PREVENTING GENDER-BASED VIOLENCE POST DISASTERS

Building the capacity of humanitarian actors in the Philippines
to engage with men and boys to reduce the risks of perpetration of violence

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Abstract

Gender-based violence (GBV) is a global public health issue and a major feature in humanitarian emergencies. However, the phenomenon is not inevitable and can be predicted and prevented. In a context such as the Philippines, where GBV is widespread and there is a constant threat of natural hazards, strengthening the capacity of humanitarian responders to reduce the risks of GBV post disasters can contribute to preventing unnecessary suffering of affected populations. Yet, no previous research has looked at factors associated with the perpetration of GBV and strategies used by humanitarian actors to engage with men and boys to prevent these types of violence post disasters in the Philippines.

The aim of this study is to enhance this knowledge and investigate; *how can humanitarian actors in the Philippines work with men and boys to prevent the perpetration of GBV post disasters?* The study adopts a qualitative research approach and based on a literature review and 18 key-informant interviews with humanitarian actors in the Philippines, it explores the current knowledge and practice on the topic. The material was analysed in relation to gender and feminist theory, the Ecological Model of risk factors of GBV, a primary prevention approach and the Spectrum of Violence Prevention.

The study identifies a number of aggravating factors that seem to be associated with an increased risk of perpetration of GBV post disasters, such as men's loss of a livelihood and lack of coping mechanisms. However, these factors are not the causes of GBV but these violent acts are deeply rooted in gendered power imbalances and rigid gender roles in the Philippines society. Ultimately, the study concludes that to effectively prevent the perpetration of GBV post disasters, long-term and effective multi-sectoral efforts between a wide range of actors are needed. In this work, humanitarian actors can play a key role to initiate change. The study suggests that humanitarian actors, within their existing activities, should seek to increase men's access to safe spaces, peer support networks and mental health services, and support men to develop more elastic gender roles and non-violent coping mechanisms. Programmes should simultaneously increase women's empowerment, the broader community's support for social change and allow for dialogue to take place between women and men to synchronise their social transformations. Finally, the study notices that a rather heteronormative and binary understanding of gender seem to be present in the shared initiatives to prevent GBV post disasters. Hence, the study suggests that humanitarian actors should strengthen the capacity of their staff to apply a gender and norm-critical analysis in their work by incorporating these aspects in internal trainings.

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Abbreviations

ACF	Action Against Hunger (Action Contre la Faim)
CARE	Cooperative for Assistance and Relief Everywhere
CFS	Child Friendly Space
DSWD	Departement of Social Welfare and Development
DRR	Disaster Risk Reduction
ECHO	European Commission Humanitarian Aid Office
EIGE	European Institute for Gender Equality
GBV	Gender-based violence
GBVAoR	The Gender-based Violence Area of Responsibility
HPN	Humanitarian Practice Network
IASC	Inter-Agency Standing Committee
ICOMP	International Council of Management of Population Programme
ICRC	International Committee of the Red Cross
IFRC	International Federation of Red Cross and Red Crescent Societies
IOM	International Organisation for Migration
LGBTQI	Lesbian, Gay, Bisexual, Transgender and Intersex
LSHTM	London School of Hygiene and Tropical Medicine
MOVE	Men Opposed Violence against Women Everywhere
NGO	Non-Governmental Organisations
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PCW	The Philippines Commission on Women
PPA	The Philippines Prison and Probation Agency
PRC	Philippines Red Cross
PSA	Philippine Statistics Authority
Save	Save the Children Philippines
SEA	Sexual Exploitation and Abuse
UN	United Nations
UNESCAP	United Nation's Economic and Social Commission for Asia and the Pacific
UNFPA	United Nation's Population Fund
UNICEF	United Nations International Children's Emergency Fund
UNWomen	United Nations Entity for Gender Equality and the Empowerment of Women
VAW	Violence Against Women
WEF	World Economic Forum
WFS	Women Friendly Space
WHO	World Health Organization
WHS	World Humanitarian Summit

Preface

Gender-based violence (GBV) continue to destroy lives and jeopardise public health and community resilience all around the world. To effectively prevent GBV, we all have a role to play as individuals in our own personal relationship, but as humanitarians we also have an extraordinary power to influence disaster response practices to more effectively secure the safety and dignity of individuals. With a strong desire to contribute to this goal and a more gender equal world, this research was motivated.

This thesis was carried out in collaboration with the International Federation of the Red Cross and Red Crescent Societies (IFRC) Asia Pacific. During February to June 2017, I had the privilege of being an intern with the Gender and Diversity team in Kuala Lumpur. With the team's strong engagement in my study, I successfully developed the research and by generously connecting me with colleagues in the Philippines, I gained crucial support for my data collection. During two weeks in Manila in May, staff members in the Philippines showed great commitment in linking me with actors in the country. Without their networks, important moral support and flexible drivers, I would not have gained such rich material. I would like to express my deepest gratitude to all the IFRC's staff that have helped me along the way of this research and a special thanks to May Maloney and Piya Bhalla, who's strong expertise in the area of the study and impressive research skills lifted this thesis way above expectations.

I would like to dedicate my strongest appreciation to all the respondents who offered me their precious time to share their knowledge and experiences. Your contributions constitute the backbone of study and you left me with a deep sense of respect and great inspiration of the tireless work you are doing for survivors of GBV and to prevent others from being subjugated to these horrendous violations.

I would also like to thank my supervisor Jessica Påfs for guiding me through this research and providing me with incredibly valuable, smart and constructive feedback. The time and effort you put into supervising me and steering this research into goal was really above and beyond expectations of a supervisor.

Lastly, to my partner, study colleagues, friends and family, thank you for always being there and for providing me unconditionally support and encouragements throughout this journey. Without you, I would not have stayed sane and your support was invaluable in keeping my motivation and performance high, especially through the more challenging times.

1. Introduction

1.1 Prevention of gender-based violence (GBV) post disasters

Gender-based violence (GBV) is a global public health issue and a violation of human rights that is a major feature in humanitarian crises[1] (Bhuvanendra and Holmes, 2014; Enarson and Chakrabati, 2009). A significant increase in GBV have been found in various emergency contexts and it has been established that factors associated with these events - such as the collapse of social structures, services and infrastructure; displacement; the separation of families and breakdown of social norms - increase the risks of GBV (James, Braaf, and Meyering, 2014; Rumbach and Knight, 2014; Fordham, 2011). It is widely recognised that in a context where gender inequality and GBV exist in non-emergency times and exacerbates crisis situations (IASC, 2015). Central to the mandate of humanitarian actors[2] in disaster response is to alleviate and prevent unnecessary suffering of affected populations and support life in dignity (ICRC, 2004). While GBV in disaster contexts is a highly complex issue, it can be predicted and prevented (IFRC, 2012). Taking measure to respond to and reduce the risks of GBV in the aftermath of disasters should therefore be an integral part of humanitarian response programmes, especially in areas where disasters are recurrent (WHS, 2015; IASC, 2015).

Over the past two decades, a growing number of researchers and agencies have made efforts to better understand the phenomenon of GBV in humanitarian crises (for example Sloand et. al. 2015; IFRC, 2015; Bradshaw and Fordham, 2014). However, a majority of previous research has been carried out only in conflict settings and yet, less is known about the occurrence of GBV in the context of disasters[3] (IFRC, 2015; Bradshaw and Fordham, 2014). Furthermore, only a small share of currently available studies on GBV after disasters has been carried out in low and middle-income countries. A majority of studies within the field focus on how to respond to survivors of GBV and reduce the risks of vulnerable groups' (mainly women and girls) from being exposed to GBV (IFRC, 2015; Aquino, 2014; Bradshaw, 2011; Enarson and Chakrabati, 2009). The same approach is also reflected in current humanitarian programmes. Again, most

[1] For a more extensive definition of "humanitarian crisis", see Annex 1.

[2] For a more extensive definition of "humanitarian actor", see Annex 1.

[3] For a more extensive definition of "disasters", see Annex 1.

practice comes from conflict settings and focus is often to respond to cases of GBV that have already taken place and to provide support and treatment to survivors (Bradshaw and Fordham, 2014). There are also examples of programmes that seek to prevent cases of GBV by reducing the exposure of risks for vulnerable groups by for example making sure to segregate water, sanitation and hygiene (WASH) facilities for women and men, put locks on doors and install adequate lightening in shelter settlements (IASC, 2015; Buscher, 2014). Another trend in the reviewed research and programmes on GBV in humanitarian contexts is to mainly focus on women and girls. This is often motivated with the fact that women and girls in general are disproportionately affected by GBV, in non-disaster times as well as post disasters (Bradshaw and Fordham, 2013; Aquino, 2014; Sohrabizadeh, 2016).

Recent research highlight that if seeking to prevent GBV from occurring in the first place in crises, the approaches described above will only have limited effects (Tappis et al 2016; Ellsberg et al 2015). It is argued that programmes that only focus on responding to already perpetrated cases, or the groups at risk from being exposed to GBV, will not prevent new incidents from happening. Instead, these studies highlight that to reach long-term change, there is a need to broaden current research and practice to also address the causes and triggers of violence and target the potential and actual perpetrators of violence (Tappis et al 2016; Ellsberg et al 2015).

1.2 GBV in the Philippines following recent disasters

The Philippines is one of the world's most disaster-prone countries and every year around 20 typhoons hit the country (UNESCAP, 2015). In November 2013, the deadliest one so far, typhoon Haiyan (locally knows as Yolanda), swept through the central parts of the country causing massive destruction, casualties and human suffering (ECHO, 2016). Yet, no official numbers have been published on trends in GBV cases in the aftermath of the typhoon. However, many actors that were engaged in the post-Haiyan humanitarian response reported on the lack of safety for women and girls in evacuation centres, cases of rape, domestic violence, sexual exploitation and trafficking (Aquino; 2014; GBVAoR, 2013; Hersh, 2015). Looking at the situation prior the disaster in the Philippines, at least one in five women aged 15-49 had experienced physical violence and one in ten incidents of sexual violence (PSA, 2013). The areas hardest hit by the typhoon had also reported higher rates of physical and sexual violence than the national average and some of the impacted islands were known centres for sex

trafficking (GBV AoR, 2013). In the aftermath of Haiyan, available data thus showed that GBV is a common feature in many Filipino's everyday lives, especially for women and girls. Furthermore, reports after typhoon Bohpa (locally knows as Pablo), which hit the country in 2012, showed an increase in reported cases of GBV, including trafficking and adolescents engaging in commercial sex work (GBV AoR, 2013). Consequently, in the aftermath of typhoon Haiyan, GBV experts argued that an increase of cases should be assumed and expected by humanitarian actors and that immediate action should be taken to reduce risks (Aquino, 2013; GBV AoR, 2013b). Yet, many actors initiated their operations thinking that gender inequality and GBV would not be a major concern in the response. Some referred to the news that Philippines earlier that year was ranked as number five out of 136 included countries in the World Economic Forum's global gender gap index[4] (WEF, 2013; Hersh, 2015; What Works, 2015). As a result, initial needs assessments did not include protection concerns and GBV risks, resulting in that the humanitarian response failed to adequately integrate GBV into relief programmes and risks were not effectively reduced (Hersh, 2015; What Works, 2015).

1.3 Problem formulation

In a context such as the Philippines, where GBV is widespread and there is a constant threat of natural hazards, ensuring that humanitarian actors have the capacity to effectively respond to and reduce the risks of GBV is crucial to fulfil the humanitarian mandate of providing assistance based on needs, promoting dignity and preventing unnecessary suffering (ICRC, 2004). To this date, no previous research seems to have investigated factors that cause and trigger the perpetration of GBV post disasters in the Philippines. Neither has any studies been found that focus on how men and boys can be engaged in humanitarian programmes to prevent the perpetration of GBV in these specific contexts.

1.4 Research aims and objectives

The aim of this research is to contribute to enhance knowledge about how humanitarian actors in the Philippines can engage with men and boys to reduce the risks of perpetrations of GBV in the aftermath of disasters. It seeks to explore factors associated with the perpetration of GBV, looking at existing knowledge and experiences within the

[4] World Economic Forum (2013) *The Global Gender Gap Report 2013* Available online: http://www3.weforum.org/docs/WEF_GenderGap_Report_2013.pdf Accessed: 17 February 2017

humanitarian community. Moreover, the study will collect best practice, lessons learned and present recommendations for the development of more effective strategies to prevent GBV post disasters and future research. The overall research question of the study is:

How can humanitarian actors in the Philippines work with men and boys to prevent the perpetration of GBV post disasters?

The following sub-questions will be investigated:

1) *What factors affect the risk of perpetration of GBV post disasters in the Philippines?*
2) *What humanitarian initiatives have taken place post disasters in the Philippines that have sought to engage men and boys to prevent the perpetration of GBV?*
3) *How have risk factors associated with the perpetration of GBV and factors that could protect against these risks been addressed in these interventions? How have men and boys been engaged? What are the gaps and what could be improved in these efforts to prevent GBV post disasters?*

1.5 Delimitations

This study focuses exclusively on international and national organisations' perceptions and knowledge about the research topic in the Philippines. The views of populations affected by disasters and survivors or perpetrators of GBV have not been included. Findings will only represent the respondents' own reflections, knowledge and experiences in relation to risk factors and protecting factors of perpetration of GBV and how humanitarian actors can engage with men and boys to prevent GBV post disasters. Due to time constraints and with regards to feasibility, security concerns and practicalities, the scope of the study was limited to actors based in Manila, or actors that were possible to trace online and who were available for a Skype interview.

1.6 Utility of research

Ultimately, this research aims to contribute to humanitarian actors fulfilling their humanitarian mandate – to provide needs based assistance based, prevent unnecessary suffering and promote dignity – and to increase their accountability to disasters affected

populations. Findings could be utilised to inform and adapt future interventions in the Philippines to more effectively address risks factors and to adopt a more innovative approach to GBV prevention by not only addressing the symptoms of GBV, but also its root causes. The compilation and analysis of best practice and lessons learned from the Philippines practical examples could possibly also inspire humanitarian organisations in other countries and crisis contexts to integrate GBV prevention measures in their response programmes. In addition, the study has identified gaps in current knowledge, which could be used as inspiration for future research.

2. Methodology

2.1 Research design

A qualitative research approach was chosen to grasp an in-depth understanding of humanitarian actors' experiences and subjective perceptions (Bryman, 2012). This approach offered an opportunity to investigate what constructs a certain situation by looking at underlying factors, cultural prescriptions and norms affecting the social phenomenon of GBV (Sarantakos, 2005). The rationale for choosing the Philippines as the country of study was based upon the following criteria: (1) a country prone to disasters with (2) pre-existing gender inequality and/or GBV which (3) has experienced a major disaster within the last five years that triggered a large scale emergency response and where (4) no previous research have been carried out focusing on the prevention of perpetration of GBV post disasters. The effects of disasters and circumstances that cause and escalate GBV post disasters are highly context and time specific (IASC, 2015). Therefore, and due to time constraints[5], the scope of the study was brought down to a smaller and well-defined area: the city of Manila. This was also motivated by the fact that many humanitarian organisations that are involve in disaster response work in the Philippines are based in the capital and respondents would thus be easily accessible there.

2.2 Methods and tools

A literature review was carried out to answer sub-question 1 and to define and understand key concepts[6]. This step was also used to develop a theoretical framework including theories on gender and masculinities, risk factors and protecting factors of perpetrations of GBV and approaches to prevent GBV. Screened sources mainly constituted of articles from peer-reviewed academic journals and books, but some information was also collected from reports published by NGOs, UN agencies and government authorities. Uppsala University's library search tool[7], Google Scholar and Google Search were used to screen and identify sources. Keywords searched for (in different combinations) included: GBV; disaster; emergency; crisis, prevention; humanitarian action; risk factor; protecting factor; men and boys; perpetration; gender;

[5] For further elaborations on delimitations of the study scope, see *1.5 Delimitations.*

[6] Definitions of core terms and concepts can be found in Appendix 1.

[7] http://www.ub.uu.se

masculinities; the Philippines. To ensure as current sources as possible, material published within the last 10 years were sought. However, some expectations were made in order to include original source of theoretical thinking in regards to gender theory and the Ecological Model. Due to time constraints as well as the researcher's restricted language skills, the sample only included English sources. In addition, background research on the situation in the Philippines in regards to gender equality and GBV were also investigated to gain a deeper understanding of the context and to assist in the planning of the data collection.

To gain further insights on sub-questions 2 and 3, 18 key-informant interviews were carried out with 24 local and international humanitarian professionals engaged in GBV prevention activities in the Philippines. Interviews were held by the researcher between the 2nd and 25th of May 2017, where 15 of them were carried out in Manila between the 2nd and 13th of May. An additional interview was done in Colombo, Sri Lanka, and two more were arranged over Skype. The respondents themselves chose place for the interview and in most cases, their own workplace. Though one-on-one meeting were requested, three agencies asked to nominate more than one respondent and thus, these interviews turned into group interviews (see Appendix 2 for more detailed information about the respondents). A semi-structured interview form was developed and used to guide the interviews (see Appendix 3). Upon agreement by the respondents, the discussions were recorded. Notes were also taken on general observations and impressions during the conversation. The interviews were held in English and lasted between 50 min to 1,5 hours. A sheet introducing the study, the researcher and providing information about what participation in an interview would imply was shared with respondents before the interview. A verbal and written informed consent was obtained of each respondent before the interview started[8].

2.2.1 Sampling and recruitment of respondents

The target population for the study was representatives from international and national humanitarian and other organisations working with GBV prevention in the Philippines. A purposive snowball sampling method was used to recruit respondents. The International Federation of the Red Cross and Red Crescent Societies' (IFRC) network in the Philippines was utilised to gain first contact with relevant actors. Organisations

[8] The information sheet about the study can be found in Appendix 4 and the consent form for respondent in Appendix 5.

that are members of the humanitarian GBV sub-cluster[9] group in the Philippines and own personal contacts were also contacted. Contact was established by email or phone and no incentives for participation were provided. A stratification of the sample was applied to ensure diversity of responders and to make sure that a balanced number of international and national actors with different profiles and functions were represented. This non-probability form of sampling was considered suitable since it would allow for different perspectives to be heard and enabled a multifaceted understanding around GBV and prevention efforts to be obtained (Bryman, 2012). Organisations with expertise in preventing GBV against lesbian, gay, bisexual, transgender, questioning and intersex (LGBTQI) persons post disasters and faith-based humanitarian organisations engaging in GBV work were also actively sought. However, no organisations with these profiles were found by using this sample method. Due to time constraints and the narrowed scope of the study (the city of Manila), unfortunately, it was not possible to explore alternative sampling methods to establish contact with such organisations. Further discussion around who were reached (and not reached) through the chosen sampling method and what implications this might have on the study findings can be found in Chapter 7.

2.2.2 Data analysis

The study adopted an overall inductive analytical approach where emphasis was put on generating new theory and conceptual understanding (Bryman, 2012). The interviews were transcribed and a thematic analysis applied. Transcripts of the interviews were first repeatedly read taking notes of common, salient or significant patterns and topics. The material was sorted into further categories and coded in a Word document. This method lasted until no new further concepts or themes were noted and a so-called topical saturation was reached (Braun and Clarke, 2006). Finally, a constant comparison between the found themes in the theoretical framework and the empirical material followed until new theoretical elaborations were identified.

[9] The GBV sub-cluster in the Philippine leads all efforts at the national and regional level to promote prevention and response to GBV. The sub-cluster is lead by the DSWD with support from UNFPA and gathers a wide range of actors working within the field of GBV to enable coordination and more effective programme implementation in emergencies.

2.3 Ethical considerations

Due to the sensitive nature of studying GBV, careful ethical considerations were made before meeting with the respondents. WHO's (2007) ethical guidelines and safety recommendations for researching, documenting and monitoring sexual violence in emergencies were carefully followed and principles of do no harm, voluntary participation, confidentially and anonymity were ensured (WHO, 2007). For example, the interviews were held where privacy and confidentiality could be guaranteed. The first part of the interview was allocated to provide respondents with thorough information about the study purpose and how the collected data would be stored and used. All respondents were asked about to what extent they wanted their own and their organisations' identity to be visible in the study. All respondents chose to keep their own identity anonymous and hence each respondent was given a unique ID number. However, they all agreed to have the names of their organisation presented to enable readers an opportunity to reach out if interested in more information about the shared initiatives. Contact details to the researcher were provided to all respondents and they all received an opportunity to review a draft of the results chapters of the study and provide feedback on quotes used from their interviews.

GBV may create emotional responses and considering the widespread nature of GBV, it was seen as a considerable risk that some of the respondents would carry own experiences of violence. Therefore, careful considerations of how to act if respondents would show signs of distress or if interviews would reveal survivors of abuse, mechanisms to provide correct information and refer cases to adequate support were established beforehand (IASC, 2015).

2.4 Limitations and self-reflexivity

A considerable limitation and challenge in conducting research on the issue of GBV is the sensitivity of the subject and cultural taboo attached to it. Therefore, inherit to this kind of research is the risk of respondents not feeling fully comfortable in speaking about all aspects of the topic. With the selected respondents this risk was considered to be lower since they in their profession have been engaged in GBV related work and should be used to talking about the issue. Yet, one could not assume all respondents to have the same knowledge and awareness of all forms of violence included in the

umbrella term of GBV[10]. For example, GBV against LGBTQI individuals and men and boys are often less recognised and more stigmatised in societies and therefore, this kind of violence might be more difficult to discuss openly. Neither could one overlook that the current normative discourse where GBV tend to be interchangeably referred to as VAW[11], might also influence on the respondents understanding of the conceptualisation of GBV.

Like most qualitative studies, this research is based on a small sample (Sarantakos, 2005). Consequently, generalisation and external validity is restricted and neither can the study's results claim representativeness of all organisations working with GBV prevention in the Philippines. Focus has rather been to understand the reality from the views of a small group holding rich, context-specific and "inside" knowledge and experience about the studied topic (Bryman, 2012). The chosen method was proved successful to answer the research question and sub-question from a humanitarian workers' and service providers' perspective. However, to get a complete understanding about the drivers and risk factors of perpetration of GBV and how to prevent it post disaster in the Philippines, it would be necessary to approach the actual group in question - potential and actual perpetrators.

Researcher bias is always a challenge to qualitative research since a researcher inevitably brings one's own history and preconceived perceptions about the studied topic into the research. It is difficult to establish how the background and characteristics of myself as the researcher; a young, white, highly educated woman from a western high-income country - Sweden, which also often is referred to one of the most gender equal countries in the world, - influenced the respondents' answers as well as my own analysis of their answers. This might consciously or unconsciously have had an impact on the respondents' reasoning, for example by answering questions in a way that they believe is desired, "correct" or would "please" the researcher (Sarantakos, 2005). Furthermore, previous research, which motivated the focus and scope of this study, are also to some extent influenced by individuals' personal background and subjective understanding (Bryman, 2012). Objective and generalizable result and conclusions are thus rare, and might not even be desirable, in qualitative research. The strength is rather to provide in-depth understanding about a phenomenon. However, in order to ensure

[10] See chapter 4.2 for more information about the concept and different types and characteristics of GBV.

[11] Introduced in Chapter 1.

credibility of results, being transparent of one's own role as the research in the study results and being reflective about what information and theory that has been collected (or not collected) and how conclusions have been drawn is key.

2.5 Outline of thesis

The study consists of eight chapters. The first chapter provides a background to the area of study and presents the aims, objectives and delimitations. The second chapter describes the method applied for the data collection and analysis and reflect on ethical considerations and limitations of the study. Chapter three outlines the theoretical framework and includes theories related to GBV, gender and masculinities, risk factors and protecting factors of perpetration of GBV and approaches to prevent GBV. Chapter four and five presents the empirical material and the results from the 18 interviews. Chapter four unpack the respondents' understanding of GBV post disasters, its causes and triggers, and factors that can protect perpetrators from committing GBV. Chapter five presents a selection of initiatives shared that have practiced an approach to engage men and boys to prevent GBV post disasters. In chapter six the collected material is discussed in relation to the theoretical framework and strengths and weaknesses of the findings are highlighted. The theoretical and empirical chapters, as well as the discussion, are all structured after the three sub-questions formulated to answer the main research question. Chapter eight summarises the main conclusions of the study and finally, chapter nine presents recommendations for further research and humanitarian actors in the Philippines.

3. Theoretical framework

This chapter presents a number of theories extracted from previous research on the concept of GBV, risk factors associated with the perpetration of GBV and best practice on how to prevent GBV by engaging men and boys. To understand the causes and drivers of GBV, the study will assume a gender and feminist theoretical perspective and investigate how gender inequality, patriarchal structures and socially constructed norms around masculinity and femininity can cause GBV.

3.1 Understanding gender and GBV

3.1.1.Gender and masculinities

Gender is the socially and culturally constructed expectations of what it means to be a woman and man, while sex refers to the biological characteristics (genitals, chromosomes and hormones) that distinguish males from females[12]. Gender is shaped by the perceptions and attitudes in a given society and marks what is considered appropriate for women and men (feminine and masculine) in regards to their roles, behaviours and attributes (Hirdman, 1988; Enarson and Pease, 2016). Norms around gender is fundamental to how we understand ourselves - our gender identity - and the relationships we have with other people – gender relations (Ariyabandu, 2009; Bradshaw, 2013). Gender theory argues that gendered norms and relations are found and reflected at all levels of a society, including at the individual level, in the family, within communities, and in institutions and the society at large. Furthermore, gender is a key determinant when it comes to what entitlements, rights and status one posses in the society (Bradshaw, 2013).

According to gender theory, generalised images and attributes connected to femininity/masculinity - often referred to as gender stereotypes – assign women and men to certain expectations in life (Ariyabandu, 2009; Bradshaw, 2013). These stereotyped images are generally unfavourable towards women and girls and are limiting their opportunities in life and hinder them from actively participating in social, political and economical spheres. A feminist theoretical perspective explains this with how societies often view traditionally categorised feminine roles and attributes as lower

[12] Biological sex, male or female, is generally assigned at birth. However, this categorisation does not fully capture the complex biological, anatomical, and chromosomal variations that can occur in humans. Thus, many people are born with a sexual and reproductive anatomy that does not fit the typical definitions of female or male. These individuals are often referred to as intersex (IASC, 2015).

valued in comparison to masculine[13]. A patriarchal value system justifies and maintains the current order where men hold the primary power; control most assets and enjoy more social privileges in the society (Bradshaw, 2013; Enarson and Pease, 2016). According to feminist theory, this system permeates all instances of the society and can be found all around the world (Conell, 2009; Hirdman, 1988). Patriarchy is hence referred to as the root cause to the existing hierarchical gender order which results in that traditional stereotype gender norms often marginalise women and girls and assign them a subordinate role within the family, community and the society (Ariyabandu, 2009; Enarson and Pease, 2016; Bradshaw, 2013).

Gender roles are formed through social interaction between people, in so-called gendered "socialisation processes", which take place from early childhood and throughout the whole life cycle (Bradshaw, 2013). Broader social, economic and political processes in societies also influence on how these norms are formed. Therefore, gender norms and roles are constantly reformulated and reshaped and should be viewed as something people "do", rather than what they "are" (Marinucci, 2010:79). Hence, gender norms vary between (and also within) different societies, cultures, religions, classes etc. (Mishra, 2009; Enarson and Pease, 2016).

Most people do not conform to only one gender category (feminine or masculine) but perform multiple forms of masculinities, femininities or a combination of both. However, in most societies, a strict binary understanding of gender prevails where expectations of a desirable and stereotype "masculinity" and "femininity" is closely linked to one's biological sex. Furthermore, these categories are often seen as opposites (Ariyabandu, 2009; Bradshaw, 2013). In 2009, Reawyn Connell launched the concept of "hegemonic masculinities" arguing that a hierarchal system exists within the category of masculinity (and femininity). This system arranges masculinities on a scale from hegemonic/dominant to marginalised/subordinated (Conell, 2009). Dominant and hegemonic characteristics (stereotypes) of masculinities are promoted as desirable attainments and behaviours for men in a given society and demand men to position themselves in relation to these idealist images. "Manliness" is then judged by their ability to live up to these normative notions of a hegemonic masculinity (Austin, 2016;

[13] While different strands of feminism (liberal, marxist, post-modern etc.) have quite fundamental differences in understanding of what brings about women's oppression, a common belief is that "women are understood to be oppressed and that there is a desire to change their subordinate position relative to men" (Bradhshaw, 2013:44).

Enarson and Pease, 2016). According to research, regardless of geographical location in the world, hegemonic masculinity tends to be connected to characteristics of heterosexuality; aggressiveness; authority and control; taking risks; being courageous and not showing emotions (Enarson and Pease, 2016). Individuals who do not conform to, or challenge, the constructed binary notion of male/female and masculinity/femininity, such as intersex and transgendered individuals, hence often face social sanctions and stigma (Conell, 2009). In addition, in order to uphold one binary party's superior position, such as the dominant masculinity, it requires the consent of others, including the marginalised party. A hegemonic position is thus built upon the acceptance of the system from other men, but also from women (Conell, 2009).

Another critique of the binary conceptualization of gender identities is the feminist intersectional perspective highlighting that multiple identities interact and shape individuals' experiences. Hence, in order to understand someone's dominant or subordinate position in a society, one has to look at gender but also include other social factors in the analysis, such as race, age and sexual orientation (Davis, 2008).

3.1.2 Gender in disaster management

In disaster studies, the term gender is often conflated with biological sex and brings up merely a women's perspective. As a result, analysis of what positions, empowers, engages and constrains men in their lives is rarely included in these studies (Enarson and Pease, 2016). Connell (2010) argues that this misunderstanding is common also in other fields or research because one often tend to assume that men are the norm and therefore, gender is about the way women differ from this norm. Hence, in practice, gender issues often focus on questions concerning the special needs of women and their experiences of oppression (Connell, 2010). A common approach has also been to view women as a homogenous group with similar experiences of oppression and marginalisation. Therefore, this approach risks overlooking the distinct experiences different groups of women may have, such as single versus married and heterosexual versus lesbian women. It is also likely to exclude women who do not identify within the traditional gender binary from the analysis (Marinucci, 2010).

3.1.3 The concept of GBV

The phenomenon of GBV in humanitarian crises was first highlighted in the early 1990s in a time when large-scale and systematic sexual violence perpetrated against women

and girls were reported from Rwanda and former Yugoslavia (Read-Hamilton, 2014). The following years, programmes responding to the issue in conflicts received more attention and GBV as a concept became much synonymous with men's violence against women (Read-Hamilton, 2014). Though violence against women (VAW) still remains largely in focus in research and practice on GBV, a broader conceptualisation of the term has started to gain more recognition. The Inter-Agency Standing Committee (IASC) refers to GBV as an umbrella term including "any harmful act that is perpetrated against a person's will and on the basis of socially ascribed differences (eg. gender) between males and females" (IASC, 2015:5). According to this broader definition, GBV does not only include violence against women and girls, but also violence perpetrated against men and boys with the purpose of reinforcing notions of masculinity and femininity. With this definition GBV also encompass gendered and sexualised violence that is perpetrated against LGBTQI persons with the aim to punish them for defying heterosexual and binary female/male gender norms (Read-Hamilton, 2014; IASC, 2015). While a broader interpretation highlights that GBV could be a potential threat to anyone, yet it acknowledges that VAW and girls remain the most common form of GBV (IASC, 2015; Bradshaw and Fordham, 2013; Aquino, 2014; Sohrabizadeh, 2016).

According to the IASC, GBV include all "acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty" (IASC, 2015:5). GBV takes many forms and is often divided into four categories of violence: physical, sexual, physiological/emotional and economic violence. Examples of specific forms of GBV include, but are not exclusive to, violence in close relationships including domestic and intimate partner violence; non-partner rape; other forms of sexual exploitation, harassments and abuse; trafficking; early and forced marriage and traditional practices, such as female genital mutilation; and crimes committed in the name of so-called "honour" (IASC, 2015; Wirtz et al, 2014). Thus, GBV can be found in both the public sphere and private space of the home. It is also widely recognised that GBV knows no social, economic and national boundaries and remain an endemic public health concern in every country in the world (i.e. Ellsberg et. al. 2015). Pointing at the scale of the issue, it is estimated that one in three women worldwide will at some point in their lives experience physical or sexual abuse by a partner or non-partner (WHO, 2013). However, due to stigma and the lack of support for survivors of GBV in most countries of the world, underreporting is widespread and

thus, it is likely that available prevalence data is not representing the actual situation (Palermo, Bleck and Peterman, 2014).

For all forms of GBV, perpetrators are mostly men. A recent multi-country study carried out in the Asian region showed that 25% to as much as 87% of men will commit violence against an intimate female partner over the course of their lives (Fulu et. al. 2013). The perpetration of GBV is largely driven by unequal power relations where a perpetrator take advantage of privileges one enjoys to use power over another person (Casey, Bulls and Yager, 2016, Jewkes et al, 2015). Research has showed that gender inequality is a unifying characteristic for most forms of GBV. Hence, GBV is often referred to as the ultimate manifestation of gender inequality (IASC, 2015; Read-Hamilton, 2014). Systemic gender inequality has also contributed to a widespread normalisation and acceptance of GBV. As a result, perpetrators are often not held accountable and survivors are discouraged from speaking out and accessing support (IASC, 2015). However, GBV is not only a result of unequal gender norms, but other intersecting social factors, such as, age, disability, sexual orientation, gender identity, class, religion and ethnicity, also play a role in shaping power imbalances between individuals (EIGE, 2017). This means that different groups of people are targeted and affected by GBV in different ways and might also experience different forms of GBV (Rumbach and Knight, 2014). For example, the IASC (2015) highlights that lesbians and transgender women are at particular risk of GBV due to the additional discrimination they face for not conforming to a traditional binary gender and heterosexual norm.

3.1.4 GBV post disasters: what do we know?

Existing evidence suggests that GBV tends to escalate in the aftermath of disasters (Bradshaw and Fordham, 2013; Fisher, 2010). However, manifestations of GBV vary from context to context. For example, an increase in early and forced marriage post disasters was reported from various countries affected by the Indian Ocean tsunami in 2004 (Bradshaw and Fordham, 2013). Following the earthquake in Haiti 2010 and typhoon Haiyan in the Philippines 2013, a rise in "transactional" or "survival sex", where women and girls in particular are coerced into providing sex in exchange for food and relief items, was documented (Bradshaw and Fordham, 2013; GBVAoR, 2013). In post disaster settings, higher rates of sexual violence committed by perpetrators unknown to the survivor are often found, especially in aid distribution site and shelter

settlements for internally displaced populations (Ferris 2014; Fordham, 2011). However, numerous studies on GBV in emergencies indicate that domestic violence by an intimate partner is still the most common form of GBV (Bradshaw and Fordham, 2013; Fisher, 2010; James and Beckenridge, 2014).

There is limited research on men and boys' and LGBTQI persons' experiences of GBV post disasters. One study suggests that transgendered individuals experience a high rate of GBV, and especially sexual harassments, in non-disaster times as well as in emergencies (Rumbach and Knight 2014). Furthermore, due to discrimination on the labour market, transgendered persons are often forced to sell sex to provide a living. Underreporting among men, boys and LGBTQI persons who have been subjugated to GBV is widespread as these individuals are often disregarded in studies and official records, especially in countries where transactional sex and homosexuality is criminalised (Rumbach and Knight 2014).

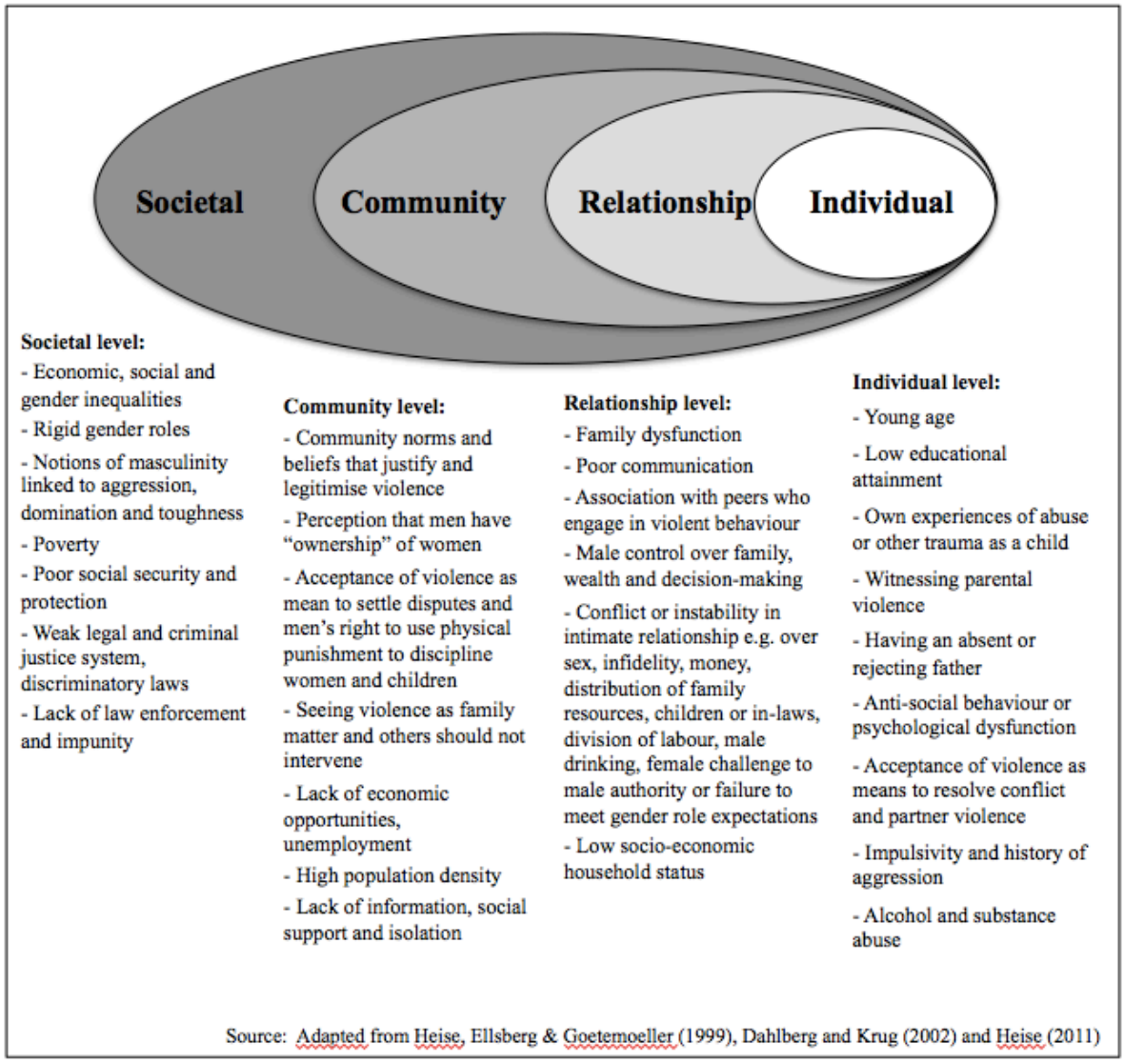
3.2 The social ecology of perpetration of GBV

To conceptualise and understand the causes of GBV in different contexts, researchers and practitioners commonly apply the widely recognised "Ecological Model" (Heise, Ellsberg and Goetemoeller, 1999; Dahlberg and Krug, 2002; Heise, 2011). The model is used to identify risk factors associated with the occurrence of GBV in non-disasters times and is referred to as a useful to look at both individuals at risk of experiencing violence and those perpetrating violence (Heise, 2011). This section will focus on investigating risk factor associated with the latter groups, the perpetrators of GBV. While it seems like the Ecological Model mainly has been applied to understand dimensions of VAW, and not other forms of GBV, this study will use the framework as a starting point for analysis and discuss its applicability also to a broader definition of GBV and post disasters.

3.2.1 Risk factors causing the perpetration of GBV

In the Ecological Model, risk factors associated with the perpetration of GBV are grouped into four categories; the individual, relational, community and societal level (Heise, 2011; Dahlberg and Krug, 2002). Model 1 below provides an overview of the different levels of model and lists examples of risk factors linked to the perpetration of GBV compiled from the research of Heise, Ellsberg and Goetemoeller (1999), Dahlberg and Krug (2002), and Heise (2011).

Figure 1. Ecological Model of risks factors associated with the perpetration of GBV in non-disaster times



The individual level looks at the personal history and biological factors of a person, such as age, upbringing, psychological disorders, and own experiences of abuse. These factors are important determinants for shaping a person's behaviour and the likeliness of perpetration of violence (Dahlberg and Krug, 2002). Violent behaviours are also influenced and triggered by personal relationships with family, peers and intimate partners. Here, factors such as having violent friends, a dysfunctional family situation or an unstable intimate relationship are highlighted as risks that may cause violence. The community level refers to the context in which social relationships are embedded, such as in schools, neighbourhoods, workplaces and other institutions, as well as social structures in place (Heise, Ellsberg and Goetemoeller, 1999). Risk factors identified are community norms justifying violence, unemployment, but also isolation and lack of

social support (Dahlberg and Krug 2002). The fourth and final level of the model explores the broader societal context that influence whether GBV is encouraged or inhibited in a society. Examples of identified risk factors are rigid gender roles and masculinity norms that encourage male toughness and domination over women; social, economical and gender inequalities, weak laws and lack of law enforcement (Heise, Ellsberg and Goetemoeller, 1999).

The Ecological Model argues that there is no single factor that alone causes violence. Rather, it is the combination of and interplay between several factors on different levels of the society that affects the likelihood of perpetration of violence. With more risk factors present, there is a higher likeliness that a person commits a violent act (Heise, Ellsberg and Goetemoeller, 1999). To prevent any form of violence, it is thus key to analyse and understand the relationship between individual factors and the social, cultural and economic environment in which potential perpetrators live in (Krug et al, 2002). Furthermore, it is suggested that in order to decrease the likeliness of perpetration of violence, one has to work across the whole model and address factors on all levels (Dahlberg and Krug, 2011). While the model encompasses a wide range of dimensions and factors of perpetration of GBV, Heise (2011) highlight that the potential link between intimate partner violence and militarisation, conflicts, war or displacements is being left out. However, yet no consistent correlation between these aspects and the likelihood of perpetration of GBV has been scientifically proven. Hence, in order to draw further conclusions on these connections, more research is needed (Heise, 2011).

3.2.2 Risk factors of GBV in post disaster and humanitarian settings

While the Ecological Model has not previously been applied to analyse GBV in emergency contexts, other research have identified the following risk factors to be associated with the perpetration of GBV post disasters. Disasters may challenge gender norms and men's role as providers and protectors. Many men experience a sense of powerlessness and like their ideal of masculinity is threatened (Fischer, 2010). Tappis et al's research (2016) on GBV among refugee populations shows that men who perceive themselves as economically marginalized are more likely to commit GBV, since they experience their breadwinner role and status as the head of the household as eroded. This perception might be further reinforced if women simultaneously are gaining new opportunities and more economic power, as many NGO's target women with their

activities. Thus, Tappis et al (2016) argues that interventions focusing exclusively on women may reinforce men's sense of failure post disasters and lead to tensions in intimate relationships. It is suggested that as a way to reclaim one's notion of power and masculinity, some men hence resort to violence against their intimate partner (Bradshaw and Fordham, 2013).

In disaster contexts, individuals experience a lot of stress and frustration and research shows that many men may find it difficult to deal with this situation and the trauma they have experienced. Evidence suggests that some men hence cope with their emotional suffering through destructive behaviours such as alcohol, drugs, aggression and violence (Fischer, 2010; James and Breckenridge, 2014). In addition, post disaster contexts are often characterised by higher levels of violence committed by perpetrators unknown to survivors as systems and structures that are supposed to protect citizens have broken down (Bradshaw and Fordham, 2013).

In contrast to the above studies, which indicate that disaster situations may trigger and cause GBV, research also suggest that it is not the emergency in itself that lead men to turn to violence. James and Breckenridge (2014) suggest that individuals who use violence or approve with controlling or dominant behaviours in intimate relationship prior disasters, are more likely to use violence post disasters. Among already violent individuals, the situation post disasters (stress, frustration, lack of control etc.) might also lead to more severe or additional types of abuse (James and Breckenridge, 2014).

3.3 Approaches to prevent GBV

The Ecological Model suggests that risk factor associated with the perpetration of GBV should be addressed in a holistic approach (Dahlberg and Krug, 2002). However, strategies should also seek to leverage and strengthen protective factors that may decrease the likeliness of perpetration and buffer against risks (WHO/LSHTM, 2010). Evidence in non-disaster times suggests that protective factors can be higher educational attainment for both men and women, having benefitted from healthy parenting as a child, having a supportive family and belonging to an association (WHO/LSHTM, 2010). Yet, evidence is scarce, especially in post disaster contexts, and thus this section will seek guidance from studies and best practice on GBV prevention in non-disaster times.

3.3.1 Primary prevention of GBV

Violence prevention interventions are commonly divided into three levels of approaches; primary, secondary and tertiary prevention (Heise, 2011). Primary prevention aims to prevent violence before it occurs and is often described as the act of "moving upstream"[14] and addressing the root causes of a problem, not only the symptoms. A primary prevention approach on violence does not only target individual's behaviours but strategically also look at the larger system, structures and environmental conditions that influence and cause violence (Cohen and Chehimi, 2010). The focus on secondary and tertiary prevention is rather on activities that take place when violence has already occurred. Secondary prevention efforts seek to respond to survivors' immediate needs, such as medial care or other support services, but also to reduce the risk of repeated violence (Heise 2011). Tertiary prevention is focused on mitigating the long-term negative impact on survivor of violence and includes, for example, actions to reintegrate survivors back into the family and community (Dahlberg and Krug, 2002; Heise, 2011).

Research carried out on GBV prevention programmes in different non-disaster contexts in low to high income countries shows that focus tends to be on secondary and tertiary response to GBV. Actions then often include providing support to survivors (women and girls) and bringing offenders to justice. However, examples of programmes that add components seeking to reduce poverty and promote economic empowerment, gender equality and challenge negative social norm do exist (Storer et al, 2015, Ellsberg et al, 2015), but are generally only targeting women and girls and the issue of VAW. Evidence on whether these programmes lead to a significant reduction in violence is scarce. Thus, researchers call for more research on primary prevention of GBV, and especially in low-income countries (Ellsberg et al, 2015; Heise, 2011; Dahlberg and Krug, 2002).

[14] This expression comes from a popular analogy about a riverbank where an increasing number of people had to be rescued from drowning. To assist those who initial helped to rescue the drowning people, more rescuers were needed. However, it was not until someone walked upstream to find out why people were falling into the water that the root causes of the problem could be addressed and new incidents prevented. In this specific case, the cause of the problem was that there were holes in a bridge that people were crossing which made them fall into the water (Cohen and Chehimi, 2010).

3.3.2 Engaging men and boys – a gender transformative prevention strategy

To engage men and boys in violence prevention programmes has been increasingly recognised as an effective primary prevention strategy (Storer et al, 2015). This is strongly motivated by the fact that men by large are the primary perpetrators of GBV and their behaviours and acts are part of the root cause of the problem (Carlson et al, 2015). Limited research exists on how to involve men and boys in GBV prevention work in post disaster humanitarian settings. Hence, this section is based on the growing body of evidence in other non-emergency settings.

Research suggest that a primary prevention approach that transform gender norms and roles – a so call "gender transformative" approach - should be at the heart of all efforts aiming to involve men and boys to prevent GBV. Fundamental to this strategy is to challenge socially constructed gender norms and expectations of female and male roles in society. A gender transformative approach questions the attitudes that underline gender inequality and GBV and support individuals, communities and the broader society to change unequal behaviours and practices (Carlson et al, 2015). These are all critical components of GBV prevention since they address the systems and structures that uphold and legitimise the violence (Casey, Bulls and Yager, 2016).

Evidence shows that to encourage men to join GBV prevention work, a personal and emotional connection to the issue of GBV has to be made, for example, by hearing or reading disclosures of abuse (UNDAW, 2004). Research suggest that to reach men and boys, it is most effective to go through their existing social relationships, peers and individuals in the community who are trusted and credible (Casey et al, 2016). Evidence also shows that being exposed to male figures leading the way and demonstrating alternative ways of being a man have positive effect (UNDAW, 2004). Outreach efforts should be tailored to the cultural and social context and create a positive image of men's role in the work, highlighting that their contribution is critical to solve the problem (Carlson et al, 2015). For best success, the design, recruiting and messages in programmes that target men and boys should include their voices (UNDAW, 2004). Efforts should be "inclusive of and responsive to diversities among men" and preferably create space for reflection upon one's identity and structural disadvantages and privileges that both men and women experience. Here, factors such as class, age, and sexual orientation, including ''hegemonic'' notions of masculinity, have to be emphasised to create a broad understanding of the different factors that cause structural vulnerabilities and marginalisation (Casey et al, 2016).

Researchers argue that to prevent the perpetration of GBV, the single targeting of men and boys is not effective enough. Women's subordinate position in relation to men is a clear risk factor associated with the perpetration of GBV and according to Ellsberg et al (2015), it is thus key to simultaneously work with women, strengthen their empowerment and influence their attitudes around gender norms and GBV. To apply a "gender synchronised" approach reaching out to both women and men has thus showed success in some programmes (Ellsberg et al 2015). Programmes would then allow for women and men to congregate separately in safe spaces to develop individual knowledge, skills and tools, but also to meet and interact to strengthening the relationship and communication between each other (Ellsberg et al 2015).

2.3.3 The Spectrum of Violence Prevention

Research show that GBV largely take places in communities where violent and dominant expressions of masculinities are desired, justified and normalised by both women and men (Casey, Bulls and Yager: 2016; Flood, 2011). Hence, to create an enabling environment for individuals to change their behaviours and attitudes is key. The Spectrum of Prevention is commonly used to guide the development of primary prevention programmes, often related to social and health related issues (Carlson et al, 2015). The framework includes six levels that prevention efforts needs to target to reach effective results:

1) Strengthening individual knowledge and skills
2) Promoting community education
3) Educating providers and other professionals
4) Engaging, strengthening and mobilising communities
5) Changing organisational practices
6) Influencing policy and legislation

The model shows that to prevent GBV in communities, one has to work across several levels of the society simultaneously – from developing individuals', service providers' and professionals' skills and knowledge, to changing community norms and transforming social institutions and laws. The Spectrum of Violence Prevention offers a holistic framework to address the phenomenon of GBV where a key strength is that it incorporates activities across all levels of the Ecological Model (Storer et al, 2015). In figure 2 below, each level of the spectrum is briefly described and some examples of programmatic efforts presented.

Figure 2. The Spectrum of Violence Prevention

1) Strengthening individual knowledge and skills	Activities focus on educating individuals about gender norms, the causes and impacts of GBV and building social and emotional skills such as problem-solving, anger management, capacity for empathy, perspective-taking and non-violent conflict resolution and to become active agents of change e.g. how to confront male peers launching sexist comments. Can take place in schools, work places, medical or social services or other spaces where men and boys assemble.
2) Promoting community education	This includes face-to-face education programmes for children and youth and public community education events and advocacy campaigns e.g. using social media, phone apps, street theatre, public marches, radio and TV shows. Social norms campaigns that seek to bring attention to men's perceptions of other men's often incorrect or overestimated agreement with sexist attitudes and violent behaviours has showed great success.
3) Educating providers and other professionals	These groups have unique opportunities and entry points to change structures, both within their own workplace and the larger society. Capacitating and motivating them through gender-sensitive trainings have showed great effect to prevent GBV. Can involve training health care workers, teachers, police officers, judges and aid workers.
4) Engaging, strengthening and mobilising communities	This is key to create community accountability of GBV taking place in the neighbourhood. Social networks also reduce isolation in the community, which can be a risk factor for perpetration of GBV. Media education campaigns, working with religious, political and other community leaders, cultural events, and empowering grassroots groups that advocates for gender equality have showed promising effects.
5) Changing organisational practices	Institutions and organisations reach broad masses of people and often function as standard setters and can serve as examples for other organisations. Thus, to change formal institutions, such as workplaces, sports, schools, and informal social groups is important. Key institutions of male socialisation should be given a special focus.
6) Influencing policy and legislation	Reformation of guiding principles on national, regional and local level has a great potential to change governmental institutions, organisations and people's behaviours. Examples of effort include integrating GBV prevention in curriculums for schools, restricting alcohol consumption, and influencing advertisement and media.

Compiled based on Ellsberg et. al. 2015; Storer et al, 2015; Flood, 2011; Cohen and Chehimini, 2010

3.4 Summary of theoretical framework

A gender perspective means to look at a phenomenon from a constructionist perspective, where the social expectations of what a woman or man "is" are in focus (Bradshaw, 2013). A gender and feminist theoretical perspective shows the importance of recognising the complexities around gender norms and relations in societies and how other dimensions of stratification, such as gender identity and sexual orientation, intersect with gender and influence on the experiences of oppression and subordination. This study applies a gender perspective that is moving away from a categorical understanding of women and men as fixed binary categories. Instead, it seeks to understand the empirical material by viewing gender, and masculinities in particular, as

a dynamic system within which multiple identities and social relations intersect and shape power hierarchies and norms around GBV.

The Ecological Model, the Primary Prevention approach and the Spectrum of Violence Prevention shows that to prevent GBV in communities, one has to work across several levels of the society to address risk factors and strengthen factors than can protect and buffer against risks. To develop skills and knowledge of individuals', service providers' and professionals'; changing community norms and transforming social institutions and laws are of equal importance in this work and to be successful, activates has to target women and men in a gender transformative and synchronised approach. It is important to note that these models were all developed in the West and its relevance in other parts of the world, such as the Philippines, has not been evaluated (Storer et al, 2015). Furthermore, these models have not been applied to post disaster times where dynamics and characteristics of GBV may differ and to a broader definition of GBV (most models mainly focus on VAW). Hence, in this study, these models will function as a framework and starting point to understand the collected material and their applicability to a broader definition of GBV, and in a post disaster setting in the Philippines, will be discussed.

4. GBV post disasters in the Philippines

The following two chapters present the empirical material and findings of this study based on 18 interviews with international and Filipino actors in Manila in May 2017. Chapter four unpacks the respondents' understanding of GBV post disasters in the Philippines, its characteristic, causes and triggers, and factors that can protect perpetrators from committing GBV. Chapter five presents a selection of shared initiatives that have practiced an approach to engage with men and boys to prevent GBV post disasters in the Philippines.

All respondents stated that GBV is a common feature post disasters in the Philippines but emphasised that it is also a pre-existing phenomenon that happens in communities in non-disaster times. Many highlighted that despite the fact that there are laws protecting women and children from GBV (e.g. intimate partner violence, trafficking, sexual harassment), the lack of implementation of these and the limited capacity of security enforcement and social protection mechanisms, hinder survivors from reporting cases and seeking support. Furthermore, a lack of systematic collection of data on cases of GBV, both pre- and post disasters, result in an uncertainty around the magnitude of the problem. This also makes it difficult to determine whether GBV exacerbates in disasters or not. Some respondents highlighted that the increased presence of organisations, the establishment of new reporting mechanisms and information dissemination channels, as well as increased exposure of the intimate family life in cramped evacuation centres, could also explain why GBV is more commonly encountered and reported after disasters. One respondent explained:

> Usually in post disasters, in terms of intimate partner violence, women have experienced it for a number of years in their relationship, it's just that they find out about their rights and that they are being abused or are in an abusive relationship when they attend awareness raising sessions about their rights and the laws in the Philippines. (Respondent 16)

Most of the respondents, however, pointed out that based on their knowledge and experience, it is likely that GBV escalates in the aftermath of disasters in the Philippines (for further elaboration, see chapter 4.4). A majority of the respondents based their discussions on anecdotal evidence, either from their own work or from reports by other organisations. Most respondents referred to recent large-scale disaster events that have affected the Philippines in the last ten years, such as Typhoon Haiyan/Yolanda in 2013, Typhoon Bopha/Pablo in 2012 and Typhoon Ketsana/Ondoy in 2009.

4.1 Different forms of GBV

The most common forms of GBV in recent post disasters settings in the Philippines cited by the respondents were domestic violence, sexual violence and harassments, trafficking and sexual exploitation and abuse.

Domestic violence was claimed to be a major concern post disasters. Specific forms of domestic violence mentioned included intimate partner violence (beating, rape, economic violence, verbal abuse) and violence against children (violent disciplining methods, slapping, incest, child prostitution i.e. online pornography and child labour).

Sexual violence and harassments (by a non-partner) was said to be particularly common post disasters in evacuation centres and other crowded areas. Examples of specific forms of violence mentioned included rape, sexual molestation and being touched or teased in lines for relief distribution. Some respondents also complained about feeling exposed and watched by "peeping toms" (persons who derives sexual pleasure from secretly watching people undressing or engaging in sexual activity) when, for example, undressing or using WASH facilities.

It was highlighted that trafficking always exists in the Philippines but in the chaotic situation that often follows disasters - where social and economical protection systems, law and order commonly brake down and people have lost their homes, assets and income - vulnerability is higher. It was described that syndicates and criminal gangs take advantage of the desperate situation of many families. For example, these gangs may offer parents generous scholarships to nice schools or descent work for a good salary for their children. However, according to the respondents, children who are being sent away end up in prostitution or child labour. Cases of kidnappings of children and reports of traffickers using their victims for the purpose of organ donation were known of.

Sexual exploitation and abuse was less emphasized by the respondents and they pointed out that lack of official records and evidence make it difficult for organisations and experts to know the magnitude, characteristics and dynamics of the issue. Anecdotal stories were revealed by some respondents claiming that persons of authority - such as government officials, security personnel, relief distributors[15] and even NGO workers - use their position of power to ask beneficiaries for sexual favours in exchange for relief goods, protection, or something else that they are in need of. Furthermore, it

[15] Persons deployed for these jobs are often not employed by NGOs or government agencies but provided by the supplier.

was mentioned that inadequate distribution of relief goods and limited access to lifesaving services result in that more disadvantaged groups (often young and single women and LGBTQI individuals) are forced to use "survival sex"[16] as a coping mechanism and last resort to survive. Some respondents highlighted that sexual favours do not only include physical acts but one could also be asked to sell photos of oneself online or perform live in front of a mobile camera. Online prostitution and pornography were highlighted as growing areas of concern by several respondents, especially in post disaster contexts where people are desperate for a source of income. Stories of destitute parents making their children pose for photos to sell online was also shared by the respondents. These examples highlight that sexual exploitation and abuse do not only take place in public spaces but also inside the homes. With the fast developing online technology and increased usage of smartphones, the respondents argued that it has also become easier for trafficking syndicates to reach out to and connect with potential victims.

4.2 Who is affected?

When asking about who is affected by GBV post disasters, answers differed depending on what type of violence that was discussed. Some respondents pointed out that the lack of data and knowledge about GBV post disasters make it difficult to generalise who is at risk in a certain context. Despite this, many respondents raised that based on experience and established guidelines; women, adolescent girls and young girls are generally most affected by GBV post disasters in the Philippines. More specifically, teenage mothers and single, pregnant and lactating women were highlighted as particularly vulnerable. For trafficking, both adults and children seem to be at risk post disasters. However, children (both girls and boys) and adolescent and young women were claimed to be most vulnerable. Only women and girls were referred to as affected by sexual harassment. Young women (aged 18-24) were stated the most vulnerable group. One respondent demonstrated the situation for young women in post disaster settings:

> "[…] they're [young women] basically saying that "either I allow myself to get groped or I go hungry." So it's really not much of a choice for them because it's that dire during a

[16] Survival sex is usually understood as the exchange of sex for material support (such as food and shelter), protection/security or other basic needs. It is a practice largely associated with women who are homeless of disadvantaged in other ways and who are forced to engage in prostitution because of their extreme need (Watson, 2011).

> disaster […]. The first two weeks there are no roads to the area, there are no ways to get food so you will bare and tolerate that kind of sexual assault. (Respondent 23)

Female volunteers were also brought up by some respondents as a group exposed to sexual harassments post disasters and in humanitarian settings.

Some respondents argued that one can not always assume that some groups, for example, women and girls, are vulnerable since this may differ from context to context. Such approach risks overlooking and excluding other groups who might be at risk. In relation to this discussion, several respondents made references to a new nation-wide survey[17] looking at prevalence of violence against children in the Philippines. The study shows that boys in fact experience a higher percentage (24,7%) of "overall child and youth sexual violence" during their childhood in comparison to girls (18,2%). According to the study, "overall sexual violence" against both girls and boys mainly take place in the home (13,7%) or during dating (14.1%) (UNICEF and CWC, 2016). According to respondents, the study challenges the more common understanding that among children, girls are more affected by GBV. One respondent argued that our notion is biased and since we are more used to hearing about GBV against women and girls, we are also more sensitive and attentive to these forms. Another respondent thought that there is a gap in terms of reaching out to men and boys, their parents and teachers, to raise awareness about GBV and services that are available to men and boys.

When asking about social and cultural factors, other than sex and gender, that may influence a person's vulnerability to GBV, disability was highlighted as an important dimension. According to several respondents, this group experience a higher risk of violence compared to persons without disabilities, especially in post disaster settings. It was argued that women with disabilities are in general more vulnerable to GBV than men with disabilities since they tend to have lower educational attainment, economic empowerment and are more dependent on others for their survival. Post disasters, women with disabilities experience a high risk of sexual harassments or being sexually exploited or abused in evacuation centres. This was described as a result of that facilities, such as showers and toilets, are not safely adapted to these individuals' special needs (e.g. visual or hearing impairment). Additionally, it was claimed that information

[17] UNICEF and the Philippine's Council for the Welfare of Children (CWC) (2016) *National Baseline Study on Violence against Children: Philippines. Executive Summary* Available online: https://www.unicef.org/philippines/PHL_NBSVAC_Results_ES.pdf

and services, including GBV response and prevention programmes, are generally not adapted and made accessible to these individuals.

Sexual orientation and gender identity were also discussed as dimensions affecting the risk of GBV. Most respondents did not bring up these aspects themselves but when asked specifically about the situation for lesbians, gays, bisexuals, transgender, questioning and intersex (LGBTQI) persons post disasters, about half of the respondents picked up a discussion. A majority of the respondents showed some uncertainty when talking about LGBTQI persons' experiences of GBV and admitted their limited expertise and knowledge about their specific situation post disasters. Some explained that they lacked available data about their living conditions, needs and protection concerns. Some respondents highlighted that LGBTQI persons in the Philippines are in general more vocal and visible in public spaces, in comparison to other countries in the Southeast Asian region. Therefore, respondents claimed that these groups are not as hidden as in other context, which makes it easier for agencies to include them in needs assessments and programmes. Despite this, a majority of the respondents indicated that many LGBTQI persons in the Philippines still face several forms of discrimination in the society, that there is no "real acceptance" of them and they are often overlooked in humanitarian assistance. For example, it was highlighted that transgendered women and girls often face discrimination and harassments at WASH facilities in evacuation centres – they are getting teased for wearing girls' clothes and not allowed to enter either the ladies' or men's room. Another respondent talked about GBV perpetrated against transgendered girls in schools;

> "Gay boys and transgendered girls are also being hit and punished in their homes and in schools. It is because of non-acceptance, they [peers, teachers, parents etc.] cannot accept that they [transgendered girls] are different and like girls, not like boys. So they are being punished. The perpetrators are their peers and it starts with bullying and then it turns into physical violence. They [peers, teachers, parents etc.] test if they will change if they are hurt" (Respondent 1).

The respondents explained that many relief organisations in the Philippines still tend to assist families and may not prioritise or count unmarried individuals or same-sex relationships in their selection of beneficiaries. Some respondents claimed that humanitarian actors' perceptions of "populations at risk" in disasters are still boxed into a generic semantics of vulnerability (e.g. single-headed households, pregnant women, elderly). One respondent explained that there seems to be a hierarchy of issues where many humanitarian agencies argue that addressing the concerns of LGBTQI persons cannot be prioritised in the immediate response phase but these issues have to wait until

"later". Hence, it was stated that many LGBTQI persons affected by disasters solely rely on support from family, friends and neighbours. However, some respondents shared that in the response following typhoon Haiyan, a study and advocacy campaign launched by Oxfam Philippines highlighted the importance of giving attention to this invisible demography. This seems to have been an eye-opener for some organisations but yet, the campaign did not influence these organisations' order of practice notably. One respondent mentioned that in Tacloban (an area hit hard by Typhoon Haiyan), focus group discussions were arranged with lesbian women to consult them about their needs after the disaster. However, no questions about risks of GBV were asked.

The respondents were not aware of specific risks of GBV connected to ethnicity and religion. However, one respondent pointed out that after typhoon Haiyan on the island of Leyte, many indigenous groups and ethnic minorities lived in remote locations in the mountains that were hard to reach for humanitarian agencies. Thus, it was stated that access to relief services for these groups and "some protection issues" had been a concern in the response. However, the respondent had not heard of specific cases of GBV.

4.3 Who are the perpetrators?

All respondents seemed confident to confirm that perpetrators of GBV, post disasters as well as in non-disaster times, mostly are men. However, the respondents were unable or reluctant to further characterise or single out men who perpetrate GBV from those who do not. This was motivated by the lack of research and evidence on the topic, their own limited knowledge and/or lack of experiences in working directly with perpetrators of violence. One respondent also pointed out that since most perpetrators are not caught, very little is known about who they are. It was also highlighted by some respondents that those committing GBV post disasters, are often also doing it in non-disaster times.

For human trafficking, the respondents identified syndicates and criminal gangs as the perpetrators. Several respondents claimed that "trafficking agents" are often involved as connectors between the affected populations and the trafficking syndicates and recruit their victims in evacuation centres. These agents were either described as outsiders who arrive in the community after a disaster, or members of the community (sometimes even family members), who have been offered money to recruit victims.

It was claimed by the respondent that perpetrators of sexual exploitation and abuse potentially could be security forces deployed to communities in the aftermath of a

disaster, like police or military personnel. After Haiyan, some respondents shared that there were also instances where NGO workers asked beneficiaries for sexual favours in exchange for money or relief goods. According to the respondents, other people of authority, such as local barangay (village) officials, have also been reported to abuse beneficiaries.

4.4 Causes, triggers and factors protecting against GBV

The causes of GBV post disaster identified in the material can be divided into two categories; *root causes* - which refer to conditions and factors that were there prior a disaster - and *aggravating/triggering factors* – which are factors connected to the impacts of a disaster that may trigger or intensify perpetrators use of GBV in these specific situations.

4.4.1 Root causes

GBV was described as a pre-existing phenomenon in the Philippines, which does not only occur post disasters. Even though the Philippines have been scored as one of the most gender equal countries in the world[18], all respondents pointed at gender inequality and power imbalance between men and women as one of the main cause of GBV, post disasters as well as in non-disaster times. Despite the fact that the country has strong laws in place and more Filipino women are completing higher education and engaging in income generating work, the respondents stated that patriarchal norms and structures are still strong in the society. This was claimed to be particularly evident in rural areas. According to the respondents, gender roles in the Philippines are still generally quite traditional. Men are expected to be head of the household and main provider of the family. In rural areas, men were cited to be the main decision-makers in all domains outside the home, while women take the lead over domestic decisions. Women's influence over decisions of family planning and sexual and reproductive health in the family were however not specified. The respondents identified that showing leadership in the family and being in control of the family's welfare and security are generally strong markers of masculinity in the Philippines. Furthermore, to be macho - tough, dominant, self-reliant, and violent - was mentioned to be the core male ideal. One respondent explained;

[18] World Economic Forum (2013) *The Global Gender Gap Report 2013* Available online: http://www3.weforum.org/docs/WEF_GenderGap_Report_2013.pdf Accessed: 17 February 2017

> "The concept of a real man in the Philippines is something that is macho, you don't cry, you fight against anybody who bullies you and if you don't exhibit this kind of behaviour you are not a man. Then they will tease you "bakla bakla bakla" [Tagalog for homosexual]." (Respondent 18)

According to the respondents, it is not socially accepted for a man to be seen as vulnerable and men rarely come forward as survivors of violence, especially of sexual violence. It was also discussed that if men try to report this kind of crime, most likely they would not be believed or their experiences would be minimised or disregarded. According to the respondents, this could explain why GBV against men and boys is rather invisible and rarely detected in the Philippines. One respondent summarised some reflections;

> Because of the cultural concepts and understanding that men are not abused, [but] primary seen as perpetrators, it's actually hard for boys to articulate their experiences […]. Their sexual identity might also be called into question when they report. And also they are going against the norm because if you are abused you are not a true man and you're not living up to the definitions of masculinity in the society and the community. (Respondent 16).

Violence was explained to be a common and highly normalised feature in many Filipinos' lives. Generally, it is accepted to use physical punishments to discipline children and boys are often pressured to toughen up, not cry and bear the pain of punishments. One respondent highlighted that children who have experienced or witnessed violence in the family during their childhood grow up thinking that violence is a normal feature of the family life. Hence, when they grow old, it might be easier for them to use violence themselves.

The respondents described that both men and women believe that violence is a sign of masculinity and being a real man and that men who are "a little bit rude, a little violent and drunk[19]" that will make a woman happy (Respondent 18). It was also shared that many Filipinos see violence as part of the "package" of being in a relationship and that it is better to put up with this, than being alone. According to the respondents, these images are also strongly reflected in media and the popular culture.

The use of alcohol was also cited to be an important marker of masculinity. According to the respondents, many men (and especially unemployed) spend their "pastime" drinking alcohol, smoking or using drugs together. It was explained that these

[19] The expression "a little rude, a little violent type of men"'comes from a popular Filipino song from the 1990s.

activities are important social forums for men, which allow them to feel macho. The respondents also shared that often times these groups of men, who are commonly gathering in the streets at night, sexually harass women who are passing by.

According to the respondents, domestic violence is largely seen a private matter in and something that should be settled within the families. It was highlighted that hence, cases of domestic abuse and violence in the family are not adequately tracked in official statistics. One respondent explained:

> "The tricky part is that despite all complaint mechanisms in place there are really no complaints in regards to GBV. I know that in the rural areas it is actually a taboo. Everyone is related to each other, either by blood or affinity, and we [Filipinos] are very much closely knitted. So basically, they are reluctant to report cases, especially when it comes to sexual violence". (Respondent 5)

The respondents described Filipino women in general terms as assertive but highlighted that gender norms also expect women to be submissive to their husbands. It was claimed that stereotype images of women as responsible for the family and household prevail and are also strongly emphasised in media and commercials. The respondents explained that if a woman is working outside the home, her income is mainly seen as a supplement to the man's income and she would need to balance family life with these other engagements since the family would still be her main responsibility. In addition, women were descried as the main peace holders in the family and according to the respondents, the society expect women to put what is best for the family first and keep the family together - even if it implies bearing the pain of domestic violence and abuse. One respondent shared the following observations from their organisation's work;

> "A mother would think that she should stick with her husband because she wants to keep the family as a whole and she doesn't want to be the reason for breaking up a family. […] Because expectations from society are very strong, women have to bear this expectation even if the husband is cheating and physically hurting her. The extended [community] would also continue to pressure her to keep the family intact." (Respondent 7)

According to the respondents, survivors of GBV often feel ashamed and do not want the community to know that their husbands are abusing them since the family's reputation might then be put at stake. Furthermore, if they do report they might face stigma. Therefore, many survivors were described as reluctant to talk about domestic violence and instead of reporting, women are pressured to resort to alternative dispute resolution. In addition, there seems to be an economic and emotional aspect to it. One respondent explained that many women are dependent on their husband's financial support, which

makes it difficult for them to leave abusive relationships. The same respondent concluded;

> "It's also about emotional dependency because Filipino women do not think they are complete if they do not have a (male) partner. It's a very long way to go before they can see that they themselves have agency and that they can change the society and do not depend on men for the feeling of completeness." (Respondent 7).

Several respondents highlighted that attitudes around domestic violence and GBV likely differ between cities and rural areas. It was highlighted that lower levels of educational attainment and less exposure to the outside world in remote communities often is connected to less awareness about laws against GBV and in general, more social acceptance to GBV. In the Haiyan humanitarian response, one respondent had found that in communities where NGOs or other actors had run different development programmes before the disaster, awareness of GBV and related laws was also higher.

In regards to trafficking, poverty and lack of economic opportunities and access to basic services were identified as the main factors driving parents to trust the sweet promises of a better life for themselves and their children. Also, the lack of awareness about the trafficking industry, the methods used by trafficking agents to recruit victims and potential risks and "red-flags" to look out for in communities were factors cited to contribute to victimisation.

4.4.2 Aggravating and triggering factors post disasters

Many respondents identified economic hardship and the lack of income-generating opportunities post disasters as major factors that may escalate the perpetration of GBV. For example, it was highlighted that after typhoon Haiyan and Bopha, people's livelihoods had been completely washed out resulting in a stressful situation for family providers who did not know how to get hold of supplies for the family and pay for continued schooling. According to the respondents, many men who lose their livelihood also lose their self-esteem and often feel disempowered and less masculine. One respondent shared experiences from the response work after typhoon Bopha in 2012:

> "Men were saying that it was really difficult for them to lose their crops and to lose their main source of income because they attach so much value in being the breadwinner of their family and their sense of manhood. So they really felt unstable, frustrated, angry and had mixed emotions because they had lost the capacity to provide for their family." (Respondent 16).

The respondents described that distress levels are often very high in evacuation centres post disasters as they are often overcrowded and insecure. To ensure the security of

family members, it was claimed that many men tighten their control and dominance over the family, and especially over female members. The respondents also stated that the stressful situation often causes tensions between husbands and wives, which might lead to conflicts that escalate into physical violence (generally committed by the husband against the wife). According to the respondents, men generally find it difficult to cope with the stress, emotions and trauma they have suffered. For some men, the use of violence against family members was thus claimed to function as a way to relieve their pain and frustration. It was also stated that men often resort to alcohol and drugs as a way of coping with their experiences and emotions, which in turn may increase the use of violence. One respondent discussed the difference in coping mechanisms between women and men post disasters;

> "I'm now stereotyping but I think maybe it's not in the psychology of men to share problems like women who are very open. So the coping mechanisms of men are very different from women and maybe they prefer drinking alcohol." (Respondent 19)

One respondent was involved in the Haiyan response and talked to men about GBV in different activities. The respondent highlighted that these men often blamed their use of GBV on external factors and were reluctant to take responsibility for their actions:

> "They would say 'it's because now we don't have any money, it's now because we got too much stress, […] it's too many kids and I can't feed them all', something like that to externalise the reasons. So there wasn't really that much awareness. I wouldn't say they lacked all sensitivity, because they were sensitive in other ways, but they didn't see that how they were framing their problems was actually a problem in itself." (Respondent 22)

Another aspect that came up in several interviews was the feeling of jealousy that many men seem to experience if women's opportunities expand post disasters. One respondent made the following reflections;

> "In the Haiyan assistance, there were a lot of activities for women so maybe men felt that they were being left out. Maybe the women were out a lot and beside from being jealous they would also think that the women had less time at home" (Respondent 7).

To target activities towards women was claimed by respondents to be a common practice among many humanitarian agencies. While it was argued that this approach generally have great effects in reaching families with relief supplies, one respondent highlighted that this might also increase the burden on women. It was explained that when humanitarian actors suddenly and uncoordinated target women as their main beneficiaries, women sometimes have to spend their entire days attending different

sessions and collecting relief goods, while simultaneously managing the household responsibilities.

Regarding trafficking, the respondents claimed that perpetrators are triggered by the opportunities they find to exploit disaster affected people. The lack of security and law enforcements, and the generally chaotic environment that follows disasters, provide confidence to potential perpetrators knowing that they more easily can get away with their crimes. Also, the respondents explained that schools are often used as evacuation centres and therefore, it often takes a few weeks before children can return to school. This was cited to make children and young adults more vulnerable and exposed to traffickers and other potential perpetrators of abuse and violence.

Perpetration of sexual harassments post disasters were also described as highly opportunistic crimes. For example, overcrowding and poorly installed facilities in evacuation centres - especially WASH facilities, which often lack the essentials like adequate lightning, locks and privacy - give potential perpetrators the opportunity to seize a chance. The respondents also shared that rape committed by perpetrators unknown to the survivor is caused because women and children often need to walk far and to unsafe locations to access a facility or collect water and firewood.

4.4.3 Factors decreasing the likelihood of perpetration of GBV

A majority of the respondents were unaware of factors that can buffer against risks and protect perpetrators from committing GBV post disasters. However, a general discussion around these aspects took place in most interviews. The respondents suggested that perpetrators probably commit GBV post disasters because they lack access to adequate support that can hinder them from using violence. In addition, it was suggested that men are reluctant to seeking help for mental health or emotional concerns due to the social stigma one might experience if showing weaknesses. It was highlighted that if a man feels distressed or is about to harm another person, there should be a place in the community and evacuation centre where one would be encouraged to seek help. Furthermore, formal or informal support networks (including family, friends and other social groups), men-to-men counselling and exposure to alternative and positive male role models in the society, were highlighted as important factors that could change behaviours and possibly prevent men from committing GBV. It was explained that these social contacts break the isolation of men who feel lost,

angry and worked out and hence increase the chances of intervening before someone turn to violence.

Several respondents claimed that men often seem to lack mechanisms to cope with changes in power dynamics and gender roles post disasters. Hence, the respondents concluded that more "elastic" and "fluid" gender roles are factors that could decrease the likeliness of perpetration of GBV. One respondent explained;

> "So much depends on how rigid gender roles are normalised in the community and in the culture. The more rigid, the higher the risk factor because then they don't have any buffers if their social roles are challenged and change. […] So if you got a rigid male roles, what ever it happens to be, and you've lost that because of the disaster, then you don't have a lot of coping mechanisms or strategies to deal with that loss." (Respondent 22).

Some respondents highlighted that when women are organised and gain more power and visibility in the society, this makes them feel empowered and more confident about themselves and it also increases men's respect for women. Thus, it was stated that this is why many agencies target women in programmes aiming to increase gender equality and some respondents shared that they have seen positive trickle-down effects on men's attitudes with this approach. One respondent shared the following reflection;

> "[The women] are the ones being capacitated and they share it with their partners. We have seen that the husband first question why they go out, but when they explain later on the husband is the one telling the wife 'you have a meeting today' or 'you are not yet prepared'. (Respondent 7)

Some respondents highlighted that in a long-term perspective, a more gender sensitive and non-violent upbringing of children and an education system that promote gender equality and diversity in terms of sexual orientation, gender identity, functionality and religion, is needed. To work with youth networks at the community level by addressing social norms was also shared as good practice. It was further argued that GBV becomes worse post disasters because there is no preparedness in the communities to identify and act on GBV issues. To increase local preparedness and decrease GBV post disasters, it was suggested that local systems for managing GBV prevention and response work should be strengthened. For example, one should strengthen the local government leadership, provide gender-sensitivity training for police and other government officials, and ensure referral pathways for survivors of GBV are well coordinated between involved sectors (health, psychosocial, legal and security). Broad community awareness around laws, systems and services in place to protect and support women and girls from violence was brought up as other important factors that may decrease cases of GBV

post disasters. It was argued that this empowers women to know their own value and opportunities available for them. Simultaneously, it signals to men that there will be repercussions if they do not act according to the law and behave respectfully towards women. However, it was highlighted that to ensure that these laws and policies are respected, they have to translate into action and an effective law enforcement system is hence key.

4.4.4 Summary of factors

Figure 3 below summarises this sub chapters' three dimensions of findings; root causes, aggravating/triggering factors and protecting factors into one figure.

Figure 3. Summary of fingdings of factors that cause, trigger and decrease the risk of perpetration of GBV post- disasters

Root causes of GBV	Aggravating factors post disasters	Protecting factors
- Gender inequality, patriarchal structures and macho culture - Power imbalances between women and men and women's dependency upon men) - Traditional gender norms and rigid gender roles - Culture of normalised violence - Perceptions of domestic violence as private family matter - Lack of law enforcement and impunity - Poverty, low education and isolation	- Loss of livelihood - Inability to fulfil role as provider and household head - Loss of security and control - Stress and frustration - Emotional impact - Lack of coping mechanisms - Use of alcohol and drugs - Jealousy towards women's increased opportunities - New opportunities e.g. because of poorly managed facilities in evacuations sites, breakdown of law and order, chaos and desperation	- Access to social, mental and clinical support for men - Safe spaces and support networks for men e.g. men-to-men counselling groups - Elastic gender roles and non-violent coping mechanisms - Women's empowerment, organisation and visibility in the community - Community sanctioning against GBV - Gender sensitive and non-violent child rearing - Education system promoting gender equality and diversity - Working with youth to change social norms - Awareness of laws, rights and services in communities - GBV disaster preparedness

Source: Respondent 1-24, 2017

5. Engaging men and boys in GBV prevention work in the Philippines

Out of 17 interviewed organisations, nine had been running GBV prevention programmes in post disaster settings. Focus and scope of the programmes differed between the actors, however, two main approaches of the work could be identified; humanitarian programmes with a specific focus to prevent GBV, and humanitarian programmes with another sectoral focus (e.g. WASH, Shelter, Nutrition) but where certain opportunities and entry points to prevent GBV had been found and utilised. When asking about the engagement of men and boys in these activities, only four organisations claimed that they applied such strategy in their work. None of these represented actors had implemented programmes that specifically aimed at preventing the perpetration of GBV. The following two sub-sections will now briefly present a selection of the shared initiatives that have engaged with men and boys to prevent GBV post disasters[20]. A table overview with more details of the interviewed actors can be found in Appendix 2.

5.1 Humanitarian programmes with a specific focus to prevent GBV

5.1.1 The Women Friendly Space

The Women Friendly Space (WFS) is a programme implemented by the Untied Nations Population's Fund (UNFPA), the Department of Social Welfare and Development (DSWD) and with support from the inter-agency GBV sub-cluster, Oxfam Philippines and several local women's organisations. The concept was first tested after the tropical storm Washi/Sendong in 2011 and has since then been implemented after several disasters. It typically starts as a tent or class room in an evacuation centre that is set up to provide a safe space for women to congregate, get privacy and access services and support. The DSWD and UNFPA commonly initiate the WFS, but women in the communities and evacuation centres are later trained to take over and manage the

[20] [20] Four of the interviewed actors (Men Opposed Violence against Women Everywhere (MOVE), The Prison and Probation Agency, The Philippines Commission on Women and The United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) Philippines Programme Office) had not been involved in humanitarian programmes or GBV related work in post disaster contexts at all. However, these actors had been running GBV prevention initiatives in non-disaster times that could inspire and contribute to valuable insights for humanitarian actors. Therefore, a shorter description of their work has been gathered in Appendix 6.

space's day-to-day operations. Their task is to hold sessions with disaster-affected populations on different themes, for example about gender equality, women's rights and self-care. They are also trained to assist survivors of GBV and refer them to adequate services. Since the space has a mobilising function, other humanitarian actors also use it to deliver services, information and goods to beneficiaries, such as hygiene kits, medical care and psychosocial support.

The WFS is essentially a space for women and girls and was not designed to engage with men and boys. However, one respondent shared that the facilitators sometimes conduct sessions also for men as a strategy to increase their understanding of why women are spending time in the space and away from the home. The sessions raise discussions about women's marginalised position in the family and community, for example in regards to decision-making, access to services, education and livelihood opportunities. They would also talk about women's burden in the family as the main responsible for household chores and childcare. The respondent shared that at the onset of these sessions, men would be silent but eventually, they would open up and share their feelings and experiences from the disaster. According to the respondent, the strategy to include men have had positive effects on the relationship between husbands and wives and men have become more supportive to women's participation in activities run by the WFS. When asking the respondents if any activities specifically target LGBTQI persons, the answer was no. However, it was highlighted that the space and all sessions are open for all women and does not exclude or discriminate against any group.

The respondents explained that the aim of the WFS strategy is that when the humanitarian response ends and rehabilitation commence, the space will remain as a permanent structure and be integrated into the local social service system[21]. This enables the initiative to live on beyond the disaster response phase and experiences gained to be bridged into the local government's work on gender, GBV and disaster risk reduction (DRR). It was also highlighted that a WFS could be built as a preparedness effort before disasters strike.

[21] For example in the work of the Barangay (village) Violence Against Women desk, which according to Republic Act No. 9710 (also known as the Magna Carta of Women) should be establish in every barangay. This desk is supposed to provide assistance and coordinate support to women who have experienced physical, psychological and sexual abuse.

The Philippines' DRR and Management law [22] state the importance of establishing a separate safe space for women in evacuation centres post disaster. The respondents also highlighted the success of the WFS approach and stated that evaluations have found that women who have attended the space as beneficiaries or facilitators have increased their awareness of their rights and have more courage to raise demands in the household. One respondent shared that these women often state that they feel like they have transformed from being a "traditional form of a woman only doing household chores" to more empowered and independent individuals (Respondent 17). These women were also increasingly engaged in other community activities and being asked for advice on matters concerning gender, GBV and disaster response in the community. However, several respondents pointed out that funding generally is a challenge for the long-term functioning of the WFS. This is because some local governments do not prioritise this kind of work when the immediate emergency of a disaster has passed. [23]

5.1.2 Using cultural events to engage and reach communities

To reach disaster-affected communities after typhoon Haiyan with messages about GBV and referral pathways for survivors, one respondent shared that actors in the inter-agency GBV sub-cluster engaged women's groups to arrange community theatres. The groups developed their own plays and decided what key-messages they wanted to deliver. The Target group was the whole community and messages often went like "men should have respect for us", "we should respect ourselves" and "we are suffering together". Usually, the groups tried to keep messages positive and minimise the use of "don't" like in "don't hit us". The sub-cluster actors approached women's groups to form theatre groups, however, some of the groups decided to also engage with male partners and men's community-based organisations to produce the plays. The agencies from the sub-cluster supported the groups to make sure they had access to correct information about referral pathways and helped to tweak messages to ensure high quality. The involved actors also helped in finding adequate spaces for gathering audiences and set up loud speakers. The groups performed their plays for about a month

[22] The Philippine Disaster Risk Reduction and Management Act of 2010, Republic Act No. 10121. Available at: http://www.lawphil.net/statutes/repacts/ra2010/ra_10121_2010.html

[23] Based on description by respondent 16,17 and 22

and according to the respondent, the plays were highly appreciated events in the evacuation centres and communities where entertainment options were few after the disaster.[24]

5.2 GBV prevention in humanitarian programmes with another sectoral focus

5.2.1 Reaching out to fathers through Child Friendly Spaces

Save the Children Philippines (Save's) has a long history of working in the Philippines to provide emergency support and improve the quality of life for children. One of Save's strategies is to establish and work through a Child Friendly Space (CFS). The space is often set up in partnership with UNICEF and local communities and has a similar function to the Women Friendly Space (WFS) (described in chapter 5.1.1). The CFS is a physical meeting point where children can receive professional help to recover from tragic experiences, seek comfort, play and learn. Moreover, it allows parents to leave their children for some time to be able to cope with the impact of the disaster and for example rebuild the family's home.

The space reaches out to girls and boys and both female and male facilitators are engaged to ensure that if disclosure of GBV is revealed, there is someone in the space that both girls and boys feel comfortable with talking to. Some sessions also target adults and the space is commonly used as a point to distribute relief goods to families. Save noticed that mainly women were the ones bringing their children to the CFS and who attended session, while men were occupied with rebuilding homes and searching for a livelihood. Therefore, Save found it important to also reach out to fathers and hence sought an opportunity to catch the attention of men. When distributing "shelter kits" (which is provided to support the rehabilitation of homes and often given to men) in collaboration with other actors in the CFS, Save also gathered men in sessions to also talk about child care, psychosocial effects of the disaster and gender equality. Trained facilitators would ask simple questions like "who were you before the disaster?" and "who are you now?". One respondent working for Save after typhoon Haiyan facilitated sessions with men in the CFS and shared some experiences;

> "It only takes one father to start sharing, then the others will soon follow. […] I remember it started with three men crying because they had not understood the impacts of the emergency. And then another father shared 'now I understand why I drink more than before'. One father said 'this is not me anymore, and I do not like it'. […] I told them it is

[24] Based on description by respondent 22.

> ok to cry, it is not a sign of weakness. I even told them that a real man cries. But they are not used to it with the macho culture and it is not very accepted." (Respondent 1)

The respondent explained that in the immediate phase of disaster response, a rapidly deployed team from Save would run the CFS. However, eventually these roles will be transferred to local facilitators since knowing the local context and language better. Just like the WFS, the CFS has been officially recognised as good practice to respond to children's needs post disasters and its establishment is part of the Philippines DRR and Management law and local government units' child protection work. A CFS is commonly established after disasters but can also be built as a preparedness effort. Lack of funding was pointed out as a main challenge. Therefore, Save is often working in collaboration with other sectors, such as Education, WASH and Shelter, since they have a more secure funding base and see the advantage of collaboration since the space can be used to reach affected families with their goods and services.[25]

5.2.2 Health and Hygiene promotion with a component on GBV

The Philippines Red Cross (PRC) was found to apply an approach to seize opportunities to promote gender equality and non-violent behaviours when reaching out to men in health and hygiene promotion work post disasters. The PRC's Health and Hygiene promotion strategy includes five sessions on different theme, each involving a number of key messages. The fifth session is focused on sexual and reproductive health, where part of the session aims at preventing GBV. For example, this involves talking to disaster-affected populations about how to take care of oneself, where to report cases of GBV and raise awareness around the risks of trafficking. These sessions are delivered during relief distribution to women of reproductive age. Separate session for camp managers and men living in the evacuation centres are also held. The sessions are separate for women and men since the PRC found that when mixing groups, women did not feel comfortable with sharing their opinions. In the men's groups the facilitators ask men what they see as challenges and problems in the evacuation centres and use this as an entry point to talking about health and hygiene. More sensitive issues around sexual and reproductive health and GBV will not be raised directly by facilitators but they will slowly and skilfully steer discussions into also talking about the situation of children and women. One respondent explained why;

[25] Based on descriptions by respondent 1.

> "If you just start with talking about condoms and family planning, it is not that effective. But if you instead tell them that there are sessions about communicable diseases, these are problems that they encounter in the evacuation centres and then they will not feel that you are pushing these issues on them. We give them examples to use the referral pathways rather than raising specific forms of violence. Because if they hear about rape, domestic violence and beating it might put them into a defensive mode, especially boys." (Respondent 2)

Orientation for local facilitators in the PRC's chapters (local branches), which are carrying out all the community-based work, are held in one-day trainings where volunteers are being familiarised with the different key messages. Often times, this is a preparedness effort that takes place before disasters strike. One of the challenges with the fifth session is however that not all chapters are doing it since local staff sometimes find it too sensitive and do not feel comfortable with delivering the messages. The respondent hence highlighted that for the strategy to be fully implemented, one must ensure that field-based staff and volunteers have enough capacity and knowledge to be comfortable with talking about the issues. [26]

5.2.3 Mainstreaming gender into the work of other sectors

According to several respondents, Oxfam Philippines showed leadership in highlighting the importance of integrating gender and diversity perspectives into the Haiyan response in 2013. Though no specific examples of the engagement of men and boys to prevent GBV post disasters were highlighted, Oxfam seem to have done some interesting broader work on gender mainstreaming. Just like Save and the PRC, Oxfam are using other sectors as an entry point to reach beneficiaries with messages that promote gender equality and respect for diversity. One respondent explained that working through other sectors, such as Food Security and Livelihood, WASH and Shelter, is an effective strategy since this is where the "big money" is found. Furthermore, it was claimed that by ensuring that gender and GBV issues are mainstreamed in their activities, it could potentially have greater impact than a standalone programme. For example, when distributing cash envelopes within the Food Security and Livelihood sector, Oxfam helped to develop messages that promote gender equality to put on the envelopes. Also on hygiene kits, water tanks and in bathing and laundry facilities, messages like "we are against GBV" or others promoting gender equality and the equal value of men and women were printed. However, the respondent did not think that Oxfam, or any other organisation involved in the Haiyan response, did enough to engage men and boys in

[26] Based on descriptions by respondent 2.

this work. Also, according to the respondent, no programmes were reaching out to young boys and adolescents and this lost demographic should hence be increasingly targeted by humanitarian actors.[27]

[27] Based on descriptions by respondent 9.

6. Discussion

This chapter discusses the empirical material in relation to the theoretical framework. The aims is to put the collected material into context of existing theory about the perpetration of GBV in non-disaster times in order to provide insights around its occurrence post disasters and how humanitarian actors can work to prevent it. The chapter discusses and have been structured with the overall research question of the study ("How can humanitarian actors in the Philippines work with men and boys to prevent the perpetration of GBV post disaster?") and the three sub-questions (1)What factors affect the risk of perpetration of GBV post disasters in the Philippines?; 2)What humanitarian initiatives have taken place post disasters in the Philippines that have sought to engage men and boys to prevent the perpetration of GBV?; 3) How have risk factors associated with the perpetration of GBV and factors that could protect against these risks been addressed in these interventions? How have men and boys been engaged? What are the gaps and what could be improved in these efforts to prevent GBV post disasters?) in mind. The chapter also discusses some limitations and weaknesses of the study results and draw conclusions around remaining gaps in knowledge and needs for future research.

6.1 Factors affecting the risk of perpetration of GBV post disasters in the Philippines

This study shows that many of the risk factors of perpetration of GBV identified in the adapted Ecological Model (Figure 1) are also valid in the respondents' appreciations about the situation in the Philippines (Ellsberg & Goetemoeller, 1999; Dahlberg and Krug, 2002; and Heise, 2011). The respondents claim that rigid gender norms in the Philippines desire men to be macho, dominant and violent, while women are expected to be submissive to their husbands, take responsibility of the household and keep the family together. Findings indicate that violence seems to be normalised and silenced in the Filipino culture and that both women and men see men's use of GBV as an accepted way of performing masculinity. A power imbalance seems to underline relationships between women and men resulting in noticeable gender inequality in terms of decision-making and opportunities in life. In addition, power imbalance also seems to exist between individuals who conform to the heterosexual and binary gender norm and those who might be seen as defying these norms, such as LGBTQI individuals. In line with the societal level of the Ecological Model, the respondents mentioned gender inequalities; rigid gender roles; notions of masculinity linked to aggression, domination and toughness; weak legal and criminal justice systems and lack of law enforcement and impunity as present in the Philippines context. The same goes for the community level where the respondents mentioned that community norms and beliefs that justify and

legitimise violence; acceptance of violence as a mean to settle disputes and men's right to use physical punishment to discipline women and children and seeing violence as family matter and that others should not intervene. Hence, this indicates that there is a normative environment in the country that heightens the risk for potential perpetrators to commit GBV (Ellsberg & Goetemoeller, 1999; Dahlberg and Krug, 2002; and Heise, 2011).

When looking at post disasters contexts, the respondents identified a number of factors that seem to trigger the perpetration of GBV[28]. The interviews revealed that loss of livelihood and economic hardship are common effects of disasters, which can trigger or increase the use of GBV. In the Philippines, being a provider of the family seems to be an important marker of masculinity and if losing this role as a man, it may result in an experienced difficulty to perform in accordance with the current gender norm. The respondents argued that hence, many men lose their sense of power and self-esteem and this risk triggering or increase the use of GBV as this could be viewed as a way of regaining power. These links are also recalled in Fischer's (2010) and Tappis et al's (2016) research, which argue that disasters often challenge men's traditional gender role and position in the family and society and GBV is then used as a strategy to reclaim ones notion of masculinity and push down women's position. The interviews revealed that traditional masculine attributes (control, power, agency) seem to enjoy higher status than feminine (weak, emotional, passive, victims) in the Philippines. This could also explain why many men desire to position themselves closer to the stereotype and normative male image (Casey, Bulls and Yager, 2016; Jewkes et al's, 2015). Connell's (2009) theory of hegemonic masculinities further strengthen this reasoning by arguing that individuals who do not fit into the binary male gender category risk being stigmatised and hence, many men seek to perform in accordance with the dominant masculinities norm (Conell, 2009). Possibly, violence against LGBTQI individuals post disaster might also be motivated by the same desire to increase ones performance of hegemonic masculinities by supressing individuals who manifests subordinate masculinities and non-stereotype femininities.

The interviews also highlighted that post disasters, men seem to lack the capacity to deal with their traumatic experiences and feelings of frustration and stress. This causes them to turn to destructive coping-mechanisms, such as alcohol, drugs and

[28] A full list of the identified root causes, triggering factors and protecting factors is found in Figure 3 (p. 47).

ultimately GBV. Findings indicate that the desired male gender role in the Philippines supresses men and boys from exploring their emotions and hinders them from developing skills to handle difficult situations without aggression or violence. Connell's (2009) theory on hegemonic masculinities supports this reasoning as the theory describes that expressions of emotions and weaknesses are associated with a subordinate masculinity and are hence not seen as desirable attributes for men. Therefore, these men seem to cope with the stress and trauma they have experienced by seeking to regain a sense of stability by performing hegemonic masculinities. In the Philippines, alcohol, drugs and violence seems to be examples of actions that reinforce these sense of masculinities. This reasoning is also in line with Fischer's (2010) and James and Breckenridge's (2014) research. Hence, findings shows that disasters can disrupt a previous gender order and challenge individual's personal experience of gender identity. This in turn can cause instability in intimate relationships, families as well as on the individual level. Hence, in line with the Ecological Model (Ellsberg & Goetemoeller, 1999; Dahlberg and Krug, 2002; and Heise, 2011), this research finds that rigid gender norms, tensions in relationships, alcohol and drug abuse seems to be strongly connected to the perpetration of GBV post disasters.

However, findings show that the identified risk factors associated with the perpetration of GBV post disasters are not caused by the impacts of the disaster, but these are strongly linked to social structures that support these acts to take place. The interviews revealed that in the Philippines, these enabling factors also exist prior disasters. Hence, the identified risk factors should be seen as triggering or aggravating factors of GBV, rather than root causes. This is also in line with the Ecological Model (Ellsberg & Goetemoeller, 1999; Dahlberg and Krug, 2002; and Heise, 2011) and the framework supports a conclusion that factors found on an individual and relational level post disasters (e.g. conflict or instability in intimate relationship and alcohol and drug abuse) seem to be strongly linked to risk factors on the higher societal and community level (e.g. rigid gender norms, community norms that legitimise violence and lack of economic opportunities) prior disasters, where the latter seem to be the underlying reasons to why the triggering agents become risk factors. One could then argue that if risk factors are present on the societal and community level, the higher risk that aggravating factors, trigger the perpetration of GBV post disasters.

To understand and prevent risk of perpetration of GBV post disasters, it is therefore suggested to work across all levels of the society, carefully identify the causal

link between risk factors and target the underlying factors that are involved in causing other factors to become risks. This conclusion is also stressed in Cohen and Chehimi's (2010) research on primary prevention, which argues that to prevent GBV one needs to look at the larger system, structures and environmental conditions that influence and cause violence.

New and increased exposure to opportunities to exploit and abuse vulnerable populations, often in evacuation sites, was also highlighted as factors that can increase the risk of perpetration of GBV post disasters. The respondents described that adolescent boys and men harass women and girls (including transgendered individuals) in evacuation centres since there is a lack of privacy and because law and order have broken down. Findings also highlighted that disabled individuals, and especially women and girls, seem to be particularly vulnerable to these forms of GBV. It was argued that this is because these groups tend to have lower educational attainment, economic empowerment and are more dependent on others for their survival. Most respondents highlighted that a common approach to prevent this kind of GBV is to reduce the exposure of risk for vulnerable populations. These measures are then supposed to bring down opportunities for perpetrators to commit GBV and can for example include ensuring that facilities in evacuation centres are safe to access for beneficiaries. While such strategy has the potential to prevent victimisation of some forms of GBV, previous research and also most respondents, confirm that implementation of these measures is often lacking (Aquino, 2014; Busher, 2014). Neither does this approach address the root causes of these forms of GBV; the reason to why perpetrators are seizing these found opportunities post disasters.

Findings show that patriarchal and gender unequal norms are deeply engrained in the family and society structures in the Philippines and that a power imbalance exists between men and women, as well as between heterosexual individuals who conform to a binary gender identity and LGBTQI individuals. Perpetrators seem to feel entitled to use their higher position over women, girls and LGBTQI individuals to meet their sexual desire. Unequal power relations thus again, seem to strongly linked to these acts of violence. The same conclusion is also stressed in Casey, Bulls and Yager (2016) and Jewkes et al's (2015) research. Since disabled women and girls experience an even lower position in societies, this can also explain why they face additional vulnerabilities.

In addition, findings indicate that "less serious" forms of harassments are being dismissed as "boys will be boys" behaviours and that violent and sexually offensive acts by men seems to be normalised. Hence, these behaviours seem to be largely accepted in the community and this is likely to result in a social environment where men's abuse of power is legitimised. These conclusions are also in line with Bradshaw's (2013) research, which stresses that patriarchal norms make men feel entitled - especially sexually - to women. Cohen and Chehimi's (2010) and Flood's (2011) work also confirm that the enabling environment play a key role in supporting perpetuators to commit GBV. In addition, the dismissal of "less severe" forms of GBV as innocent and harmless can according to the Ecological Model (Heise, Ellsberg & Goetemoeller, 1999; Dahlberg and Krug, 2002; and Heise, 2011) pave the way for more severe forms of GBV later in life, stressing the strong link between social attitudes towards GBV and individuals' acts of violence.

When it comes to trafficking post disasters, perpetrators are seizing opportunities to recruit potential victims among destitute disaster-affected populations. However, what is really driving trafficking is the sexual desire of buyers demanding to purchase sexual favours from other human beings, as well an economic interests of criminal gangs who are making a profit on the purchasing demand. A primary prevention approach (Cohen and Chehimi, 2010) would thus seek ways of addressing the root causes of trafficking - reducing the purchasing demand - since this would also stop the profitability of the business. To address men's notion of their sexual entitlement of women, girls and boys (and sometimes also other men) is thus key to tackle the root causes of perpetration of this form of GBV.[29] In Bradshaw's (2013) research, the same conclusion is drawn. What is challenging about trafficking is, however, that the perpetrators (buyers and trafficking agencies) are often not located in the country from where people are being trafficked. This means that primary prevention programmes that target potential purchasers in the local context can only have a limited impact on the overall demand. Agencies that seek to address risk factors of perpetration

[29] One respondent shared an interesting initiative on this theme by the Coalition Against Trafficking in Women (CATW) in the Asian region who has tried to address trafficking by preventing young men from becoming buyers of commercial sex by inviting them to educational camps (a more detailed description of this initiative can be found in Appendix 4). This programme does not qualify as humanitarian work and since outside the scope of this study it will not be analysed further. However, using this initiative as an example, to map and learn about primary prevention efforts that exist in communities prior disasters is useful since it creates an understanding how one as a humanitarian actors can act in a complementary way and build on work that is already being done.

of GBV in relation to trafficking would thus need to seek collaborations with other agencies and national and international networks to ensure that all dimensions of the issue are addressed. In addition, the respondents highlighted that legal frameworks that criminalise and penalise these acts of violence, and effective law enforcement systems, is key to prevent trafficking. This conclusion is also in line with a wide range of previous research on GBV prevention (e.g. Heise, Ellsberg & Goetemoeller, 1999; Dahlberg and Krug, 2002; Cohen and Chehimi, 2010; and Flood, 2011).

Adding some more thoughts to the discussion on GBV perpetrated against LGBTQI persons post disasters, findings clearly note that the general knowledge about the situation of these groups seemed to be rather low among the respondents. It was mentioned that LGBTQI persons are visible in the Filipino society but at the same time, they are often overlooked in disaster response and face additional discriminations and higher risks of GBV. When bringing up examples, the respondents only referred to cases about transgendered women and girls and gay men and boys. Hence, it seems like female LGBTQI individuals currently are less visible in the respondents' work and their awareness about these groups' realities is lower than about the situation for gay men and transgendered women. This indicates that a gendered order might also exist within the category of LGBTQI. The research of Enarson and Pease (2016), Bradshaw (2013) and Connell (2009) strengthen this reasoning by arguing that all relations in societies are influenced by a patriarchal value system where more power and value are assigned to what is considered masculine and male. Thus, individuals who are born female experience lower status and less visibility than those who born male. An intersectional perspective (Davis 2008) further supports this argument by stating that multiple identities influence on individuals' vulnerabilities. Hence, lesbian women might face additional risks in comparison to gay men.

6.2 How to engage men and boys to prevent GBV post disasters in the Philippines?

6.2.1 Transforming masculinities in safe spaces for men

It is quite remarkable that this study has identified only a limited number of initiatives claimed that they had engaged with men and boys to prevent the perpetration of GBV post disasters. This in itself is considered an important research finding. Among the shared initiatives, findings show that some humanitarian organisations use opportunities when engaging with men in other activities, such as when distributing shelter kits, to also raise issues related to GBV (though only VAW was specifically mentioned).

However, only one of these initiatives seemed to target risk factors of perpetration of GBV in their work (this programme will be analysed further below). It was pointed out that more elastic gender roles for men could decrease the likeliness of perpetration of GBV since this would buffer against the sudden social change that many disasters bring. Access to social, mental and clinical support for men, male peer networks and male-to-male counselling were also highlighted as factors that could decrease the risk of using GBV as a mechanism to cope with the effects of disasters. Despite this, none of the programmes claimed to have adopted an approach that sought to strengthen such protecting factors.

In the Child Friendly Space, the organisation invites fathers to separate sessions where they are offered a safe space to unpack their emotions and experiences of trauma. The main purpose of these sessions are to prevent violence against children in the family, but seemed to be useful also to address GBV. This approach is supported by Ellsberg et al's (2015) research, which argues that the separate spaces for men that them to detangle assumptions and stereotype images of how men should feel and act is key to engage men and boys in GBV prevention. Save's approach offers men a platform to critically challenge their gender identity, examine "myths" around masculinity (including those suggesting that men can not be vulnerable and emotional), and expose them to alternative ways of being a man. These dimensions have also been highlighted as good practice in other GBV prevention programmes that engages with men and boys in non-disaster times (Carlson et al, 2015; Casey, Bulls and Yager, 2016). To what extent these sessions also support men to develop skills that can help them to deal with difficult and complex emotions, frustration and anger that may arise post disaster did not come up in the interview. However, a male-to-male counselling group, where trust and respect for vulnerability and feelings of weakness is enforced, could probably function as a tool to cope with traumatic experiences. A challenge pointed out in the CFS programme was that men can be hard to reach post disaster since they are often occupied with other tasks and generally do not engage in family sessions in the CFS. However, by adopting an innovative approach and inviting men to separate sessions when distributing shelter kits to them in connection to the CFS, they managed to catch their attention.

When asking the respondents if and where men can seek professional psychosocial support (another factor highlighted by respondents that could protect against perpetration of GBV), they answered that this kind of service in general is only

provided to women, for example in women friendly spaces. It was also stated that even if these services would be available for men, they are unlikely to utilise them since it is taboo for men to seek help for mental health issues in the Philippines. Hence, to only increase availability of services for men would not be enough to enhance their access to mental health care. Initiatives must also reach out to communities and break down these taboos and encourage men to visit these facilities.

The turnout in the CFS's sessions for men were not discussed during the interviews and hence, no further analysis can be made in regards to good practice in reaching men in this programmes. However, previous research by Casey et al (2016) and Carlson et al (2015) highlight that building alliances with credible and trustworthy people in the community who could pioneer and inspire men to join sessions, is important to create engagement of men and boys in GBV prevention programmes in non-disaster times. In addition, their research stresses that to ensure broad participation of men in communities, outreach efforts should be tailored to the cultural and social context. Hence, it could be supported that future research and programmes look into possibilities of applying similar approaches in evacuation centres and when working with disaster affected communities in the Philippines to encourage men and boys to seek support, be it from formal mental health institutions or informal male-to-male counselling groups.

The interviews revealed that the loss of livelihood opportunities for men seems to be strongly linked a risk of perpetration of GBV. Neither the CFS, nor any other efforts shared in the interviews, seemed to have addressed this specific risk in their programmes. The work to reinstall livelihood opportunities for affected communities post disaster is often the responsibility of the Livelihood sector. The very fact that no organisations working with livelihood programmes were reached through the sample in this study is in itself interesting[30]. This could indicate that GBV prevention is not a major component in these programmes and hence, an opportunity to reach out to men and mitigate potential risk factors of perpetration of GBV in this work might currently not be utilised. Therefore, it is suggested that future research and livelihood programmes investigate if and how strategies to prevent the perpetration of GBV is currently integrated in this work in the Philippines and how actors effectively can reinstall economic security in families and at the same time support men to challenge

[30] Except for a smaller micro credit initiative shared by ACF targeting women entrepreneurs in non-disaster times. For more information, see Appendix 6.

ideals that connect economic empowerment to masculinity. Such approach would contribute to addressing the factor of loss of economic opportunities that might trigger men to perpetrate GBV post disaster, but also simultaneously target its underlying root causes. Such primary prevention approach has showed great effects in various programmes in non-disaster settings, for example in Casey, Bulls and Yager's (2016) research.

6.2.2 Synchronising women's an men's transformations

Findings have showed that that the engagement of men and boys in separate male spaces could be a useful GBV prevention approach in humanitarian programmes post disasters. However, the respondents also highlighted that the organising and empowering of women in GBV prevention work is key to counteract power imbalance between women and men. Findings also revealed that women and girls in the Philippines also seem to desire and expect men who adhere to dominant masculinities. Therefore, to break the social contract where men's power over women is normalised, and individuals who conform to a heterosexual and binary gender norm holds a superior position over LGBTQI individuals, the broader community, including women, have to be involved. To challenge women's perceptions around gender norms is therefore fundamental if seeking to build a strong enabling environment for men to change their behaviour. This conclusion is also confirmed in Connell's (2009), Flood's (2011), Carlson et al's (2015), Ellsberg et al's (2015) and Casey, Bulls and Yager's (2016) research.

The Women Friendly Space (WFS) is a good example in post disaster settings in the Philippines that can function as venue for women to start questioning destructive gender norms. However, it was highlighted by several respondents that jealousy towards women is common among men post disasters as many programmes, such as the WFS, only target women to empower them with new skills and knowledge and this makes men feel excluded and disempowered. It was hence argued that this might trigger men to use violence against their wives. While a lot of research support this approach (e.g. Aquino, 2014; Bradshaw, 2011; Enarson and Chakrabati, 2009), conflicts in intimate relationships over power dynamics and "female challenge to male authority" are also highlighted in the Ecological Model as risk factors of perpetration of GBV (Heise, Ellsberg and Goetemoeller, 1999; Dahlberg and Krug, 2002; Heise, 2011). Hence, both the theory and collected material indicate that a "women-only" approach to

prevent GBV potentially also could backfire and trigger more GBV. Instead, an approach where both women and men are targeted and encouraged to work together to change unequal norms is presented as a good practice in research from non-disaster contexts (Ellsberg et al 2015). This strategy is based on the theory that since gender norms are inherently relational (Ariyabandu, 2009; Bradshaw, 2013), it is not possible to change these norms if men and women will not meet and interact in this work. These programmes seek to synchronise gender transformations that are taking place within groups of men and women and when suitable in the process, bring them together to establish a fruitful dialogue (Ellsberg et al 2015). None of the examples of GBV prevention work shared in the interviews seemed to apply such a strategy. Hence, this study encourages future research and humanitarian programmes to apply and evaluate the use of a gender synchronised approach in GBV prevention programmes post disaster in the Philippines, as well as in other countries.

6.2.3 The role of humanitarian actors

The discussion has showed that at the core of primary prevention of GBV post disasters is to challenge gender unequal social norms. This kind of work is a lengthy process that humanitarian actors traditionally have not been engaged in. For long, there has been a strict division between work that involves rapid humanitarian response and efforts that seek to reduce disaster risks in communities in a more sustainable manner. This is currently up for debate on a global scale where many actors now argue that the weak link between humanitarian aid and development action (the humanitarian-development nexus) fail to prevent unnecessary suffering of disaster-affected populations (WHS, 2016). The interviews for this study and previous research show that the disruption of normal life and an increased presence of organisations and engagement in communities post disasters can catalyse transformative changes of gender relations (Bradshaw, 2011). This could be seen as an opportunity to good to waste. The respondents of this study shared examples of work showing that some humanitarian actors in the Philippines, and not only those working on GBV and protection issues, have found unique opportunities to reach out to men and boys with messages that challenge gender norms. The examples have also showed that humanitarian actors can play an important role in creating spaces that meet men's specific needs for support, which in turn might decrease the risk of perpetration of GBV.

However, the interviews and evidence from non-disaster contexts highlight that to prevent GBV, one actor cannot act alone as this work is dependent on long-term efforts, multi-sectoral engagement and work on different levels of the society, as well as the effective collaboration between a wide range of actors (Heise, Ellsberg and Goetemoeller, 1999; Dahlberg and Krug, 2002; Heise, 2011; Casey, Bulls and Yager: 2016; Flood, 2011). Hence, this study suggests that to prevent further suffering of affected populations, humanitarian actors have a responsibility to find and seize opportunities to engage in a multi-sectoral effort to prevent the perpetration of GBV. In addition, to involve local communities and national NGO's is key to create ownership for these initiates and build bridges to the more long-term rehabilitating and community development work.

6.2.3 Biased notions of perpetrators and survivors of GBV

The initiatives of GBV prevention work shared in this study seemed to only approach men as potential perpetrators or agents of change and none of the programmes seemed to have taken into consideration that men potentially also could be survivors of GBV post disasters. In fact, GBV perpetrated against men was hardly mentioned by any of the respondents and a majority pointed at women and girls as mainly affected. A few respondents however questioned this notion and highlighted that many humanitarian workers tend to automatically think about certain groups (women and girls) as at-risk populations. Several respondents referred to a recent study reporting on boys' experiences of GBV in the Philippines and argued that this issue has largely been overlooked in GBV prevention programmes (UNICEF and CWC, 2016). In addition, two respondents also shared that after typhoon Haiyan, there were nowhere to refer male survivors of sexual violence that had reached out to their organisations. This indicates that a gender normative expectation around GBV might result in that services are note adapted to the full spectra of existing needs.

The respondents also pointed to LGBTQI persons' special protection needs post disasters. However, none of the shared examples of GBV preventive initiatives mentioned that they had actively reached out to these groups or included aspects of GBV perpetrated against LGBTQI persons in the sessions for men and boys. Instead, the main focus in the sessions was on heterosexual couples and to prevent violence in intimate relations perpetrated by men (who were born male) against women (who were born female). This indicates that heterosexuality and a binary understanding of gender

seems to be norm in these programmes. This might result in a failure for humanitarian actors to fulfil their mandate to provide non-discriminatory assistance that is based on existing needs and which prioritises those who are most vulnerable (ICRC, 2004).

The study revealed that disabled individuals, and especially women and girls, seem to be particularly vulnerable to several forms of GBV. Yet, several respondents noted that most humanitarian programmes fail to make services available for these groups and ultimately respond to their special needs for protection. Neither did any the shared GBV prevention programmes seem to have targeted any efforts to prevent the perpetration of GBV against any of these groups.

The respondents highlight that humanitarian actors need to challenge their perception of "vulnerable populations" and enhance their knowledge around individuals who might be at particular risk of GBV, including men, boys, LGBTQI individuals and disabled persons. Hence, to more effectively meet the distinct needs, priorities and capacities of these groups and target risks factors of perpetration of GBV against them post disasters, this study suggests humanitarian organisations in the Philippines to strengthen the capacity of their staff to apply a gender and norm-critical analysis in their work. Such analysis should take into account how a gendered power imbalance and multiple factors of discrimination affect vulnerability to and drive the perpetration of GBV. These aspects should be incorporating in internal trainings and delivered to decision makers, those in charge of developing humanitarian programing as well first responders. In addition, knowledge about the situation for male survivors of GBV, LGBTQI individuals and disabled persons post disasters and the drivers of perpetration of GBV against these groups is largely missing in research (Rumbach and Knight 2014). Hence, this study suggests future research to enhance the knowledge on these issues in order to provide humanitarian actors with needed information to develop effective services and prevention programmes.

6.2.4 Turning the lens inwards

This discussion has solely focused on the issue of GBV perpetrated by men who have been affected by disasters. However, the interviews also revealed stories about another group of perpetrators; aid workers and other personnel engaged in humanitarian relief. Sexual exploitation and abuse (SEA) against beneficiaries is a grave breach of the humanitarian mandate (IASC, 2015) and these manifestations of GBV also show that gender unequal attitudes and violence-supportive norms also exist within the

humanitarian community. To prevent SEA post disasters, humanitarian organisations and other service provider thus also need to look inwards and address the internal structures and the attitudes of aid workers that support GBV. This is crucial to ensure accountability to disaster-affected populations - one of the foundational principles of humanitarian work (ICRC, 2004). The respondents seemed to lack deeper knowledge and insights about how to effectively handle these types of GBV and the theoretical framework did not provide any specific guidance on how to understand and prevent the perpetration of SEA post disasters. This is considered an important research gap that should be addressed in future research.

6.3 Limitations of study results

One limitation of this study is that it has only managed to scratch the surface of the issue of perpetration of the largely complex social issue GBV post disasters in the Philippines and was not able to in depth touch upon the whole spectra of the issue. Hence, the study could have benefitted from longer conversations with the respondents and an opportunity to dig deeper into their perceptions around perpetration of GBV and the layout and effectiveness of shared programmes, as well as leaving more room for in-depth analysis of the collected material. For example, one dimension that would have been relevant to dwell more upon is the dynamics around persons of authority and service providers using their position of power to abuse and exploit beneficiaries.

Furthermore, the Philippines represents a diverse society where living conditions and social norms, and hence perpetration of GBV, are likely to differ between contexts. Therefore, it could have been an advantage to narrow down the scope of the study to a more limited area of research, such as the post typhoon Haiyan context of Tacloban city. However, as it was found that GBV prevention programmes that engage with men and boys post disasters are few, one would then also have missed an opportunity to learn from some of the examples that were shared in this study.

Lastly, to gain deeper knowledge around GBV perpetrated against LGBTQI individuals and potential differences in use of GBV and prevention measure between religious groups in the Philippines, the study would also have benefitted from including organisations representing these interest groups in the sample. Attempts were made to find and connect with such organisations, however, these attempts failed.

6.4 Summary of discussion

The discussion has highlighted a number of aggravating factors that seem to increase the risk of perpetration of GBV post disasters. However, findings, strengthened by the theoretical framework, indicate that these factors are rooted in gender unequal norms and power imbalances between individuals in the social environment of the Philippines. To prevent the perpetration of GBV post disasters, the study thus suggests that programmes should address these aggravating factors. However, in order to hinder these triggering agents from becoming risks factors of perpetration in the first place, one also needs to target the root causes of the problems. In addition, a number of protecting factors that could decrease the risk of perpetration of GBV has been identified and it is suggested that these should be leveraged in programmes to buffer against risks.

The study identifies only a few initiatives that claimed to have engaged with men and boys to prevent the perpetration of GBV post disasters. Solely one programme had adopted an approach that addresses risk factors of perpetration, while none seemed to have strengthened protecting factors that could decrease these risks. In addition, the general knowledge around triggers and driver of these acts of violence post disasters, especially in relation to GBV against men and boys, LGBTQI individuals and disabled persons, seems to be limited.

Analysis of the shared initiatives has highlighted a number of dimensions that it is suggested that humanitarian actors consider in their work to reduce risk factors of perpetration of GBV. These include increased access to safe spaces, social support networks and mental and clinical health care for men (including for male survivors of GBV), support for men to develop new and more elastic gender roles and non-violent coping-mechanisms; women's empowerment and increased support from the broader community for men's changed gender identities and roles.

The discussion concludes that gender theory, the Ecological Model, and the Spectrum of Violence Prevention are useful to understand causes and triggers of perpetration of GBV also post disasters. However, one limitation of the theoretical framework was noticed in relation to the occurrence of sexual exploitation and abuse perpetrated by persons of authority and aid workers. This is considered an important research and theoretical gap that should be addressed in future research.

7. Conclusions

1) What factors affect the risk of perpetration of GBV post disasters in the Philippines?

This study has identified a number of aggravating factors that seem to increase the risk of perpetration of GBV post disasters. These factors include men's loss of livelihood and feeling of power and masculinity; men's lack of coping mechanisms to deal with new gender roles, stress and traumatic experiences; men's jealousy towards women; and tensions in intimate relationships due to changed power dynamics. It was found that GBV post disaster seems to be largely driven by perpetrators' desire to regain a sense of masculinity and they are using their power and privileges to violate and abuse individuals holding a lower position in the society. This indicates why women, girls, LGBTQI individuals and disabled persons seem to be particularly targeted.

However, it was also found that these factors are deeply rooted in the social environment in the Philippines, namely gender unequal norms and power imbalances between women and men; patriarchal structures; a macho culture; rigid gender roles; a binary understanding of gender identities; and a culture where men's violent behaviours are normalised and accepted in families and the broader society. These factors create an environment that allows for and legitimise perpetrators to commit GBV also prior disasters. The study argues that with more risk factors present on the societal and community level, the higher risk that aggravating factors trigger individuals to perpetrate GBV post disasters. To prevent the perpetration of GBV post disaster, it is therefore suggested that programmes need to work across all levels of the society and carefully identify the causal link between risk factors to effectively and holistically address the issue.

A number of protecting factors that could decrease the risk of perpetration of GBV and should be leveraged in GBV prevention programmes were also identified. These include access to safe spaces, social support network and access to mental health care for men; more elastic gender roles and non-violent coping-mechanisms; women's empowerment; and an enabling environment that supports men to change their gender roles and sense of masculinity; and effective laws and law enforcement systems.

2) What humanitarian initiatives have taken place post disasters in the Philippines that have sought to engage men and boys to prevent the perpetration of GBV?

Only a few initiatives claiming to have engaged with men and boys to prevent the perpetration of GBV post disasters were identified in this study. While the respondents considered the application of such approach as important in GBV prevention programmes, this focus seems to be largely lacking in practice. This is remarkable and considered an important research finding in itself. Solely one programme had adopted an approach that addresses risk factors of perpetration, while none seemed to have strengthened protecting factors that could decrease these risks. Despite being limited in number, the shared examples of initiatives revealed some interesting findings that have resulted in a number of conclusions in regards to the overall research questions;

3) How have risk factors associated with the perpetration of GBV and factors that could protect against these risks been addressed in these interventions? How have men and boys been engaged? What are the gaps and what could be improved in these efforts to prevent GBV post disasters?

The general knowledge about the experiences and drivers of GBV perpetrated against LGBTQI individuals, and how to prevent these acts, seemed to be rather low among the respondents. In addition, a heteronormative and binary understanding of gender was noticed in the shared initiatives and might be associated with actors' indicated low awareness around this issue. Neither did initiatives seem to have calculated for that men and boys could also be survivors of GBV. This indicates a biased and gender stereotype notion of who is vulnerable to GBV, or potential perpetrator. Research on how to prevent the perpetration of GBV against men, boys and LGBTQI individuals is largely missing, and hence it is suggested for future research to investigate these dimensions further. The study also highlights a critical need for humanitarian organisations in the Philippines to strengthen the capacity of their staff to apply a gender and norm-critical analysis in their work by incorporating these aspects in internal trainings.

Another limitation of current practice and theory was noticed in relation to the occurrence of sexual exploitation and abuse perpetrated by persons of authority and aid workers post disasters. While this type of GBV was revealed in some of the interviews, insights regarding how to understand and prevent these acts of violence were neither highlighted in the shared programmes nor in the theoretical framework. This is considered an important gap in both practice and theory and hence, this study suggests for future programmes and research to address this issue.

How can humanitarian actors in the Philippines work with men and boys to prevent the perpetration of GBV post disasters?

Shared initiatives did not only reveal shortcomings but also examples of good practice. Based on analysis of these initiatives, the study suggests that humanitarian actors may find and could utilise opportunities when engaging with men and boys in relief activities, such as when distrusting shelter kits or food and hygiene packages, to implement activities that reduce risk factors of perpetration of GBV. Hence, it is suggested that not only sectors specialised in GBV work, but all humanitarian sectors that engage with men and boys in different programmes, should analyse and seize opportunities, when found, to integrate GBV prevention activities in their work.

The study suggests that to prevent risks factors of perpetration of GBV post disasters, humanitarian actors could increase men's access to separate safe spaces, social support networks and mental and clinical health care (including for male survivors of GBV) and provide support to men to develop new and more elastic gender roles and non-violent coping-mechanisms.

However, to build momentum and broader community's support for a change, it is suggested that actors simultaneously organise women, strengthen their empowerment and challenge their perceptions around the male gender role. Furthermore, since gender norms are inherently relational, programmes also need to allow for interaction and synchronisation between women and men's social transformation to take place. None of the initiatives shared in this study seemed to apply a gender synchronised strategy as method but most focused solely on women and girls. Hence, it is suggested that humanitarian actors analyse and consider opportunities to apply such approach in their GBV prevention efforts.

Finally, this study conclude that humanitarian actors neither have the current capacity nor the mandate to act alone to prevent the perpetration of GBV post disasters since this work is dependent on long-term, multi-dimensional efforts and effective collaboration between a wide range of actors and at different levels in the community. Humanitarian actors may have an opportunity to initiate change, but to ensure sustainability of efforts they need to build bridges between their own more short-term activities and long-term rehabilitation and community development work.

8. Recommendations

8.1 Recommendations for humanitarian actors in the Philippines

- Disaster response plans should call for humanitarian responders to identify, analyse and address aggravating risk factors, root causes and protecting factors for the perpetration of GBV post disasters.

- Consider the integration of activities that reduce risk factors of perpetration of GBV into all humanitarian sectors and programmes that interact with men and boys post disasters. For this, enhanced collaboration between GBV specialists and other sectors is needed.

- Establish safe spaces also for men post disasters where they can seek support and explore and cope with their experiences, problems and emotions.

- Work with men and women in separate forums, e.g. in safe spaces, to increase their empowerment and critique against unequal gender norms. With guidance from gender-sensitive leadership, allow for interaction between the groups to take place to synchronise their social transformation.

- Ensure that a norm-critical and non-binary gender perspective inform all GBV prevention efforts post disasters. To realise this, decision makers, staff involved in assessments, programme developers and first responders should go through gender-sensitising training.

- Increase the awareness among staff on how to prevent the perpetration of sexual exploitation and abuse committed by persons of authority and aid workers post disasters and develop internal policy, whistle blowing and sanctions systems, and trainings that effectively reduce these risks.

- Make GBV services available also to male survivors and break down the social stigma that hinders men and boys from seeking help. Strengthen the capacity of GBV specialists, medical staff, social workers and psychological support teams to identify, refer and support male survivors of GBV.

- Learn from and build on GBV prevention initiatives that already exist in disaster-affected communities. Programmes should apply a long-term and multi-sectoral

approach and seek diverse and inclusive collaboration between actors at all levels of the community.

- To ensure sustainability of efforts, build bridges between humanitarian short-term activities and long-term rehabilitation, preparedness and community development work.

8.2 Recommendations for future research

- Conduct qualitative research on the causes and drivers of perpetration of GBV post disasters in the Philippines, and beyond, by talking to men about their own experiences and needs for support post disaster. Investigate what would encourage men to increasingly seek social support and mental health care.

- Carry out field-based longitudinal research that conceptualise, implement and evaluate the effects of strategies mainstreaming GBV preventive sessions for men and boys in humanitarian programmes post disasters, such as in the livelihood, early recovery and shelter sector.

- Investigate the situation for male survivors of GBV and LGBTQI individuals and disabled persons experiences of GBV post disasters. Enhance the knowledge around triggers and drivers of perpetration of GBV against these groups and look into further recommendations that can inform effective humanitarian services meeting their needs and prevention programmes.

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Appendix 1: Definitions of core terms

A disaster is a sudden and major adverse event that brings a serious disruption to the function of a society and involves widespread human, material, economic and environmental loss and impact that goes beyond the capacity of the affected society to cope with its own resources (Ginige et. al., 2009). Disasters are a product of the combination of a triggering agent, a natural hazard, and a set of vulnerabilities and risks that have not been managed properly. Though often caused by nature, disasters can also have human origins (IFRC, 2016). This means that natural hazards do not automatically turn into disasters but it is the interaction with people, things and existing vulnerabilities that creates disasters (Bradshaw, 2013). This study focuses on contexts in which ”natural” disasters, such as typhoons, earthquakes and floods, have occurred.

Humanitarian emergency/crisis/disaster is “an event or series of events that represents a critical threat to the health, safety, security or wellbeing of a community or other large group of people, usually over a wide area” (Humanitarian Coalition, 2016). A humanitarian crisis may include armed conflicts, famine, epidemics, and natural disasters. What unites these events is that they lead to a situation that extends beyond the mandate or capacity of any single agency to respond to. In this thesis, the terms humanitarian “emergency”, “crisis” and “disaster” are used interchangeably (Humanitarian Coalition, 2016).

Humanitarian action refers to assistance provided to crises-affected communities with the purpose to save lives, protect health, alleviate suffering and promote human dignity (GHA, 2017). Most often, humanitarian assistance refers to quick emergency relief provided during and after crises and involves activities such as the distribution of aid materials and providing logistical assistance. However, over the past decades, the humanitarian field has become increasingly involved also in work that aim at strengthening the capacity of communities and organisations to prepare for, reduce the risks of and prevent future disasters (GHA, 2017). Humanitarian assistance is governed by the four key fundamental principles of humanity, impartiality, neutrality and independence. This means that humanitarian assistance should be provided based on existing needs, give priority to the most vulnerable populations and urgent cases, and be non-discriminatory (OCHA, 2011). Furthermore, in order to ensure access, humanitarian actors must safeguard their integrity and remain autonomous from political, economic and military objectives (OCHA, 2014).

When talking about **humanitarian actors** in this study it refers to actors working to provide humanitarian assistance and protection to affected population in response to human needs and based on the humanitarian principals (Reliefweb, 2008).

The term **gay** is “used to describe people whose enduring physical, romantic and/or emotional attractions are to people of the same sex (e.g. gay man, gay people). Often used to describe a man who is sexually attracted to other men, but may be used to describe lesbians as well” (IASC, 2015:319).

Lesbian refers to a “woman whose enduring physical, romantic and/or emotional attraction is to other women. Some women prefer to be referred to as ‘gay’ or ‘gay women’” (IASC, 2015:319).

Bisexual is “an individual who is physically, romantically and/or emotionally attracted to both men and women.” (IASC, 2015:319)

Questioning, or queer is a term with many definitions. Foundational to a questioning perspective is paying attention to and validating unconventional and norm-critical ways that individuals express themselves, especially in relation to gender identity and sexual orientation. Traditionally queer was a pejorative term but has now been reclaimed by some LGBTQI people as a term to describe themselves (IASC, 2015).

Transgendered is “an umbrella term for people whose gender identity and/or gender expression differs from the sex they were assigned at birth. Transgender people may identify as female-to-male (FTM), male-to-female (MTF) or other genders altogether. Transgender people may or may not decide to alter their bodies hormonally and/or surgically” (IASC, 2015:320).

Sex refers to “the biological classification of people as male or female. At birth, infants are assigned a sex based on a combination of bodily characteristics including: chromosomes, hormones, internal reproductive organs, and genitals” (IASC, 2015:320).

Intersex “refers to a condition of having sexual anatomy that is not considered ‘standard’ for a male or female. ‘Intersex’ can be used as an umbrella term covering differences of sexual development, which can consist of diagnosable congenital conditions in which development of chromosomal, gonadal or anatomic sex is atypical. The term ‘intersex’ is not interchangeable or a synonym for transgender.” (IASC, 2015:319)

Appendix 2: List of respondents

Total number of interviews: 18
Total number of unique actors interviewed: 17
Total number of respondents: 24

Total number of international actors: 10 (9 unique)
- UN Agencies: 2
- International Non-Governmental Organisation (INGO): 5
- Inter-Governmental Organisation: 1
- Independent/inter-agency experts: 2 (from the same agency)

Total number of national actors: 8 (7 unique)
- Non-Governmental Organisations: 4 (2 from the same organisations)
- Government agencies: 3
- Academia: 1

Face to face interviews

#	Position	Organisation	Type of organisation	Date	Place
1	Child Protection Officer	Save the Children Philippines	International NGO	3 May 2017	Manila
2	National Field Representative	The Philippines Red Cross (PRC) Health Services	National NGO	3 May 2017	Manila
3 4	National Officers	International Organisation for Migration (IOM) Philippines	International Inter-Governmental Organisation	4 May 2017	Manila
5	Emergency coordinator	CARE Philippines	International NGO	4 May 2017	Manila
6	Disaster Risk Reduction Advisor	Handicap International Philippines	International NGO	5 May 2017	Manila
7	Secretary General	Pamb Koalisyon ng Kababaihan sa Kanayunan (PKKK) [National Rural Women Congress]	National NGO	5 May 2017	Manila
8	National Coordinator	WomanHealth Philippines	National NGO	5 May 2017	Manila
9	Former Gender Manager	Oxfam Philippines	International NGO	8 May 2017	Manila
10 11 12	- Advocacy Coordinator and focal person for protection - Disaster Risk	Action Against Hunger (ACF) Philippines	International NGO	9 May 2017	Manila

	Reduction and Climate Change Adaptation Coordinator - Monitoring and Evaluation Manager				
13 14 15	- President of MOVE - Senior Parole and Probation Officer and member of MOVE - Parole and Probation Officer	- Men Opposed to Violence Against Women Everywhere (MOVE) - Parole and Probation Administration, The Philippines Department of Justice	- National NGO - National Government Agency	9 May 2017	Manila
16	National Programme Manager	United Nations Population Fund (UNFPA) Country Office Philippines	UN Agency	10 May 2017	Manila
17	Programme Manager	Department of Social Welfare and Development (DSWD), Protection Services Bureau (PSB)	National Government Agency	10 May 2017	Manila
18	Professor	University of Philippines Diliman, Gender Office (UPDGO)	Academia (national)	11 May 2017	Manila
19 20	19: Disaster Preparedness and Risk and Reduction Unit Head 20: National Field Representative	The Philippines Red Cross (PRC) - Disaster Management Services	National NGO	12 May 2017	Manila
21	Director	The Philippines Commission of Women (PCW)	National Government agency	12 May 2017	Manila
22	Gender-Based Violence Advisor	Inter-Agency Standing Committee (IASC) - Gender-Based Violence Area of Responsibility (GBV AoR)	International expert	25 May 2017	Colombo

Interviews via Skype

#	Position	Organisations	Type of organisations	Date
23	National Project Officer	UN Women Philippines Project Office	UN agency	2 May 2017
24	Former Protection Capacity (ProCap)	Inter-Agency Standing Committee – Child Protection sub-cluster	International Inter-Agency Forum	17 May 2017

Appendix 3: Interview guide

<u>Objective 1:</u> Investigate the characteristic of GBV and factors affecting the risk of perpetration of GBV in disaster contexts in the Philippines.

According to your knowledge and experience in the Philippines:

1. What are the main manifestations of GBV in post disaster situations? (*Probe: Given that there are different types of GBV, such as domestic violence, rape, sexual harassments, exploitations and abuse, trafficking etc.)*

2. Who is this violence perpetrated against? (*Probe: women, girls, men, boys, LGBTQI persons, religious/ethnic minorities etc.)*

3. What are the driving reasons for perpetrators to commit GBV post disasters?

4. What characteristics do perpetrators have? *(Probe: sex, age, socioeconomic, background etc.)*

5. What are the factors that may trigger and lead to the perpetration of GBV?

6. Are there any factors that could decrease the likelihood of a person turning to violence in these situations?

<u>Objective 2</u>: Identify and learn about initiatives that have aimed to prevent the perpetration of GBV post disasters in the Philippines and how men and boys have been engaged.

1. What kind of post disaster GBV prevention work have you been involved in? *(Ask respondent to share specific cases, programmes and approaches if relevant.)*

2. Have men and boys been included in this work?

3. Have any of the programmes you have worked on aimed to decrease the likelihood of potential perpetrators to commit GBV?

4. Has this work been done in partnership with other organisations working on GBV prevention?

5. What have been the successes and challenges in this work?

6. What could be improved?

Appendix 4: Information sheet about the study

Jenny Molin
Master thesis, 30 ECTS
Joint Master Programme in International Humanitarian Action
The NOHA Network on Humanitarian Action/Uppsala University

Preventing Gender-Based Violence in Disasters

Building the capacity of humanitarian actors in the Philippines to reduce the risks of a secondary crisis

Problem formulation

In a context such as the Philippines, where gender-based violence (GBV) is widespread and there is a constant threat of natural hazards, humanitarian agencies are always in response mode. Strengthening the capacity of humanitarian actors to more effectively respond to GBV is thus key to meet the needs of survivors of violence in disasters. However, to simultaneously take actions to address the risks of GBV from occurring in disasters in the first place should be the long-term goal that would contribute to preventing unnecessary suffering and reducing future needs. To this date, no previous research in the Philippines seem to have focused on a primary prevention approach to address the increase of GBV in disaster situations. Neither has any study looked into how programmes that aim to prevent GBV in disaster contexts engage with men and boys to address causes and reduce the risks of perpetration of violence.

What is the purpose of the study?

The aim of this study is to contribute to enhanced knowledge about how humanitarian agencies can engage with men and boys to reduce the risks of and prevent the perpetrations of GBV (including violence against women, men, boys, girls and transgendered individuals) in the aftermath of disasters in the Philippines. It seeks to investigate factors of risk associated with the use of GBV in disaster situations in the Philippines as well as factors that might decrease its likeliness. The study will explore existing knowledge, perceptions and current approaches within the humanitarian community and will also look at linkages to the development and Disaster Risk Reduction (DRR) field and broader initiatives taken to prevent GBV in disaster contexts. Furthermore, the study will collect best practice, lessons learned and present recommendations to support the development of more effective programmes to prevent GBV in future disasters.

Research design

The research adopts a qualitative approach and methods include a literature review and 10-15 key-informant interviews. The target group chosen for the interviews are national and international humanitarian, DRR and other actors/experts with experience of working with GBV prevention in disaster contexts and interventions engaging with men and boys in the Philippines. Sampling of respondents is purposive and done by using a snowball method. A balanced sample of local and international actors will be sought, including government actors, UN agencies, INGOs, NGOs and CSOs, faith based organisations and representation of different community groups, such as LGBTIQ and disabled. A semi-structured interview guide will be used to carry out the interviews. Analysis will be inductive and findings will be organised by evolved themes and

discussed from the perspectives of theories of gender, masculinities, intersectionality and primary prevention of GBV.

Why have I been invited?
You have been asked to participate since the organisation you work for, or your expertise and background, match the sought respondent profiles for the study (local and international humanitarian, DRR and other actors/experts with experience of working with GBV prevention in disaster contexts and interventions engaging with men and boys in the Philippines). Therefore, I believe your experiences, knowledge and insights would be valuable contributions to the study.

What will happen if I take part?
Your own identity and organisation's name will be anonymised and to hinder back-tracking, individual participation research data will be given a research code known only to the researcher. If approved, interviews will be recorded. Hard paper and taped data will be stored in a safe and secure place which can be accessed only by the researcher. The collected data will be used in this study only. However, additional publications, such as in an academic journal, might be of relevance.

What will happen to the results of the research study?
As a respondent, you will be offered to review and comment on a draft copy of the thesis before publishing. You will receive a copy of the final thesis when finalised in the beginning on 2018. The study will be published on Uppsala University's Academic Archive (DiVa) portal in the beginning of 2018. Some of the study findings will also be utilised by the IFRC and shared within broader Red Cross and Red Crescent Movement network to improve their overall work to prevent GBV in disasters. Opportunities to rewrite the thesis into an article to publish in academic journals will also be sought.

About the researcher
My name is Jenny Molin and I am currently in the final stretch of finalising a Master degree in International Humanitarian Action for the NOHA Network on Humanitarian Action via Uppsala University. I am a Swedish humanitarian professional passionate about working for a more gender and diversity sensitive humanitarian aid and to prevent GBV from escalating among affected communities in crises. My previous experience includes working for NGOs in Sweden and Bangladesh with advocacy, capacity-building and research related to gender, peace, security and development issues; supporting the integration of gender and diversity perspectives in humanitarian and DRR operation in the Swedish Civil and Contingencies Agency (MSB); and most recently and currently, working as a research assistant in a regional research project on GBV in disasters with the IFRC Asia Pacific in Kuala Lumpur.

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Appendix 5: Consent form for respondents

Jenny Molin
Master thesis, 30 ECTS
Joint Master Programme in International Humanitarian Action
The NOHA Network on Humanitarian Action/Uppsala University

CONSENT FORM

To sign this paper means that the research project has been described to you in written and spoken words, and that you agree to participate with your own free will. You can decide to withdraw your participation at any time.

Participant

I agree to have my interview audio recorded	YES	NO
I agree to the use of anonymous quotations in this thesis and related publication that comes out of this research	YES	NO
* With attribution to organisation _____	YES	NO

_____ _____
Signature of participant Date

Researcher

I have thoroughly explained to the participant the content of the information sheet. I have asked if the participant has any question and answered this question to the best of my ability.

_____ _____
Researcher's signature Date

Appendix 6: Additional initiatives in non-disaster contexts

Some respondents of this study were invited to an interview despite the fact that their organisations are not involved specifically in post disaster response work. A few additional examples and tips of initiatives that engage with men and boys to promote gender equality and change behaviours in relation to gender and GBV in the Philippines were also highlighted during the interviews. Due to time constraints and delimitations of the scope of the study, it was not possible to follow up on all these initiatives. Yet, these examples could serve as inspiration to how other actors are working to engage with men and boys to prevent GBV in other contexts and therefore, this appendix provides a short description of some of these examples that can be further investigated in future research;

CARE Philippines shared a micro-credit initiative that focus on supporting women's entrepreneurship and their development of small business. The initiative however also invites the husbands of the credit holding women to sessions where dialogue between the two is enabled and support from the man to the woman's business is built. With this approach, the respondent explained that men felt less jealous of the fact that women were being targeted in the programme. Furthermore, when having men and women working together as a team in the development of the new business, the programme was also more effective. [31]

Men organising to end Violence against Women

Men Opposed to Violence against Women Everywhere (MOVE) was established in 2006 and is an organisation of men committed to eliminate violence against women. A wide range of organisations has since then joined MOVE as members, including many government agencies (eg. the DSWD), private sector, academia and NGOs. With its member base spread out over different parts of the country, the organisation hence has a broad network of "local MOVE branches". The aim of the organisation is broadly to mobilise more men to join the fight to eliminate violence against women and to raise public awareness around these issues. However, depending on the local context and GBV issues found there, the focus of the work differs from branch to branch. However, local MOVE chapters engage in campaigns and events, such as marches and demonstrations. For this study, an interview with the president of the national board of the organisation and members of the local Prison and Probation Agency (PPA)'s MOVE chapter was held. Since becoming a member of MOVE, the PPA has enhanced its work on how to support male perpetrators of violence in their rehabilitation and reintegration into communities. More specifically, they are for example training former offenders on gender sensitivity issues, responsible parenting, anger management and orientations about laws. They are also working with families of offenders to strengthen the social support system around this person since this is supposed to be an important component of addressing the stigma and alienation that many returnees face when coming back to their communities. This approach is also supposed to minimise the risk of re-offence.[32]

[31] Based on descriptions by respondent 5.

[32] Based on descriptions by respondent 13,14,15.

Safe Cities against sexual harassment in public spaces

Another interesting initiative is the UN Women's global flagship programme Safe Cities that started up in Manila in 2012. The programme aims to reduce the risk of sexual harassment and violence in public spaces, an everyday occurrence for women and girls in Metro Manila. The first phase of the programme focused on structural changes and getting a city law passed on sexual harassment in public spaces. In the next step, the programme mobilised grassroots organisations to form youth groups that were capacitated to aid awareness on the issue in their own communities. These groups decided to function as theatre advocacy groups and developed their own sketches around the issues of youth and sexual harassments (for example about assertiveness skills and healthy sexual attitudes and behaviours). In this phase, the programme also reached out to tricycle[33] drivers associations, - a group of mainly male drivers – and trained them in standing up against sexual harassment. The third phase of the programme involved mass public campaigns in traditional media (TV, radio, newspapers) and social media, as well as the announcement of a short film and phone application competition. The purposes of these events were to reach a broader audience with creative messages about the issue of sexual harassments and to ignite engagement in other sectors.

The programme is now moving into its final phase, which is to spread the work to other cities (the pilot was only implemented in one of Metro Manilas 17 cities - Quezon City) and to enhance the capacity of service providers, government institutions and other actors to implement the new city law against sexual harassment in public spaces. Lessons learned from the programme are that local ownership and working in partnership with local government and the grassroots is necessary to succeed. These are the actors who will stay when the programme ends and thus, these components are crucial to ensure sustainability and lasting results on the local level. By engaging the grassroots, the learning is that they will carry on because they feel that it is *their* community issue.[34]

Men's Responsibility in Gender and Development (MR GAD)

Organisation based in Davao on Mindanao island that engage with men and boys to promote gender equality and change behaviours in relation to gender and GBV on a community level. Detailed description of the organisation, their programmes and impacts can be found in the ICOMP (International Council of Management of Population Programme) and UNFPA 2011 publication "Engaging Men and Boys in Gender Equality – Vignettes from Asia and Africa".[35]

[33] A form of auto rickshaw which is a common means of public transportation in the Philippines.

[34] Based on descriptions by respondent 23.

[35] Available at http://www.unfpa.org/publications/engaging-men-and-boys-gender-equality

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