure 5: Participants' religion

In terms of religious affiliation, the vast majority of participants (n = 23) identified with Ekalesia Kelisiano Tuvalu (EKT). Other religious affiliations were more varied but were represented in smaller numbers. Two (n = 2) individuals each identified as Christian with the Seventh-day Adventist and Brethren Church traditions. One (n = 1) participant each represented the Assemblies of God, Church of Christ, Church United, Latter-day Saints, Methodist, Protestant, and Bahá'í religious communities. Additionally, one (n = 1) participant did not provide a response.

Participants' islands of origin

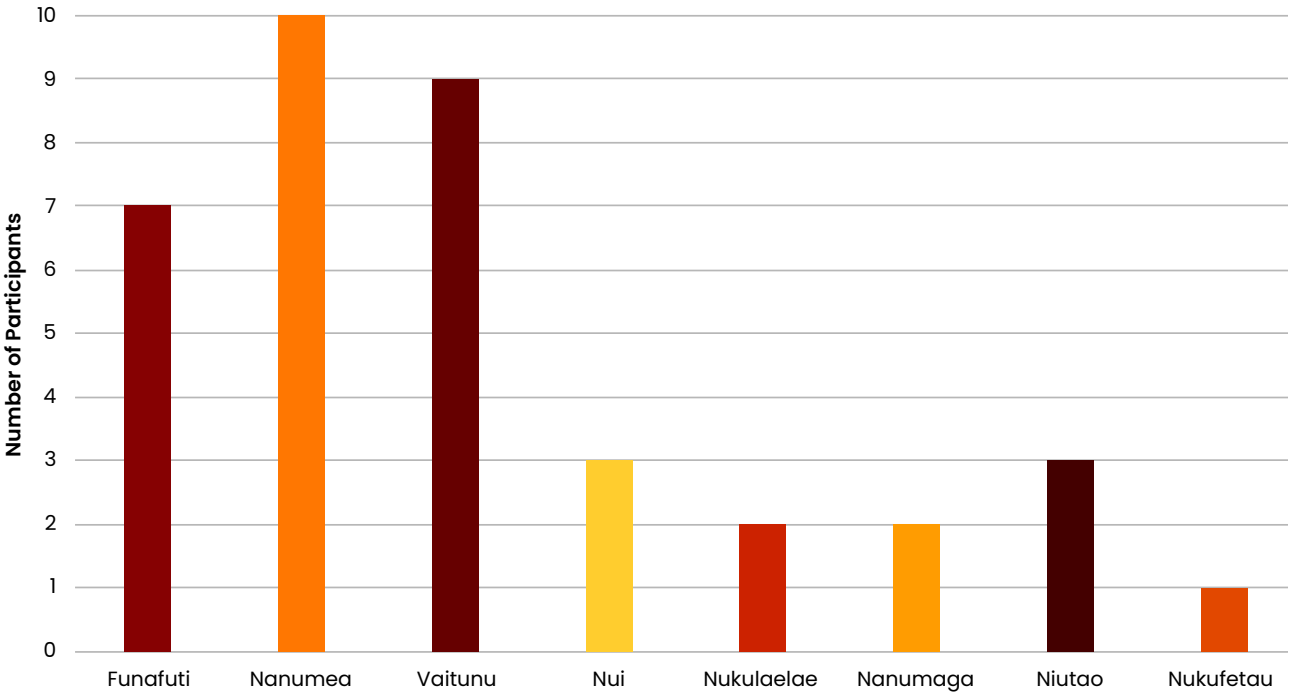


Figure 6: Participants' islands of origin

The participants originated from various islands. The majority (n = 10) were from Nanumea, followed closely by Vaitupu (n = 9) and Funafuti (n = 7). Three (n = 3) participants each hailed from Nui and Niutao, with two (n = 2) from both Nanumaga and Nukulaelae, and one (n = 1) from Nukufetau.

Participants' highest level of education

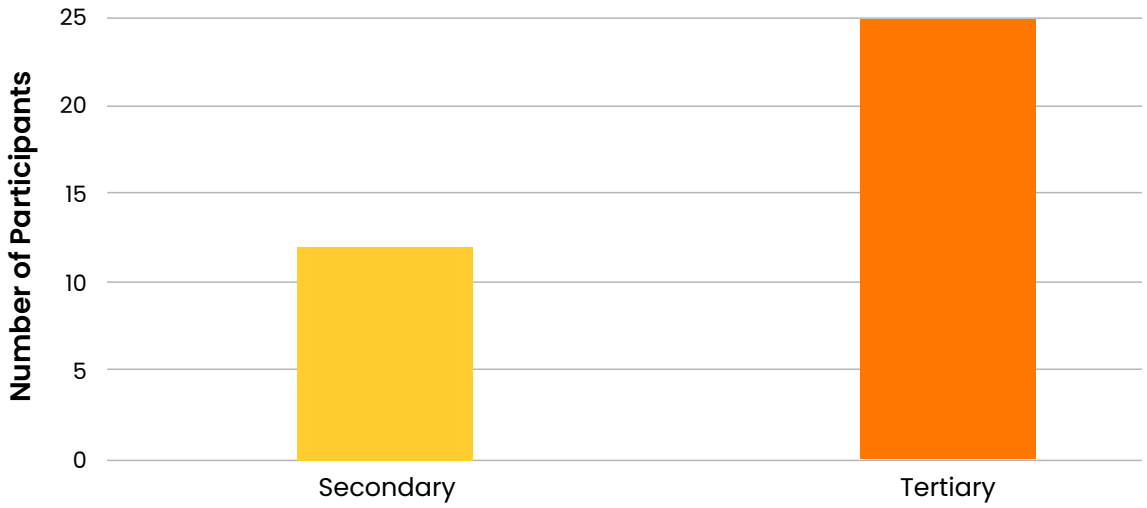


Figure 7: Participants' highest level of education

Figure 7 indicates that most participants (n = 25) had attained a tertiary qualification, while secondary was the highest level of education for 12 participants.

Participants' employing organisations

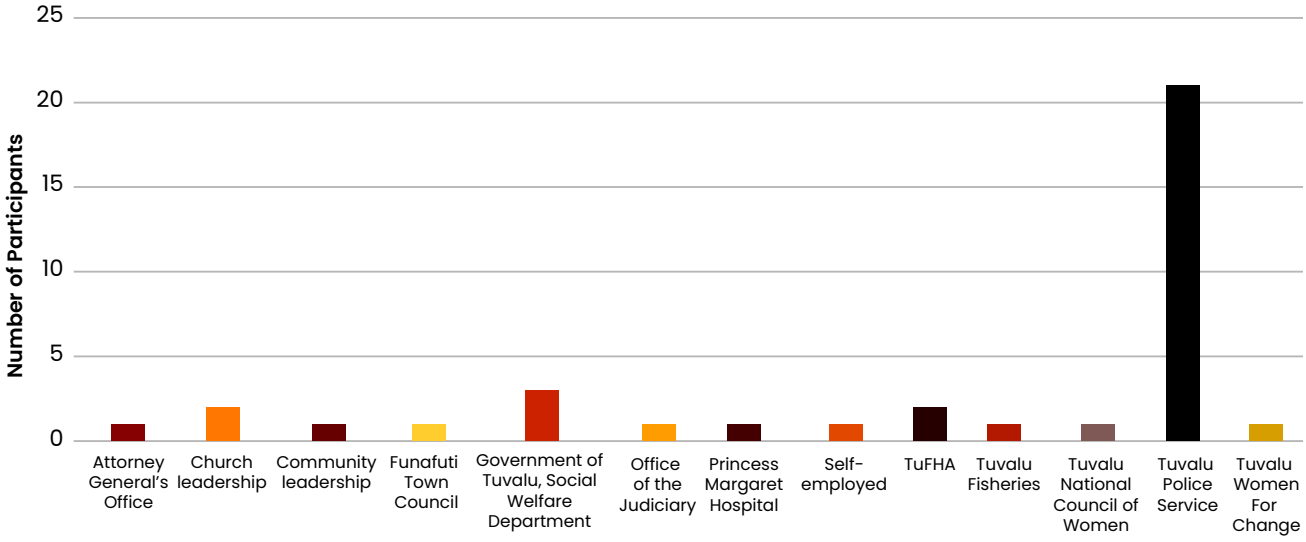


Figure 8: Participants' employing organisations

As indicated in Figure 8, the largest group of participants (*n* = 21) came from the Tuvalu Police Service, followed by the Government of Tuvalu's Social Welfare Department (*n* = 3). Two (*n* = 2) participants each were affiliated with church leadership and TuFHA, while one (*n* = 1) participant each came from the Attorney General's Office, community leadership, Funafuti Town Council, the Office of the Judiciary, Princess Margaret Hospital, Tuvalu Fisheries, Tuvalu National Council of Women, and Tuvalu Women For Change. Additionally, one (*n* = 1) participant was self-employed.

Participants' duration in current role

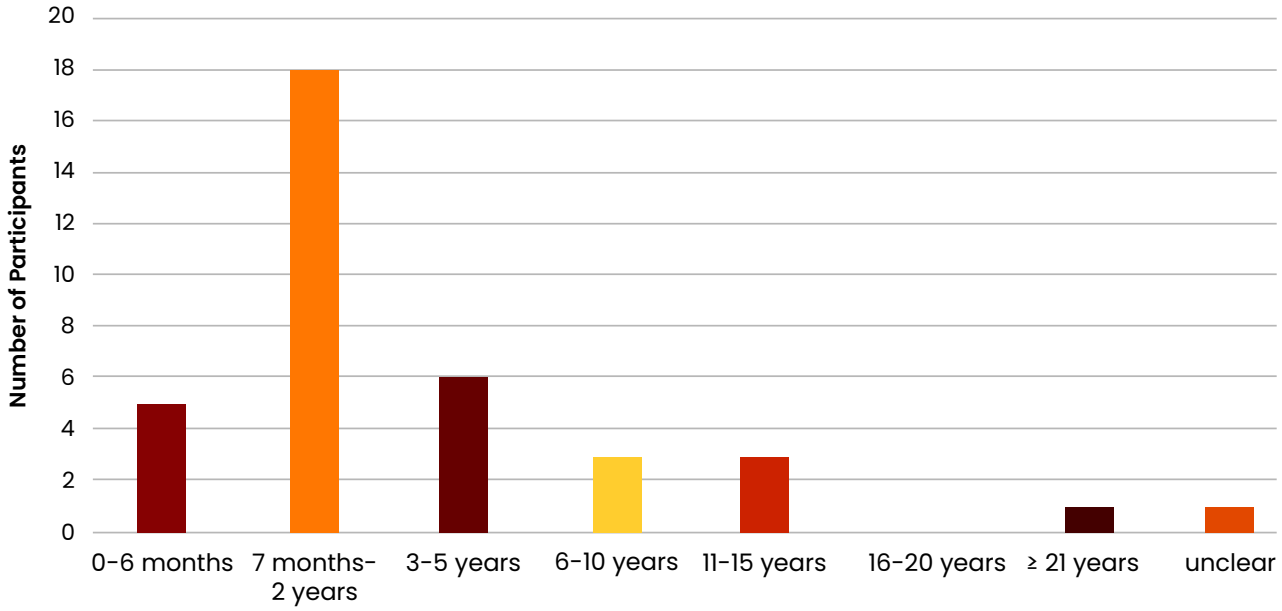


Figure 9: Participants' duration in current role

Regarding participants' duration in their current roles, Figure 9 shows that the majority (*n* = 18) had been in their positions for between seven months and two years. A smaller, but notable, portion (*n* = 6) had been in their current role for between three and five years. Three participants (*n* = 3) had held their roles for six to ten years, and another three (*n* = 3) for 11–15 years. Five (*n* = 5) participants were relatively new to their positions, with a tenure of less than six months, while one (*n* = 1) participant had been in their role for over 21 years. Additionally, one (*n* = 1) individual's tenure was unclear.

RESEARCH FINDINGS

This study identifies four interrelated thematic areas that characterise the dynamics of domestic violence (DV) in Tuvalu. The first concerns the plurality of definitions and interpretations of DV, with notable discrepancies between formal legal or institutional frameworks and community-based understandings shaped by cultural traditions, religious teachings, and social norms. The second theme relates to the complex and intersecting drivers and manifestations of DV. Participants highlighted a range of contributing factors, including economic insecurity, rigid gender hierarchies, substance abuse, and the normalisation of violence through intergenerational exposure. Third, the study reveals a series of structural and social impediments that limit the efficacy of current DV responses. These include a general lack of public awareness, inconsistent enforcement of protective legislation, insufficient access to secure accommodation and survivor support services, and persistent stigma surrounding help-seeking and reporting. The final theme focuses on the recommendations offered by stakeholders to enhance DV prevention and response efforts. Key proposals included culturally attuned public education initiatives, targeted capacity building for frontline responders, expansion of survivor support mechanisms, rehabilitation pathways for perpetrators, and the strengthening of cross-sectoral coordination among state and non-state actors.

Part A: Diverse Understandings of Domestic Violence

Diverse understandings of DV in Tuvalu shape how cases are recognised and addressed. While institutional definitions highlight legal aspects, community perceptions are often influenced by cultural and religious norms that may normalise or downplay certain forms of violence. Many individuals view DV as a private matter rather than a criminal offence, which affects reporting rates and intervention strategies. Traditional dispute resolution mechanisms within families and religious institutions often discourage legal recourse, making it challenging for survivors to seek justice.

Table 2: Diverse Understandings of Domestic Violence

Sub-Theme	Description	Supporting Quotes
Institutional vs. Community Perceptions	Many community members may not recognise certain behaviours—such as financial control or emotional abuse—as DV, leading to underreporting and gaps in intervention.	a) *"Some people think it is just a family issue, not something that needs police involvement."* b) *"I have seen cases where women are told by their elders that it is their duty to stay silent and endure."* c) *"If a husband takes his wife's money, some believe it is his right, not financial abuse."*

Sub-Theme	Description	Supporting Quotes
Role of Traditional and Religious Beliefs	Some community leaders view DV as a private matter to be handled within the family, often discouraging legal action against perpetrators.	a) *"The church teaches about forgiveness, and sometimes women stay because they believe they must forgive."* b) *"Many men justify their actions by saying they are disciplining their wives as our forefathers did."* c) *"Some families do not want the shame of reporting DV, so they handle it within the household."*

Part B: Identified Causes and Manifestations of DV

The causes and manifestations of DV in Tuvalu are deeply rooted in socio-economic and cultural contexts. Economic instability, traditional beliefs reinforcing rigid gender roles, and substance abuse contribute significantly to DV occurrences. Furthermore, intergenerational exposure to violence perpetuates a cycle where younger generations normalise abusive behaviours. These issues highlight the need for targeted interventions that address both immediate risk factors and long-term societal change.

Table 3: Identified Causes and Manifestations of DV

Sub-Theme	Description	Supporting Quotes
Economic Hardship	Financial instability and unemployment are key stressors that contribute to DV. Financial dependence often makes it difficult for survivors to leave abusive situations.	a) *"When there is no money in the house, arguments happen, and sometimes they turn violent."* b) *"Many women stay in abusive relationships because they have no financial independence."* c) *"I have seen cases where men get angry and violent when they feel they cannot provide for their families."*
Cultural and Religious Influences	Traditional beliefs reinforce rigid gender roles, which can justify male dominance and normalise abusive behaviours.	a) *"Men are seen as the head of the household, and some believe this gives them control over everything, including their wives."* b) *"A woman once told me that she does not question her husband's authority, even when he hits her."* c) *"Cultural practices sometimes reinforce the idea that women should remain submissive at all costs."*

Part C: Barriers to Effective Response

The response to DV is often hindered by systemic barriers that prevent effective intervention and support for survivors. Limited awareness of DV laws and support services leaves many survivors unaware of their rights and options. Additionally, weak legal enforcement and a lack of institutional capacity result in inconsistent protection for survivors. The absence of safe houses and emergency shelters exacerbates these challenges, forcing many victims to remain in unsafe environments. Stigma and fear of community backlash further discourage survivors from reporting abuse, creating a culture of silence around DV.

Table 4: Barriers to Effective Response

Sub-Theme	Description	Supporting Quotes
Limited Awareness and Education	Many survivors and perpetrators lack knowledge about the legal definitions of DV and available support services, reducing reporting rates and access to protection mechanisms.	a) *"Many people do not even know that certain behaviours are illegal."* b) *"Women often think they have nowhere to go because they do not know about support services."* c) *"If we do not educate people, they will continue to accept DV as part of life."*
Weak Legal and Institutional Frameworks	Despite the existence of DV laws, enforcement remains inconsistent due to lack of resources, training, and legal awareness among law enforcement and judicial authorities.	a) *"Even when women report violence, sometimes nothing happens because the system is slow."* b) *"Some officers do not take DV cases seriously, and survivors lose hope."* c) *"Without proper enforcement, laws do not mean much."*

Part D: Stakeholder Recommendations for Improvement

To address these challenges, stakeholders emphasised the need for a multifaceted approach that includes strengthening public awareness campaigns, improving law enforcement training, and expanding support services. Enhanced education and outreach programmes can shift societal attitudes and encourage survivors to seek help. Law enforcement and judicial personnel require specialised training to handle DV cases with sensitivity and effectiveness. Expanding the availability of safe houses, counselling services, and rehabilitation programmes for perpetrators can create a more comprehensive response to DV. Collaboration among government agencies, NGOs, and community leaders is essential to ensuring a coordinated and culturally appropriate approach to addressing DV in Tuvalu.

Table 5: Stakeholder Recommendations for Improvement

Sub-Theme	Description	Supporting Quotes
Strengthening Awareness Campaigns	Community-driven initiatives, including school-based programmes and media outreach, can help redefine attitudes towards DV.	a) *"We need more education. People need to understand that violence is not normal or acceptable."* b) *"Teaching children in schools about healthy relationships will help break the cycle."* c) *"The more we talk about DV, the less acceptable it will become."*
Improving Law Enforcement Training and Policy Implementation	Authorities should receive specialised training on handling DV cases with sensitivity and efficiency.	a) *"Training police is important. Some do not take DV cases seriously."* b) *"Officers need to understand that DV is a crime, not just a family issue."* c) *"If the police are trained well, survivors will trust them more."*

RECOMMENDATIONS

The five recommendations focus on key strategies to address domestic violence (DV) through public awareness, legal frameworks, reporting mechanisms, frontline responder capacity, and addressing the root causes of domestic violence. This section highlights the challenges identified by stakeholders, including limited public knowledge of DV, weak law enforcement, and insufficient support for survivors. Recommendations emphasise the need for community-based awareness campaigns, stronger legal and institutional responses, more accessible reporting mechanisms, enhanced training for frontline responders, and interventions to address the economic and social factors contributing to DV. By implementing these strategies, it is envisioned that both survivors and communities can be better supported in breaking the cycle of violence.

Recommendation 1: Enhancing Public Awareness and Education

Challenges Identified: Participants noted that many community members, including survivors and perpetrators, lack awareness of what constitutes DV. Traditional beliefs and societal norms often normalise abusive behaviours, preventing early intervention. Education on DV is limited, with few public campaigns or school-based programmes addressing the issue. Additionally, misconceptions about DV persist, with some viewing it as a personal or family matter rather than a social and legal issue requiring intervention. A lack of resources dedicated to public education further limits outreach efforts.

Recommendations:

- **Undertake Community-Based Awareness Campaigns:**
  - Utilise radio, television, and social media to disseminate information on DV and available support services.
    - *"Many women listen to the radio while working, so messages about DV can reach them that way."*
  - Engage religious and community leaders in awareness efforts to ensure credibility and cultural relevance.
    - *"If our church leaders talk about DV, people will take it more seriously and start changing their thinking."*

- **Incorporate DV Education into School-Based Education:**
  - Incorporate DV education into the national curriculum to foster early awareness among children.
    - *"If children grow up learning that abuse is wrong, they won't accept it in their future relationships."*

- Provide teacher training on how to identify and address signs of DV among students.
    + *"Teachers are in a good position to notice when children are struggling because of violence at home."*

- **Conduct Workshops and Public Forums:**
    - Conduct regular workshops for local communities, police, and service providers on DV awareness and response strategies.
        + *"Workshops allow people to ask questions and understand that DV is not acceptable."*
    - Develop survivor-led forums to empower those affected by DV to share their experiences and advocate for change.
        + *"Hearing from survivors makes others realise they are not alone and that help is available."*

Recommendation 2: Strengthening Legal and Institutional Frameworks

Challenges Identified: Stakeholders reported weak enforcement of DV laws, inconsistent responses from law enforcement, and a lack of institutional support for survivors. Survivors often face barriers in accessing legal aid and protection services. The legal system is perceived as slow and unresponsive, discouraging victims from seeking justice. Additionally, some police officers lack the training and sensitivity required to handle DV cases appropriately, often leading to victim-blaming attitudes or reluctance to intervene in domestic matters.

Recommendations:

- **Provide Improved Law Enforcement Training:**
    - Provide specialised DV training for police officers to ensure survivor-centred approaches to handling cases.
        + *"Police need training so they understand how serious DV is and treat survivors with respect."*
    - Establish clear protocols for officers responding to DV incidents, including mandatory reporting and follow-ups.
        + *"There should be a process so survivors know what to expect when they report abuse."*

- **Expand and Strengthen Legal Aid and Advocacy Services:**
    - Expand free legal aid services to ensure survivors can navigate the legal system effectively.
        + *"Many women don't report because they think they cannot afford legal help."*
    - Strengthen partnerships between legal institutions and community groups to enhance victim protection.
        "If community groups and lawyers work together, more survivors will get the help they need."

- **Undertake Legislation and Policy Reform and Implementation:**
  - Review and update national DV legislation to align with international human rights standards.
    + *"Laws need to reflect the real struggles of survivors and ensure better protections."*
  - Establish monitoring mechanisms to ensure laws and policies are effectively enforced and implemented.
    + *"Without proper monitoring, policies are just words with no real impact."*

Recommendation 3: Improving Reporting and Response Mechanisms

Challenges Identified: Participants highlighted that survivors often hesitate to report DV due to stigma, fear of retaliation, or distrust in authorities. Many communities lack clear and accessible reporting mechanisms. Survivors who attempt to report cases frequently encounter delays, lack of confidentiality, or dismissive responses from law enforcement. The absence of easily accessible reporting centres further discourages victims from seeking help, particularly in rural areas.

Recommendations:

- **Develop Confidential and Accessible Reporting Channels:**
  - Develop anonymous hotlines and online reporting platforms to encourage survivors to seek help.
    + *"If there was a way to report without having to go in person, more women would come forward."*
  - Train community leaders to act as first responders in DV cases and provide safe reporting pathways.
    + *"If someone trusted in the village helps survivors, they will feel safer reporting."*

- **Establish and Maintain Survivor Support Networks:**
  - Establish peer support groups to provide survivors with emotional and practical assistance.
    + *"Hearing from other survivors helped me believe that I was not alone."*
  - Ensure counselling services are widely available, especially in rural and outer island communities.
    + *"Many women do not seek help because they think there is none, especially in small villages."*

- **Strengthen Coordination Among Agencies:**
  - Create a national DV response task force comprising police, healthcare providers, and NGOs to streamline case management.
    + *"If all services worked together, survivors would not feel lost trying to get help."*

- Implement data collection systems to track DV cases and response outcomes for policy improvement.
    + *"Accurate data will help us understand how many cases go unreported and where we need to improve."*

Recommendation 4:
Capacity Building for Frontline Responders

Challenges Identified: Many frontline responders, including police, healthcare workers, and social workers, lack specialised training in handling DV cases. This results in inconsistent responses and, at times, retraumatisation of survivors.

Recommendations:

- **Create and Undertake Comprehensive DV Training Programmes:**
    - Develop mandatory training for police, healthcare providers, and social workers on trauma-informed care and DV intervention.
        + *"If responders understand the trauma survivors go through, they will handle cases with more care and respect."*
    - Create a national accreditation system to certify professionals working in DV response.
        + *"We need a way to ensure that those handling DV cases are qualified and trained properly."*

- **Undertake Interdisciplinary Collaboration:**
    - Facilitate workshops where different agencies can share best practices and improve coordination.
        + *"When organisations work together, we can create stronger solutions for survivors."*
    - Encourage regular cross-sector meetings to ensure aligned response strategies.
        + *"Meetings between police, social workers, and health professionals can help us coordinate better and avoid gaps in response."*

- **Provide Mental Health and Wellbeing Support for Responders:**
    - Establish support programmes for frontline workers to prevent burnout and secondary trauma.
        + *"Dealing with DV cases every day is emotionally draining; we need mental health support too."*
    - Provide access to psychological counselling for those handling DV cases.
        + *"If responders have access to counselling, they will be able to provide better support to survivors."*

Recommendation 5:
Addressing Root Causes and Perpetrator Accountability

Challenges Identified: Participants noted that without addressing the root causes of DV, efforts to mitigate it remain ineffective. Economic hardship, rigid gender norms, and a lack of perpetrator rehabilitation contribute to the persistence of DV.

Recommendations:

- **Provide Economic Empowerment for Survivors:**
  - Provide vocational training and employment opportunities to support survivors in achieving financial independence.
    + *"If women have their own money, they will not be forced to stay with abusive husbands."*
  - Establish micro-financing initiatives to help survivors start small businesses.
    + *"Starting a small business gives women the confidence and resources to leave violent homes."*

- **Provide Community-Based Perpetrator Rehabilitation:**
  - Develop behaviour change programmes targeting men and boys to challenge harmful gender norms.
    + *"Young men need to be shown alternatives to violence — otherwise, they repeat what they have seen."*
  - Implement counselling and anger management sessions for perpetrators as alternatives to incarceration.
    + *"If men can talk about their frustrations in a safe place, they may not turn to violence."*

- **Incorporate Faith and Cultural Engagement:**
  - Collaborate with religious institutions to promote non-violence and gender equity.
    + *"When church leaders speak against DV, it helps change people's views."*
  - Develop culturally appropriate messaging that challenges harmful norms while respecting traditions.
    + *"We must talk about DV in ways that align with our values so that people listen."*

APPENDICES

Appendix A: Interview protocol

Interview Protocol – Beyond Imported Understandings of Domestic Violence in the Pacific

Socio-demographics

1. Age?
2. Gender?
3. Religion?
4. Island of origin?
5. Highest Level of Education?
6. Employing organisation?

Questions about your job

7. What is your position and responsibilities?
8. How long have you served in your current role? (ask about previous roles if in current position less than 6 months).
9. What training have you been provided with to respond to GBV cases? Can you briefly describe the training (length of training, in what timeframe – when was training provided/topics e.g. Gender sensitivity)? Who provided the training?
10. Who do you usually work with as part of your role (suspect/victims/both)?
11. What do you do with suspects and victims? (only focus on who they said they work with).

How GBV is understood locally and about its perceived manifestations

12. What do you understand by the term GBV?
13. What is the institutional/formal definition of GBV used in your organisation? What (types of) policies, directives, guidelines, protocols are there specific to GBV responses? Where are they found?
14. Do you believe there are incidents identified as GBV that are not locally believed to be GBV? Explain.
15. Do you think different stakeholders working in GBV have different understandings of GBV? Explain.
16. How do definitions in your organisation differ from local/everyday/traditional/cultural(?) definitions? Can you share some examples?
17. What do you believe to be the triggers of GBV locally? Explain.
18. Do you believe the triggers differ in different parts of the country? Explain.
19. What type of GBV do you deal with mostly?
20. Do the understandings of victims differ from yours as a frontline responder? Explain.
21. Do the understandings of perpetrators differ from yours as a frontline responder? Explain.

22. Are there forms of GBV that perpetrators do not identify as GBV? If yes, please provide examples.
23. Are there forms of GBV that survivors do not identify as GBV? If yes, please provide examples.

Local responses to GBV

24. Are you aware of technology-facilitated GBV and how does your organization respond to it?
25. Do you feel there is a need to improve legislation around GBV – Acts, Policies, SOPs?
26. What are the strength and gaps in how your organisation responds to GBV?
27. What level of resourcing is available in your organisation to support its response to the GBV case load? Example? (e.g. Physical, financial, facilities).
28. Can you describe how well the level of resourcing available in other organisations meets their GBV case load? Example? (e.g. Physical, financial, facilities).
29. How does your organisation work together with partner organisations to respond to GBV matters? Explain.
30. How do you share resources with other organisations? Or how do they share resources with you?
31. What other responses to GBV in your country are required to support survivors? Explain.
32. What other responses to GBV in your country are required to support perpetrators? Explain.

Problems responding to GBV

33. What are the main problems you face responding to GBV?
34. What do you think needs to be done to rectify the problems previously listed?
35. What additional services do you think are required to better support victims? (e.g. Safe houses).
36. What additional services do you think are required to better support perpetrators? (e.g. Counselling services).
37. What do you think needs to be done to improve understandings of GBV?
38. What do you think needs to be done to improve responses to GBV?

Appendix B: Participants' full socio-demographic information

Employing Organisation	Age	Gender	Religion	Island of Origin	Highest Level Education	Duration in current role
Attorney General's Office	31	Female	Brethren Church	Nanumea	Tertiary	3 years
Church leadership -- Lofeagai Church	55	Male	Ekalesia Kelisiano Tuvalu (EKT)	Nanumea	Tertiary	2 years
Church leadership -- United Church	44	Male	Church United	Funafuti	Secondary	13 years
Community leadership -- Niutao	54	Male	Latter-day Saints	Niutao	Tertiary	7 years
Funafuti Town Council	38	Female	EKT	Funafuti	Tertiary	14 years
Government of Tuvalu, Social Welfare Department	30	Female	Christian	Nanumea	Tertiary	2 weeks
Government of Tuvalu – Social Welfare Department	45	Female	EKT	Nui/ Funafuti	Tertiary	2 years
Government of Tuvalu – Social Welfare Department	39	Female	EKT	Vaitupu	Tertiary	10 months
Office of the Judiciary	70	Male	SDA	Nukulaelae	Tertiary	< 1 year
Princess Margaret Hospital	42	Female	EKT	Vaitupu	Tertiary	12 years
Self-employed	65	Male	Church of Christ	Funafuti	Tertiary	24 years
TuFHA	29	Female	EKT	Funafuti	Tertiary	4 years
TuFHA	50	Female	EKT	Vaitupu	Tertiary	8 years
Tuvalu Fisheries	57	Male	Brethren Church	Funafuti	Tertiary	10 years
Tuvalu National Council of Women	61	Female	no response	Nukufetau	Tertiary	2 years
Tuvalu Police Service	44	Male	EKT	Nanumea	Tertiary	1 year
Tuvalu Police Service	40	Male	Seventh-day Adventist (SDA)	Niutao	Secondary	2 years
Tuvalu Police Service	38	Male	EKT	Vaitupu	Tertiary	5 years
Tuvalu Police Service	20	Male	Christian	Nanumea	Tertiary	1 year
Tuvalu Police Service	30	Male	EKT	Nui	Secondary	1 year
Tuvalu Police Service	27	Male	EKT	Funafuti	Tertiary	4 years
Tuvalu Police Service	23	Female	EKT	Nanumea	Secondary	1 year
Tuvalu Police Service	35	Female	EKT	Nanumea	Tertiary	10 months
Tuvalu Police Service	25	Male	EKT	Nanumaga	Secondary	1 year 6 months
Tuvalu Police Service	34	Male	Methodist	Nanumea	Secondary	1 year
Tuvalu Police Service	44	Male	EKT	Nanumaga	Secondary	1 week
Tuvalu Police Service	22	Male	EKT	Nui	Secondary	9 months
Tuvalu Police Service	43	Male	EKT	Vaitupu	Tertiary	3 months
Tuvalu Police Service	29	Female	EKT	Funafuti	Tertiary	1 year
Tuvalu Police Service	42	Male	EKT	Vaitupu	Secondary	3 years
Tuvalu Police Service	20	Male	EKT	Nukulaelae	Secondary	2 years
Tuvalu Police Service	34	Male	EKT	Nanumea	Secondary	7 months
Tuvalu Police Service	32	Male	EKT	Nanumea	Secondary	4 months
Tuvalu Police Service	30	Male	Bahá'í	Vaitupu	Tertiary	unclear
Tuvalu Police Service	42	Female	Protestant	Niutao	Tertiary	1 month
Tuvalu Police Service	38	Male	EKT	Vaitupu	Tertiary	2 years
Tuvalu Women For Change	43	Female	Assemblies of God	Vaitupu	Tertiary	4 years

Appendix C: Research ethics approval

3 November 2023

Dear Aspro Danielle Watson,

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

Project title: Beyond Imported Understandings of Domestic Violence in the Pacific
Approval number: 7768
Approved version: LR 2023-7768-16495
Approval date: 03/11/2023
Expiry date: 03/11/2028

Documents approved:

Document Type	File Name	Date	Version
Default	Research Permit SI	18/09/2023	1
Default	Research Permission Tuvalu	18/09/2023	1
Default	TPS Letter of Approval - Dr. Watson	18/09/2023	1
Default	Interview Protocol – Beyond Imported Understandings of Domestic Violence in the Pacific (1)	02/11/2023	2
Default	Revised_DECRA_Watson_Interview_Participant_Information_Sheet_Consent-Form_2	03/11/2023	3
Default	DECRA_Watson_Focus Group_Participant_Information_Sheet_Consent-Form_2	03/11/2023	2

Research team approved:

Aspro Danielle Watson

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

Additional conditions of approval:

- Nil

Kind regards,

Office of Research Ethics and Integrity

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