

American Samoa During a Pandemic

Verification Statement:

This is to certify American Samoa Alliance against Domestic & Sexual Violence, also known as “The Alliance” is the dual coalition in American Samoa and has received Family Violence Prevention Services (FVPSA) Coronavirus Aid Relief and Economic Security (CARES) supplemental funding in 2020. The CARES Act appropriated \$45 million for states, Tribes and state domestic violence coalitions to use the funding to prevent, prepare for, and respond to COVID-19. Although there was flexibility in the usage of the funds, the focus was to prevent, prepare and respond. This project was developed to promote discussions to influence our community to provide support and guidance for services and shelter options to assist victims of domestic violence.

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PRIME CONSULTANTS May 31, 2021



The American Samoa Alliance against Domestic & Sexual Violence also known as the Alliance, receives federal grants from the Family Violence Prevention and Services Administration (FVPSA) as the recognized dual Coalition for domestic and sexual violence in American Samoa¹. In May 2020, the Alliance received supplemental funding of \$80,357 for FVPSA Coronavirus Aid Relief and Economic Security (CARES). As this funding was released American Samoa had just completed a measles vaccination campaign which required the local Department of Health (DOH) to ban public gatherings and close schools through December 16, 2019. American Samoa incurred 12 cases of measles as of January 19, 2020, and zero deaths. In January 2020, the neighboring island country of Samoa reported over 5,700 cases of measles and 83 deaths in a population of 200,874. In the following months COVID-19 was detected in U.S. cities, prompting swift action from American Samoan's Governor at the time, Lolo Matalasi Moliga.

Governor Moliga was proactive in declaring a State of Emergency to prevent the spread of COVID-19 to the Territory by enforcing travel restrictions on all commercial flights as of March 26, 2020. The stories of COVID-19 related deaths in the world, and the impact of the disease on vulnerable populations, like American Samoa, reminded many of our citizens of the devastating effect of the 1918 Influenza pandemic in Samoa. The disease had spread rapidly through the island, resulting in the deaths of 22% (n=8500) of the population.² American Samoa had banned travelers in 1918 resulting in no cases of Influenza in the Territory. It was an easy decision for the American Samoa Government to apply the same protective measures between March 2020 through today.

On March 20, 2020, Jessica Fuimaono was admitted to the local hospital for life threatening injuries sustained after her husband hit her the head with a sledgehammer and set her on fire. The Alliance received an influx of calls for help from domestic violence victims as they shared their stories of violence: an increase of 71% in requests for assistance from female victims. One victim shared:

"I'm still stupid enough not to call the police on him even though he held a knife to my face and tried to stab me with it and he told me to open the door or he'll break it down and cut me into pieces" (personal conversation, April 7, 2020).

The following manuscript provides a road map for disseminating information to the American Samoan community that will help victims, their families, service providers, and community advocates prevent and address domestic violence during a Pandemic. It is *our hope* that gathering relevant information regarding COVID-19, which changes on a daily basis, will help to *inform organizations* on the best way to stay safe during this and any future Pandemic. Through this project we will be developing a toolkit to be shared with the community. We look forward to sharing the toolkit as well in the near future.

In Community,

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¹ Family Violence Prevention and Services Grants to State Domestic Violence Coalitions; <https://www.acf.hhs.gov/fysb/programs/family-violence-prevention-services>, 2021.

² The 1918 Influenza pandemic. Retrieved: <https://nzhistory.govt.nz/culture/1918-influenza-pandemic/samoa>



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Introduction



Hindsight is a gift: the ability to reflect on an experience, learn from it, and grow stronger for it. This is especially true after surviving a negative event. Without adversity, resilience is irrelevant.

Between March 2020 and March 2021, the U.S. and its territories experienced the COVID-19 Pandemic in waves of panic, political and racial tension, social and economic upheaval fueled by the media. All eyes and ears were glued to digital screens churning out information, mis-information, and dis-information around the clock. It was a chaotic 12 months.

Violence erupted in the streets, and behind closed doors. Curfews, lockdowns, stay at home orders, and quarantine placed people in isolation from support networks: family, friends, co-workers, community. Home is not always a safe space. As a Samoan community member stated in a focus group with the Alliance, *'violence is when home is not safe.'*

Social distancing requirements disrupted access to, and availability of, timely services for victims of violence. Standard protocols for obtaining protective orders, finding shelter, and accessing court proceedings were inconsistently and sometimes non-transparently modified to accommodate COVID-19 related restrictions which in large part did not recognize the distinct needs of victims of violence, the elderly, and disabled.

As the U.S. and its territories now move towards pre-Pandemic status, an opportunity arises to reflect on and prepare for the next crisis, the next Pandemic. The lifetime prevalence of gender-based violence against Pacific island women aged 15 through 49 years is between 60 and 80 percent according to the United Nations – among the highest in the world – rising exponentially during the COVID-19 Pandemic. In November 2020, the Alliance conducted a virtual focus group to gather insight from service providers in the social and health care fields in American Samoa. Participants reported an increase in domestic violence, specifically related to drug use, and elder abuse during the nine months prior.

The results of the focus group, community feedback, and a rapid literature analysis informed the production of *'Addressing DVSA During a Pandemic – a Dissemination Plan'* by PRIME Consultants in March 2021. The report promotes **community engagement as the primary strategy** to disseminate this toolkit of resources to **six target groups**: general/multi-ethnic public, adults age 18+ with an emphasis on women, youth, service providers, first responders, and decision makers/leadership. The toolkit incorporates the following recommendations proposed by focus group participants in the Alliance's 2020 Perpetrator Accountability project (Defining Perpetrator Accountability, 2021) and virtual focus group (2020):

Recommendation 1: support church leaders with tools and training to build their capacity to identify perpetrators, address violence early to minimize impact, and build their confidence to discuss violence in their congregations. **Recommendation 2:** design interventions to support the family to help the victim and mitigate stigma. **Recommendation 3:** use protective factors/cultural resources to develop effective interventions with and for men. **Recommendation 4:** help first responders and service providers reflect on their cultural filters to avoid labeling and judgement (victim-blaming).



- *'involve safe practices with children for COVID as well as family safety by teaching children to recognize unsafe situations and raising awareness in the school.'*
- *'engage older youth and adults in the community to make them aware of DVSA, be able to identify the signs, and talk about the issues – partnership with the schools is key.'*

Preventing & Resolving Domestic Violence in American Samoa

Approach

Violence prevention work in the American Samoan community is particularly challenging and requires significant investment in changing norms, attitudes and behaviors of men and women. It demands an **intersectional approach** to intervention – an acknowledgment of the oppression and discrimination that social, cultural, political, and economic differences create in the context of an indigenous culture. The experience and meaning of violence among Samoans are shaped by fa’aSamoa - a unique and complex system of values dominated by the concepts of extended family (aiga potopoto), chiefly structure (fa’amatai), and ceremonial reciprocity (fefa'asoai/fesuaiga). These foundational experiences of spirituality pervade every aspect of Samoan life from birth to death (Sauni). To prevent domestic violence in the American Samoan community, those doing the work must understand and respect the fa’aSamoa. They must demonstrate cultural competency when establishing equality (working through power dynamics), confidentiality (seeking consent and trust), and meaningful engagement (mutual benefit, reciprocity).

Successful domestic violence prevention is grounded in **relationships** established with the six target audiences. *‘It is often felt by Pacific people that the development of the relationship is integral and takes precedence over the importance of the issues or business at hand’*, (Otunuku, 2011). In the context of fa’aSamoa, the basis of a ‘relationship’ is trust and the process of building this trust is critical to successfully preventing domestic violence.

Gaining the confidence and respect of the community involves using appropriate cultural protocols in meaningful engagement. This begins with establishing social connections with individuals, acknowledging their cultural place in society, discovering familial ties and other meaningful associations. Fāgogo, talanoa and tala mai fafo – sharing present and generational experiences – can facilitate this process. Meeting people in their natural settings – at home, church, in the village fale afolau, etc. – can also foster respect and mutuality. In this relationship, those working to prevent domestic violence become part of the communities in which it is happening. They must identify their role in the spatial relationships or tausi le vā, that comprise Samoan life (Enari, et al. 2020). It is from this space that they can work to prevent domestic violence in the community. Investing time in talanoa with the community can build and nurture this space.

During a pandemic, this face-to-face engagement may not be possible which is why now is the time, post-pandemic, to assess relationships with the community. In hindsight, strong relationships with efficient communication protocols would have averted disputes between the government, churches, and businesses over COVID-19 restrictions. The COVID-19 Task Force could have been more inclusive, with equal representation from all sectors of the community. The needs of domestic violence victims and survivors could have been considered when developing pandemic related protocols. Now is the time to seek out those who support efforts to prevent domestic violence to establish relationships built on trust and grounded in the values of fa’aSamoa. Galulue fa’atasi, working together, will ensure effective preparation for preventing domestic violence today and through the next Pandemic.

Cultural Competence

The ability to understand, appreciate and interact with people from cultures or belief systems different from one’s own. (DeAngelis, T., 2015)

Context

This toolkit refers to both victims and survivors of domestic violence. They do not mean the same thing. The term survivor *‘gives agency to those whose rights have been violated and is used as a means of empowerment.’* (Global Coord. To Local Strategies, 2019) The term victim is most often used in a legal context to recognize someone who *‘experienced violation under the law and needs legal justice’*. In the context of a pandemic environment, the resources in this toolkit aim to support the survivor’s ability to sustain a violence-free life and support the victim to find safety.

The U.S. Centers for Disease Control (CDC) and public health experts focused on the science involving the spread of COVID-19. The CDC’s recommendations were broadly written to include everyone regardless of age, gender, environment, wealth, et cetera. Table 1 illustrates those recommendations in the context of the American Samoan community.

TABLE 1	
CDC Recommendation	Samoan Context
Social distancing – 6 feet, limited participants at a gathering, limited exposure to others	Small local ‘bush’ stores, factory and government office spaces place customers and workers in close proximity to each other with poor ventilation; public transport/’aiga buses place riders next to each other. Church activities and worship days are integral parts of the Samoan culture as are fa’alavelave, all of which place people in close proximity to each other. Access to local healthcare, legal and social services limited or made difficult by COVID related restrictions on local travel, waiting room access, hours of operation, reduced workforce.
Wear a face mask	Limited supply of masks; cost prohibitive in the beginning of pandemic. Uncomfortable in the heat, difficult to regulate in schools and in private businesses.
Wash hands and use hand sanitizer	No access to in-home running water for many in villages; limited access in schools. Limited supply of hand sanitizer; cost prohibitive.
Limited social movement, shelter-in-place, school closure	Borders closed; residents trapped on-island without access to off island medical care March through August 2020. No access to Samoa until 2021 for those needing to obtain travel VISAs to access healthcare.

The most significant impact of COVID-19 on American Samoans was the border closure. In addition to stranding hundreds of residents off-island, hundreds more on-island were denied access to healthcare, work, and school off-island. The border closure disrupted the fa’aSamoa and added a layer of isolation not experienced by people in the U.S. continent. However, this swift action is seen by many as the key to maintaining a COVID-free territory and most likely will be implemented during future pandemics.

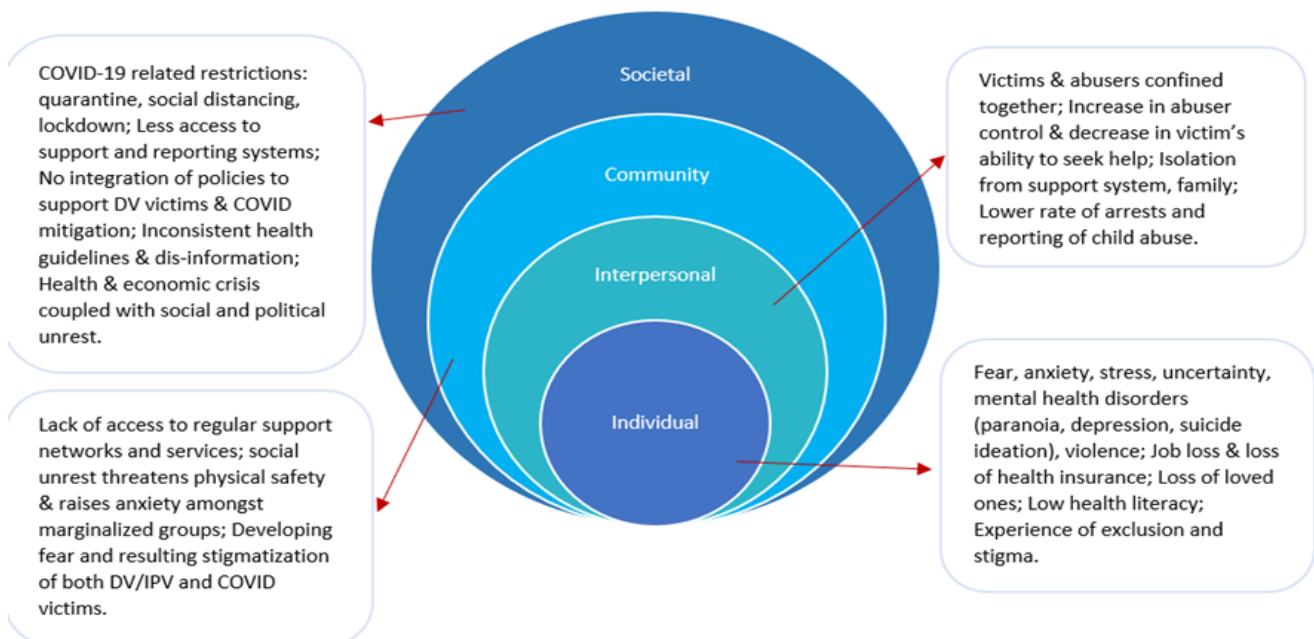
It is in this context that efforts to prevent and resolve domestic violence during a pandemic must be considered.

Prevention Strategies & Resources

Domestic violence comes in many forms. Some leave obvious physical results, others scar emotions and take away basic human rights and freedoms (WHO):

- **Physical violence:** the most commonly understood form includes slapping, kicking, hitting, beating, and generally causing physical harm to the victim.
- **Economic violence:** any act or behavior which causes economic harm to an individual including property damage; limiting access to employment, financial resources, education and public welfare.
- **Emotional/psychological violence:** abuse characterized by subjection to any behavior that causes trauma, fear, anxiety, depression. Examples of this abuse include bullying, controlling behavior, demeaning and violent language.
- **Sexual violence:** any sexual act against the will of another person, including marital rape. Other forms include forced pregnancy, sexual acts, abortion, trafficking, nudity. Any sexual act forced upon another person who has not or cannot give his/her consent constitutes sexual violence.

FIGURE 1: Socio-Ecological Framework for understanding domestic violence during a pandemic.
(adapted from Sanchez, et al., 2020)



Mass media can be used to address each of these areas by **focusing on specific audiences with tailored messages that promote personal safety and prevention of violence**. People create their own culturally shaped reaction to socially created realities like domestic violence. Central values of the fa'aSamoa such as **inter-connectedness, reciprocity, connections to the environment and family history can be woven into messaging**. How victims and survivors access services is also impacted by this socio-cultural context. **Strengths-based interventions** support this context: reframe lockdown to 'staying safe', avoid focusing only on negative experiences, emphasize physical distancing but social closeness, cleanliness rather than 'disease', and safety rather than 'violence'.

Researchers found that people in the Pacific maintained connectedness, a critical component of violence prevention, during COVID lockdowns through a digital *vā* by continual *talanoa* (Enari, 2020; Faleolo, 2020a). Consequently, more people possess online communication skills, are more comfortable with this mode of communicating, and recognize the value of the internet itself. **Mass media has become a strengths-based intervention to prevent violence during a Pandemic.**

The four recommendations produced by the Alliance's Perpetrator Accountability project, and two by the focus group in 2020, focus on the provision of 'tools', and 'training' to 'raise awareness' about domestic violence in the community. The following guidelines and evidence-based resources focus on media as a tool to disseminate information. Most are available for adaptation for use in the American Samoan community during a Pandemic.

Digital & Media Literacy

Digital literacy includes the ethical, social and cultural aspects of online communication products. Rapidly changing technology impacts social action and can be enlisted to pursue the prevention of domestic violence.

The skills and habits of digital and media literacy include being able to access media on a basic level, analyze it in a critical way based on knowledge and experience, and use the information to make decisions. **Digital and media literacy encourage users to question what they find on the internet and engage with the world.**

Media are constructions of other peoples' ideas and choices. Users should be encouraged to ask who created the media, what is its purpose, and what beliefs do its creators have that are reflected in the media content? Is it biased? Is it based on facts?

Media distribution is driven by commercial purposes. Users should be reminded to ask what is the commercial purpose of the media, who benefits, and does this benefit impact the content?

These key concepts are important when developing your social media messaging and products. **Transparency and integration of cultural values will facilitate viewer trust in your content.** Assess your target audience's digital and media literacy, invest time in educating them about trustworthy sources, and provide tools to hone their literacy skills. This is critical to sustainably changing viewer behaviors, enlisting their support to prevent violence, and implementing the actions you are advocating. The IPV Prevention Council provides multiple resources for developing media literacy at <https://preventipv.org/materials/media-literacy>.

Messaging

One of the major communication issues during the COVID Pandemic was, and continues to be, the lack of consistent and transparent messaging from credible sources. The New Jersey Coalition Against Sexual Assault provides the following '**best practices**' on **issuing statements** on Service Delivery Changes During COVID-19 which can be applied to messaging for public action concerning domestic violence as well, and adapted for the Samoan community:

- a) **Be direct and honest:** state what is changing and what is not changing.
- b) **Think of your audience:** avoid jargon and acronyms, no more than two-syllables per word; focus on what is important to your target audience – have the courts changed their hours? Does Legal Aid still provide assistance with filing protective orders? Is a social service advocate available? Provide information that is beneficial to the specific people you serve and make your message inclusive of all marginalized people (LGBTQ+, disabled, elderly, immigrant, etc.)

- c) Design **messages in '3 buckets'**: 'We are here to help you' (confidence, support); 'In need of immediate support? Here's what you can do'; and 'Here is what is changing'. A sample announcement is available as **Appendix B**.
- d) Use **multiple mass media platforms** to disseminate your messages and build your reach.

Best practices for developing messages to prevent violence include (WHO, 2020):

- a) Promotion of zero-tolerance for domestic violence
- b) Teaching positive and healthy relationship skills.
- c) Integrating domestic violence prevention messaging into Pandemic information materials for health workers, first responders, faith-based communities, villages.

Adding quizzes to programming messages, online contests, and use of talanoa through blog dialogues, webinars and podcasts provide interactive components that support self-reflection and increase the likelihood of message retainment. An effective and popular global strategy is the use of **'Do You Know?' messaging** (WHO, 2020). For example, an entire **multi-media messaging package** can be developed around four key informational questions:

1. Do you know what domestic violence is, how often it happens, and what its impacts are?
2. Do you know why domestic violence can increase during a Pandemic and who is at risk?
3. Do you know what intimate partner violence is?
4. Do you know how intimate partner violence is different from domestic violence?

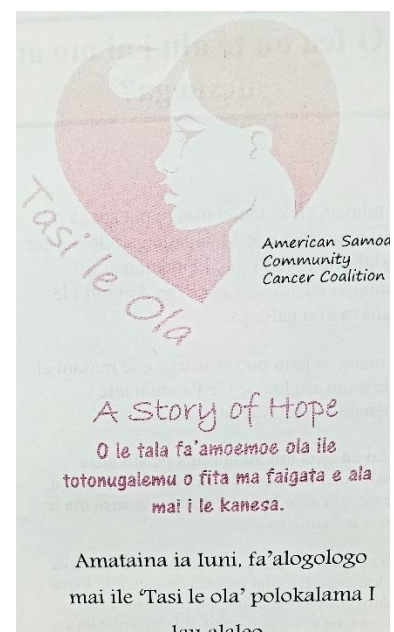
The following **marketing considerations** can guide media teams in message development as well:

- a) Context – ensure the message will be interpreted and received properly by keeping your audience and the environment at the forefront of development and throughout its use;
- b) Relevance – are the tone, visuals, content culturally appropriate and meaningful to your audience?
- c) Contribution – what value does your media add to the prevention of violence?

RADIO & TELEVISION

Provide tailored messaging, talk show content and PSAs that incorporate domestic violence prevention and pandemic-related measures. Statements of validation such as 'I believe you', 'It's not your fault', 'We are with you' can provide hope and support resilience. Bring attention to locally available assistance.

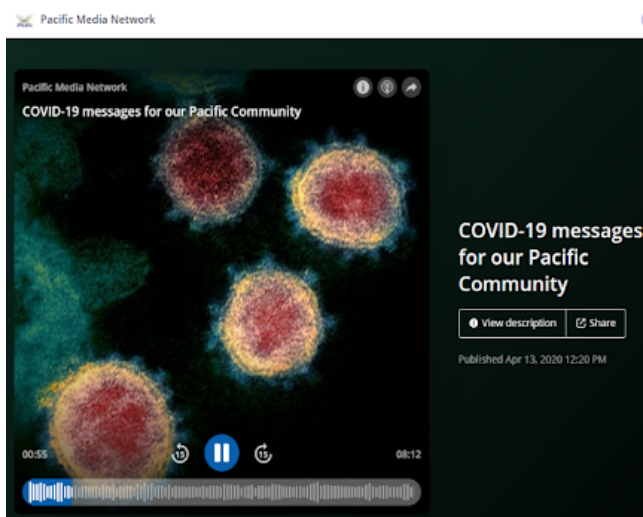
Radio serial dramas have been used in American Samoa to engage women in breast cancer screening. Tasi le Ola was developed using local stakeholder input during activities that documented their experiences with breast cancer and screening. Their outcomes informed health promotion messages, and outlined character profiles for realistic plot situations to convey health messages. A creative brief was developed, based on formative research results with key stakeholder input to enable the writing team to draft Samoan and English Scripts for five, ten-minute radio serial drama episodes. Final scripts were recorded by an all-volunteer cast and edited by project staff. Community members were encouraged to develop the theme song and a community kick off promoted the



radio drama. The kick-off included information booths hosted by community partners, and activities that encouraged women to make their health their priority, in addition to listening to Tasi Le Ola. The drama involved several layers of community engagement from beginning to end prior to airing on a local radio station. The result was an increase in knowledge of ‘breast cancer screening’ and a more open atmosphere surrounding the discussion of cancer in general. This approach can be used to develop a culturally tailored script about how Pandemic-related restrictions isolate a victim and her children with an abuser(s) which puts them at increased risk and demonstrate this situation in a way that is relevant to listeners. The drama series is located on the American Samoa Community Cancer Coalition’s website: www.asccancercoalition.org.

SOCIAL MEDIA

Utilize online platforms as a space for domestic violence prevention messages, to focus community attention on your ‘call to action’. The advantage of social media is its diverse format. Domestic violence prevention advocates can demonstrate, in-language, coping skills and methods to diffuse violence. A comprehensive campaign can include Blogs, podcasts, webinars, videos. The following are examples from across the Pacific.



<https://omny.fm/shows/pacificmedianetwork/covid-19-messages-for-our-pacific-community>

The www.techsafety.org site provides a digital services toolkit for responding to a Pandemic in general, and domestic violence resources in particular including a ‘Guide to Assessing Readiness for Digital Services’ to prime your organization for the use of the internet to engage stakeholders. It helps you to choose a platform, find a website vendor, and use various tools to work with victims (Natl. Network to End DV Safety Project, 2019).

Pacific Islanders in the U.S. and their home countries were found to be more severely affected by COVID-19 than other ethnicities. Reasons for this include increased lack of in-language health information, social practices and

economic realities that preclude their ability to social distance and access healthcare. The **Pacific Islander Health Organization** produced a media toolkit in Samoan, Tongan, Hawaiian, Chamorro and Fijian to disseminate in-language lifesaving information. The ‘messengers’ were notably culturally appropriate: elders, faith leaders, family leadership.



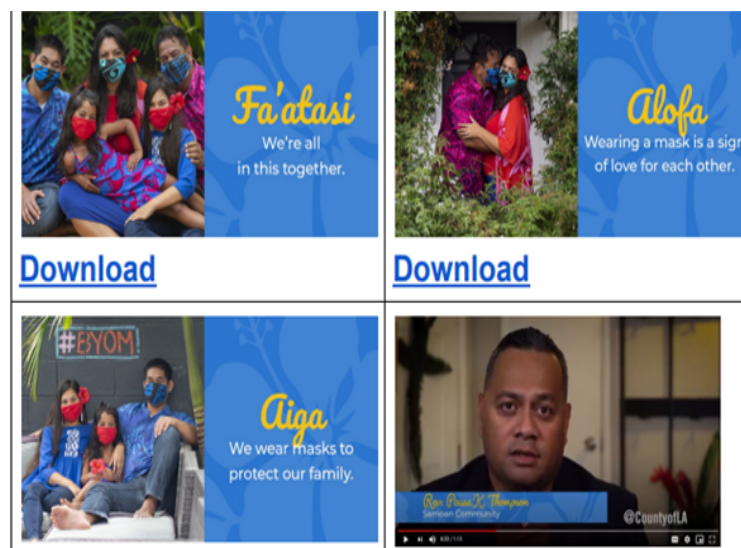
PSA: A message from a Samoan head of household
[Download](#)



PSA: A message from a Samoan elder
[Download](#)



The messages are concise and point to the preservation of family health rather than individual health. These attributes reflect the ‘cultural competence’ of the tools. Domestic violence prevention messages can easily be incorporated into these existing formats.



<https://www.pacificislanderhealth.org/post/la-county-s-covid-19-media-toolkit-for-pacific-islanders>

Hashtags are an important way of associating your posts with similar content which then grows your reach or exposure on the internet. Hashtags categorize media into navigable lists across social media platforms. The easiest way to find an existing hashtag/category is by inserting # before a key word describing your post. A list of similar hashtags will pop up and you can choose the most relevant one, the hashtag with most the most posts, or make up your own. **#AntiDomesticViolenceDuringEpidemic**



Social media can also promote codes for domestic violence victims and survivors who can use them to alert outsiders that they are in danger. For example, in the UK and France pharmacies implemented a **codeword scheme** called ‘Ask for ANI’ to enable people experiencing abuse to speak with a trained healthcare provider on the spot. Victims could access help at over 2300 designated pharmacies. A key finding was that the staff must be well trained in the protocols, and in handling the situation upon confirming the imminence of the violence.

For example, providing counseling and perhaps calling the police would be one response to an Ask for ANI participant. But how far would the staff person be required to support the victim? What if the abuser is in the pharmacy? How would possible violence on the scene be diffused? In Winnipeg, Canada, the largest women’s shelter

was forced to hire a housing coordinator to find women shelter and increase the capacity of its helplines as a result of the influx of codeword users. These types of issues must be planned for carefully if this tool is used.

Faith-based COVID-19 messaging for Pacific communities

Throughout the Pacific, churches have been working together to communicate important COVID-19 messages, while also combating misinformation.

In many Pacific communities, faith and church communities are an important part of everyday life. Religious leaders are held in high regard and can play an important role in communicating disaster preparedness and response messages.

Disaster READY partner, the Church Agencies Network Disaster Operations (CAN-DO), has been supporting faith-based messaging as part of the COVID-19 response in Disaster READY countries and beyond.

A compilation of the posters can be downloaded [here](#).



PRINT – POSTERS, FLYERS, NEWSPAPER ARTICLES

The following are examples of downloadable online tools that can be adapted for use in the American Samoan community by faith-based leaders. **Appendix D** provides a flowchart for handling disclosure of violence by female church members.

<https://www.australianhumanitarianpartnership.org/covid19-resource-centre/faith-based-covid-19-messaging-for-pacific-communities>

Generally, print items should focus on a single topic and area of concern. For example: domestic violence and safety at home. The language should be written in active voice, present tense, and in lay terms. Bilingual versions of print items should be produced. Bullet points, bolding, text boxes, graphs and charts can emphasize certain points and provide concise information for visual learners. The *Dissemination of Rural Health Research Toolkit* is a comprehensive guide with examples of all types of print, and some digital, media.

The screenshot shows the UnitingWorld website. At the top, there's a navigation bar with links: WHO WE ARE, WHAT WE DO, GET INVOLVED, SHOP, NEWS/BLOGS. Below this is the main header 'PASTORAL MESSAGES CONNECTING FAITH AND COVID-19 IN THE PACIFIC'. To the right are logos for the Pacific Conference of Churches, United Church in the Solomon Islands, and UnitingWorld. The main content area features a large banner with the text 'COVID-19 IS NOT A PUNISHMENT FROM GOD' and a 'Recent News' section with two articles: 'India's 'Corona 1' - devastating for church on the fr' and 'India's COVID-19!'. Below the banner is a section titled 'Biblical Theological Guidance during COVID-19' with the subtitle 'Dignity and Protection in the Home during COVID-19'.

<https://www.unitingworld.org.au/pastoral-messages-connecting-faith-and-covid-19-in-the-pacific/>

Reverend Dorothy Jimmy of the Presbyterian Church of Vanuatu (PCV) has been sharing the messages in her church and her words have reached people nationwide. One of her Sunday sermons was broadcast on national television and she used the opportunity to share the messages as well as reflections on gender-based violence and the need to promote dignity and protection in the home during COVID-19.

Additional examples:

Outreach materials for the Samoan community

The grid contains six outreach materials for the Samoan community. The top row includes a poster about staying safe at home, a poster about social distancing, and a flyer about seeking help. The bottom row includes a poster about spreading the word, a poster about social distancing, and a poster about protecting everyone by only gathering with people you live with. Each material includes text in both Samoan and English, along with a 'Download' link.

<https://www.pacificislanderhealth.org/post/la-county-s-covid-19-media-toolkit-for-pacific-islanders>



If someone is scared in your bubble, **show comfort**.
If someone is angry, **practice understanding**.
If someone is anxious, **show patience**.
Our peoples' ways are being adjusted for **our wellbeing**.
Our families are big, but **our hearts are bigger**.
Our cultures are strong, **stronger than fear**.
Our values are strong, and give us strength to persevere.
It's **our responsibility** to follow the lockdown rules to save lives.
It's **our responsibility** to stay home, and stay safe.
It's **our responsibility** to show love and respect.



<https://www.pasefikaproud.co.nz/assets/Resources-for-download/PasefikaProudResource>

Adaptation

TRANSLATION & CULTURAL CONSIDERATIONS

The majority of American Samoa's residents speak a language other than English in their homes (U.S. Census, 2010). When providing information to the public the method of communication is as important as the mode. Polynesian cultures are sustained through language and ritual. Using Gagana Samoa, or Samoan language, in its appropriate form for context is required to effectively transfer knowledge to the community. There are two forms of the Samoan language – one used in everyday communication, and a 'higher language' used by matai and faifeau. The latter is characterized by metaphors, poetry, history, legend and reserved for occasions upon which to lavish praise on other people – a verbal veneration that demonstrates humility and respect. When communicating with matai, faifeau and elders the proper form of 'everyday' Gagana Samoa is used if not the 'higher' form. Cultural experts and linguists should be included in the development of information disseminated to the Samoan speaking public.

The higher form of Gagana Samoa may be above the literacy level of many Samoans, and is not the 'direct and concise' form of language recommended for use in public health communication. However, traditional protocols should be followed. To increase access to information, a simpler version of communication using 'everyday Samoan' should be disseminated as well.

Translation from one language into another should follow an evidence-based protocol. The World Health Organization provides online guidelines for **translation and adaptation of instruments**:

https://www.who.int/substance_abuse/research_tools/translation/en/. Implementation includes four steps:

"The importance of by Pacific and for Pacific and the nature of these services cannot be overstated."

Sio, A.W., Pasifika Med. Assoc., April 14, 2021

1. Forward translation (from source language to another language)
2. Expert panel back-translation (translation of translated document back to source language)
3. Pre-testing and Cognitive Interviewing with individuals who are representative of the target audience
4. Final translated version

Content and language experts should be used to validate the translation and the protocol to produce it. The following documents provide guidance for meaningful language access by victims and survivors of violence who possess limited English proficiency.

Source	Document Link
Washington State Coalition Against Domestic Violence	http://www.ncdsv.org/images/modelprotocolserviceslimitedenglish.pdf
Asian Pacific Institute on Gender-Based Violence	https://www.api-gbv.org/culturally-specific-advocacy/language-access/
Natl. Sexual Violence Resource Center	https://www.nsvrc.org/sarts/toolkit/6-3

Other cultural considerations include the choice of ‘messenger’ – who is the appropriate spokesperson to convey your message; gender of the target audience – is the message appropriate for men and women or does it include words and concepts considered taboo for public discussion? Although the Samoans are the majority ethnic group in the Territory, there are a considerable number of immigrants from Tonga, Philippines, and Asia. Translation and cultural considerations for these groups should be incorporated into your media.

Finally, domestic violence and sexual assault are not light topics to discuss in a public forum. These issues and their victims are shrouded in social stigma that create barriers to help-seeking. A collectivist, interdependent culture like the fa’aSamoa values family over individual needs. Victim-blaming commonly results from social stigma as a means of deflecting shame and blame from the perpetrator who is often a male leader in the family unit. Your media messages can reduce stigma.

WAYS TO REDUCE STIGMA

- Spread the facts: Insufficient knowledge about violence and COVID-19 increases social stigma.
- Engage social influencers such as religious leaders or other community leaders. Encourage them to prompt their communities to reflect about people who are stigmatized and how to support them and reduce social stigma.
- Collective solidarity and cooperation prevents further violence and virus transmission.
 - Share sympathetic narratives or stories that humanize the experiences and struggles of individuals affected by violence & COVID-19
 - Communicate support and encouragement for those who are on the frontlines including health care and social workers, volunteers, and community leaders. Facts, not fear, will stop the spread of COVID-19 and support victims of violence
 - Share facts and accurate information about domestic violence and COVID-19.
 - Address myths and stereotypes.
 - Choose words carefully. The way we communicate can affect the attitudes of others.

The TRINITA HEALTH EDUCATION MODEL is an example of **how pandemic related outreach can be adapted to reduce stigma.**

Italy was one of the first countries to mandate complete public lockdowns. From this experience the **Trinita Health Education Model** emerged as a way to reduce stigma surrounding COVID. The mayor of an Italian town in Sardinia with a population of 2208 gathered epidemiology experts and respiratory specialists to organize online events with the primary aim of explaining the key features of COVID. The aim was to divert the public's attention from sensationalized misinformation and change or prevent dangerous behaviors and attitudes. The interactive program allowed every citizen to ask questions and receive direct answers from the speaker. The events were promoted in the local community using an official website, Facebook and WhatsApp groups. Feedback from participants confirmed the successful reduction of stigma and improvement of public knowledge and beliefs about COVID-19 (Sotgiu, et al. 2020).

Violence prevention information, coping skills, safety planning guidance can be integrated into Pandemic related prevention materials for health workers and first responders. Integrated messaging can safely provide assistance to victims under the guise of health information. The widespread and inclusive virus prevention messages can be 'sensitized' to the causes of violence. An example is an Iraqi online awareness messaging scheme that coupled virus prevention information with how to 'behave when partners are at home together' (WHO). Another is guidance for creating a safety plan in the event of virus infection which can include actions for when the home is unsafe for any reason (including violence). **Integrated messaging is an opportunity to creatively address domestic violence during a crisis.**

Online Tools for Victims/Survivors

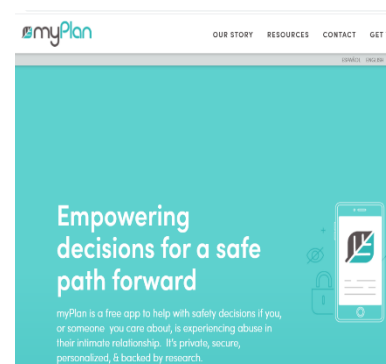
During a Pandemic, providers can redirect social services and psychosocial support through online, phone, social distanced mechanisms. **Appendix A** provides a diverse list of regularly updated online resources.

Several tools for communicating safety and reducing fear during pandemics were piloted prior to the COVID-19 outbreak. Digital interventions have been confirmed to promote and enable safety behaviors (Decker, et al., 2020). Virtual interventions have been successfully tested in a number of high-risk minoritized populations to address gendered burdens and their impact specifically on women (Viveiros, et al., 2020). Various narrative reviews on the use of web-based interventions reveal that there are few rigorously conducted studies explicitly validating their use to establish safety behaviors among victims of violence. However, a few surveys indicate that victims prefer guided online support and found web-based interventions '*supportive and a motivation for action*' (Hegarty, et al., 2019, Jewkes, et al., 2020, Koziol-McLain, et al., 2018).

The following **web-based applications** can help victims establish safety:

myPlan – the app content, interface and implementation can be adapted for use in American Samoa. A study in Kenya demonstrated its high feasibility, and the acceptability of community-partnered technology-based safety planning interventions like this (Decker, et al, 2020). MyPlan has a 'My Safety' risk assessment section that converts responses to validated levels of exposure to danger. The 'My Priorities' section is an interactive visual aid to set priorities for safety – gauging importance between priorities such as privacy, severity of violence, wellbeing of children, social support etc. and

<https://www.myplanapp.org/>



emphasizes importance of safety and inclusiveness (Glass, et al., 2015, Decker, et al., 2020).

iCan Plan 4 Safety – is an online safety and health intervention proven effective in a Canadian study (Ford-Gilboe, et al., 2020). This is an example of a web-based tool that can be created for American Samoa.



<https://icanplan4safety.ca/>

Safer & Stronger Program – is a set of two web-based tools (male and female) for abuse awareness, support and safety planning using videos featuring survivors sharing their experiences.

<https://saferstronger.research.pdx.edu/solution/safer-stronger/>

Where resources are limited, such as in American Samoa where many do not have safe, consistent access to internet, a **safe system of alert** using low/no tech is a critical need to provide victims with little/no resources entry points to alert advocates of their needs. Solutions include adapting existing safe spaces for women into ‘phone booth stations’ accommodating limited seating/gathering guidelines for COVID, ‘no-dial or off line chat’ phone options, service integration in high traffic areas frequented by women like grocery stores, pharmacies, markets; alert chains using objects or code words to signal for help. To be effective the alert systems should not be widely known beyond survivors at risk and victims. Under the guise of Pandemic messaging, the information can be disseminated to the target audience however there must be a clear referral pathway to safety at all times.

Local Resources for Victims/Survivors

First and foremost, victim services must be categorized ‘**essential services**’ by the local government to ensure access to the women’s shelter, court, and protection orders.

Secondly, advocates can organize **community responses** to stay-at-home orders:

- Use media to make abusers aware that the community is ready to support victims;
- Use visual and audio signals outside homes or on their person, code words on the phone or online to signal for help – community members can respond to signals by calling emergency hotlines or bringing in appropriate cultural interventionists.
- A community volunteer system can ensure those in isolation receive food deliveries, prescriptions, mail, counseling.
- Enhanced surveillance like ‘neighbor watch’ to report signs of abuse.
- Social support can be provided through virtual chat groups, support groups, telemedicine and counseling to keep people connected. E-talanoa is a concept coined by Faleolo (2016; 2019; 2020b) referring to ongoing dialogue, sharing of ideas, and storying experiences using online forums while maintaining important Pasifika protocols and understandings of vā. Enari and Fa’aea (2020) furthered the concept as ‘digital vā’.

There is a critical need for **social safety nets** – social support networks online during a Pandemic. Informational support is focused on the what’s happening in the community – closures, restricted hours, help hotlines, virtual

town halls with health professionals. Community engagement is a critical factor tying the support system together. UN Women recommends raising visibility of increased violence and building strong networks.

The 2020 IPSOS Pub poll shows 1 in 5 Americans under age 35 sought professional counseling since the pandemic began which indicates a need to address the impact of social isolation among young people. Tools like the **Daily Coping Toolkit** (smartpatients.com) and the free **COVID Coach app** (https://play.google.com/store/apps/details?id=gov.va.mobilehealth.ncptsd.covid&hl=en_US) focus on wellbeing in the face of COVID related environmental changes that impact mental health outcomes. Several domestic violence and mental health websites offer tools to apply ‘**psychological first aid**’ (PFA) to address health anxiety – stress directly resulting from COVID-19 and related impacts such as violence:

<https://apps.apple.com/us/app/pfa-mobile/id551079424> The free PFA Mobile app was designed by the U.S. Dept. of Veterans Affairs to assist first responders who provide psychological first aid or PFA. The app can be used by victim advocates and outreach workers.

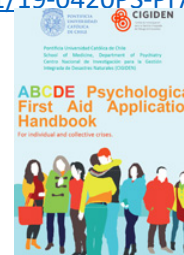


The PFA Pocket Guide includes a day-to-day Stress Assessment and other exercises to understand self-care, the stress from caring for others, personal factors and support systems.



https://www.globalfirstaidcentre.org/wp-content/uploads/2021/01/19-0420PS-PFA_Pocket_Guide_2020_EN_FA.pdf

The ABCDE Handbook guides the lay-person in applying PFA in <https://www.preventionweb.net/publications/view/67196>



various crisis contexts.

Web-based behavior interventions are beneficial to victims and structured reviews on the effectiveness of devices such as assisted self-interviewing, interactive video, internet applications 17 studies which revealed improved knowledge and/or behavioral outcomes for participants using web-based interventions. (Wantland, et al., 2020).

providers as evidenced by kiosk-based computer etc. in a meta-analysis of

Advocacy is provided locally by the following non-profit organizations:

Back on Track – Ms. Mona Uli, President (684)272-0037 FB: @BOT684

Mana Community Support Services - Ms. Elizabeth Mailo, Advocate (684)252-1285 mailo02324@gmail.com

Catholic Social Services – Ms. Nancy Tagaloa, Director, (684)699-6611

Outreach materials and referral to appropriate services is provided by the American Samoa Alliance Against Domestic Violence and Sexual Assault – the designated DVSA prevention Coalition in the Territory – reachable at (684)699-0272/0273 and Monday through Friday at the Nu'uuli office from 8am through 4pm.

Legal assistance is available at the American Samoa Legal Aid office – (684)633-3300/3301 asla@aslegalaid.org as well as the Attorney General's Office at the Dept. of Legal Affairs – (684)633-4163 ag@la.as.gov

Services such as the single Women's Shelter, substance abuse counseling and rehab, financial assistance are available through referral to government service providers. Any of the providers above can make the referral.

Resources for Service Providers & Advocates

Effective modes of communication can support a coordinated community response to violence during a Pandemic.

Each sector identifies its stakeholder audiences to tailor and frame safety and prevention messages appropriately.

Domestic and sexual violence includes 'Intimate Partner' violence or IPV which recognizes violence occurring specifically between two adults in a relationship.

Intimate Partner Violence

(IPV) screening is one of eight preventive services that would ensure women's health and well being

- IPV interventions are low cost
- Interventions are evaluated to be effective at increasing the safety of abuse women
- Offers a solution for an underlying risk impacting at least 25% of women
- Women Who Talked to Their Health Care Provider About Experiencing Abuse Were
 - 4 times more likely to use an intervention
 - 2.6 times more likely to exit the abusive relationship

IPV is most prevalent among women of reproductive age - one in six pregnant women in the U.S. have been abused by a partner (AHRQ, 2021). Ninety-six percent of women receive prenatal care which opens the

COORDINATED COMMUNITY RESPONSE

What can be done to address violence against women during the COVID-19 response

Although the COVID-19 pandemic has placed an immense burden on health systems, including frontline health workers, there are things that can help mitigate the effects of violence on women and children.



Governments and policy makers must include essential services to address violence against women in preparedness and response plans for COVID-19, fund them, and identify ways to make them accessible in the context of physical distancing measures.



Health facilities should identify and provide information about services available locally (e.g. hotlines, shelters, rape crisis centers, counselling) for survivors, including opening hours, contact details, and whether services can be offered remotely, and establish referral linkages.



Health providers need to be aware of the risks and health consequences of violence against women. They can help women who disclose by offering first-line support and medical treatment. First-line support includes: listening empathetically and without judgment, inquiring about needs and concerns, validating survivors' experiences and feelings, enhancing safety, and connecting survivors to support services. The use of mHealth and telemedicine in safely addressing violence against women must urgently be explored.



Humanitarian response organizations need to include services for women subjected to violence and their children in their COVID-19 response plans and gather data on reported cases of violence against women.



Community members should be made aware of the increased risk of violence against women during this pandemic and the need to keep in touch and support women subjected to violence, and to have information about where help for survivors is available. It is important to ensure that it is safe to connect with women when the abuser is present in the home.

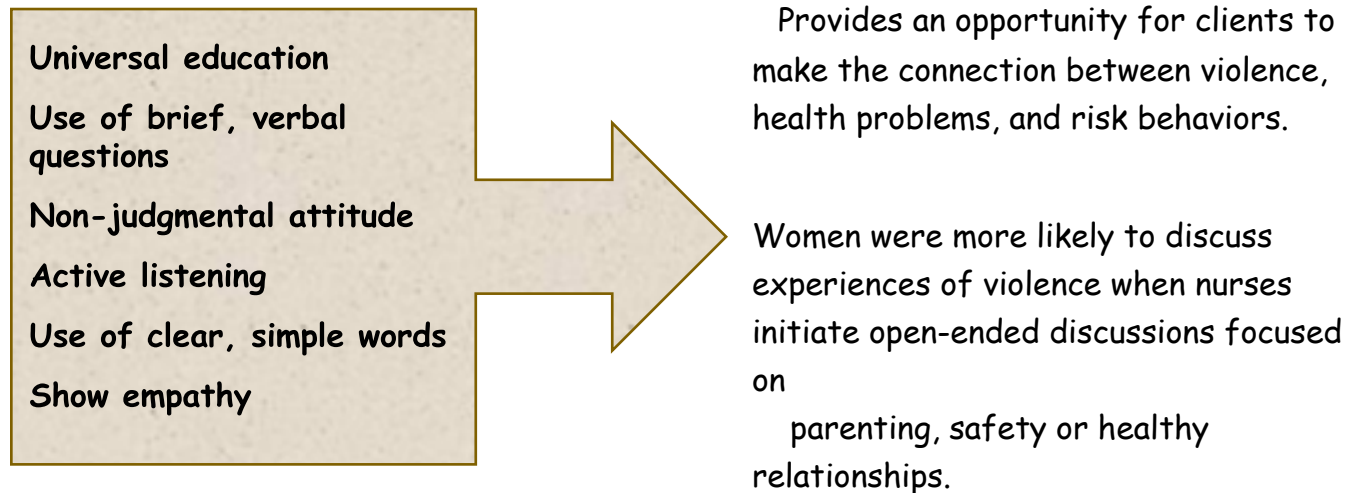


Women who are experiencing violence may find it helpful to reach out to supportive family and friends, seek support from a hotline, or seek out local services for survivors. They may also find it useful to have a safety plan in case the violence escalates. This includes having a neighbor, friend, relative, or shelter identified to go to should they need to leave the house immediately for safety.

The USPSTF recommends screening women of childbearing age (up to age 46) for IPV and conducting a follow up with any woman with a positive screen.

opportunity to screen. Women who received prenatal counseling for IPV had fewer recurrent episodes of IPV during and post pregnancy. All women can be screened for abuse in the healthcare setting. Counseling on safety behaviors, home visits, and mentoring support are effective evidence-based interventions.

What type of Domestic Violence screening practices are most effective?



76% of IPV interventions implemented by healthcare workers resulted in at least one statistically significant benefit including reduced violence, improved health outcomes, safety, and uptake of IPV resources.

The U.S. Preventative Services Task Force lists the following screening tools as having the most sensitivity and were the most accepted for use by healthcare providers for ease of use and time required:

- HARK (Humiliation, Afraid, Rape, Kick) www.ncbi.nlm.nih.gov/pmc/articles/PMC2034562/table/T1/
- HITS (Hurt, Insult, Threaten, Scream), OVAT (Violence Assessment Tool) STaT (Slapped, Things and Threaten), WAST (Woman Abuse Screen Tool)
<https://www.cdc.gov/violenceprevention/pdf/ipv/ipvandsvscreening.pdf>

Appendix C is a flowchart illustrating how domestic violence victims can find their way into the healthcare system and proposed protocols for screening and referral. Healthcare providers can establish relationships with social service providers to ensure referred patients are not lost to follow-up, or lost in the system. The following infographic illustrates how healthcare providers can become the catalyst for victim safety:

Health systems can help women survivors of violence during COVID-19



WHAT CAN HEALTH WORKERS DO?

- Be aware** of the increased risk of domestic violence in the context of COVID-19.
- Recognize the signs** and know when and how to ask about violence.
- Provide timely care** for physical, sexual, reproductive and mental health.
- Provide first-line support** to survivors.
- Share information** about available support and establish referrals to other essential services.

Resources for Employers

How Domestic Violence Affects Victims in the Workplace

Victims often:

☐ Show up late to work

☐ Exhibit signs of stress

☐ Have missing classes

- ❖ 65% of companies don't have a formal workplace DV prevention policy
 - ❖ 16% of organizations have had a DV incident in the past 5 years
 - ❖ 19% had an issue in the past year
 - ❖ 22% did not know . . . Ignorance is no longer an excuse
- shrm.org, 2013

To mitigate the impact of violence during a Pandemic, service providers, employers and advocates can

- Raise awareness of the increased prevalence of violence as a result of isolation and social distancing;
- Provide psychosocial support for employees, especially frontline workers, experiencing stress and burnout.

Private businesses can make an impact. In 2019, Vodafone – the largest telecommunications company in Europe and Africa, launched the first global domestic violence policy to support its employees across the globe.

Vodafone and Vodafone Foundation are committed to supporting those affected by domestic abuse during the lockdown. Here are some of the ways we're helping.

For our employees, Vodafone is:



Providing guidance for line managers to **support team members** who might be experiencing abuse at home



Providing access to support through the Bright Sky app, which has seen a **47% increase in downloads in the UK**



Training Czech mail delivery staff to **spot the signs of domestic violence**

Vodafone Foundation is:



Enabling South Africa's 24/7 support line – which has seen a **65% increase in calls**



Connecting people in Portugal to national support services through the **3060 SMS Line**



https://www.vodafone.com/content/dam/vodcom/files/vodafone_domestic_violence_toolkit_2020.pdf

A workplace of inclusion, equality and trust were viewed as the key to the success of this program. 95% of Vodafone's markets stated that the in practice, the Domestic Violence and Abuse policy had been either 'extremely or very important' in the support of employees affected by violence. 68% of employee assistance was provided through counseling and advice, 55% through referrals to service providers.

Vodafone's policy addresses the following and can be used as a **guide for local employers**:

- Conduct that occurs off-duty.
- Security concerns.
- Violations of an employment agreement or other condition of employment.
- Non-actionable conduct that nonetheless needs to be addressed because knowledge regarding the issue is raising concerns or otherwise disrupting the work environment.

Having the policy in place acknowledges that domestic violence exists and provides a clear path for addressing it in the workplace.

The Colorado State Employee Assistance Program website demonstrates the type of support that help employed victims and survivors throughout a Pandemic:

<https://cseap.colorado.gov/toolkits/coronavirus-pandemic-and-emotional-wellness>



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Domestic Violence in the Era of COVID-19: What Can Employers Do?

By Adam Fiss and David Gartenberg on April 20, 2020



While the COVID-19 pandemic is first and foremost a public health crisis, it also profoundly impacts virtually every aspect of society. One perhaps unanticipated effect of the pandemic and the corresponding shelter-in-place and stay-at-home orders is a marked increase in domestic violence worldwide.

COVID-19 and the economic, governmental, and psychological reactions to it aggravate many of domestic violence's risk factors. Multiple studies show unemployment and economic hardship at the household level are strongly correlated with increases in abusive behavior. Compounding these economic factors are the widespread stay-at-home orders blanketing much of the globe. While these orders may help slow the spread of COVID-19, the forced confinement to the home increases the odds for an incidence of domestic violence to occur.

Stay-at-home orders also hinder victims' ability to seek help when facing violence. Victims often wait to be alone—such as when a partner leaves to go to work—to get help. Those chances to be alone have now dwindled. They also have more limited outlets in which to seek help because many courts have temporarily barred in-person hearings—such as to obtain a restraining order—and most domestic violence counseling services are operating on

Littler Global is the 'largest law practice in the world exclusively devoted to representing management in employment'

(www.littler.com/history). Their online article "**Domestic Violence in the Era of COVID-19: What Can Employers Do?**" provides employer-relevant guidance, including OSHA and MSHA rules, sample policies and procedures (Fiss & Gartenberg, 2020):

"The most important thing employers can do is simply be aware of the increased risk of domestic violence, and make sure their employees are likewise kept apprised of any resources employers may provide. For example, many employers maintain employee assistance programs (EAPs) that provide for employees confidential counseling. EAPs are likely of utmost importance now and it may be a good time to remind employees of their availability."

<https://www.littler.com/publication-press/publication/domestic-violence-era-covid-19-what-can-employers-do>

During a typical 24-hour day a full-time employee will spend at least eight hours at the workplace, an hour commuting to and from the workplace, eight hours asleep, and possibly seven hours awake and interacting with family and others. Or, in the case of a Pandemic lockdown, 24-hours in the home, possibly with an abuser.

Keeping employees connected to the workplace during a lockdown is therefore critical for those at risk for domestic violence in the home.

Creating a 'Safety Plan' with employees as part of the employee policy provides a low-risk opportunity for employees to really think about their situation in a crisis and prepare.

This infographic provides three immediate considerations:

- 1) Identify a safe space to escape to;
- 2) Plan how to safely leave and get to that space;
- 3) Secure necessities for a quick exit.

Appendix E provides links to further guidance and tools for Safety Planning.

The following are **links to expert guidance for employers** to support workers experiencing violence every day, and specifically during a crisis:

Make a **safety plan** for you and your children:

If you are experiencing violence at home and need to leave in a hurry

Identify a friend, neighbour, relative, or shelter you can go to



Plan how to get there



Keep ready essential personal items to take with you



World Health Organization

human reproduction programme
hrp
research for impact

<https://www.workplacesrespond.org/resource-library/workplace-toolkit/>

WORKPLACES RESPOND
TO DOMESTIC & SEXUAL VIOLENCE
A NATIONAL RESOURCE CENTER

Resource Center ^

Facts & Research Workplace

I'm looking for resources as a...

Survivor

Employer

Co-worker

Advocate

Available Resources
Factsheets & Guides
Education & Training
Workplace Tools
Webinars & Videos

<https://www.lawschool.cornell.edu/academics/experiential-learning/clinical-program/gender-justice-clinic/domestic-violence-and-the-workplace-model-policy-and-toolkit/>

Cornell Law School

Academics / Experiential Learning / Clinical Program / Gender Justice Clinic

Domestic Violence and the Workplace Model Policy and Toolkit

Appendix A: Online Links to Domestic Violence Prevention Resources

Link	Brief Description
www.cfw.org	Chicago based advocacy focused on work and economic security, violence, access to advocates.
www.futureswithoutviolence.org	A health and social justice nonprofit providing programs, policy development, public action campaigns to end violence; provides info on COVID-19 for victims
https://ncadv.org/resources	Provides resources for those working with victims and survivors of domestic violence.
https://blog.techsoup.org/posts/nonprofit-resources-for-remote-work-during-the-covid-19-outbreak	Support for nonprofits/DV programs during a pandemic that involves social distancing
www.techsafety.org/digital-services-toolkit	Technology safety in the context of domestic violence, sexual assault, and violence against women.
http://www.acalltomen.com/	'Breaking out of the Man Box' multimedia site providing solutions and practical approaches toward ending gender-based violence.
www.mediaed.org	'Killing Us Softly 3' – an analysis of advertising's depiction of women in print and TV ads, revealing a pattern of destructive gender stereotypes.
www.transformcommunities.org	Multicultural alliance building using a 'community mobilization toolkit' Marin Abused Women's Services.
https://thecommonwealth.org/media/news/blog-samoas-response-violence-against-women-and-girls-can-guide-other-countries	A blog highlighting the '16 days of action' series designed to showcase multi-disciplinary solutions by 54 member countries in addressing gender-based violence which includes 'Samoa's response to violence against women and girls'.
https://www.api-gbv.org/resources/gaps-and-assessments-american-samoa/	Resources about DVSA among Pacific Islanders
www.nnedv.org/latest_update/resources-response-coronavirus-covid-19/	Projects address causes and consequences of domestic violence through state, national and global collaborations.; resources on COVID response for DV programs. "How to Prevent Zoom Bombing" guide
https://www.helpguide.org/home-pages/domestic-abuse.htm	Help topics include elderly abuse, men abused by men, abusive relationships, recovery from rape and trauma.
https://www.restored.contentfiles.net/media/assets/file/Restored_COVID19_toolkit_Churches.v3.pdf	Toolkit for churches – includes prayer blog
https://www.unhcr.org/gbv-toolkit/guidance-and-tools/	A repository of GBV tools and guidance from the UN Refugee Agency including infographics, reports
https://www.loveisrespect.org/	Q&A on relationships, dating, LGBTQ+ issues
www.asalliance.co	Strengthening member organizations to advocate for victims, create safe spaces, and hold perpetrators accountable. Samoan resources including podcasts, webinars, newsletters, assessments.

Appendix B: Sample announcement for service providers (paragraphs can be posted as separate messages on social media platforms) <https://njcasa.org/covid-19/#april3>

(Bucket 1)

We know that we are working in unprecedented times. The widespread impact of COVID-19 has caused sexual violence service providers throughout the state to rethink how they can best meet the needs of their communities.

NJCASA is working diligently with New Jersey's sexual violence programs to continue supporting survivors in this ever-changing landscape.

Our commitment to serving survivors of sexual violence **does not change.**

(Bucket 2)

Are you ... in immediate crisis?

If you are in an emergency situation, **call 9-1-1.**

For support and information, you can speak to an advocate by calling New Jersey's confidential, statewide sexual violence hotline: 1-800-601-7200.

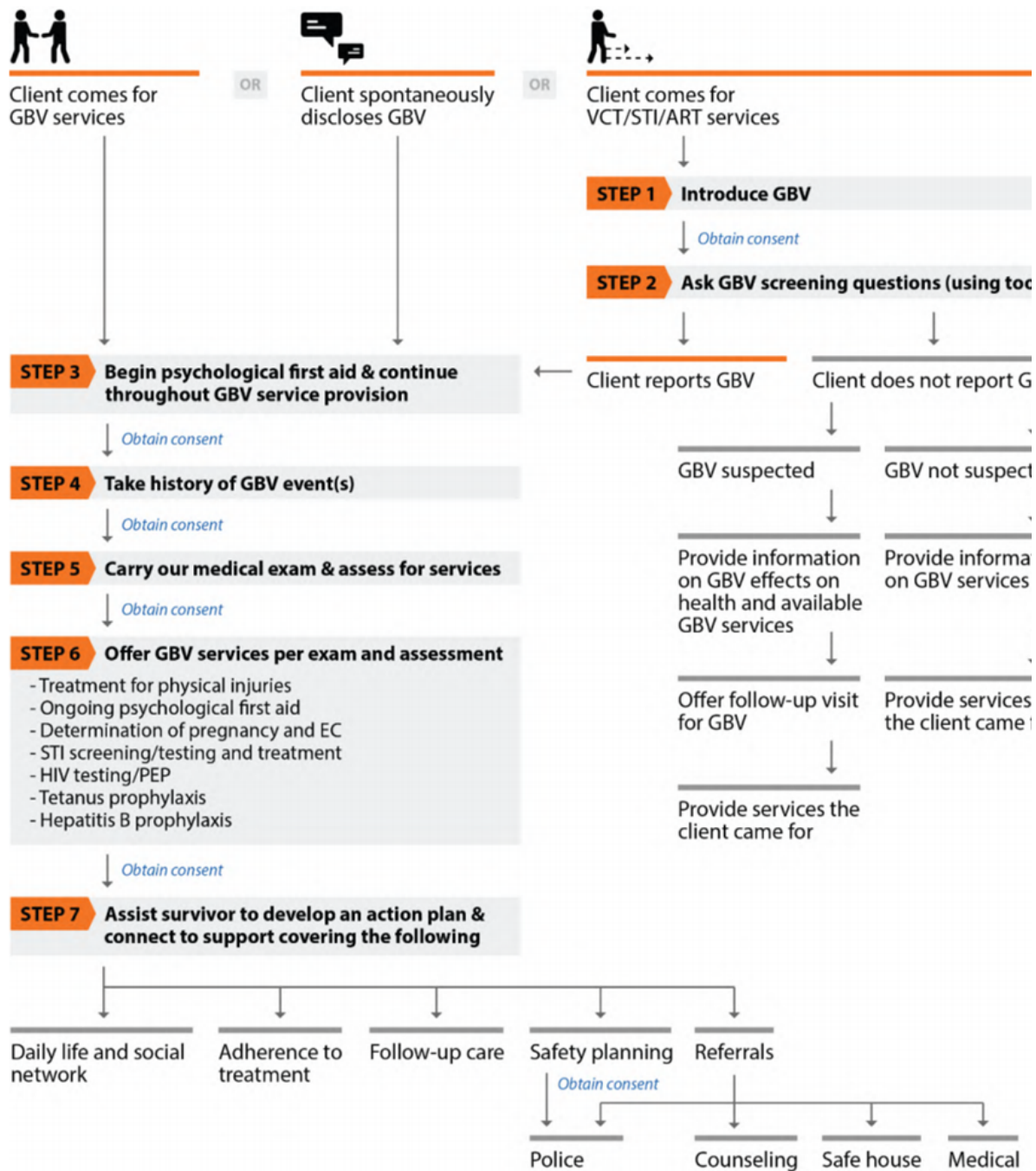
If you have been assaulted, **you can still go to a hospital and have evidence collected and preserved in a rape kit.** Physical evidence can be collected up to five days after an assault.

(Bucket 3)

Due to new hospital procedures to prevent the spread of COVID-19, **you may not be able to have face-to-face contact with a Confidential Sexual Violence Advocate (CSVA).** However, CSVAs are still available via phone or videoconferencing and will be able to offer you guidance and assistance.

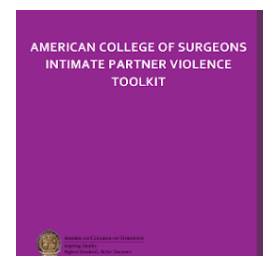
As of April 3, 2020, the New Jersey Court system has outlined a new procedure for obtaining a temporary protective order, which is modified to be responsive to COVID-19 concerns. The process includes submitting the completed application via email, then waiting for family court staff to contact you to set up a video or telephonic hearing. You can access the "[Procedures for Obtaining a Temporary Protective Order](#)" here. **Please note that procedures may change as circumstances evolve in the midst of this pandemic.** Please contact [your local family court](#) for the most up-to-date information before applying for a TPO.

Appendix C: Flowchart for Hospital-Based Domestic Violence Screening Protocol



The American College of Surgeons provides a 'Intimate Partner Violence Toolkit' – a streamlined guidance for physicians to identify, assess, and refer patients safely:

https://www.facs.org/-/media/files/member-services/initiatives/intimate_partner_violence_toolkit.ashx



Appendix D: Flowchart for Church-Based Domestic Violence Screening Protocol

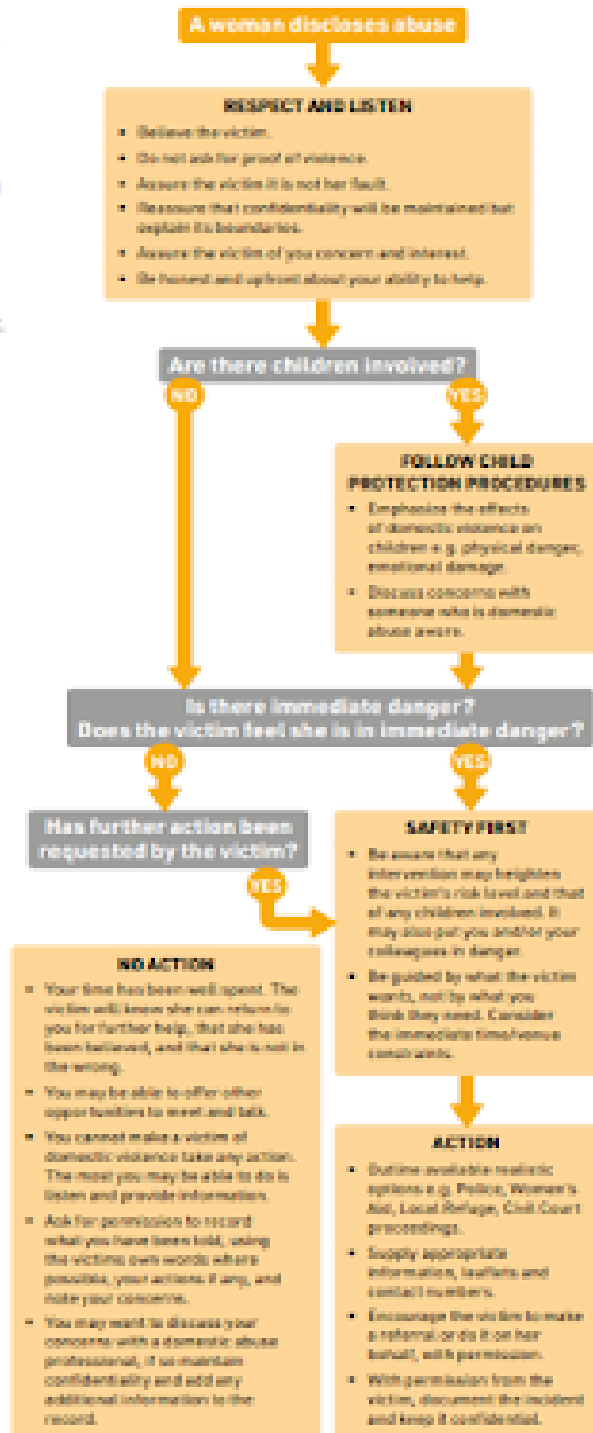
10 Things to do when responding to a victim

- 1 Allow time for the person to talk.
- 2 Listen to what she has to say and take it seriously.
- 3 Believe her; her description of the abuse is probably the tip of the iceberg.
- 4 Give priority to her immediate safety and that of any children involved.
- 5 Empower her to make her own decision by providing relevant information and resources.
- 6 Support her and respect her choices.
- 7 Let her know that it is not her fault, she doesn't deserve this treatment and it is not God's will for her.
- 8 Be patient.
- 9 Pray for courage and protection for her and her children. Pray for the abuser to stop behaving in an abusive way. For him to recognise, repent and own his behaviour and take the necessary steps to seek professional support.
- 10 Address any faith concerns she may have about leaving an abusive relationship.

10 Things not to do when responding to a victim

- 1 Do not ask for proof of the abuse or act in disbelief.
- 2 Refrain from judging her or what she is telling you.
- 3 Don't minimise the severity of the experience or the danger she is in.
- 4 Never blame her for the abuse or suggest she could "try harder".
- 5 Never make decisions on her behalf or tell her what to do.
- 6 Don't approach her partner to hear his side of the story. This will endanger her and any children they have.
- 7 Don't encourage her dependency on you or become emotionally involved with her.
- 8 Don't allow any religious reasons that the abuser may have used to excuse the abuse or go unchallenged.
- 9 Refrain from making unrealistic promises.
- 10 Don't recommend couple counselling, or marriage courses or any similar tools. These will not address the abuse. On the contrary, the abuse might increase and the abuser will find new ways and places to be abusive.

HOW TO HANDLE DISCLOSURES - FLOW CHART



https://restored.contentfiles.net/media/assets/file/Restored_Covid19_toolkit_Churches_v3.pdf

Appendix E: Resources for Safety Planning

No one-size-fits all approach or plan exists. Individuals experience violence in different ways and have their own priorities, values, needs. In the American Samoan community, leaving a violent home or situation may not be possible for many reasons – no where to go, lack of space in the single shelter, caring for children and elderly, cultural reasons. In the Western context the main component of a safety plan is getting away from the abuser. In the context of the fa'aSamoa a safety plan may not include leaving. Each of the following links to guidance and examples of safety planning must be adapted for the individual and the context in which the abuse is happening.

<https://www.thehotline.org/plan-for-safety/> The National Domestic Violence Hotline offers live 'chat' with advocates, safety planning tools including an interactive safety plan created with an online advocate.

https://www.nebraskacoalition.org/file_download/inline/391a33cd-8b1a-4e6a-94f2-81f74d1a13a9 The Nebraska Coalition to End Sexual and Domestic Violence provides a 'Personal Safety Plan Checklist' for various living situations including living with pets.

<https://www.domesticshelters.org/> This website provides violence assessments that service providers can walk through with clients to prepare for the safety planning process. It houses over 1,000 articles and presentations, checklists and resource links.

<https://forge-forward.org/> "Building strength and resilience our transgender communities" is the mission of the Forge organization. A comprehensive Safety Planning toolkit is available at



About This Document

There are many sections to this safety planning document in order to provide a more comprehensive tool. It may feel long and overwhelming. Consider reading only a few sections at a time. Remember also that any step you take to improve your safety is important; you do not need to take them all.

Ideally, people using this Safety Planning tool should write out their answers and notes, to help solidify their thinking and so they can access help remembering their plans if they are under stress, such as during an episode of violence. HOWEVER, it is EXTREMELY important that these notes – whether they be on paper or electronic – NOT be left anywhere where an abuser could find them. Possible places where it may be safe to make and leave notes include: your computer at work; on a thumb drive you always carry with you or hide at a friend's house, a public (i.e., library) computer where you can store the answers "in the cloud"¹ under a password your abuser doesn't know; a friend's computer; or at a helping agency or professional's office, such as your therapist's office or your local domestic violence program. It is also advised that any lists of friends' contacts, bank accounts, service options, etc. that you generate be kept separately, to minimize the risks should one fall into your abuser's hands.

<https://forge-forward.org/wp-content/uploads/2020/08/safety-planning-tool.pdf>

<https://www.acesdv.org/wp-content/uploads/2020/04/ACESDV-Safety-Planning-during-COVID-19.pdf>

This document guides victim advocates through a planning process with clients experiencing violence during a Pandemic. The website also provides over 100 resources – webinars, toolkits, research – including 7 COVID-19 resources in Gagana Samoa.

Create a Teen Safety Plan



You have the right to a violence free relationship. No matter what your boyfriend/girlfriend says the abuse is NOT your fault. If your safety is at risk, create a plan to keep yourself safe and find the support you need. Here are some tips:

- If you live with your boyfriend/girlfriend, try and leave your home regularly during the day. Whether you go to school, work, or the store, try to establish and maintain a regular routine. This might help you leave without drawing attention to yourself.
- Learn the best route to get to a safe location. If you have a car, keep your gas tank full and if you rely on public transportation, learn which buses, trains, or subways will get you to safety.

<https://www.futureswithoutviolence.org/create-a-teen-safety-plan/> This plan designed for teens can be modified for use with youth in American Samoa. Those who work with youth can review this one-page guide in a one-to-one conversation as part of a mentoring curriculum for self-care and wellbeing.

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