



DOWN BY THE RIVER

**ADDRESSING THE RIGHTS, NEEDS AND STRENGTHS OF
FIJIAN SEXUAL AND GENDER MINORITIES IN DISASTER RISK
REDUCTION AND HUMANITARIAN RESPONSE**

PREFACE: DOWN BY THE RIVER

The project team followed Fijian sexual and gender minorities '*Down By The River*' as they shared stories of everyday life before and after Tropical Cyclone Winston. During the community-mapping sessions participants drew maps of their communities and places of significance including where they work, meet friends, feel safe or unsafe. In addition to use as aides-memoire during individual story-sharing, the maps highlighted common interests. The most striking of these was the importance of places for individuals and groups to get away from the stresses of public or private life experienced by sexual and gender minorities. These places — often down by the river, by the sea, under the bridge, or at the nightclub — were sometimes places to recover after a beating, sometimes places of peaceful solitude, and sometimes places for close friends and chosen family to meet, provide mutual support, share information (and gossip), dance, sing, and more. They are a spatial dimension of the informal networks that help many people within sexual and gender minorities to survive within a hostile or unsympathetic world.

The development of *Down By The River* is part of Oxfam's Pacific humanitarian capacity building project funded by the Australian Government Department of Foreign Affairs and Trade through the Humanitarian Partnership Agreement. Oxfam country offices nominated areas for investigation that constituted gaps to be addressed by future humanitarian capacity building initiatives. While concluding the recovery efforts for TC Winston, Oxfam in Fiji noted a gap in sexual and gender minority inclusion, leading Oxfam Australia to commission Edge Effect, and for Oxfam in Fiji to engage Fiji Rainbow Pride Foundation for this research project.

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PRELIMINARIES

SEXUAL AND GENDER MINORITIES: TERMINOLOGY AND INCLUSION

This report has multiple audiences, including disaster risk reduction (DRR) and humanitarian actors who may be less familiar with concepts, terms and acronyms relating to sexual and gender minorities. Those with more familiarity will know that these framing concepts and language are contested and evolving. This report seeks to reflect the complexity in the world that motivates contestation, while offering entry points for people and organisations coming to these issues for the first time. While the glossary offers clarification on specific terms used within the report, some overall comments may be of assistance.

Variations of the acronym LGBTIQ+ (Lesbian, Gay, Bisexual, Transgender, Intersex, Queer [or Questioning] with the + including a range of people whose identities or practices are not included within those terms) are common in reports within this thematic area. However this acronym is increasingly considered problematic.

In many countries there are local terms used by people in sexual relationships with people of the same gender or more than one gender, or whose gender identity does not align with their sex assigned at birth, or whose gender expression does not accord with stereotypical norms, or whose sex characteristics do not fit neatly into the medical binary of 'male' and 'female' bodies. For example, *Vakasalewalewa* is a term for third gender people in Fiji. However there is no V in LGBTIQ+ and *Vakasalewalewa* is not a synonym of Lesbian or Bisexual or Gay or Transgender or Intersex, and suggestions that such local variations be understood as Queer or included within the generic '+' render local diversity invisible. The identity categories that are privileged by the acronym are drawn from the Global North/West, and critics of the acronym LGBTIQ+ challenge the positioning of these as universal categories into which all other diversity must be shoe-horned.¹ Such critics may also characterise LGBTIQ+ framing as a neo-colonial continuation of the erasure of diverse sexual and gender formations that resulted from the imposition of Western European laws, religion, and socio-cultural norms. Additionally, some local terms are used by people to refer to behaviours rather than stabilised identities. Further complexity arises as identities and behaviours change over time, and as global and local cultures intermingle. In essence, there is more diversity in the world

than the acronym LGBTIQ+ can accommodate or express. And finally, while all the letters in LGBTIQ+ may appear to have the same weighting, in practice issues for lesbians, bisexuals, trans people (especially trans men), intersex people and queers of many variations, tend to receive less attention than issues for gay men.

For these and other reasons, alternative framing language is increasingly sought by advocates. And this report uses variations of the acronym LGBTIQ+ only when reviewing documents or activities from organisations that use the acronym, in which case consistency is maintained with the source. So what are the alternatives?

This report uses the phrasing 'sexual and gender minorities' (SGM) when referring to people, as it is relatively simple, descriptive and broad. In this framing, minority does not refer to a numerical minority, but denotes the power imbalance that renders sexual and gender minorities invisible or apparently less worthy of inclusion. It also draws upon traditions of minority politics that emphasise agency, creativity and resistance of those who are oppressed.

The report also uses the acronyms SOGI (sexual orientations and gender identities), SOGIE (adding gender expressions to SOGI) and SOGIESC (adding sex characteristics to SOGIE) when referring to characteristics that attract human rights protection. While these terms are generally used to refer to diverse (i.e. non heterosexual, non-cisgender or non-binary) sexual orientations, gender identities, gender expressions and sex characteristics, it is worth noting that all people have SOGIESC characteristics. In this sense SOGIESC - more than LGBTIQ+ or SGM - emphasises what humans have in common.

Some people may experience this language and acronym complexity as a barrier to engagement that will have consequences if they 'get it wrong'. A respectful strategy is to follow the self-identification of people you are engaging with. It may sometimes be appropriate to ask, discretely, for guidance. However this is not the case where safety and protection issues may arise, including public, community, workplace family contexts. If in doubt, consult a local civil society organization (CSO) with expertise working with sexual and gender minorities.

¹ For example, this case was argued in sessions of the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA) world conference in Bangkok in December, 2016.

GLOSSARY

ALLY	A person who is not part of a sexual or gender minority, but who consistently acts in solidarity.
ARAVANI	A third gender group within Indian society that may or may not also identify as transgender.
BAKLA	A third gender group within Philippines society that may or may not also identify as transgender.
BISEXUAL	A person whose sexual orientation is toward one or more people of the same or different gender identity.
CHOSEN FAMILY	A group of people who are emotionally close and consider each other 'family' even though they are not biologically or legally related. ²
CISGENDER	A person whose gender identity is consistent with their sex assigned at birth.
CISNORMATIVE/ CISNORMATIVITY	The assumption that all people are cisgender, and the organisation of the world on the basis of that assumed norm.
CLUSTER SYSTEM	A global and national system for coordinating government and non-government humanitarian actors, around a set of thematic areas. Organisations that are members of thematic clusters have specialised capacity in those areas, coordinate policy and practice development as a group, and coordinate in emergency situations to maximise effectiveness.
FA'AFAFINE	A third gender group within Samoan society that may or may not also identify as transgender.
GENDER BINARISM	The stereotypical categorisation of gender into two categories of women and men and the organisation of the world on the basis of that assumed norm.
GENDER NON-BINARY	A person whose gender identity is on the spectrum of femininity and masculinity, but who does not identify as either a woman or a man.
GAY	A person whose gender identity is male, whose sexual orientation is toward other people whose gender identity is male. Gay may also be used as an umbrella term to refer to all homosexual people regardless of their gender identity.
GENDER DIVERSE	Used as an umbrella term in this report for people who are 'gender non-conforming', 'gender queer', 'gender neutral', 'third gender' or whose gender identity and/or gender expression does not accord with binary norms in other ways.
GENDER EXPRESSION	"A person's ways of communicating culturally-defined traits of masculinity or femininity (or both, or neither) externally through physical appearance (including clothing, accessories, hair styles, and the use of cosmetics), mannerisms, ways of speaking, and behavioural patterns in interactions with others." ³
GENDER IDENTITY	"Each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if personally chosen, modification of bodily appearance or function by medical, surgical, or other means), and other expressions of gender, including dress, speech and mannerisms." ⁴
HETERONORMATIVE/ HETERONORMATIVITY	The assumption that all people are heterosexual, and the organisation of the world on the basis of that assumed norm.
HETEROSEXUAL	A person whose sexual orientation is toward people of the opposite gender identity as themselves (assuming binary gender norms).
HOMOSEXUAL	A person whose sexual orientation is toward people of the same gender identity as themselves.
INTERSEX	A person born with physical sex characteristics (including genitals, gonads or chromosome patterns) that do not align with medical and social norms for female or male bodies. ⁵
LATERAL VIOLENCE	Violence or discrimination directed against other members of a minority group, reflecting fragmentation, trauma and infighting within minority groups (rather than focused attention on oppressors).
LESBIAN	A person whose gender identity is female, whose sexual orientation is toward other people whose gender identity is also female.

2 Adapted from <https://complicatingqueertheory.wordpress.com/queer-families/chosen-family/>

3 Asia Pacific Transgender Network (2015)

4 Yogyakarta Principles (2007)

5 Adapted from the Organisation Intersex International - Australia website: <https://oii.org.au/18106/what-is-intersex/>

PATHOLOGISATION	A term used to describe the institutional classification of transgender people as mentally ill, often as a mandatory step in a medicalised process to confirm their gender identity.
QUEER	A reclaimed term increasingly used as an umbrella term for people of all kinds of sexual and gender diversity, and sometimes used to imply a more radical political perspective. 'Queering' may also refer to acts outside of sexual and gender diversity issues, where a binary or norm is challenged. Queer has also been used as a slur, predominantly against gay men, and is still understood as a slur by some gay men. For this reason the term queer is avoided in this report where possible.
QUESTIONING	A person who is exploring whether their identity or behaviour makes them part of a sexual or gender minority.
SENDAI FRAMEWORK FOR DISASTER RISK REDUCTION	A global blueprint for resilient development and disaster preparedness, covering the period 2015-2030.
SEX ASSIGNED AT BIRTH	"The sex to which a person is assigned at, or soon after birth. This assignment may or may not accord with the individual's own sense of gender identity as they grow up." ⁶
SEX BINARY	The stereotypical categorisation of bodies as male or female, based on sex characteristics, and the organisation of the world on the basis of that assumed norm.
SEX CHARACTERISTICS	Genetic, hormonal and anatomical characteristics of bodies, configurations of which are used for stereotypical categorisation of bodies as male and female.
SEXUAL ORIENTATION	"A person's capacity for profound emotional, affectional and sexual attraction to, and intimate and sexual relations with, individuals of a different gender or the same gender, or more than one gender." ⁷
TALANOA	A traditional group discussion in Fiji and other Pacific Island nations, often free-flowing, which may involve consumption of kava. In this report talanoa is also used to refer to a qualitative research method in which the researcher "approaches the participant with an idea that the participant is asked to muse, to reflect upon, to talk about, to critique, to argue, to confirm and express their conceptualisation in accordance with their beliefs and experiences." (Fua, 2014).
THIRD GENDER	A person who has a gender identity that is neither female nor male. Third gender people may also demonstrate fluidity within their gender identity and may occupy social roles typically associated with one or more gender identities. Third gender identities are usually culturally specific, and third gender people may or may not identify as transgender. Some third gender groups are specifically identified in this glossary (Aravani, Bakla, Fa'afafine, Vakasalewalewa, and Waria) as they are referenced in the report text, however there are many more third gender groups.
TRANSGENDER	A person who identifies themselves "in a different gender than that assigned to them at birth. They may express their identity differently to that expected of the gender role assigned to them at birth. Trans/transgender persons often identify themselves in ways that are locally, socially, culturally, religiously, or spiritually defined." Some transgender persons are binary, their gender identity being the opposite of that assigned at birth, while others may identify as non-binary trans masculine, non-binary trans feminine or in other ways. Transgender is sometimes used as a broader umbrella term including those whose gender identity matches their sex assigned at birth, but whose gender expression is at variance with social norms or who otherwise challenge gender norms in their behaviour." ⁸
TRANS MAN	A transgender person assigned female sex at birth, but whose gender identity is male.
TRANS WOMAN	A transgender person assigned male sex at birth, but whose gender identity is female
VAKASALEWALEWA	A third gender group within Fijian society that may or may not also identify as transgender.
WARIA	Transgender and third gender people within Indonesian society.

6 Asia Pacific Transgender Network (2015)

7 Yogyakarta Principles (2007)

8 Asia Pacific Transgender Network (2015)

ACRONYMS

CBDRM	Community-based Disaster Risk Management
CSO	Civil Society Organisation
DFID	United Kingdom Government Department for International Development
DRR	Disaster Risk Reduction
IASC	Inter-Agency Standing Committee
IGLA	International Lesbian, Gay, Bisexual, Trans and Intersex Association
IOM	International Organization for Migration
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer (or Questioning) with the + acknowledging many other sexual orientations, gender identities, and gender expressions
NDMO	National Disaster Management Organisation
NFI	Non-food Items
NGO	Non-government Organisation
OIF	Oxfam in Fiji
PDNA	Post Disaster Needs Assessment
RPF	Rainbow Pride Foundation
SGM	Sexual and Gender Minorities
SIDA	Swedish International Development Cooperation Agency
SOGI	Sexual Orientations and Gender Identities
SOGIE	Sexual Orientations and Gender Identities and/or Gender Expressions
SOGIESC	Sexual Orientations, Gender Identities and/or Expressions, and Sex Characteristics
TC	Tropical Cyclone
UN	United Nations
UNDP	United Nations Development Program
UNHCR	United Nations Refugee Agency
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene



The impact of Tropical Cyclone Winston in Fijian communities. Photo: Adi Kautea Nacola/OxfamAUS

EXECUTIVE SUMMARY

On a sunny day in Lautoka, around twenty Fijian sexual and gender minority members met to share their stories. One attended in defiance of threats from her family. For another, it was the very first time she was at a workshop with other sexual and gender minority members. Another was not on the invitation list but heard about the workshop from a friend, and had a story to tell. They all had stories to tell; stories that disaster risk reduction and humanitarian actors need to hear.

This community-mapping, story-sharing and traditional talanoa session was one of three held with sexual and gender minority Fijians in May 2017 as part of the *Down By The River* project. Researchers and participants gathered to hear stories of life, both before and after Tropical Cyclone Winston devastated parts of Fiji in February 2016. Stories told how discrimination in everyday life creates vulnerability before disasters; about the challenges they faced as sexual and gender minorities in surviving and recovering from TC Winston; and about the strength that they draw upon from each other.

The thirty stories shared in the *Down By The River* sessions join a small but growing literature charting experiences of sexual and gender minorities in disaster contexts. The stories included in this report are Fijian and specific, but the themes resonate with the experiences of sexual and gender minorities in disasters in Indonesia, India, Haiti, Samoa, the Philippines, Pakistan and elsewhere: that of violence, trauma, isolation, insecurity, exclusion, and solidarity.

This *Down By The River* report relays the priorities shared by Fijian sexual and gender minorities through their stories, and offers reflections from a workshop with Fijian disaster risk reduction (DRR) and humanitarian actors. Although *Down By The River* was a relatively short project, it provides guidance for substantive steps toward inclusion of sexual and gender minorities in DRR and humanitarian programs. And it challenges government, organisations and individuals to interrogate underlying heteronormative, cisnormative and binary assumptions that exclude sexual and gender minorities, and that make specific inclusion measures necessary.⁹

Violence and discrimination on the basis of sexual orientation, gender identity and/or expression, or sex characteristics is now recognised within global human rights bodies as violations of human rights. For rights-based and needs-based development and humanitarian actors there is now urgency to address the rights, needs, and strengths of sexual and gender minorities in DRR and humanitarian frameworks, policies, and practice.

However there are hurdles for development and humanitarian actors to overcome. Many have limited experience working with sexual and gender minorities. They may have some trepidation about how to begin, or may need to undertake challenging internal organisational conversations before engaging. They

may need to develop new organisational capacity, but will find little guidance if they look to global, regional or national policy or good practice resources. They may work in countries or communities where criminalisation or systemic marginalisation of sexual and gender minorities adds further complications. They may lack connections with relevant local organisations or networks. Some staff may chafe at the addition of another group to an already long list of affected communities with specific needs to be met during emergency conditions.

There is some risk that these challenges and the laudable urge to 'do no harm' may result in little support for sexual and gender minorities in emergencies. However in this context, doing little or nothing, also constitutes harm.

Down By The River prioritises the stories shared by Fijian sexual and gender minorities, as their stories cut through the jargon of the development and humanitarian sectors, challenge our assumptions or beliefs, and provide us with an opportunity to connect as humans. Their stories also speak of strengths, and serve as a reminder that affected people should be at the heart of decision-making and projects that seek to address their needs. It is time to listen, engage and work together to address their concerns.

WHO IS THIS REPORT FOR?

The primary intended audience are government and non-government organisations implementing DRR and humanitarian programs in Fiji, and members of Fijian sexual and gender minorities engaging with those organisations. It should also be useful for government and non-government organisations, advocates, and communities elsewhere in the Pacific, and around the world.

There is a wide array of entry points within the 25 recommendations. Many of these could be used by organisations inside or outside of Fiji, or who work in thematic areas outside of the priority areas identified within the stories shared by Fijian sexual and gender minorities for this project. While the focus of the report is programming policy and practice, specialists working in areas including research, advocacy, communications, resource mobilisation and human resources will also find discussion and recommendations relevant for their work. As this is a report from a relatively small project it is not a comprehensive 'how-to' guide for engagement of sexual and gender minorities in DRR and humanitarian response. That guide is yet to be written. Beyond any direct impact in Fiji, this report will have succeeded if it prompts reflection, conversations and new collaborations in what is a nascent area of activity for many organisations.

9 Binary assumptions are made about gender identity and/or expression, and about sex characteristics, the latter also known as dyadic assumptions.

KEY FINDINGS

Four priority themes emerged from the community mapping, story-sharing, and traditional talanoa sessions:

LIVELIHOODS AND EARLY RECOVERY

“We got bullied and had to fight going to school or going back. One of my friends was beaten by a teacher. I was in class 8. I told him we are better off leaving school, and looking after ourselves. That’s when we moved to the town...”

“Trying to get the house back to normal, trying to organise children back to school. It was a real struggle, there was some help other children were accessing, but because we are LBT women, we can’t really tap into that help.”

The *Livelihoods and Early Recovery* theme focuses attention on discrimination and marginalisation in education, workplaces, and families that undermines livelihoods development, increasing the impact of stresses and shocks during disasters and reducing capacity for recovery. Stories with this theme should also prompt questions about the inclusivity of early recovery programs.

HOUSING, SHELTER AND WASH

“Still today we are moving from place to place looking for a fixed place to stay and live like a normal lesbian couple. If the housing assistance by the government was granted to people like us, we would have already built a house for ourselves.”

“There is a mindset, they will see me in a different way. That I should be with the men and not the women. But it is more safe for me with the women, even if there is discrimination. But I would look for a place elsewhere with my friends.”

Stories with *Housing, Shelter and WASH* themes address challenges finding safe spaces during the immediate aftermath of TC-Winston and for rebuilding and finding longer-term housing solutions. But many of the stories also recounted challenges securing safe housing before TC Winston: everyday violence in family homes, young people running away from home, or being kicked out of home.

VIOLENCE, HARASSMENT AND TRAUMA

“Last year a cousin brother was drunk and started yelling and shouting at me to stop dressing like this, he started beating me. I ran under the bridge and I was crying and crying. I asked god why he made me like this.”

“It is forbidden to be a lesbian in my church and the pastor preaches against it. After the TC Winston, the church pastor said that Winston was caused by our sin, and I felt bad. It is not us who they should blame ...”

These issues are picked up in stories with *Violence, Harassment and Trauma* themes. Exclusion from family, community and faith leave people isolated and cut off from social networks, where blame for causing TC Winston is placed on their shoulders, and where there seems no escape from violence.

STRENGTHS OF INFORMAL NETWORKS

“After the cyclone I went to my friend’s house who is a trans woman, her wall of her bedroom was gone and her clothes gone. We had to share clothes and things. I don’t know if I would be here if we were not friends.”

“I usually go under the bridge when life is hard. I just sit in a quiet place and think. There or under the tree and share with my other transgender friends because they are more experienced than me.”

One of the few respites is found in the final theme, Strengths of Informal Networks. Participants shared many stories in which networks of friends (and chosen family) ameliorate social isolation and help people access information and services.

DISCUSSION

In addition to the findings derived directly from stories shared by sexual and gender minority participants, the following nine topics emerged within talanoa sessions and during the policy and practice workshop discussions with sexual and gender minority focused civil society organisations, and with DRR and humanitarian actors.

Diversity and Intersectionality

Diversity within the collected stories highlighted that there is no single ‘LGBTIQ+’ solution. For example, people who self-identified as lesbian, gay men, bisexual, trans men, trans women, and other sexual and gender minorities described varying shelter experiences and preferences in their stories. Beyond personal preferences, these variations reflect differences in social treatment for members of different sexual and gender minorities, and also reflect intersections with other forms of oppression.

Invisibility and Tokenism

As noted by Human Rights Watch, generically inclusive language, such as affected populations “is too general and oversimplified to account for the specific vulnerabilities of a number of populations—including gender and sexual minorities” especially as those vulnerabilities are “under-researched and misunderstood, which can lead to protection gaps”.¹⁰ However adding ‘LGBTIQ+’ or ‘sexual and gender minorities’ to the end of an already long list of affected or marginalised groups will also be ineffective. While a specific mention of sexual and gender minorities within documentation is a first step toward recognition, it also risks tokenistic or piecemeal responses that fail to address underlying habitual and systemic discrimination on the basis of heteronormative, cisnormative, and binary assumptions.

Beyond Protection

Human rights staff and protection clusters are natural champions for inclusion of sexual and gender minorities. However staff working across the breadth of humanitarian and DRR-relevant development program areas need to be engaged. Participant stories and workshop discussion fell within a diverse range of DRR and humanitarian thematic areas and sexual and gender minority considerations should feature in all assessments, designs, programs and evaluations.

Localisation

Local history, politics, religion, culture and other contextual factors impact upon the challenges facing different sexual and gender minorities. They weigh heavily on tactics and strategies that may be productive or counter-productive, and on outcomes desired by members of sexual and gender minorities who live there. Local community members and the local organisations that support them are the people most likely to understand those factors, and should be at the centre of project design and implementation. Consistent with localisation, more funding should go directly to local communities and organisations.

Informal Networks

Participant stories highlighted the importance of ‘chosen family’ and informal networks as sources of information, psycho-social support, solidarity and direct services. These networks may also be entry points for humanitarian actors to support sexual and gender minorities within existing trusted mechanisms, especially until community acceptance grows and until mainstream services become inclusive. However the durability, inclusivity and reach of these networks is unclear, particularly when placed under stress in emergencies. Any support should be carefully calibrated and should respect the community ownership of informal networks.

10 Human Rights Watch (2016).

Coordination of DRR and Humanitarian Programs

Working with sexual and gender minorities who have experienced discrimination and marginalisation requires trust-building that is hard to accomplish in the rush of humanitarian response, especially for external actors if they descend in the aftermath of disasters. It takes time to map local CSOs and to build working relationships. It takes time to connect with informal networks and build trust with individual community members. Inclusion of sexual and gender minorities is likely to be more successful if longer-term development and shorter-term humanitarian programs are coordinated.

Expanding the Evidence Base

The thirty stories shared as part of this project provide significant insights. However longer engagement with participants, deeper discussions on specific thematic areas, and access to stories from sexual and gender minorities in more remote areas would better inform organisations, clusters and other actors as detailed policy and practice changes are explored. In addition to research with sexual and gender minorities, engagement across the whole-of-communities would build awareness of barriers to inclusion, highlight misconceptions, and illuminate entry points for change.

The Role of Faith

Many members of sexual and gender minorities who shared their stories were also people of faith. However their hopes to be accepted within their faith communities were often frustrated. Religious gatherings were sometimes sites of exclusion or discrimination, and in the aftermath of TC Winston, religious leaders and local communities often blamed members of sexual and gender minorities, saying that the cyclone was sent as punishment for their sins. As long as the lives of sexual and gender minorities are understood as incompatible with religious teachings, people will suffer. While there may be no quick or simple solution, greater dialogue between faith leaders, faith-based organisations, and sexual and gender minorities is an important starting point.

Community Acceptance

Many of the challenges highlighted in the stories reflect a lack of community acceptance, and those challenges will end only with changes in community attitudes. DRR and humanitarian actors that work within smaller communities do so with the permission and cooperation of community leaders, and working with sexual and gender minorities will be difficult if community leaders are unsupportive. While changes in policy and practice within DRR and humanitarian organisations are necessary, broader change is also needed. Parallel support for community sensitisation at national and local levels will help prepare the ground for sexual and gender minority inclusive DRR and humanitarian programs.



A story sharing participant from Fiji. Photo: Emily Dwyer

SUMMARY OF RECOMMENDATIONS

POLICY AND PRACTICE RECOMMENDATIONS

P1 National policy frameworks and NDMO preparedness planning, and practice should be inclusive of sexual and gender minorities.

As the lead government disaster management agency, FIJI's NDMO should take steps to ensure that rights, needs and strengths of sexual and gender minorities are understood and addressed in disaster preparedness and response planning at national, divisional and district level.

P2 Within the Fiji humanitarian system the inclusion of sexual and gender minorities should be mainstreamed within technical cluster policy and practice.

The national clusters should work with the Safety and Protection cluster, the NDMO inter-cluster mechanisms, and with sexual and gender minority CSOs to move toward mainstreaming of sexual and gender minority inclusion within their preparedness, relief and recovery activities.

P3 Government and non-government organisations should adopt gender policies that are inclusive of sexual and gender minorities.

Organisations could develop more inclusive gender policies that address explicit consideration of issues for sexual and gender minorities who identify as women, address gendered violence against all sexual and gender minorities. Are inclusive of people whose gender identity varies from that assigned at birth and follow the IASC 2016 Gender Handbook Review recommendation to "[r]eview the definition of gender to move away from the binary categories of male and female to include LGBT" and recognise non-binary and third gender persons.

P4 Sexual and gender minorities should be included in DRR and humanitarian research, assessments and evaluations.

It is essential that DRR and humanitarian actors have a greater awareness of the strengths, vulnerabilities, and needs of sexual and gender minorities, and have reliable data and evidence to support assessments, evaluations, cluster policy and practice deliberations, and organisational policy, planning, and action.

P5 Community-based Disaster Risk Management (CBDRM) initiatives should be inclusive of sexual and gender minorities.

Organisations that support CBDRM should carefully support inclusion of sexual and gender minorities, taking on board guidance from local CSOs and protection specialists, and using alternative pathways for participation where necessary.

P6 Coordinate with regional and global mechanisms to develop DRR and humanitarian policy and practice that is inclusive of sexual and gender minorities.

The findings and recommendations of this report draw on lived experience and country context from Fiji. However there are opportunities to feed into processes in other countries, and regional and global mechanisms, and to draw lessons from those engagements.

P7 Encourage and support faith communities and faith-based organisations undertaking DRR and humanitarian work to be inclusive of sexual and gender minorities.

There are different positions and possibilities within and between religions practiced in Fiji, and some dialogue between sexual and gender minority CSOs and faith leaders has begun and should be supported by donors and other actors.

P8 Organisations undertaking DRR and humanitarian response should ensure sensitisation and technical training is provided for staff to support inclusion of sexual and gender minorities.

Organisations should ensure that their staff complete sensitisation training to address any in-house discriminatory attitudes and uncertainties about engagement with sexual and gender minorities.

P9 Organisations undertaking DRR and humanitarian response should ensure that their policies and practices are inclusive of sexual and gender minorities.

In addition to program focused policies and practice guidance, organisations should address all aspects of their operations such as HR practices, workplace inclusion, complaints procedures, and advocacy and communications standards.

P10 Organisations undertaking DRR and humanitarian response should involve sexual and gender minorities, and support informal networks, in program design and delivery.

Organisations should consult with informal networks to seek their participation in program delivery, and work with sexual and gender minority CSOs and community members to ensure personal safety and to provide support in ways that maintain the integrity of the networks.

P11 Organisations undertaking DRR and humanitarian response should take an intersectional approach to inclusion of sexual and gender minorities.

Members of sexual and gender minorities have many other dimensions to their lives that also impact on their resilience or vulnerability leading into disasters, and their access to relief and recovery support after disasters. DRR and humanitarian programs should be informed by analysis that takes into account intersections and additional needs.

P12 Organisations serving sexual and gender minorities should be supported to build capacity in DRR and humanitarian response.

Donors and DRR and humanitarian actors should consult with sector CSOs to determine what needs exist and how those needs can be met in ways that are sustainable and in line with CSO ways of working. This support should include capacity for CSOs to engage with their communities in rural and more remote areas.

P13 Shelter and WASH organisations should ensure sexual and gender minorities have access to safe emergency shelter and wash facilities. Organisations should ensure that staff have training in sexual and gender minority inclusion, that staff enquire if there are people in a community who may not be at a shelter, that staff take notice of people who may be uncomfortable, and that discrete options exist for sexual and gender minority members to alert staff as to their needs. When local options are not suitable, or if violence or discrimination occurs, organisations should have clear referral pathways to support services, and should find alternative shelter with friends, chosen family or through sexual and gender minority CSOs and informal networks.

P14 Provide opportunities for sexual and gender minorities to access micro-finance, training and employment opportunities. Targeted access to micro-finance, apprenticeships, mention and other mechanisms may assist members of sexual and gender minorities to find alternative income generation or employment options. Early recovery programs could also work with sexual and gender minorities to support rebuilding livelihoods, including providing new opportunities to build their lives back better.

P15 Schools should provide a safe and supportive environment for sexual and gender minorities. The Ministry and support organisations should ensure that this policy is operationalised through development and implementation of staff training, student sensitisation, inclusive SRHR curriculum, supportive parent and community liaison, monitoring, and reporting measures. The policy should extend to gender minorities and the government policy on Education in Emergencies should also include requirements for respect and inclusion of sexual and gender minorities.

P16 Ensure that communicating with communities and other public information services are inclusive of sexual and gender minorities. Inclusive information services provide an opportunity to share information with sexual and gender minorities, to reassure them that they are considered part of the community, and sends a message to the rest of the community that sexual and gender minorities should be supported like anyone else.

P17 Donor organisations funding DRR and humanitarian programs should support and require sexual and gender minority inclusion. Support via further research, sexual and gender minority CSOs to extend community engagement and build further capacity to engage DRR and humanitarian actors are key factors to sexual and gender minority inclusion. Organisations including government and faith-based organisations that provide family services could also support families to be inclusive of sexual and gender minority members.

COMMUNITY-FOCUSED RECOMMENDATIONS

C1 Consider development of family support services to support acceptance of sexual and gender minorities within Fijian families. Family support can be very important during a disaster, and lack of family acceptance is a major source of violence, trauma and subsequent social and economic disadvantage for sexual and gender minorities.

C2 Consider strengthening of services to support youth who are part of sexual and gender minorities. Early intervention for youth who leave home or are forced out of home could provide opportunities for family reconciliation or, where that is not safe/appropriate, to access support from government, CSO and other organisations, consistent with their rights and needs.

C3 Counselling services should be supported to strengthen and extend their support for sexual and gender minorities. There is a voiced need for additional specialist counselling support, for services to be better known, and more accessible across Fiji.

C4 Support should be provided for CSOs and other organisations to undertake sensitisation regarding inclusion of sexual and gender minorities. If communities, especially those in rural or remote areas, are more accepting then it is more likely CBDRM will be inclusive of sexual and gender minorities. Local and international organisations and government actors will face fewer challenges in working with sexual and gender minorities in local communities, and opportunities may exist for greater inclusion within faith communities and faith-based organisations.

RESEARCH RECOMMENDATIONS

R1 Extend the evidence base from this initiative, include whole-of-community research, and research in remote-island and rural areas. Longer-term engagement with community members could support them to be stronger advocates, deepen understanding of gaps in DRR and humanitarian programs, and motivate organisations to address inclusion of sexual and gender minorities.

R2 Undertake research into the reach, strengths and weaknesses of informal networks. Mapping of informal networks may help calibrate support for informal networks and to clarify their effectiveness as entry points for humanitarian actors to support sexual and gender minorities.

R3 Undertake research into entry points for engaging faith leaders, communities and faith based organisations. Seek to identify starting points for dialogue and to work with faith-based organisations to explore inclusion of sexual and gender minorities. Lessons from engagement between faith leaders and sexual and gender minorities in other countries may also provide entry points.

R4 Undertake research, design, programming, evaluation and advocacy that is inclusive of intersex people. Designers of all future programs should consult groups representing intersex people in Fiji, guides such as the Darlington Statement, and make specific efforts to include intersex people in research, design, programming, evaluation, advocacy and other relevant aspects of DRR and humanitarian programs.



Finding peace down by the river. Photo: Emily Dwyer

INTRODUCTION

Category 5 Tropical Cyclone (TC) Winston ravaged Fiji on February 20, 2016, killing 44 people, leaving 40,000 in need of immediate assistance, destroying more than 30,000 houses and impacting more than 60% of Fijians. The TC Winston Post Disaster Needs Assessment (PDNA), published three months later, analysed the impact of TC Winston and made recommendations for the relief, reconstruction and recovery effort. It analysed the impact on a range of marginalised groups, including women, children, people with disabilities, and the elderly, and also disaggregated impact by geography and various other factors. However the PDNA made very minor reference to Fijian sexual and gender minorities, and offered no insight into either their differential experience of the disaster, or their specific relief, reconstruction and recovery needs.

The absence of sexual and gender minorities within the TC Winston PDNA is not an isolated case. Few of the Fijian DRR and humanitarian documents and activities reviewed for this project mentioned or substantively included sexual and gender minorities. Notably, several organisations and functional groups interviewed for this project mentioned that this project constituted the first time they had even been asked to consider diverse SOGIESC issues in their work.

This state of affairs in Fiji is reflected globally. Most DRR and humanitarian documents either make no reference to sexual and gender minorities, or include tokenistic mentions within long lists of marginalised groups or affected communities. Consequently there is little or no detailed policy or practice guidance for addressing rights, needs or strengths of sexual and gender minorities. For example, provisions within the Sendai Framework for Disaster Risk Reduction 2015-2030 (a global blueprint for resilient development and disaster preparedness) are expressed in generally inclusive language, in which sexual and gender minorities remain invisible. Where the Framework does feature long lists of affected communities, sexual and gender minorities are not included. Similarly, review of humanitarian sector documentation — for example policy and practice within the global UN cluster system or frameworks such as the 2011 Sphere standards — yields isolated mentions, but little substantive guidance for addressing rights, needs or strengths of sexual and gender minorities.

A small but growing literature analysing disasters in Samoa, Indonesia, the Philippines, India, Pakistan, Haiti and some complex emergencies in locations including Syria and Iraq, suggests that the experiences of sexual and gender minorities warrant specific attention from DRR and humanitarian actors (see section on SGM in past emergencies for more details). Criminalisation, discrimination and marginalisation endured by sexual and gender minorities in pre-disaster life can lead to significant vulnerabilities. These vulnerabilities are often exacerbated within communities and by institutions that continue to discriminate during and after disasters, or by organisations that implement programs

that fail to acknowledge or address specific needs of sexual and gender minorities. For example, the assumption that people can only be of the gender 'men' or 'women' led the third gender Aravani people to be excluded from relief efforts following the 2004 Indian Ocean Tsunami and reinforced existing prejudice against the Aravanis within Tamil Nadu. However the literature also highlights specific strengths — such as the role of chosen family and informal networks — through which sexual and gender minorities support themselves and the wider community. Such strengths are not often acknowledged or built upon by DRR and humanitarian actors.

Down By The River explored the level of inclusion of sexual and gender minorities in DRR and humanitarian response efforts in Fiji. As this was a relatively short project, the intended outcome was a roadmap for longer-term engagement between Fijian sexual and gender minorities, CSOs that work within those communities, and the broader range of DRR and humanitarian actors. A story-telling methodology focused attention on the lived experience of Fijian sexual and gender minorities before and after TC Winston, with priority themes from their stories placed at the centre of a workshop with DRR and humanitarian actors, to inform recommendations for action.

The period after a disaster is often complicated, decisions are made in a hurry and without access to comprehensive information. Even the best efforts may not address everyone's specific needs. Additionally, it is not easy to work with marginalised communities that may mistrust authorities, have good reasons to avoid self-identification, and that live with substantial protection concerns. It is made harder again by the lack of organisational familiarity with diverse SOGIESC issues, absence of policy and practice guidance, and possibly, discriminatory attitudes or personal bias within some DRR and humanitarian service providers.

These challenges should not be used as justifications for exclusion of sexual and gender minorities. This report offers many starting points. Deeper engagement with Fijian sexual and gender minority communities, and participation of sexual and gender minority CSOs in DRR and humanitarian systems, will generate many more ideas and opportunities. The sooner that DRR and humanitarian actors begin reflection, discussion and development of SGM inclusive or SGM-transformative DRR policy and practice, the sooner that their programs will increase resilience and reduce marginalisation amongst sexual and gender minorities. Bringing attention now to gaps in DRR and humanitarian response will facilitate more inclusive emergency response for Fiji and the rest of the world.

SEXUAL AND GENDER MINORITIES IN FIJI

Fiji was selected as the location for this project, as it offers a more conducive environment for inclusion of sexual and gender minorities than some other countries in the Pacific. Article 26 of Fiji's 2013 Constitution forbids direct or indirect discrimination on various grounds including "sexual orientation, gender identity and expression".¹¹ Earlier, in 1997, Fiji became the second country in the world to prohibit discrimination on the basis of sexual orientation. These constitutional protections set Fiji apart from most other Pacific Island nations that offer little or no constitutional protection for sexual and gender minorities.

However the scope of Article 26 is limited. While private and non-commercial consensual same-gender sexual activity was legalised in Fiji in 2010, marriage between partners of the same gender remains illegal, there is no legal recognition of partnerships between same-gender couples, and same-gender couples may not adopt children, use in vitro fertilisation, or use commercial surrogacy services. It is not possible for transgender people to change gender markers on identity documents and there is no legal recognition of Fiji's traditional third gender peoples. Article 26 also makes no mention of intersex people.

The project team was also attracted to Fiji as there are several CSOs managed by sexual and gender minorities, and intersectional feminist CSOs that work on sexual and gender minority issues. These CSOs already have some engagement with DRR and humanitarian actors, alongside their ongoing human rights advocacy. A 2014 civil society submission to the Universal Periodic Review noted that there had been

"little substantive State advancement of human rights and legal drawdown for people in Fiji with diverse and non-heteronormative sexual orientation and gender identity and expression."¹² The submission noted that sexual and gender minorities live with "considerable traditional and social stigma and marginalisation including from state and non-state establishments and institutions" and that the "small-scaled island social space also means that it is still very difficult for many LGBTQI people to openly and publicly challenge these discrimination in public for fear of family, faith-based, workplace, friends and other backlash."¹³ The submission noted evidence that Fijian sexual and gender minorities experience extensive violence, discrimination and marginalisation, and drew specific attention to bullying, assault and rape in schools, violence against homeless youth, absence of shelter facilities for youth forced out of home, mental health consequences, and phobia and protests from some faith groups.

Much of this violence, discrimination and marginalisation was described in the stories told by sexual and gender minority Fijians and during the traditional talanoa sessions of *Down By The River*. Numerous participants noted that they could not tell family, friends or community members about their sexual orientation or gender identity. There is some social space for trans women in Fiji, however the work opportunities and cultural roles involve stereotypes and significant limitations. Non-heterosexual sexual orientation is especially taboo, particularly in rural areas. Urban areas offer greater scope for socialising, cohabitation, working, and activism and for being more open about one's sexual orientation or gender identity or gender expression.

SEXUAL AND GENDER MINORITIES IN PAST EMERGENCIES

The experiences of sexual and gender minorities in the aftermath of disasters are explored in a small and growing collection of civil society advocacy, non-government organisation (NGO) reports, and academic research. Rumbach and Knight (2014), Balgos (2012) and Gaillard (2016) provide valuable overviews that draw upon many of the examples from that collection.

The experience of the Aravani community in India's Tamil Nadu state following the 2004 Indian Ocean Tsunami is highlighted by Rumbach and Knight. Originally from a report by Oxfam America, this example draws attention to the assumption made in the design of many programs around the world: that everyone is either a woman or a man. The Aravanis however are a third gender group, neither men nor women.

Oxfam America reported that many Aravanis in the districts of Nagapattinam, Cuddalore, and Kanyakumari did not gain access to emergency shelter, food aid, or cash relief because they did not have government ration cards, as they were only issued to people who were men or women. The report also notes that of the eleven relief agencies with gender programs in that area, none had specific strategies for inclusion of the Aravanis. The impact of this exclusion for Aravanis was more than short-term hardship during the emergency relief effort but marginalisation reinforced by the pre-systemic social and economic discrimination experienced by the Aravani community prior to the tsunami.

Marginalisation of third gender and transgender groups in DRR and humanitarian contexts has also been studied in

11 Fiji Constitution Article 26.(1)(a)

12 The submission was made jointly by: Oceania Pride, Diverse Voices and Action for Equality, Drodrolagi Movement, Haus of Khameleon, Pacific Rainbow Advocacy Network, Rainbow Pride Foundation Limited, and Survival Advocacy Network.

13 Fiji National Society Joint Submission <http://ilga.org/wp-content/uploads/2016/02/Shadow-report-12.pdf> p1.

Pakistan, where delays providing third gender people with identity documents limited access to flood relief, and the Philippines, where discrimination impacted participation in community-based disaster risk management (CBDRM) programs.^{14, 15} In Indonesia after the 2010 eruption of Mount Merapi, Balgos (2012) reports that a community leader from the Waria community remarked “that generally Warias chose not to stay in temporary shelters, but rather to seek help from friends, for fear of facing discrimination and hostility in the evacuation sites.” Closer to Fiji, Gaillard (2016) explores the role of fa’afafine people in Samoa in humanitarian relief efforts following TC Evan in 2012. Gaillard notes that fa’afafine’s have access to both male and female social roles, and extensive informal networks. This makes them valuable intermediaries and contributes to their reputation as multi-skilled and hardworking. However despite their contributions, “fa’afafine participants who had to evacuate to public shelters following Cyclone Evan felt discriminated against. They were particularly uncomfortable using shower and toilet facilities where they felt rejected by both men and women.”¹⁶

Other sexual and gender minority groups also experience discrimination after disasters. A report from Oxfam in the Philippines highlighted challenges gay men experienced accessing livelihoods programs after Typhoon Haiyan. Arturo, a gay man, told Oxfam that “the beneficiaries of livelihood projects are usually mothers, fathers, young women and young men but never targeted to the LGBT sector”. Arturo gave an example of the distribution of fish cages among men, saying “[g]ay men were not chosen as beneficiaries even though guarding and feeding the fingerlings are tasks we are capable of. Nobody informed us about this project since the proponents wanted men.”¹⁷ Oxfam noted that the local definition of household head as a man “renders absent both women and men who identify themselves as LGBT persons. Similarly, a family is typically understood as a unit that is formed in marriage between a woman and a man. Priority is also given to those which have children. This likewise becomes an issue to families which do not fit such profile. These heteronormative definitions inform the primary data of beneficiaries in barangays and in turn, dictate the recipients of aid, much like the social benefits during peacetime.”¹⁸ NGO reports from further afield in Haiti include stories of gay men being pushed out of queues for relief items and the rape of lesbians in emergency camps. In Haiti, as in Fiji and elsewhere, the disaster was often understood as God’s punishment for the sins of sexual and gender minorities.¹⁹

While this report and these examples focus on disaster contexts brought about by natural hazards, Rumbach and Knight also highlight challenges for sexual and gender

minorities in other humanitarian emergencies, such as conflict displacement. Border crossings and registration processes can put sexual and gender minorities at risk, if their official documentation does not match their gender presentation or if they are ‘outed’ or put through invasive or humiliating processes as part of refugee and asylum registration. For transgender people gender marker changes on identification documents may not be allowed in their home country, or may involve expensive, pathologising and unobtainable services.²⁰ Violence in formal camp settings often leads sexual and gender minority members to seek refuge in urban areas, however criminalisation, discrimination and marginalisation may also be experienced within the host community.²¹ Homosexuality is illegal in more than 70 countries, laws against public indecency or loitering are used disproportionately to target gender and sexual minorities, and anti-discrimination protection based on gender identity or sexual orientation or sex characteristics often does not exist.²²

Three key issues emerged from this literature review:

First, while there is a growing body of evidence of SGM experience in emergencies, there is still reliance on a limited number of case studies. In 2016 the UNDP and World Bank called for a “research revolution for LGBTI inclusion.”²³ Dedicated research projects and inclusion of sexual and gender minority issues in organisational research, program assessment and evaluation processes are needed. This research however, needs to be linked to actual policy and practice change processes.

Second, criminalisation, discrimination and marginalisation creates vulnerabilities before disasters, leading to specific and disproportionate disaster impact on gender and sexual minorities. Systemic institutional and societal discrimination in accessing justice, health, education, employment, housing, and other services does not go away after a disaster, neither does marginalisation due to exclusion from families, communities, religious and other organisations.

Third, DRR and humanitarian programs are often blind to the vulnerabilities, needs and strengths of sexual and gender minorities. Assumptions underlying mainstream programs may inadvertently exclude some sexual and gender minorities, or may exacerbate pre-disaster marginalisation. Programs may not take into account how discrimination against sexual and gender minorities impacts participation or renders general services unsafe or inaccessible, and alternative measures that are safe or address specific are often not provided.

14 Rumbach and Knight (2014) p39, also see: <https://tribune.com.pk/story/279423/for-the-transgender-there-is-no-place-for-refuge/> (accessed 21 November 2017).

15 McSherry et al. (2015).

16 Gaillard et al. (2016) p10.

17 Oxfam in the Philippines (2016) p5.

18 Oxfam in the Philippines (2016) p6.

19 IGLHRC/SEROvie (2011).

20 In many countries gender marker change requires diagnosis of mental illness, mandatory sterilisation, hormone therapy, gender reassignment surgery, and other changes that constitute human rights violations, or require services that are unavailable within local health systems, or are very expensive.

21 ORAM (2013) p7-14.

22 See maps produced by ILGA at: <http://ilga.org/what-we-do/maps-sexual-orientation-laws/#maps>

23 World Bank & UNDP (2016).

METHOD

The findings, discussion and recommendations follow from a three-step process of participatory field research: (1) individual story-sharing, community mapping, and talanoa sessions with sexual and gender minorities in Fiji, (2) sense-making of shared stories to identify priority themes that intersect with DRR and humanitarian concerns, and (3) a national workshop to prompt reflection and to map pathways to change within DRR and humanitarian policy and practice within the priority thematic areas.

COMMUNITY-MAPPING, STORY-SHARING AND TALANOA SESSIONS

The individual community-mapping, story-sharing and talanoa sessions took place at three locations (see map 1):

Lautoka - While the town of Lautoka was indirectly impacted by TC Winston, participants came from rural areas in the north-east of Viti Levu, as well as from urban Lautoka. Those rural areas were directly impacted by very destructive hurricane force winds from TC Winston.

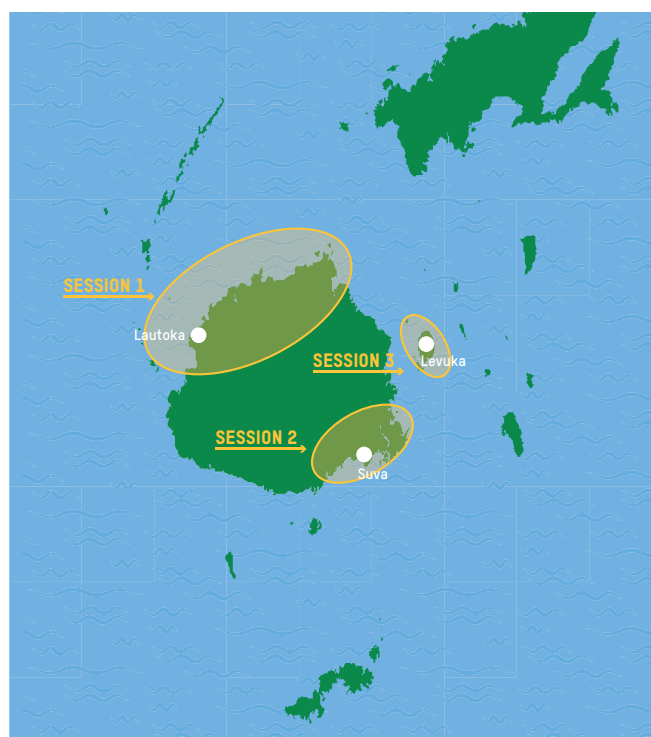
Levuka - Participants came from villages across the island of Ovalau, that also experienced some of the worst impacts of TC Winston.

Suva - The capital - Suva - was not directly impacted by TC Winston, however future disasters may have more impact in urban areas. This session provided an opportunity to hear stories from people living in larger urban and peri-urban areas, where opportunities and challenges for sexual and gender minorities often vary from those in smaller towns and rural areas.

At each location activities included: an overview and consent process, a brief introduction to DRR and humanitarian systems, cognitive mapping of participant communities, individual story-mapping sessions, and an evening talanoa session.²⁴

In addition to the talanoa sessions at each location, the individual story-sharing also used a talanoa research methodology. Seu'ula Johansson Fua (2014) explains this methodology as "not an interview, but a shift in thinking from semi-structured interview; it is seen as the loosest type of data gathering tool. Talanoa approaches the participant with an idea that the participant is asked to muse, to reflect upon, to talk about, to critique, to argue, to confirm and express their conceptualisation in accordance with their beliefs and experiences." Fua suggests that conducting successful talanoa "requires fanongo or deep listening and feeling/sensing" by researchers, "not only to the words being spoken but also to the silences, to the implied meanings, and the shared understandings."²⁵ *Down By The River* researchers also drew upon complimentary aspects of Cynthia Kurtz's

MAP 1: DOWN BY THE RIVER RESEARCH LOCATIONS IN FIJI



Participatory Narrative Inquiry methodology: posing questions or using scenarios that prompt participants to tell narrative-form stories, rather than responding with discrete opinions, answers or information. There were also opportunities for participants and researchers to gather in informal groups and discuss emerging themes as each day progressed, adding a collaborative discovery element to the process.

These two methods were selected for the individual story-sharing for two reasons. First, because for many people living in the Pacific storytelling is a familiar way of making sense of things; and second because these methods help to establish trust and rapport with people who have good reasons to

²⁴ The research design and consent process was consistent with the Australian Council for International Development 2015 Guidelines for Ethical Research and Evaluation in Development. Participants were clearly briefed on all aspects of the project. All participants in the community-mapping, story-sharing and talanoa sessions opted-in and were aware that they could opt-out at any time, with no repercussions, and with all data from their participation returned or destroyed. Each participant explicitly opted in or out of photography. All data was anonymised at the earliest opportunity, identifying documentation and original audio recordings have been destroyed, and story fragments do not identify specific participants or locations.

²⁵ Fua, Seu'ula J. (2014) p56.

be careful about sharing their experiences. Discrimination and marginalisation often lead sexual and gender minority members to maintain secrecy around these aspects of their lives, or to be very careful about what they share and with whom. Some may also suspect that outsiders will not truly understand what it is like to be gay, lesbian, bisexual, transgender or a member of another sexual or gender minority, or that those outsiders will make explicit or tacit judgements about them. While some of the researchers for

this project came from outside of specific communities and some came from outside of Fiji, all of the project researchers involved in the story-sharing, community-mapping and talanoa sessions were members of sexual and gender minorities²⁶. At each gathering, several participants noted that this was the first time they had attended a sexual or gender minority community forum, and in some cases, the first time they had shared their stories with other people.

SENSE-MAKING PROCESS

Each of the individual story sessions was audio-recorded, transcribed and gently edited into a raw narrative, often several pages long. These edited narratives retained their rough edges, and their non-linearity: issues and events were often revisited over the course of a session, with additional details or layers of meaning emerging. The edited narratives were checked with respective participants, to ensure that the narrative accurately reflected their experiences, to ensure that any details that unintentionally identify participants could be removed, and to provide each participant with an additional opportunity to continue or withdraw from the project. Researchers from Edge Effect, Rainbow Pride Foundation and Oxfam in Fiji reviewed all of the stories, mapped issues raised by participants, and identified the four dominant themes for discussion at the policy and practice workshop: (1) Livelihoods and Early Recovery, (2)

Housing, Shelter and WASH, (3) Violence, Harassment and Trauma and (4) Informal Networks. The selection of these four themes as priorities provided a basis for focusing discussion and engaging DRR and humanitarian actors that specialise in those thematic areas. The selection of these four themes does not imply that they are the only thematic areas for which sexual and gender minority inclusion is important. Other themes, such as non-discriminatory access to basic health services, were also present in the stories, and in a longer project additional themes could have been addressed. In other countries or with other participants, alternative priority themes may also emerge. DRR and humanitarian actors working in other thematic areas should also address sexual and gender minority inclusion in their respective areas of specialisation.

POLICY AND PRACTICE WORKSHOP

The policy and practice workshop was attended by representatives of Fijian government agencies, Fijian civil society, Fijian and international NGOs, UN agencies and bilateral donors (see Annex 2). Some of these representatives specialise in the priority thematic areas, while others worked more broadly across DRR and humanitarian programs. These organisations and representatives were asked to reflect upon the degree of sexual and gender minority inclusivity within sectoral and organisational policy and practice, and to identify opportunities, challenges and next steps. Workshop

participants engaged with full-length narratives from the story sessions, adding layers of authenticity and emotional connection that drew participants into discussion. The workshop content also included a sensitisation phase for participants who had not previously engaged with sexual and gender minority issues in DRR, humanitarian or other contexts.²⁷

26 This does not necessarily imply that members of sexual and gender minorities necessarily have greater insight into the diverse lives of other members of sexual and gender minorities. However a genuinely empathetic smile, a rueful acknowledgement, the phrasing of questions, a longer pause and eye contact, sharing of snippets from the researcher's life — amongst other signals — help to create a sense of safe space that deepens conversation. This does not preclude researchers who are not members of a sexual or gender minority, however additional time and effort may be needed to establish trust and rapport. This report has also benefitted from sharing stories, articulating concerns, and engaging in critical reflection with people who are not part of sexual and gender minorities, but who brought other expertise or experiences into collaborative processes.

27 In parallel with the community-mapping, story-sharing and traditional talanoa sessions with Fijian sexual and gender minorities, several policy and practice workshop participants noted that this workshop was the first time that they or their organisations were engaging in discussion about sexual and gender minority issues.

LIMITATIONS

None of the participants contacted through local networks to take part in the project self-identified as intersex. While some of the participants may have diverse sex characteristics, none of the lived experience stories included discussion of issues arising from diverse sex characteristics. The project team learned that specific efforts to include people with diverse sex characteristics may require outreach beyond local organisations and networks that tend to focus on other members of sexual and gender minorities. However the short time-frame of this project did not allow

for additional outreach or research, and consequently the report discussion and recommendations cannot be read as inclusive of the priorities or needs of intersex people. Discussion sections of the report are inclusive of intersex people only when specifically stated, and only in sections of the report that do not specifically derive from the community-mapping, story-sharing and traditional talanoa sessions. For designers of future research, the 2017 Darlington Statement can serve as a starting point for more inclusive research projects.²⁸



Jofiliti Veikoso (left) (Save The Children), Dr Robyn Drysdale (International Planned Parenthood Federation) and Kata Duaibe (Oxfam in the Pacific) in the Suva workshop with DRR and Humanitarians actors. Photo: Emily Dwyer

28 Darlington Statement, <https://oii.org.au/darlington-statement/> (accessed 21 November 2017).



The devastating impact of Fiji's Tropical Cyclone Winston. Photo: Adi Kauetea Nacola/OxfamAUS

KEY FINDINGS

These findings correspond with the four priority themes identified within the lived-experience stories shared by Fijian sexual and gender minority members. A summary is provided for each theme that draws upon the community-mapping, story-sharing and talanoa sessions, along with discussion from the policy and practice workshop. A selection of extracts from the full-length individual stories accompanies each of the summaries. These are more than 'colour': they are the lived experience of Fijian sexual and gender minorities in their own words.²⁹

Each priority theme is relevant throughout the disaster management cycle, and each has significance for both DRR and humanitarian programs. For example, within the theme of housing, shelter and WASH many members of sexual and gender minorities told stories that involved violence at home, running away from home, being kicked out of home, or struggling to secure rental housing. These experiences are forms of pre-disaster vulnerability that can have compounding effects following a disaster, for example, if

those people now live far from family support. For actors involved in relief and recovery, challenges include supporting sexual and gender minorities in accessing safe emergency shelter and WASH facilities, or finding alternative safe shelter through informal networks.

Consistent with the 2016 Framework for Resilient Development in the Pacific, DRR in this report is understood to be a component of resilient development, rather than a set of standalone activities.³⁰ This also reflects the Sendai Framework call to “enhance the economic, social, health and cultural resilience of persons, communities, countries and their assets” as a way of reducing suffering and saving lives during humanitarian phases, and as a way of strengthening longer term recovery, rehabilitation and reconstruction. Humanitarian programs may involve preparedness — as well as action during and after disasters — and coordination between DRR and humanitarian programs is especially important for engaging with sexual and gender minorities.³¹



Emily Dwyer guides workshop participants through the language and acronyms of diverse SOGIESC inclusion.
Photo: Amasai Antonio Jeke

29 The extracts in this report are not identified by participant or location, as per the consent agreement with participants.

30 <http://gsd.spc.int/frdp/>

31 Sendai Framework for Disaster Risk Reduction (2015), paragraph 29, p18.

LIVELIHOODS AND EARLY RECOVERY

Discrimination and marginalisation experienced by sexual and gender minorities often undermine their attempts to build secure livelihoods, increasing vulnerability to shocks and stresses, and reducing capacity for recovery. Consistent with a resilient development approach, the DFID Sustainable Livelihoods Framework was adopted for exploring pre-disaster livelihood aspects of participant stories. In this framework livelihoods are understood as “the capabilities, assets (including both material and social resources) and activities required for a means of living”, where, “[a] livelihood is sustainable when it can cope with and recover from stresses and shocks and maintain or enhance its capabilities and assets both now and in the future”.³² Within participant stories there are a wide-array of factors that constrain livelihoods sustainability of sexual and gender minorities, such as:

- Verbal bullying and violence at school leading to absenteeism, poorer results or dropping out entirely, impacting options for further education and training, and potentially limiting job prospects.
- Stereotypes that sexual and gender minorities are only suitable for jobs in the beauty industry, design, arts and some carer and community work, which inhibit people from seeking or obtaining other forms of employment.
- Family pressure to undertake domestic and child caring duties, rather than seeking training or external employment.

- Experiences of discrimination finding and maintaining employment, regardless of the official law prohibiting discrimination.

To the extent that members of sexual and gender minorities develop livelihoods, they are often fragile. Many depend upon low-paying or insecure jobs, or rely upon support from extended family members or informal networks and chosen family. Some members of sexual and gender minorities undertake sex work, by choice or necessity, which may lead to additional marginalisation.


After disasters, members of sexual and gender minorities who lose their jobs may face increased competition for employment, and some stories reflected exacerbated impact of employment discrimination after TC Winston. Discrimination may also limit access to support services that help people to re-establish their lives, or access training opportunities.³³ Stories also highlighted the pressure on members of sexual and gender minorities to contribute money to families. While similar contributions may be expected from other family members, for sexual and gender minorities these contributions were often tied to acceptance. Those without employment or who could not contribute, sometimes face renewed pressure to ‘stop being transgender’ or to ‘be straight’, in order to be more employable or useful in their communities. These livelihood challenges intersect with and reinforce other challenges raised by sexual and gender minorities in their stories, such as obtaining safe and secure housing and experience of violence and trauma.



A storysharing participant (left) shares experiences with Emily Dwyer (right). Photo: Amasai Antonio Jeke

³² Morse & McNamara (2013) p21.

³³ Oxfam in The Philippines reported similar challenges for sexual and gender minorities following Typhoon Haiyan.



"I was good at school, but after school, I hung out with my trans and sex worker friends. I started to do sex work as a source of income. I looked out for government training, because I couldn't get the education I wanted... Sex work is not safe, you can't be a sex worker all your life. So I am looking for another job. I have been doing it all my life, so I know how to defend myself... [but] there is discrimination and bullying in trans spaces for people who do sex working. They blame us for making people discriminate against trans people. They think we make everyone think all Trans people are sex workers."


"I identify as a girl. I was a boy when I was growing up, and then I turned out to be a girl. My family discriminated against me, asking why I dress up like this, why am I doing the dishes and cleaning the house. I ran away from home, I was in a city doing prostitution. I went home after that, but my dad was not ok with me... He is the village chief. He told me I bring shame on the family, he bashed me really bad, and I ran away the next night. When I go to the village, I don't dress up like this. I wear boy's clothes, if I have to go to a wedding or a funeral. I go like a boy because I am scared I will get beaten up by my cousins... So my life now is on the street. It's quite hard... I am a sex worker now. I want to have a day job, and I am getting there. I want to work in hospitality. Applying for jobs is mixed. Some people accept me and some don't. My mum and family don't know what I do. But I love being a Trans woman, and I am happy. I hope people will understand and love us"

"I am a care-giver. My aunty who is a teacher has a 21 year old son who has a disability. I stay home and look after him. I bath him, put him in the wheel chair. Some nights I do sex working. I have never told my friends or anyone until now. I will go out onto the street and just hide on one scary corner. It is just for survival. To be connected to my LGBTQ community I need money for things like taxi fare to meet up and go visiting... I don't know if my LGBTQ community will accept me or not, but I have a fear that they won't respect me, and they are also my family. I don't want them to reject me."

"I worked in a hairdresser and that is how I supported myself in primary school. When I came here, I worked in a factory...After TC Winston, my job at the factory ended. I got fired from another job as a shopkeeper. They said I gave things to my gay friends. I was working when Winston came, and I had to go and hide in the toilet. After Winston people said that gays brought Winston [here] and that we are all sinners - they tried to punch me"

"I used to work in the resort in my village. When TC [Winston] hit I was working, there were 40 guests. We were still packing up when the first winds blew, it took out the whole restaurant, and we were inside the kitchen... Due to the devastation of TC [Winston] some of the staff at the resort were made redundant, including me. From then to now I have just stayed home and help with the chores. I was the only one working then, so I used to give most of my money to my family, just keep \$20 for me and the rest goes to them to support them. I am looking for a job, applying everywhere, and still waiting! It's really hard. Sometimes I work in houses in villages, I clean the clothes, I clean the house and look after the kids. The women in the village are pretty good, and they accept us. Some don't -some talk in cruelty and some tease us. Usually older women, they are really strong Christians. The men have a problem with how we act and all the girly clothes we put on."

"I don't have a job now. I stay here looking after the kids. Making breakfast, lunch, sweeping, washing, cook dinner. It's not what I want. I want to be a designer. One day I will achieve my dream. I'm planning on going to Suva, but it's hard to get a job here. I take my resume, but they don't call me back"



HOUSING, SHELTER AND WASH

Access to housing was an issue in many stories of life before TC Winston, especially when participants reflected on their experiences as younger people. Home can be an unsafe place for sexual and gender minorities if families become aware of their sexual orientation or gender identity. In some stories, participants recounted leaving home or being forced out of home, sometimes in their early teens and while still at school. Others experienced various forms of violence and harassment (detailed in the following thematic area). One traditional talanoa discussion focused attention on the lack of support for young Fijians in the immediate aftermath of becoming homeless.

Aware of these potential consequences, some participants told of hiding their gender identity or sexual orientation from their families. Traditional talanoa discussions revealed that even if families are willing to accept one of their own as a member of a sexual and/or gender minority, they may feel community pressure to force that person out of the village. The relatively fortunate were able to remain living at home, even after 'coming out'. Amongst these people, some were pressured to avoid meeting with friends who are members of sexual and gender minorities, or lived with heightened scrutiny of their behaviour.


This theme illustrated that members of different sexual and gender minorities experience different kinds of discrimination. Those in same-gender relationships expressed regret that (unlike those in heterosexual relationships) they could never bring their partner home to meet their parents, let alone to live in an extended family situation. In a society in which family is paramount, this sometimes led lesbian, gay and bisexual participants to make heart-wrenching choices to leave the people they loved. For transgender women, stories of acceptance at home varied. Some families adjusted relatively easily, with transgender women fulfilling some social roles of women; other families were less accommodating. Some participants noted that if another transgender person was already living in the extended family or village, families found it easier to accept another transgender person. Stories and traditional talanoa discussions also highlighted discrimination faced by lesbians who seek rental leases as a couple.

Stories from the post-TC Winston context also reflected differences between participant experiences or preferences regarding emergency shelter. One lesbian who did lots of (stereotypically) 'men's work' in her community expressed a desire to stay in an evacuation shelter with men, as she felt more comfortable with them than she did with village women who were more hostile towards her. Some gay men felt comfortable using shelters with heterosexual men, while other gay men said they would never do that, for fear of discrimination and violence. Some trans women said they would be more comfortable with cisgender women, while other trans woman said they would find living in close quarters, showering, and using bathrooms with cisgender women to be uncomfortable. Some participants suggested creating dedicated sexual and gender minority shelters, but noted potential for negative repercussions, if other community members view this as special treatment. The stories suggested that in an ideal scenario a range of options would be available, in which sexual and gender minorities could choose how to identify and where to stay, and in which relief agency staff were attuned to challenges that sexual and gender minorities may face. However such measures may be beyond the capacity of relief agencies, especially in the early phases of disaster relief. Stories from urban participants highlighted that some sexual and gender minority members will seek support from each other rather than using community shelter. However one participant emphasised the need to address practical and psychosocial needs of sexual and gender minority community members who offer shelter to fellow community members.

Some living and housing arrangements used by sexual and gender minorities also challenge normative notions of 'families' and 'households'. A group of people distanced from their families may see each other as 'chosen family', and may live together as a functional unit. Share houses and safe houses may be home to five, ten or more transgender, lesbian, gay or other members of sexual and gender minorities. Such arrangements may not fit into paradigms of aid delivery, or the boxes available on assessment forms.



Iliseva Wong (far left) from the Ministry of Rural & Maritime Development National Disaster Management Organisation, Jofiliti Veikoso (left) from Save The Children, Milika Naulumatua from the Fiji Council of Social Services (right) and Tu Tangi (far right) from the New Zealand High Commission, engaging with a lived-experience story during the policy and practise workshop. Photo: Amasai Antonio Jeke




“There is discrimination here, my friends got evicted from their house without warning because they were gay. The owners complained, and my friends had to get out in one day. My mum and grandma took them in.”

“My house was completely destroyed by TC Winston, then myself and my partner had to struggle with living with my neighbour where we acted as sisters and not a lesbian couple... My partner went back to work a month after TC Winston where she financially supported us while I had to stay back home to look after 9 people. I wish the government would have procedures to give everyone the same so we could also get housing assistance and humanitarian relief. Still today we are moving from place to place looking for a fixed place to stay and live like a normal lesbian couple. If the housing assistance by the government was granted to people like us, we would have already built a house for ourselves”

“When TC Winston came, I was home alone... I was inside my home and I became really scared when the roof came off. I was crying. At one point, I tried to run to the toilet and the table hit me in the stomach and cut me and I was badly bruised and in lots of pain. The house came down around me and I was underneath. My uncle found me and dug me out. He took me to his house. I was in lots of pain and bruised, but we couldn't access a nurse or doctor I just had some Panadol and we prayed and stayed there. I stayed there nearly one month, but it was not very good. My uncle and aunt didn't like me much. They didn't like the people coming to see me to talk to me about the house coming down, I felt ill-treated. People sent me donations, food and clothes and money, but they took it and hid some of it from me. After the month I got a tent and I was able to move out. It was wonderful having a tent of my own. I lived in the tent for 5 or 6 months. I felt confident that I could do what I want. I could eat what food I wanted and when I wanted.”

“T.C. Winston really damaged our village. Some went to church to stay, including my parents. No one in the village knew I was a lesbian, so when people in the church said bad things about lesbians I could just stay quiet. If they found out, the church would not be the right place for me.”

“We ran from the house to the evacuation centre. It was all flooded and there was no street lights. I swam my grandmother down to the evacuation centre. Once we got there, we realised there was nothing left. Only the foundations of the evacuation centre. Everybody is hurt and crying. One of my uncles lost his foot. The night after the cyclone we were all evacuated, and we all stayed there for a week. I chose to go to the school evacuation site because all my LGBTQ sisters were in there. Until AUS AID came with the blue tents and we could get rations from AUS AID and the UN and Red Cross. Until now they are still trying to build. At that time there was no assessment forms. Everything is dirty, they just have to come and give you food. They didn't ask us what we really need, just give us water and tinned stuff.”



VIOLENCE, HARASSMENT AND TRAUMA

Violence and harassment were recurrent themes in the stories and traditional talanoa discussions. In addition to the significant impact on everyday life, violence and harassment emerged as significant factors in pre-disaster marginalisation that increases vulnerability and reduces coping capacity in the aftermath of disasters. Violence featured in stories within many contexts: family, school, local community and broader public. One story involved a young gay man being forced to climb a coconut tree, that his father then threatened to cut down, unless he recanted being gay. Another participant told of going to and from school each day where other students forced him into fights. The final straw that led him to flee school was a beating from a teacher. Others told of violence while undertaking sex work, or while travelling on buses.

Harassment was also commonly recalled during the community-mapping, story-sharing and traditional talanoa sessions, with resulting isolation, stigma and trauma. This often led to limited participation in communities and institutions, for example, not attending religious services. In family, school, community or public contexts such harassment may be accompanied by 'outing' that person as a member of a sexual or gender minority, that may result in additional violence or harassment. Sometimes just the presumption that someone was gay or lesbian or part of

another sexual or gender minority was enough to result in violence or harassment.


Stories also highlighted feelings of being powerless. Reporting family members to authorities may not be a practical option, with fears that the most likely result would be longer-term exclusion from families. And reporting violence by other members of a village might lead to repercussions for that individual or for their families. Sometimes the only options were to accept violence as a part of life, or to flee. Those who lived with ongoing violence or harassment often spoke of a secret or serene place — down by the river, under a bridge, or over by a tree — where they went to console themselves or meet other members of sexual and gender minorities.

Story after story from the period after TC Winston included sexual and gender minority members attracting blame for bringing TC Winston to Fiji, as God's punishment for their sexual orientation, gender identity or gender expression. Although story-sharing and traditional talanoa session participants explained to their accusers that climatic causes were to blame, the verbal abuse continued and affected many deeply. This compounded the challenging relationship that many sexual and gender minorities people already had with their faith communities, their feelings of alienation and the exclusion from important networks.

"I am a trans woman. I came across so many challenges, I was disowned at 16 years old... When I came to school I was a boy, but at school, I was more of a girl. My dad came to school, and he saw me and he got me in a taxi, and took me straight home. He started bashing me telling me I was not a girl. He would make me climb a coconut tree and he had a big cane knife, asking me, 'Are you a boy or a girl?' One time he wacked me so hard with a big stick that I had to be in the hospital for nearly one month. Sometimes things have been so bad in my life, I wanted to take my life..."

"When I was a kid at school, sometimes kids would just come and slam my head. They told me I was different and they didn't accept me... Teachers would talk to other students, but not gays and transgenders. We got bullied and had to fight going to school or going back. One of my friends was beaten by a teacher. I was in class 8. I told him we are better off leaving school, and looking after ourselves. So we went into the bush, took some cartons, and survived for a week stealing food and clothes. That's when we moved to the town on the old Island."

"I used to get embarrassed at my family because they used to angry smack me. Neighbours and relatives used to tease. I don't go to village meetings, because that is the place where the headmen and the village men talk about the gays and transgenders... Last year a cousin brother was drunk and started yelling and shouting at me to stop dressing like this, he started beating me. I ran under the bridge and I was crying and crying. I asked god why he made me like this. I just sat under the bridge and thought about it. If I went to the police it would disrupt the family relationship, so I just have to deal with it."



“Sometimes it is very risky to go out alone at night, so we move around together. I was bashed once, I was going to a late night shop, and I had long hair. They punched me in the eye, I had to go to hospital. Violence is common, but we can’t report it because if we report it, we won’t get accepted in our communities where we live. And the police would pay little notice to my statement. So it’s better not to go, just treat yourself and be a stronger person.”


“My father is a pastor. I am spiritual, but don’t always go to church. Once a pastor raised the topic of gays and lesbians that they have to change. It’s really hard for us to hear that from someone up on the pulpit. I feel bad along with my friends sitting with me who are all gay. The church doesn’t have any respect for us.”

“I socialise with Vacasalewalewa... they accept me... I can see myself like them, and I see myself as being one of them. [But] one of the regulations of the village, if you are a man, you have to dress like a man, and if you are a woman, you have to dress like a woman. It is protocol, and my dad is the only person in the village that can give a hiding. They called to me and I went and attended the village meeting... They were planning to give a hiding to a Vacasalewalewa to make him a ‘real man’. This man gave all his reasons and complaints, and my dad was going to say something, but I said, excuse me, can I say something before you. I told them, try to put themselves in the shoes. If you were them. We have all been created in different ways. Rich, poor, black, white, shy, loud, silent. We are all different when we are created. The Vacasalewalewa have been created different. If there was a blind person would you beat him up to make him see? If someone can’t speak, would you beat him up so he can talk? You can beat him up to be a real boy, but he can’t be a real boy because he is a Vacasalewalewa. If you can’t accept him then there is no use going to church or seeing your neighbours, you have nothing. In your soul and in God’s sight, you have nothing.”

“Some doctors are good, but many don’t accept us. I’ve never talked to a Doctor about being a gay man. If I get on a bus somewhere, I feel people giving me looks, they don’t want to sit next to us. At Government offices, they make us wait, and we get served after others.”

“Straight after TC Winston, whenever we came past these people, they would call out that it is ‘us people’ that caused TC Winston. I asked them ‘what people?’ And they said LGBTQ people. I told them it is climate change, not LGBTQ people.”

“I knew I was gay when I was 17. I was still at secondary school. I was staying in the hostel and I got bullied, especially after I punched a boy. I was getting much girlier in my attitude, and the more I did that, the more I got punched, to teach me a lesson... The town is [more] accepting, as there have been gays here since the 1980’s. But we are still blamed for TC Winston. But we told them we all sin, it’s not our fault. We have to be strong.”



STRENGTHS OF INFORMAL NETWORKS


While Fijian sexual and gender minorities live with various forms of discrimination and marginalisation, their stories are also replete with coping tactics, hope, friendship, love and support. Many stories involved informal networks amongst sexual and gender minority members that make life on the margins bearable. Informal networks operate as a form of social support and for entertainment, and connecting people who may not be open to others about their gender identity, gender expression or sexual orientation. When dealing with trauma or in times of crisis these networks are used to avoid isolation, and share resources, knowledge and support. When accessing government or other services, informal networks may be used to seek information about service providers, community centres or other institutions that are less likely to be discriminatory and more likely to understand the needs of sexual and gender minorities. Very close-knit networks may function as 'chosen family' that they can rely upon in place of their traditional family. Mobile phones and social media help maintain and extend those networks, though the risk of outing

through social media leads to some caution. Safe places in the physical world are often used to connect with other members of sexual and gender minorities. These might be public spaces such as nightclubs, or quiet out of the way spaces, for example, 'down by the river'.

While informal networks seem important, stories also illuminated their fragility. In several stories participants mentioned that blocked roads, lack of mobile service, or family and community duties cut them off from informal network members in other villages. Questions also arose about the reach of informal networks into more rural and remote areas, and whether all people amongst sexual and gender minorities have access to the informal networks. For example, participants who were sex workers felt that some other members of the sexual and gender minority communities did not respect them or include them, highlighting the multiple forms of discrimination and challenges that sexual and gender minorities can face in the search for community acceptance.



Lasarusa Seru (left) (Rainbow Pride Foundation) and Matelita Seva (right) (Reproductive & Family Health Association Fiji) explore stories during the workshop with DRR and humanitarian actors. Photo: Emily Dwyer



“The LGBTQ people here support each other. We get together once a week on a Friday and support each other, and talk to each other and give soli to support each other. We have a bank account to put the money in. We all have different talents and we are not all educated, so we try to earn a living whatever we can do. The funding from the support group helps us buy the resources to buy the things for the handicrafts.”

“The people who helped me [after TC Winston] were other gays. They said to come here for dinner or breakfast, they gave me clothes. No one else helped. At church no one sits beside me. I sit by myself. Sometimes I cry, because I have no family here. All I have is friends.”


“When TC Winston came I was at home... Our house stayed but Winston took the roof. Help came after two days. The village all came together, and everyone brought their food, and we all cooked it together. I had to help the people while their houses were falling down. I was not able to connect with my LGBTQ friends for two months. I was thinking of them and their homes. There was no news. It usually takes an hour to walk to the other village to see my friends, but after the cyclone, it took three hours because the sea wall was gone and there were logs and debris everywhere. I couldn't take the time to see my friends because we have to fix up our village. I missed my friends.”

“I've thought about moving to Suva to have a relationship, but I am a village person, I like to stay in my village, but I can't have a relationship [here]. I joined Rainbow Pride Foundation. We have an online chat group, we connect with each other, what challenges we face. We have monthly meetings and do condom distribution. Some people respond, “Why are you giving out condoms, you are the people spreading the gay sickness?” Sometimes that hurts a lot as we're trying to do a good service. I like to go and drink, go to comfortable places like under the bridge and laugh. It's public but LGBTQ people go there. They leave us alone.”

“Being Trans is something that has always been there. In primary school I began to change into a transgender... I still live with my family and they are starting to accept me for who I am. It has taken a long time for them to start to accept me... I usually go under the bridge when life is hard. I just sit in a quiet place and think. There or under the tree and share with my other transgender friends because they are more experienced than me.”

“I am happy where I am, because all my friends are there. They are like family to me. We always do things together, we love each other and care about each other. When I need help, they will be there for me. Not my family. When I was in hospital, my friends came to visit me, and my best friend paid for everything.”

“My LGBT friends are the first people I go to when I have life troubles... I have an immediate friendship group that is there through thick and thin... My biological family were not ok with me, and they are still not ok today, that's why I can say my LGBT family is family because they play a big part of my life and are there for me, regardless if they are blood or not”.



DISCUSSION

After analysing the literature, story sharing, talanoa sessions and workshop discussion, the following themes emerged as considerations for organisations seeking to include sexual and gender minorities, or seeking to transform their policy and practices.

REFLECTIONS FROM THE FIJI POLICY AND PRACTICE WORKSHOP

Consider Diversity and Intersectionality

Diversity across the collected stories highlights that organisations should not imagine that there is a single 'LGBTIQ+' solution. Stories from people who self-identified as lesbian, gay men, bisexual, trans men, trans women, and other sexual and gender minorities included varying shelter experiences and preferences. For example, some gay men felt comfortable staying in shelters with heterosexual men, whereas others did not feel safe; some transgender women felt comfortable amongst cisgendered women, others felt discrimination was likely so they would seek shelter with friends; some wanted a 'gender and sexual minority' shelter, while others felt this would draw unwanted attention. Beyond personal preferences, these variations demonstrate that different sexual and gender minority groups may have different levels of social acceptance. They also reflect intersections with other forms of marginalisation. People who are women, with a disability, who are older or younger, who are part of an ethnic minority, who are poor, who live in remote areas — amongst other factors — will have different experiences of being part of the same sexual and gender minority. In some cases they may have access to resources or opportunities that other members of the same sexual and gender minority do not have, or they may be subject to additional layers of marginalisation or discrimination.

Move Beyond Protection

Human rights staff and protection clusters are natural champions for inclusion of sexual and gender minorities. However staff working across the breadth of humanitarian and DRR-relevant development program areas need to be engaged. Participant stories and workshop discussion fell within work areas of the Fiji national humanitarian clusters for Education, Food Security and Livelihoods, Health and Nutrition, Shelter, and WASH. For DRR actors, livelihoods (including micro-finance), basic health-care, access to justice, housing and education, and durable solutions during recovery were all highlighted as areas of need, along with specific challenges for inclusion in CBDRM initiatives. Clusters or organisations working in these and other areas should seek guidance from sexual and gender minority CSOs and rights/protection staff, and include sexual and gender minority issues within program assessments, designs, and evaluations.

Practice Localisation

The inclusion of sexual and gender minorities provides an opportunity for international organisations to practise localisation. In addition to building their own capacity to engage on sexual and gender minority issues, international organisations should adopt strategies that take guidance and leadership from those most impacted.³⁴ Local history, politics, religion, culture and other contextual factors shape the challenges facing different sexual and gender minorities, the tactics and strategies that may be productive or counter-productive, and the outcomes desired by sexual and gender minorities who live there. In different countries and locales, sexual and gender minorities may understand themselves quite differently. Local community members — and the local organisations that support them — are most likely to understand these contextual factors. They should be at the centre of decision-making and more funding should flow directly to them.

Engage Informal Networks

Participant stories highlighted the importance of 'chosen family' and informal networks as sources of information, psychosocial support, solidarity and direct services. Chosen family fulfil close-support roles for people who are estranged from their traditional family. Wider informal networks offer relief from social isolation and discrimination, help identify allies who provide services without judgement, or provide for each other. These networks may be entry points for humanitarian actors to support sexual and gender minorities through existing trusted mechanisms, especially until community acceptance grows and until mainstream government or other services become inclusive. However the durability of these networks is unclear, particularly when placed under stress in emergencies. The geographic reach of informal networks into more rural and remote areas may be limited. Finally the inclusivity of any informal networks should also be assessed, as lateral violence or personality factors may mean some people within sexual and gender minorities are excluded from informal networks.

Coordination of DRR and Humanitarian Programs

This report addresses inclusion of sexual and gender minorities across both DRR and humanitarian action. This is partly because the lived experience of people is not divided into neat boxes that match DRR and humanitarian sectors

³⁴ See for example: <http://beautifultrouble.org/principle/take-leadership-from-the-most-impacted/>

and because many organisations in Fiji undertake both DRR and humanitarian action. But more significantly, working with sexual and gender minorities who have experienced discrimination and marginalisation requires trust-building that is hard to accomplish in the speed and urgency of a humanitarian response. Especially if external actors descend in the aftermath of a disaster, potentially undermining local structures. It takes time to map local CSOs and to build working relationships. It takes time to connect with informal networks and build trust with individual community members. It takes time to understand local context. Inclusion of sexual and gender minorities is likely to be more successful if embedded in longer-term DRR and resilient development programs that can transform into humanitarian programs when necessary.

Expand the Evidence Base

The thirty stories shared as part of this project provide significant insight into their strengths, vulnerabilities and needs of Fijian sexual and gender minorities. Among the participants there was diversity of sexual orientation, gender identity and gender expression. People came from places as big and connected as Suva and from isolated villages in the rural north-west of Viti Levu and Ovalau. Participants included I-Taukei (indigenous Fijians) and other Fijians. However this project was short and the research is intended as a starting point for engagement between Fijian sexual and gender minorities and organisations that undertake DRR and humanitarian programs. Longer engagement with sexual and gender minority members, as well as discussions focused on specific thematic areas, access to stories from more remote islands, and additional research, would all serve to inform organisations, clusters and other actors as detailed policy and practice changes are explored. In addition to research with sexual and gender minorities, engagement with people across the whole-of-communities would build further awareness of barriers and opportunities for inclusion.

The Role of Faith

Many of the members of sexual and gender minorities who shared their stories were also people of faith. However their hope to be accepted within their faith communities was often frustrated. Religious gatherings were sometimes sites of exclusion, and sermons were often about the sins of sexual and gender minorities. In the aftermath of TC Winston, religious leaders and local communities often identified sexual and gender minorities as the cause of the disaster, saying that the cyclone was sent as punishment for the sins of sexual and gender minorities. Religion and religious organisations have large roles within everyday life in Fiji, including disaster preparedness and response. As long as the lives of sexual and gender minorities are seen as incompatible with religious teachings, people will

suffer. While there may be no quick or simple solution, inclusive theological communities and religious teachings are emerging in various faith traditions. Greater dialogue between faith leaders, faith-based organisations, and sexual and gender minority CSOs is essential.

Community Acceptance

Many of the challenges highlighted in the stories reflect a lack of community acceptance, and require shifts in attitudes, behaviours and norms. DRR and humanitarian actors that work within smaller communities do so with the permission and cooperation of community leaders. Working with sexual and gender minorities will be difficult if community leaders and members are unsupportive. As noted above, a 2014 civil society submission to the Universal Periodic Review of the human rights record of Fiji noted “considerable traditional and social stigma and marginalisation including from state and non-state establishments and institutions” and that the “small-scaled island social space also means that it is still very difficult for many LGBTQI people to openly and publicly challenge these discrimination in public for fear of family, faith-based, workplace, friends and other backlash.”³⁵ While changes in policy and practice within DRR and humanitarian organisations are necessary, they are not sufficient. Parallel support for community sensitisation at national and local levels will lay the foundations for sexual and gender minority inclusive DRR and humanitarian outcomes. Further legal changes — for example to remove discrimination against same gender couples — would also open new possibilities for inclusion within everyday life, including DRR and humanitarian contexts.

Inclusive Community Based Disaster Risk Management

As long as homosexuality and other diverse sexual orientations and gender identities cannot be discussed openly within some communities, local disaster committees and CBDRM programs are unlikely to address specific strengths, vulnerabilities and needs of sexual and gender minorities. Twigg (2015) notes that effective CBDRM requires analysis of “the composition of the community, the relationships between different groups within it, who is vulnerable to disaster and how,” emphasizing that “[s]ome groups are weaker than others, or in some cases deliberately marginalised. As a result, their voices are less likely to be heard, and more effort will be needed to involve them in community initiatives” possibly using “separate or safe spaces where they are more confident to speak out.”³⁶ Until communities show greater acceptance of sexual and gender minorities, NGOs supporting CBDRM could devise engagement and consultation strategies involving safe spaces, trusted intermediaries (for example communities with Red Cross volunteers or youth leaders), and extended timeframes.

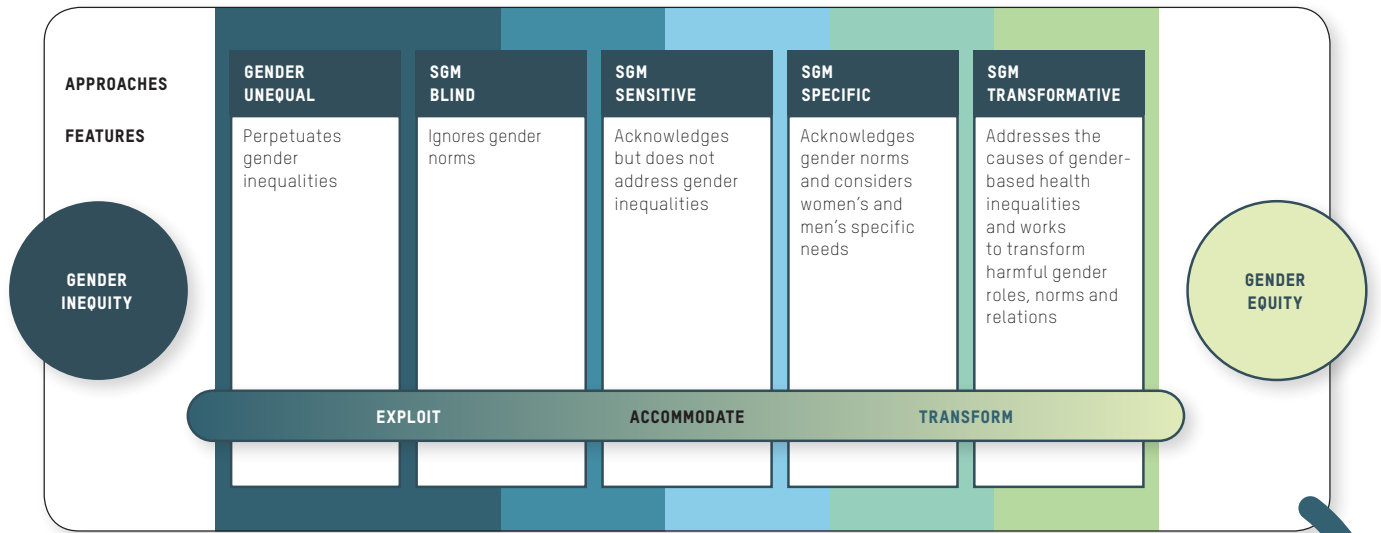
35 <http://ilga.org/wp-content/uploads/2016/02/Shadow-report-12.pdf> p1.

36 Twigg (2015) p123.

BEYOND INVISIBILITY AND TOKENISM

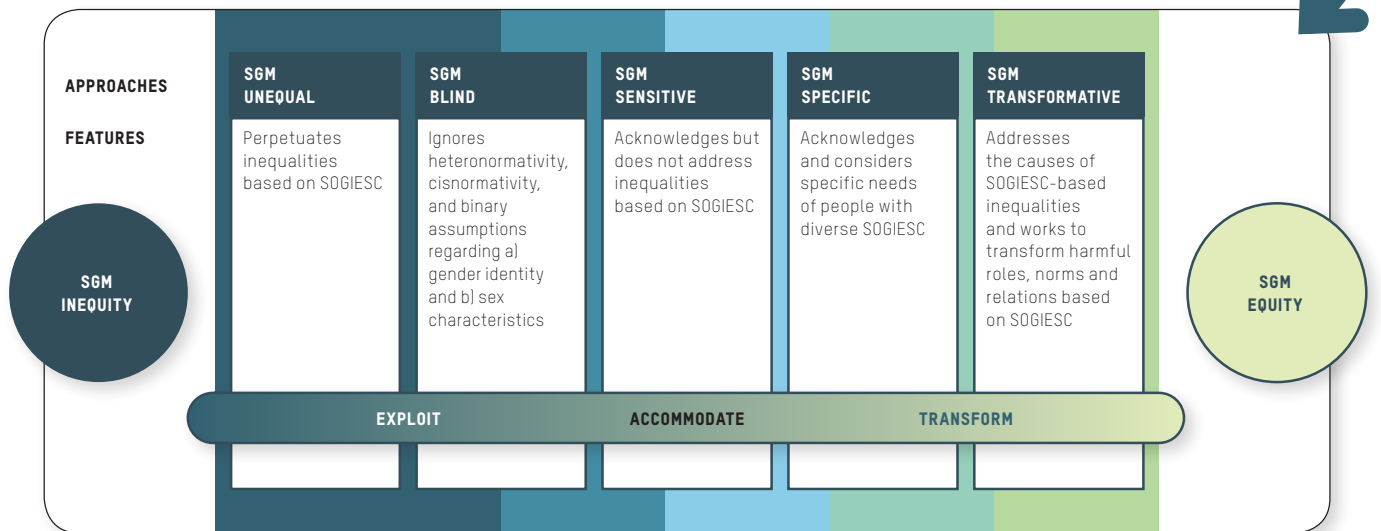
The least effective approach to inclusion is to add sexual and gender minorities to end of an already long list of marginalised groups or affected communities, usually via some version of the acronym LGBTIQ+. That risks tokenistic or piecemeal change that fails to address underlying habitual and systemic discrimination. To borrow terms from a gender responsiveness framework, genuine change involves adoption of sexual and gender minority-specific or sexual and gender minority-transformative policy and practice.³⁷

DIAGRAM 1: A CONTINUUM OF APPROACHES TO ACTION ON GENDER AND HEALTH



Credit: Promoting Health in Women, British Columbia Centre of Excellence for Women's Health

DIAGRAM 2: ADAPTATION FOR PROMOTING SEXUAL AND GENDER DIVERSE TRANSFORMATIVE PRACTICE



³⁷ This framework is accessible through the Gender Transformative Health Promotion online course and with additional discussion in the WHO Gender Responsiveness Assessment Framework. http://www.who.int/gender/mainstreaming/GMH_Participant_GenderAssessmentScale.pdf

TABLE 1: AN ADAPTATION OF A GENDER-RESPONSIVENESS FRAMEWORK FOR SEXUAL AND GENDER MINORITY ISSUES.

APPROACH	FEATURES
SGM-UNEQUAL	Discriminatory policies and practices actively make life worse for sexual and gender minorities.
SGM-BLIND	Policy and programs are designed with little or no consideration that a) sexual and gender minorities have specific needs or strengths, or b) that existing humanitarian and DRR programs may make heteronormative, cisnormative, binary or dyadic assumptions that result in exclusion or inadequate service provision for sexual and gender minorities.
SGM-SENSITIVE	Policies and practices recognise that sexual and gender minorities are impacted differently or have different needs, but make only minor adjustments to address this.
SGM-SPECIFIC	Policies and practices reflect awareness of differential impact and needs, and organisations put in place specific measures to address these outside of existing programs.
SGM-TRANSFORMATIVE	Organisations recognise the heteronormative, cisnormative, binary and dyadic assumptions inherent in their mainstream programs, understand how those assumptions marginalise sexual and gender minorities, and redesign those programs to meet needs of all people.

To continue borrowing from traditional gender approaches, organisations could adapt their use of a gender lens, and examine their programs through a sexual and gender minority lens. If such a lens was used to view humanitarian programs that provide dignity kits, it might reveal an assumption that the only people who menstruate are women. This ignores trans men and non-binary people who have a uterus and who

do not take steps to block menstruation. Using a sexual and gender minority lens may also reveal assumptions about the constitution of a family or household, and whether chosen family, same gender heads of household, or a household of many trans people living together would be appropriately addressed within DRR and humanitarian programs.

SGM RESPONSIVENESS OF SELECTED TC WINSTON HUMANITARIAN ACTION

A literature review conducted as part of this project assessed the degree of SGM responsiveness of various TC Winston documents, a selection of which are presented here.

The policy and planning framework within which the Fiji National Disaster Management Office (NDMO) could be considered SGM-blind. The National Disaster Management Plan, makes little reference to vulnerable groups, including sexual and gender minorities. The more recent 2017 National Humanitarian Policy for Disaster Risk Management commits to “[p]ro-actively engage and support ... groups/people with vulnerabilities in all aspects of humanitarian action” with a footnote that clarifies “[i]ncluding vulnerabilities due to sex, gender, age, disability and unemployment”, thereby rendering sexual and gender minorities invisible.³⁸ Informal interviews with NDMO representatives confirmed that rights, needs and

strengths of sexual and gender minorities have not been addressed in planning or operations.^{39, 40}

During interviews some DRR and humanitarian actors noted that this research project constituted their first engagement with sexual and gender minority issues, indicating some level of SGM-blindness in previous activity. Significant assessments conducted in the immediate aftermath of TC Winston were also SGM-blind, including:

TC WINSTON POST-DISASTER NEEDS ASSESSMENT (PDNA)

The May 2016 Fiji Government Post-Disaster Needs Assessment for TC Winston did not address the impact of TC Winston on sexual and gender minorities. There is a single reference to ensuring no discrimination on the basis of sexual orientation, however the report notes that

38 During final stages of editing this report, authors became aware of an unverified online copy of the Government of Fiji TC Winston Lessons Learned Report, accessed online at: <http://fliphtml5.com/bbhs/dgbl/basic> Recommendations include that “planning for any response should include greater diversity in the participation of people from different groups, such as ... lesbian, gay , bisexual and transgender (LGBT) communities”; and that the Fiji Disaster Risk Management Act and Plan should reflect that participation. Another recommendation is to “ensure monitoring and reporting procedures and tools capture information covering the full diversity of Fijian society including ... LGBT people”. In considering what went well, the lessons learned report suggests that “increased awareness of vulnerable groups ... including LGBTI persons” occurred after TC Winston. And amongst what can be improved, the report suggests cluster leads and partners need more training and that “different sectors need to work together to share information relating to the impact of disasters on specific vulnerable groups to ensure inclusion of groups that may have specific needs” including LGBTI. If this document represents official findings and is implemented effectively, it would represent a substantial step toward SGM-specific policy and practice.

39 Ministry of Maritime and Rural Development and National Disaster Management, 2017 National Humanitarian Policy for Disaster Risk Management Section 3.1(h), accessed online at: <http://www.ndmo.gov.fj/images/National%20Humanitarian%20Policy%20for%20Disaster%20Risk%20Management.final.pdf>

40 NDMO representatives were optimistic about addressing these sexual and gender minority issues in future, the NDMO was represented at the policy and practice workshop, and mechanisms such as NDMO-coordinated inter-cluster meetings were suggested as entry points.

"[n]o information was available on issues related to sexual orientation... "and there was no further analysis and no specific recommendations to address this data gap.⁴¹ Invisibility of sexual and gender minorities in the PDNA is significant to the extent that government and other actors used the PDNA to inform their priorities and activities, and highlights the need for inclusion of sexual and gender minorities in data collection and assessments.⁴²

TC WINSTON RAPID GENDER ASSESSMENT

A March 2016 Rapid Gender Assessment notes that "[w]omen with multiple forms of discrimination often have little access to services" and includes women who are sexual minorities in that list.⁴³ It also notes that LGBT people who are sheltering with friends and family may turn to sex work if they also experience financial insecurity. However the report provides no analysis or specific recommendations regarding TC Winston experiences of sexual minorities and there is no specific mention of gender minorities or of intersex people.⁴⁴

UN FLASH APPEAL FOR TC WINSTON

The appeal highlighted marginalised and vulnerable people noting that "the prevailing gender inequalities, discrimination of marginalized persons, high rates of domestic and other forms of gender-based violence, and child abuse will be further compounded as communities struggle to meet basic needs including food, shelter, water, sanitation and hygiene," however there is no mention of sexual and gender minorities within the analysis or projects proposed for funding.⁴⁵

Some parts of the response could be considered SGM-sensitive. For example, the Fiji Safety and Protection Cluster provided specific guidance for "Referrals of Gender Based Violence Survivors for TC Winston" which includes a reminder to avoid discrimination based on sexual orientation, noting that "[i]f the woman is extremely vulnerable (woman with disability, pregnant, lesbian/transgender, and/or elderly) and needs support to take action, with her permission, accompany her to a designated service provider or appropriate leader."⁴⁶ While this is useful advice, it relies upon organisations designing referral pathways that are SGM inclusive and also upon the existence of services to which sexual and gender minority members can be referred. Other Safety and Protection Cluster guidance reminded humanitarian actors

that "recovery needs of LGBTI persons should be identified by working with advocates/civil society/community groups/networks for LGBTI communities" and to ensure "full access to registration systems, identification and other documents that are essential for their legal and social protection".⁴⁷ The IASC Gender Standby Capacity Project offered good advice for Shelter-focused organisations to talk with 'LGBTQI' people, to disaggregate data taking into account 'LGBTQI' people and to involve 'LGBTQI' people "in the design and implementation of shelter and non-food item (NFI) programs to meet specific needs."⁴⁸ However, checklists within that document also make heteronormative and cisnormative assumptions, for example about hygiene and safety needs (see below).

Isolated parts of the TC Winston response could be considered SGM-specific. In the days immediately following TC Winston, the feminist organisation DIVA provided specific support for LBT women in Western Fiji and other areas.⁴⁹ Initiatives by the International Federation of the Red Cross, also constitute SGM-specific programs, for example one transgender person was trained to provide psychosocial support and one transgender participant was included in a health and hygiene training of trainer's course.⁵⁰

No public or operational documents or programs reviewed met the criteria for SGM transformative policy or practice.

The IASC guidance on Gender Dimensions in Shelter Activities (discussed above) provides an opportunity to explore the questions that might lead to SGM-specific or SGM-transformative guidance and programs. For example, the IASC guidance provides a series of checklist points including: "Are you coordinating with WASH and protection actors to explore the need for NFI kits to include hygiene materials for women and girls?"⁵¹ But as noted above, some trans men and non-binary people menstruate. Organisations might ask themselves: if a trans man presents seeking a dignity pack, are our staff trained for that situation?⁵² And, is there a way for him to access a dignity pack in a way that does not force him to out himself as trans? And aside from the menstrual hygiene products, does the pack contain other items that he would feel comfortable using? Another checklist item reads: "Is the site safe and accessible for women and girls?"⁵³ This is clearly an important question to ask. But an organisation might also ask: is the site safe and accessible for lesbians

41 Government of Fiji (2016) p99.

42 Government of Fiji (2016) p103.

43 Live and Learn-CARE (March 2016) Rapid Gender Analysis – TC Winston, Fiji, p5.

44 While the phrase "and minority groups" is used frequently in the assessment, there is no guidance on whether those references are intended to be inclusive of sexual and gender minorities.

45 OCHA (2016) Fiji Flash Appeal Tropical Cyclone Winston p13.

46 FIJI National GBV Sub Cluster Guidance on GBV Case Referral.

47 Fiji Safety and Protection Cluster (2016) Guidelines for Identifying and Prioritising Vulnerable Persons

48 IASC (2016) Gender Dimensions in Shelter Activities (TC Winston). NFIs are non-food-items, for example cooking equipment, hygiene and cleaning products.

49 DIVA noted on Facebook that "[i]n one informal safe house last Saturday when the cyclone wreaked havoc, 28 people (!) took shelter in one tiny home consisting of 3 small square rooms. 19 of them were lesbian and trans masculine women who have found in one small house a place of refuge over the years."

50 IFRC (August 2016) Operations Update No.2.

51 IASC (2016) Gender Dimensions in Shelter Activities (TC Winston).

52 An IASC Global Protection guide "Dignity Packs Guidance Note" lists items within dignity packs as "hygiene and sanitary items, as well as other items explicitly tailored towards the local needs of women and girls of reproductive age in particular communities". This note offers no guidance for provision of dignity packs for trans men or non-binary people.

53 IASC (2016) Gender Dimensions in Shelter Activities (TC Winston).

or trans women or trans men? Is it safe and accessible for gay men? Those questions might lead to others, such as: are specific additional safety measures needed to provide access for these groups? Or, does the facility design or do our procedures inherently assume heteronormativity,

cisnormativity or binarisms, and are alternatives available that offer safer access for everyone? Questions such as these start to challenge underlying assumptions, and are a necessary step on the road toward SGM-specific or SGM transformative policy and practice.

SGM RESPONSIVENESS OF GLOBAL DRR AND HUMANITARIAN POLICY AND PRACTICE

The project literature review revealed that the limited extent of SGM-responsiveness for TC Winston is reflected in global DRR and humanitarian policy and practical guidance.

An example for DRR actors is the Sendai Framework for Disaster Risk Reduction. This framework tends to use generally inclusive language, recommending “a more people-centred preventive approach” that is inclusive and accessible and that “requires an all-of-society engagement and partnership” involving “empowerment and inclusive, accessible and non-discriminatory participation, paying special attention to people disproportionately affected by disasters, especially the poorest.” When lists of such stakeholders are provided “including women, children and youth, persons with disabilities, poor people, migrants, indigenous peoples, volunteers, the community of practitioners and older person,” sexual and gender minorities are not mentioned.⁵⁴

While it is possible to read sexual and gender minorities into frameworks by relying on non-exhaustive lists and generally inclusive language, there is a risk that sexual and gender minorities will remain invisible.⁵⁵ As noted by Human Rights Watch prior to the 2016 World Humanitarian Summit, language such as ‘affected populations’ “... is too general and oversimplified to account for the specific vulnerabilities of a number of populations—including gender and sexual minorities. In a state of emergency, this can determine whether or not vulnerable populations receive life-sustaining help. Lesbian, gay, bisexual, and transgender (LGBT) people’s experiences in crises are under-researched and misunderstood, which can lead to protection gaps.”⁵⁶ This absence of specific inclusion and the reliance on generally inclusive language is the norm rather than the exception in key documents. While often this reflects oversight, it may sometimes reflect “deliberate design”, as in the



Lana Woolf (left) with a story sharing participant (right) and Ilisapeci Delaibatiki from Rainbow Pride Foundation (centre).
Photo: Emily Dwyer

54 Sendai Framework for Disaster Risk Reduction (2015), paragraph 19(d), 7

55 Stonewall (2016).

56 Human Rights Watch (2016).



Naeemah Khan (centre) from UN Women and Sevuloni Ratu (foreground, right) from UN OCHA, and other participants during the workshop with DRR and humanitarian representatives in Suva. Photo: Amasai Antonio Jeke

Sustainable Development Goals, which make no specific mention of sexual and gender minorities.⁵⁷ This consistent omission increases the likelihood of that the rights, needs and strengths of sexual and gender minorities will remain unaddressed. As an indicator of current DRR practice the 2015 edition of the DRR Good Practice Review includes a short paragraph on “sexual minorities” that notes emerging evidence of need and advises dialogue with local LGBTIQ+ groups. However it also states that “[d]isaster managers do not, at present, consider the needs and capacities of LGBT people in their disaster planning or identify them as a specific audience for preparedness advice.”⁵⁸

For humanitarian actors there is a similar lack of global guidance. The 2011 Sphere Handbook minimum standards for sectors in humanitarian settings mention sexual orientation in the context of non-discrimination within the humanitarian charter, but do not address needs of sexual and gender minorities in protection guidance or technical sections.⁵⁹ The 2017 revisions add mentions of sexual and gender minorities, but in the absence of organisations prioritising sexual and gender minority issues, such mentions may have limited impact. Other standards and guidelines either do not provide any guidance (for example the Core Humanitarian Standards) or make brief mention in introductory sections while omitting detailed discussion in substantive sections. Outside of the global and national protection clusters, policy and practice within the humanitarian cluster system is similarly limited. Examples of protection cluster initiatives include the 2015 IASC Guidelines for Gender-Based Violence Interventions in Humanitarian Settings and the 2016 IASC Gender Handbook Review, which recommends actors “move away from the binary categories of male and female to include LGBT.”⁶⁰

However even the online Global Protection Cluster resources offer variable levels of guidance, for example, providing a Natural Disaster Reference Sheet for a number of vulnerable groups except sexual and gender minorities. There are outlying positive examples, for example UNHCR and IOM have undertaken research into SGM needs, and developed training and guidance notes.⁶¹ Also, in 2015 a range of UN agencies, including humanitarian agencies, publicly committed to address diversity of sexual orientation and gender identity in their work.⁶²

These positive signs follow rapid developments in the recognition of rights of sexual and gender minorities within global human rights forums over the last decade. The 2006 Yogyakarta Principles is an influential compendium of human rights protections that apply to sexual and gender minorities.⁶³ Over 2011-2016 the UN Human Rights Council passed three resolutions recognising violence and discrimination against sexual and gender minorities as human rights violations and seeking further research—culminating in the appointment of an Independent Expert in 2016.⁶⁴ Global and national sexual and gender minority CSOs have advocated strongly through the Universal Periodic Review processes. Individual NGOs are also beginning to develop inclusive organisational policy, and donors, such as USAID and SIDA, have funded significant projects such as the UNDP’s ‘Being LGBTI in Asia’. While there are promising statements and groundbreaking projects, the challenge remains for development and humanitarian actors to systematically review their programs, and move toward inclusion and transformation.

57 See for example <http://www.passblue.com/2015/05/17/no-room-for-lgbt-rights-in-the-new-un-development-goals/> (accessed 21 November 2017).

58 Twigg (2015) p113.

59 As of late 2017 text developed as part of the 2017 Sphere Handbook revisions introduced SGM inclusion.

60 IASC Gender Handbook Review (2016) p7.

61 See for example: <http://www.unhcr.org/afr/news/latest/2015/12/567bb2869/unhcr-leads-in-lgbti-refugee-asylum-seeker-protection.html> (accessed 21 November 2017). The Women’s Refugee Commission report “Mean Streets” also has valuable recommendations on engaging SGM refugees - available online <http://www.womensrefugeecommission.org>

62 <http://www.ohchr.org/EN/Issues/Discrimination/Pages/JointLGBTIstatement.aspx> (accessed 21 November 2017).

63 A 2017 revision of the Yogyakarta Principles will be inclusive of intersex people.

64 <http://www.ohchr.org/EN/Issues/SexualOrientationGender/Pages/Index.aspx> (accessed 21 November 2017).

RECOMMENDATIONS⁶⁵

POLICY AND PRACTICE RECOMMENDATIONS

P1: National policy frameworks and NDMO preparedness planning, and practice should be inclusive of sexual and gender minorities.

As the government disaster management agency, FIJI's NDMO should take steps to ensure that strengths and vulnerabilities of sexual and gender minorities are understood and addressed in disaster preparedness and response planning at national, divisional and district level. NDMO's role in coordinating the new Fiji national cluster system provides an opportunity for sexual and gender minority inclusion to be operationalised across the cluster system. NDMO's role within government also provides an opportunity to communicate inclusion needs to other relevant sections of government. Development of future national policy should also include sexual and gender minority community representation.

P2: Within the Fiji humanitarian system the inclusion of sexual and gender minorities should be mainstreamed within technical cluster policy and practice.

Inclusion of vulnerable groups such as sexual and gender minorities needs to extend beyond the work of the Safety and Protection cluster. The challenges raised in the stores fall within work areas of the Fiji national clusters for Education, Food Security and Livelihoods, Health and Nutrition, Shelter, and WASH. While isolated documents within these clusters address some issues for sexual and gender minorities, there are many gaps. Engagement with Shelter and WASH cluster representatives highlighted that sexual and gender minority inclusion is at early stages. All of the national clusters listed above should work with the Safety and Protection cluster, the NDMO inter-cluster mechanisms, and with sexual and gender minority CSOs to move toward mainstreaming of sexual and gender minority inclusion within their preparedness, relief and recovery activities. This should supplement the continuation of leading work of the Fiji Safety and Protection cluster and UN Women's engagement with sexual and gender minority CSOs.

P3: Government and non-government organisations should adopt gender policies that are inclusive of sexual and gender minorities.

Gender policies in the development and humanitarian sector often focus on power relations between men and women, and encourage responsive or transformative approaches to empowerment, inclusion and rights of women. The frameworks underlying these policies frequently position women (and girls) in a binary relationship with men (and boys), and are implicitly heteronormative and cisnormative.⁶⁶ While maintaining pressure on dismantling entrenched patriarchal violence and discrimination, and while understanding that in many contexts the gender binary is heavily policed and necessarily influences emancipation and justice initiatives, organisations could also develop more inclusive gender policies that: (i) address explicit consideration of issues for sexual and gender minorities who identify as women, (ii) address gendered violence against all sexual and gender minorities (as a function of patriarchal systems); (iii) are inclusive of people whose gender identity varies from that assigned at birth; (iv) follow the IASC 2016 Gender Handbook Review recommendation to "[r]eview the definition of gender to move away from the binary categories of male and female to include LGBT" and recognise non-binary and third gender persons.⁶⁷

P4: Sexual and gender minorities should be included in DRR and humanitarian research, assessments and evaluations.

It is essential that DRR and humanitarian actors have a greater awareness of the rights, needs, and strengths of sexual and gender minorities, and have reliable data and evidence to support program assessments, designs, evaluations, cluster policy and practice deliberations, as well as organisational policy, planning, and action. DRR and humanitarian actors should work with local CSOs and protection advisors to determine appropriate methodologies for collection and management of quantitative and qualitative data. Data and research methods should ensure that the full diversity of sexual and gender minorities is represented in datasets.

65 As mentioned above, none of the stories included intersex experiences. While some or all of the recommendations may be supported by experience of intersex people or by intersex organisations, this is not an assumption for the research team to make. Additional recommendations may also be needed that are specific to intersex lived experience in Fiji and in DRR and humanitarian contexts. Future research should make specific efforts to reach intersex people, which is likely to require a specific engagement plan.

66 See for example Hagen (2016).

67 IASC Gender Handbook Review (2016) p7.



Bua province, Fiji: Palm trees, many bent at 45 degree angles still dot the landscape after Cyclone Winston caused widespread damage in 2016. Photo: Alicja Grocz/OxfamAUS

P5: Community-based Disaster Risk Management (CBDRM) initiatives should be inclusive of sexual and gender minorities.

Taboos around discussing sexual orientation, or gender identity, or gender expression are present in many communities in Fiji, especially smaller rural and remote communities. CBDRM processes are unlikely to be inclusive of sexual and gender minorities in communities in which sexual and gender minorities do not believe that they can reveal their true selves, in which discrimination or ridicule is rife, or in which the community chooses not to allow discussion of these issues. Organisations that support CBDRM should carefully support inclusion of sexual and gender minorities, taking on board guidance from local CSOs and protection specialists, and using alternative pathways for participation where necessary.

P6: Coordinate with regional and global mechanisms to develop DRR and humanitarian policy and practice that is inclusive of sexual and gender minorities.

Efforts are needed from all actors to reform global, regional, national and subnational policy and practice to be inclusive of sexual and gender minorities. The findings and recommendations of this report draw on the lived experience and country context from Fiji. However there are opportunities to feed into relevant processes in other country, regional and global mechanisms, and to draw lessons from those engagements.

P7: Encourage and support faith communities and faith-based organisations undertaking DRR and humanitarian work to be inclusive of sexual and gender minorities.

Faith communities and faith-based organisations are important DRR and humanitarian actors in Fiji. Many of the sexual and gender minority participants are people of faith, however many spoke of exclusion or discrimination within faith communities and trauma from blame ascribed to them for bringing TC Winston to Fiji. There are different positions and possibilities within and between religions practised in Fiji, and some dialogue between sexual and gender minority CSOs and faith leaders has begun and should be further supported by donors and other actors. Workshop participants explored additional options, for example, supporting engagement between sexual and gender minority CSOs and seminaries and other educational institutions within different faiths (see also research recommendations).

P8: Organisations undertaking DRR and humanitarian response should ensure sensitisation and technical training is provided for staff to support inclusion of sexual and gender minorities.

Operationalisation of the inclusion of sexual and gender minorities will require staff who have a good understanding of issues facing sexual and gender minorities, including protection concerns, safe and effective engagement strategies, program design options specific to technical and thematic areas, as well as advocacy and monitoring and evaluation strategies. Organisations should also ensure that their staff complete sensitisation training to address any in-house discriminatory attitudes and uncertainties about engagement with sexual and gender minorities.

P9: Organisations undertaking DRR and humanitarian response should ensure that their policies and practices are inclusive of sexual and gender minorities.

Successful inclusion of sexual and gender minorities in programs is only likely if development and humanitarian organisations review and revise their own internal policies and guidance and disseminate and operationalise changes within their organisations. In addition to program-focused policies and practice guidance, organisations should address all inclusion within aspects of their operations such as human resource practices, workplace inclusion, complaints procedures, and advocacy and communications standards.

P10: Organisations undertaking DRR and humanitarian response should involve sexual and gender minorities, and support informal networks, in program design and delivery.

Sexual and gender minorities may be more likely to use services if sexual and gender minority community members are part of program design and delivery. Organisations undertaking DRR and humanitarian response should provide encouragement, opportunities, support and training for members of sexual and gender minorities to work as staff and volunteers. Those organisations should also consult with informal networks to seek their participation in program delivery, and work with sexual and gender minority CSOs and community members to ensure personal safety and to provide support in ways that maintain the integrity of the networks.

P11: Organisations undertaking DRR and humanitarian response should take an intersectional approach to inclusion of sexual and gender minorities.

Members of sexual and gender minorities have many other dimensions to their lives that also impact their resilience to cope with disasters, as well as access to post disaster relief and recovery. People who are women, live with a disability, who are older or younger, who are part of an ethnic minority, who are poor, who live in remote areas — amongst other factors — will have different experiences of being part of the same sexual and gender minority. In some cases they may have access to resources or opportunities that other members of the same or different sexual and gender minority do not have, or they may be subject to additional layers of violence and discrimination. DRR and humanitarian programs should be informed by analysis that takes into account such intersections and additional needs.

P12: Organisations serving sexual and gender minorities should be supported to build capacity in DRR and humanitarian response.

Many civil society organisations that service or advocate on behalf of sexual and gender minorities are voluntary or meagrely resourced. Involvement of these CSOs in consultations, assessments, workshops, program delivery and other activities requires sufficient support for those CSOs to engage with their own communities (including rural and more remote areas), to build technical capacity to engage effectively in DRR and humanitarian activity, and to have staff or community representatives available to participate in projects. Donors together with DRR and humanitarian actors should consult with sector CSOs to determine what needs exist and how those needs can be met in ways that are sustainable and in line with CSO ways of working. This support should include capacity for CSOs to engage with their communities in rural and more remote areas.

P13: Shelter and WASH organisations should ensure sexual and gender minorities have access to safe emergency shelter and wash facilities.

A specific concern for sexual and gender minority participants was access to safe shelter options, including WASH facilities associated with those shelters. Complicating provision of safe shelter is that diversity within sexual and gender minorities means that what counts as safe shelter for one person is not necessarily safe shelter for another. The Fiji national Shelter and WASH clusters should work with sexual and gender minority CSOs, protection specialists and sexual and gender minority community members to develop practice guidelines. While it may not always be possible in emergency contexts, ideally shelter organisations should

provide a range of options from which sexual and gender minorities may discretely self-select. Shelter and WASH organisations should work with local CSOs and communities to create a safe environment for all sexual and gender minorities. Those organisations should ensure that staff have training in sexual and gender minority inclusion, that staff enquire if there are people in a community who may not be accessing shelter, that staff take notice of people who may be uncomfortable, and that discrete options exist for sexual and gender minority members to alert staff as to their needs. When local options are not suitable, or if violence or discrimination occurs, organisations should have clear referral pathways to support services, and should help find alternative shelter with friends, chosen family or through sexual and gender minority CSOs and informal networks.

P14: Provide opportunities for sexual and gender minorities to access micro-finance, training and employment opportunities.

Challenges developing sustainable livelihoods can reduce capacities of sexual and gender minorities to bounce back after disasters. Many stories included experiences of discrimination or rejection while seeking employment or maintaining employment. Family expectations that members of sexual and gender minorities will undertake childminding and stereotypes of appropriate employment for sexual and gender minorities also limits opportunities to obtain employment. Targeted access to micro-finance, apprenticeships, and training may assist members of sexual and gender minorities to find alternative income generation or employment options, particularly post disaster. Early recovery programs could also work with sexual and gender minorities to support rebuilding livelihoods, including providing new opportunities to build back better.

P15: Schools should provide a safe and supportive environment for sexual and gender minorities.

Violence and various forms of bullying restrict the educational and livelihoods opportunities of sexual and gender minorities. It can lead to psycho-social distress, and reinforce discrimination and marginalisation within communities. Some stories and research cited in this report predate the 2015 Fiji Ministry of Education Child Protection Policy that requires schools to respect children's "rights, wishes, sexual orientation and feelings" and requires action to address instances of "homophobic remarks, name calling, threats". The Ministry and support organisations should ensure that this policy is operationalised through development and implementation of staff training, student sensitisation, inclusive sexual and reproductive health rights curriculum, supportive parent and community liaison, monitoring, and reporting measures. The policy should extend to gender minorities and the government policy on Education in Emergencies should also include requirements for respect and inclusion of sexual and gender minorities.



A destroyed Village church, Nayavutoka village, Ra province, Fiji. Photo: Martin Wurt

P16: Ensure that communicating with communities and other public information services are inclusive of sexual and gender minorities.

Inclusive information services provide an opportunity to share information with sexual and gender minorities, and to reassure them that they are considered part of the community. It can send a message to the rest of the community that sexual and gender minorities should be supported like anyone else. Organisations involved in public communication in DRR and humanitarian programs should engage with local CSOs, protection, and technical specialists to (i) explore information needs of sexual and gender minorities; (ii) develop an understanding of the information ecology of sexual and gender minorities; (iii) develop safe approaches to sharing information specifically for sexual and gender minorities; and (iv) review community-wide communications (including video, imagery, radio and posters)

to avoid heteronormative, cisnormative and binary assumptions.

P17: Donor organisations funding DRR and humanitarian programs should support and require sexual and gender minority inclusion.

Donor organisations should encourage sexual and gender minority inclusion in DRR and humanitarian programs by (i) supporting further research into DRR and humanitarian needs of sexual and gender minorities; (ii) supporting sexual and gender minority CSOs to extend community engagement on DRR and humanitarian issues and build further capacity to engage DRR and humanitarian actors; (iii) offering specialist support for humanitarian actors to address sexual and gender minority inclusion; and (iv) requiring (and funding) sexual and gender minority inclusion as a standard component of DRR and humanitarian programs.

COMMUNITY-FOCUSED RECOMMENDATIONS

C1: Consider development of family support services to support acceptance of sexual and gender minorities within Fijian families.

Family support can be very important during a disaster, and lack of family acceptance is a major source of violence, trauma and subsequent social and economic disadvantage for sexual and gender minorities. In many of the stories participants reported violence perpetrated by family members, and being forced out of family homes. Other participants described the impact of suppressing their true selves in order to remain within their family. However participants also suggested that families can be more accepting a member of a sexual and gender minority is already part of the extended family. In other countries, specific CSOs and support groups have been established to support families and partners as they process the emergence of a family member as gay, lesbian or another sexual and gender minority. Organisations including government and faith-based organisations that provide family services could also support families to understand and be inclusive of sexual and gender minority members.

C2: Consider strengthening of services to support youth who are part of sexual and gender minorities.

Several stories involved adolescent or youth members of sexual and gender minorities clashing with their families and in some cases leaving home. This renders those people less likely to complete education and achieve secure employment, and more vulnerable to violence, exploitation and marginalisation, especially for those who undertake sex work. It may also mean they are more vulnerable leading into disasters, and have less access to support during and after

disasters. Early intervention for youth who leave home or are forced out of home may either provide opportunities for family reconciliation or, where that is not safe/appropriate, to access support from government, CSO and other organisations, consistent with their rights and needs.

C3: Counselling services should be supported to strengthen and extend their support for sexual and gender minorities.

While some counselling services have received specific training and provide support for sexual and gender minorities, workshop discussion highlighted the need for additional specialist counselling support, for services to be better known, and more accessible across Fiji.

C4: Support should be provided for CSOs and other organisations to undertake sensitisation regarding inclusion of sexual and gender minorities.

Efforts to include sexual and gender minorities in DRR and humanitarian response occur within the context of social acceptability. If communities, especially those in rural or remote areas, are more accepting of sexual and gender minorities then it is more likely CBDRM programs will be inclusive. Additionally local and international organisations and government actors will face fewer challenges in working with sexual and gender minorities in local communities, and opportunities may exist for greater inclusion within faith communities and faith-based organisations. Such sensitisation could occur at national or local levels, through a mix of media and direct outreach approaches.

RESEARCH RECOMMENDATIONS

R1: Extend the evidence base from this initiative, include whole-of-community research, and research in remote-island and rural areas.

The research approach used in Down By The River facilitated the development of rapport with community members, and workshop participants noted that the vivid lived experiences in the stories were compelling evidence of need. However this project was constrained in duration and geographic reach. Longer-term engagement with community members could support them to be stronger advocates for inclusion and would deepen understanding of gaps in DRR and humanitarian programs, as well as motivate organisations to address inclusion of sexual and gender minorities. Stories recounted from more remote locations suggest that there is more pressure for sexual and gender minorities to hide their sexual orientation or gender identity, complicating any efforts to engage those people or support their participation in community-based processes like CBDRM. Research should seek entry points within local decision making structures, faith communities, families or other means to safely engage and support sexual and gender minorities in those contexts.

R2: Undertake research into the reach, strengths and weaknesses of informal networks.

Informal networks offer sexual and gender minorities ways to survive on the margins of society, providing sources of information, psycho-social support, solidarity and access to safe services. However the durability of these networks is unclear, particularly when placed under stress in emergencies, for example, due to communication gaps (lack of physical transport or phone services), or due to managing grief or stress associated with turning one's own house into a safe house for other marginalised people. It is

also unclear whether existing informal networks attract some people, while others may be less inclined to join, or feel less welcome. The reach of networks outside major urban centres may also be limited. Mapping of informal networks may help fine-tune support for informal networks and to clarify their effectiveness as entry points for humanitarian actors to support sexual and gender minorities.

R3: Undertake research into entry points for engaging faith leaders, communities and faith based organisations.

While initial contact has been made between some sexual and gender minority CSOs and some religious leaders, there is a need for greater dialogue. Further study should seek to identify starting points for dialogue and to work with faith-based organisations to explore inclusion of sexual and gender minorities. Lessons from engagement between faith leaders and sexual and gender minorities in other countries may also provide entry points.

R4: Undertake research, design, programming, evaluation and advocacy that is inclusive of intersex people.

Engaging with intersex people may require specific outreach, beyond the networks of organisations that work with sexual and gender minorities. It also requires attention to specific and varying experiences of people with different variations of sex characteristics. Designers of all future programs should consult groups representing intersex people in Fiji as well as guides such as the Darlington Statement and make specific efforts to include intersex people in research, program design, implementation, evaluation, and advocacy of DRR and humanitarian programs.⁶⁸

68 <https://oii.org.au/darlington-statement/> [accessed 21 November 2017].



The fruit from this common fruit tree are said to predict cyclones. When multiple fruit appear on a singular branch of the bread fruit tree, this is seen as a sign that a cyclone is imminent. Before Cyclone Winston, previously barren trees were suddenly laden with fruit. Photo: Martin Wurt

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Eve Nagio (left) Youth member of the Fiji Association of the Deaf with interpreter Joneti Rokotuibau (right) also from the Fiji Association of the Deaf. Photo: Amasai Antonio Jeke

ANNEX 2: POLICY AND PRACTICE WORKSHOP PARTICIPANTS

Organisations represented at the policy and practice workshop:

Diverse Voices and Action for Equality
Edge Effect
Empower Pacific
FemLINK Pacific
Fiji Association of the Deaf
Fiji Council of Social Services
Government of Australia Department of Foreign Affairs and Trade
Government of Fiji, Ministry of Health (WASH Cluster)
Government of Fiji, Ministry of Rural and Maritime Development, National Disaster Management Office
Government of New Zealand Ministry of Foreign Affairs and Trade
Habitat for Humanity
Haus of Khameleon
International Planned Parenthood Foundation
Lifeline Fiji
Oxfam in Fiji
Oxfam Pacific
Rainbow Pride Foundation
Reproductive and Family Health Association Fiji
Save the Children
Survival Advocacy Network Fiji
United Nations Development Program
United Nations Office for the Coordination of Humanitarian Affairs
United Nations Office for the High Commissioner for Human Rights
United Nations Office for Disaster Risk Reduction
United Nations Entity for Gender Equality and the Empowerment of Women



Masi Latianara (left) (Habitat for Humanity) and Lasarus Seru (right) (Rainbow Pride Foundation) during the workshop with DRR and humanitarian actors in Suva. Photo: Amasai Antonio Jeke

ANNEX 3: PROJECT PARTNERS

EDGE EFFECT

Edge Effect assists international humanitarian and development organisations to work in genuine partnerships with people of diverse sexual orientation, gender identity/expression, and sexual characteristics (aka gender and sexual minorities or LGBTIQ+ people). Our work includes:

- Training with international humanitarian and development actors on inclusion of sexual and gender minorities in their programs.
- Engagement with sexual and gender minority communities and CSOs within those communities to support their engagement with humanitarian and development actors.
- Action research to support program design, good practice guidance and policy development.
- Project support through assessment, design, implementation and evaluation phases.

What's an edge effect? We borrowed the term from ecology studies, where it refers to the presence of greater ecological diversity and transformational change within boundary regions where different ecosystems meet; for example, the boundary of a forest and grassland. We imagine a world in which sexual and gender minorities are not only included, but in which our understanding of people and society is transformed.

Edge Effect is a social enterprise, with a focus on South Asia, Southeast Asia and the Pacific. Edge Effect is based in Australia, on the land of the Taungurung People of the Kulin Nation, and we pay respect to all elders past, present and emerging. Always was, always will be, Aboriginal land.

RAINBOW PRIDE FOUNDATION

The Rainbow Pride Foundation (RPF) is the only legally registered not-for-profit Company Limited by Guarantee in Fiji that advocates for a Fiji in which the human rights of LGBT persons are respected and they are able to live with dignity, free from discrimination, persecution, and violence; and where the human rights of LGBT persons are upheld. Its mandate include promoting LGBTIQI Rights and Equality, Social Justice and Health & Wellbeing. It empowers and encourage LGBT individuals in Fiji to participate fully in democratic decision-making in their households, communities and national processes. It also works with various partners to promote equal access to sustainable livelihoods, economic assets and resources among LGBT people; ensuring that they are not barred from accessing the basic education, health and other services that are enjoyed by their fellow citizens and that are essential for personal well-being and growth. It encourages LGBT persons and their allies to come together to advocate for the equal treatment for all persons, regardless of sexual orientation, gender identity or gender expression.

OXFAM

Oxfam is an international confederation of 20 organizations working together with partners and local communities in more than 90 countries.

One person in three in the world lives in poverty. Oxfam is determined to change that world by mobilizing the power of people against poverty.

Around the globe, Oxfam works to find practical, innovative ways for people to lift themselves out of poverty and thrive. We save lives and help rebuild livelihoods when crisis strikes. And we campaign so that the voices of the poor influence the local and global decisions that affect them.

In all we do, Oxfam works with partner organizations and alongside vulnerable women and men to end the injustices that cause poverty.

