CASE STUDY 2:
Cutting through the web of violence: Samoa
1. Executive summary

The International Federation of Red Cross and Red Crescent Societies (IFRC) is advancing the development of policy research to support advocacy and action for enhanced response to and prevention of gender-based violence (GBV) in disasters. To further this objective, the IFRC commissioned a global study on GBV in disasters in 2015, including nine case studies across the Asia-Pacific, Africa, Latin America and Caribbean and Europe regions.

Samoa was chosen as one of the case studies. It is a disaster prone country, in which 70 per cent of the population lives along the coastline, exposing them to cyclones, tsunamis and flooding. Two major natural disasters, the tsunami of 2009 that killed 149 people and Cyclone Evan of 2012 that displaced close to 5,000 persons were examined for this research. Qualitative methods with supplementary desk research were applied to this study and a total of 65 people (47 women, and 18 men; age range 17 to 65) were consulted through one-on-one interviews, focus group discussions and a written questionnaire from 11 May to 6 June, 2015. Interviewees were from tsunami-affected communities on the south coast of the island Upolu and from Cyclone Evan-affected communities on the island of Savai’i and from Apia, the capital of Samoa. Limitations to this research include the sensitivity of the topic resulting in guarded responses; possible selection bias due to pre-interviewee identification by the Samoa Red Cross and; an urban-rural language divide with less understanding of English in the rural areas. Generalized conclusions, therefore, on GBV prevalence and patterns during disaster situations, should not be drawn from this research.

Key findings:

Given the relatively high background level of GBV in Samoa, it is not possible to determine whether GBV generally increased in the aftermath of these disasters. However, this research reveals that persons displaced by the disasters in Samoa are at higher risk of GBV than those who manage to stay in their communities. Relocation of rural Samoan communities seems to be one of the root causes increasing post-disaster GBV risk and prevalence. All informants that were directly affected by the tsunami agreed that the unequal distribution of relief supplies created disillusionment, agitation and community tensions, indirectly increasing risk of physical violence.

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70 The Samoa Family Health and Safety Study conducted in 2007 (based on responses from 1,212 women and 386 men) found that 46.4 per cent of Samoan women have experienced a form of partner abuse. This is mostly expressed as physical abuse (37.6 per cent), with 18.6 per cent reporting emotional abuse, and 19.6 per cent sexual abuse. Additionally, 62 per cent of respondents reported that they had been physically abused by someone other than a partner and 11 per cent reported being raped by a non-partner.
71 Particularly in dispersed bush settings
amongst intimate partners. Urban shelter settings require people to live for extended periods in crowded spaces, among strangers, and with inadequate lighting, shower and toilet facilities. Young girls and adolescents living in such shelters were most vulnerable to GBV (by males both adolescents and adults) due to reduced parental supervision during the day, when parents typically went to clean up and rebuild their damaged houses.

Most GBV survivors do not seek help in the aftermath of a disaster. When people have lost family members, belongings and livelihoods, solidarity within the community may be more important than ever. Consequently, community members may be even less likely to acknowledge intimate partner violence within their community, given their understanding of the increased pressures facing families and the need to “stand together in the face of sadness and adversity.” Whilst GBV service providers know how to deal with GBV cases in a normal setting, they have not been trained to target and respond during a broader crisis or emergency situation.

**Recommendations**

**To all actors**

- **Led by the National Disaster Council and the Ministry of Women, Community and Social Development, formulate a GBV disaster response strategy**, including training to target service providers, responders and those most vulnerable to GBV. Government, non-government and community actors and responders must be part of the formulation process.

- **Increase, map and update understanding of available services** for GBV survivors prior, during and after a disaster.

- **Invest in appropriate shelter design and shelter safety management**, including parental awareness of increased risk for GBV in shelter settings.

- **Improve the quality of data collection and analysis on GBV**, and plan for maintaining case files following disasters. Specifically, collect sex, age and disability disaggregated data during and after a disaster.

- **Conduct further research on GBV prevalence** among boys, men and transgender individuals, such as the Fa’aafaine.
To government actors

- **Ensure implementation and follow-up of** gender and GBV related content in the *Disaster Management Act 2007* (4a, 6e, 7.4b, 12.2c, and 13.2a,b, c) and the *National Disaster Management Plan* (4.2.5, check sector by sector, section 6).

- Clarify roles and responsibilities and provide guidance in National Disaster Management Plan on gender and GBV related prevention and response during disasters.

- **Partner with ADRA, Samoa Victim Support Group (SVSG) and GOSHEN** to promote increased safety and psychosocial support in evacuation centers and temporary shelters. For example, information on increased GBV prevalence in disaster situations can be part of ADRA’s “Open the Door,” radio programme.

- **Initiate and conduct research on GBV prevention and response** in disaster settings. The Ministry of Women, Community and Social Development should amend its data collection tools for the Mother daughter study and integrate questions on GBV occurrence, prevention and response in disaster settings.

- **Develop rapid assessment tools, inclusive of sex, age and disability disaggregated data** for disaster response. The gender working group within the Disaster Management Group should take a lead on this initiative, in partnership with relevant actors.

To community actors

- **Engage in disaster preparedness activities**, GBV awareness training and active engagement with community leaders, community groups (particularly women’s associations) and community members. Community youth should play an active role in disaster response (potentially via church youth networks), with a particular emphasis on community safety measures.

- **Conduct review of community by-laws** to understand existing legal practices on GBV prevention and response with traditional community authorities.

- **Integrate information on GBV violence prevention and response** into ongoing community programmes with traditional and faith based leaders which engage men and boys.
To Samoa Red Cross Society

- **Continue** mainstreaming GBV prevention and response in disaster situations into the Community Disaster and Climate Change Risk Management (CDCRM) community based programmes.

- **Ensure implementation and follow-up of** gender and GBV related content in the *Disaster Management Act 2007* (4a, 6e, 7.4b, 12.2c, and 13.2a,b, c) and the *National Disaster Management Plan* (4.2.5, check sector by sector, section 6).

- **Continue** ongoing training and sensitization with internal Red Cross staff, community volunteers, and peer educators on health, HIV AIDS, gender and GBV mainstreaming. Develop rapid assessment tools, inclusive of sex, age and disability disaggregated data for disaster response. The gender working group within the Disaster Management Group should take a lead on this initiative, in partnership with relevant actors.

- **Strengthen key partnerships** with Ministry of Women, Community and Social Development; Ministry of Health, National Health Services; National Disaster Council; UNFPA; Samoa Family Health and the Samoa Victims Support Group.

- **Continue partnership** with National Disaster Council and Sub-Committee on Evacuation Centers and Shelters to identify island-wide spaces safe for women, girls, men and boys.

- **Understand process of investigation** by domestic violence police unit and transfer of cases to Family Court (FC). Consult with National Human Rights Institution (NHRI) on how they are working with the domestic violence police unit and the Criminal Investigation Division (CID). Advocate with NHRI, FC and CID to integrate process on how to handle GBV related cases during and post-disasters.

- **Develop and implement** code of conduct for internal staff and volunteers on prevention of sexual exploitation and abuse (PSEA).
2. The context

2.1 Country background

Samoa is a Polynesian Pacific country northeast of Fiji and consists of four inhabited and five uninhabited islands. 90 per cent of the population live on the two main islands of Upolu and Savai’i and 70 per cent of the population lives on the coast, leaving them particularly vulnerable to disasters. Samoa is exposed to a range of natural hazards, including tropical cyclones, floods, earthquakes, tsunamis, volcanic eruption, and drought. According to the World Bank, Samoa is ranked 30th among countries most exposed to three or more hazards. Samoa was ranked 51st out of 179 countries in the Global Climate Risk Index 2012 report in terms of countries most affected by extreme weather events. Climate change, sea-level rise, environmental degradation, pollution, coastal erosion, water quality and resource management are all-important environmental issues to be managed in Samoa for disaster prevention. For this research, data collection took place in the capital, in tsunami-affected communities on the south coast of the island Upolu and in Cyclone Evan-affected communities on the island of Savai’i.

2.2 Disaster and GBV responders

Government response is led by the National Disaster Council (NDC) in conjunction with the Disaster Advisory Committee (DAC). The NDC consists of members of the Cabinet, and is chaired by the Prime Minister. The DAC includes government ministries, corporations, NGOs and other civil society organizations. The emergency response is currently informed by the National Disaster Management Plan (NDMP) of 2011-2014 and is under revision since 2015.

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73 The population census of 2011 indicates a total national population of 188,000 with Apia, the capital city, accounting for about 20 per cent of the country’s population. In terms of gross domestic product, Samoa is placed among lower and middle-income countries. The United Nations Development Programme (UNDP) Human Development Index (HDI) ranks Samoa 94th out of 182 countries. Adult life expectancy at birth is 73 years and literacy rate is above 90 per cent.


75 During a disaster response, the role of the NDC is to set strategic direction for the DAC, undertake high level strategic decisions and ensure intergovernmental and international relationships.

76 The NDMP aims to achieve the following objectives: (1) To reduce the impact of hazards to Samoa; (2) To ensure all communities and response agencies are ready to respond to any disaster; (3) To put in place mechanisms to enable prompt and effective response to disasters; (4) To ensure processes and systems are in place for long term recovery; (5) To strengthen disaster resilience of communities that are exposed to hazards so they are able to reach and maintain an acceptable level of functioning and structure.

During response to a disaster, DAC co-ordinates and manages response activities from the National Emergency Operations Centre and reports to the NDC for direction and decision-making. The NDC is responsible for oversight and approval of all response and recovery activities, as advised by DAC. In the period before a disaster, DAC coordinates all preparedness and disaster risk reduction activities and reports to NDC for direction and decision as required. The NDMP indicates those organizations responsible for psychological support during the emergency response, but it does not provide any guidance on responding to gender issues or GBV risks.

In addition to the government, other responders are represented in the DAC and its sub-committees. Local organizations, NGOs and other civil society organizations such as the Red Cross, church representatives, development partners, Samoa-based regional and international organizations, overseas missions, private sector, and community representatives are part of DAC. Together they constitute Samoa’s National Platform for Disaster Risk Management, which is a multidisciplinary and multi-stakeholder forum for disaster response and risk management. The Village Council and village organizations, including Women’s Committees, are responsible for coordinating disaster mitigation and preparedness programmes and activities at the community level. They coordinate village response activities for specific threats.78

Regarding GBV prevention and response actors, a Domestic Violence Police Unit was established in 2007, including two primary outposts in Upolu and in Savai’I, with three additional sub-posts under each primary one.79 The Division of Women within the Ministry of Women, Children and Social Development (MWCSD) works on several policy initiatives. One project of note, which could benefit integration of GBV prevention and response in disaster settings, is the Mothers and Daughters programme.80 This programme aims to improve communication between mothers and daughters at the community level, improving decision making on sexual and reproductive health and initiating conflict resolution in a non-violent manner. Such a programme should be extended to including men and boys. Among UN agencies, UN Women, the United Nations Population Fund (UNFPA) and the United Nations Development Programme (UNDP) have all implemented valuable initiatives for GBV prevention and response, however, none have been specific to the disaster setting. The Adventist Development and Relief Agency (ADRA) supports an “Open the Door” radio programme, which focuses on improving communication within families on sensitive issues, such as GBV.81

78 This role includes: (1) Initiating community response; (2) Information dissemination; (3)Shelter management; (4) Damage assessment; (5) Relief co-ordination; (6) Developing community preparedness and evacuation plans; (7) Implementation of community vulnerability reduction measures
79 Boodoosingh, 2015, p.99
81 Boodoosingh, 2015, p.99
**Spotlight: The Samoa Red Cross in action**

“There are two outcomes, which stand out in this study. The first points to greater GBV risks occurring in shelter settings, where: (1) there are no separate toilets for men and women, (2) the toilets are too far away from the shelter for women and girls to reach, (3) the toilets cannot be locked, (4) there is inadequate lighting in the shelters and (5) the living quarters are too crowded. The second points to long-term behavior change at the community level, consistently engaging men and boys on how to change their attitudes on resolving conflict within the family. The Samoa Red Cross has followed up on these two outcomes by identifying evacuation centers and shelters, with the National Disaster Council, which are safe for women and girls and by mainstreaming gender-based violence prevention into its community-based programmes on community disaster and climate change risk management (CDCRM). By including the whole community and the whole family, we hope to lessen GBV against boys, girls, men and women during disaster settings”.

*Tala Mauala, Secretary-General, Samoa Red Cross*

Samoa community family support services have been established since 1993. Currently there are various small-scale organizations that offer counseling and raise public awareness on domestic violence and child abuse. The Samoa Victim Support Group (SVSG) established the first safe house in 2006 and there are currently plans to establish a temporary home for young mothers. One of the main projects for SVSG in cooperation with the Criminal Division of the Attorney General’s was the campaign in mid-2010 against rape and indecent acts with support from the Pacific Fund for Eliminating Violence against Women (EVAW). SVCG, in cooperation with UN Women, has created a 24-hour Helpline that provides counseling and information about the location of safe houses. The helpline allows survivors to access support outside the family or traditional church support services. Other NGOs providing psychosocial support include the Goshen Trust and Fa’ataua Le Ola.

**2.3 Gender-Based Violence in Samoa**

The most recent data on GBV prevalence in Samoa is from the 2007 Samoa Family Health and Safety study (SFHSS). This research study was undertaken by the Secretariat of the Pacific Community (SPC) and the UNFPA based on a World Health Organization
(WHO) designed questionnaire. The responses from 1,212 women and 386 men that had been in a relationship were used to inform statistical analysis. 46.4 per cent of women had experienced some form of partner abuse, including physical abuse (37.6 per cent), emotional abuse (18.6 per cent) and sexual abuse (19.6 per cent). A similar quantitative survey conducted in the Asia and Pacific region amongst predominantly men (10,000 men and 3,000 women) indicated that violence against the partner ranged in most countries from 30 to 57 per cent. Common contributing factors in all of the countries related to gender inequality, childhood experiences of abuse, and the enactment of harmful forms of masculinity. Samoan women, more so than other women of Pacific countries, were likely to receive physical abuse by someone other than their partner, including parents, teachers and other women of the extended family.

Help-seeking behaviour is not common, as the majority of women who have experienced abuse have never told anyone about it (54 per cent). The people women are most likely to speak to are: parents (25 per cent); friends (12 per cent); and the partner’s family (10 per cent). Very few women sought help from neighbours, police, health workers, priests or counselors and no one had approached a women’s organization.

The main reason for not seeking help was that the abuse was viewed as normal or not serious; the main reason for seeking help was no longer being able to stand the violence. Samoa prosecutes domestic violence under general assault laws, the New Crimes Act (2013). Unlawful intimidation includes stalking, use of violence or words to intimidate, damage or threats of damage to property and the compelling of any person to do or to abstain from any act that person has a legal right to do or to abstain from doing. Violation of this act can incur an imprisonment term not exceeding one year or a fine of two penalty units. Sexual violence within a marriage relationship can be prosecuted. The maximum penalty for rape is life imprisonment; the maximum penalty for unlawful sexual acts is 14 years. The Family Safety Act 2013 has been in effect since April 2013 and covers the breadth of offenses covered under the Domestic Violence umbrella. A Family Violence Court was formed in 2013. This is the first dedicated Family Violence Court in the Pacific outside.
of Australia, New Zealand and Fiji. Family Violence Courts were established by the judiciary in response to community concerns about the increase in family (domestic) violence cases. It is unclear if any cases in relation to post-disaster violence have been dealt with in this court, as there is no link to disasters in the databases.

The next section presents the main research findings and provides more in depth analysis on GBV prevention and response in the Samoa disaster setting.
3. Research findings and analysis

The findings summarize and analyse the following significant aspects of GBV during and post-disasters: 1) Awareness and understanding on GBV occurrence during disasters; 2) Availability and access to services; 3) Safety and security, in particular the effects of displacement and relocation, and; 4) Livelihoods and community tension. It should be noted that there are divergent views in the results. Some respondents felt that the disaster had brought families together and increased cohesion with everyone working together to rebuild and reconstruct their houses. However, others noted the increase in economic hardship, community tension and lack of safety and security for families who had to be relocated.

3.1 Awareness and understanding on GBV occurrence during disasters

Most community-based and national actors working in disaster response are aware of the relatively high incidence of GBV in Samoan society. In recent years, more attention has been devoted to domestic violence and child protection, and training has taken place for various service providers, although these efforts have not necessarily been connected to each other and carried out by individual stakeholders, rather than as part of a national strategy. Some church leaders have received training, funded by their international partners, and in other cases, individual NGOs have been trained. The Samoan Police Force has created a specific Domestic Violence Unit, and the government has created the Family Court. However, GBV does not seem to have received any specific attention in relation to disaster response, despite a gender working group being set up as part of the national Disaster Management Group. This gender working group is meant to discuss and prepare strategies for the future.

“domestic violence happens every time, even after the tsunami, it is the reality of life”

Research results indicate that domestic violence, early marriage and sexual assault are likely to increase in the aftermath of a disaster. Both women’s association groups indicated in the FGDs that domestic violence was an issue after the disaster.

Most of the time such reported violence consisted of verbal abuse, although sometimes “men get physical with their wives and children.” One of the women’s groups commented that it is not always the men that beat up their wives but that it would also happen the other way round. Six service providers agreed that early marriage is an increased risk after a natural disaster occurs. As a result of the disaster, families from
different areas in Apia lived together in the temporary shelters. Although they did not know each other prior to the disaster, they started to socialise as a result of the shared shelter space. This created various opportunities for young people to be together with an increased risk for both consensual and non-consensual sexual relationships and potential early pregnancies. However, no respondents were aware of an actual case that resulted in an early marriage as a specific consequence of the disaster. Similarly, a rural service provider confirmed that sexual assault and domestic violence continued post-disaster, but admitted it was hard to determine if there had been an increase in cases. This was primarily due to the lack of record keeping.

Informants from different sectors emphasized different factors in explaining GBV after disasters.

Affected community members explain GBV predominantly as “a way of life,” something that is part of day-to-day living and therefore definitely will occur when hardship increases.”

Service providers also spoke about traditional arbitration being used by community members to “settle” e.g. a rape or sexual assault case between perpetrators and survivors, with the aim of preventing public shame in the community.

Cultural norms such as punishment of the entire extended family by the community in cases of incest or sexual assault within the family contribute to a culture of silence.
Who are the vulnerable groups?

The following groups were identified as being more vulnerable than others:

1) Couples facing economic hardship after disasters are likely to face more intimate partner violence.

2) Young mothers or young recently married women with limited education and income, This includes recently married women, who have moved into their husband’s community and hold a low community status. These women do not have the protection of their own family members and are often left vulnerable to abuse;

3) Young girls with limited socio-economic power whose mothers have engaged in new relationships. When the mother is away from the house the girls are more exposed to the ‘stepfather’;

4) Young girls with poor mother-daughter relationships and overall limited parental supervision. As two service providers explained, some mothers do not exercise their responsibilities as parents. For example, they send their daughters to buy cigarettes in the evening even though they have to walk through the bush when there is limited light. Or, some girls have bad relationships with their mothers and would enter inappropriate sexual relationships to compensate for the lack of parental attention, creating risks for early pregnancies.

Suggestions provided by various interviewees on actions that should be taken focus primarily on the need to change cultural practices and the need for ongoing education and awareness activities. Additional suggestions include:

- Increase awareness of good parenting styles and child protection issues;
- Continue efforts to “break the silence” and encourage community discussion on GBV;
- Increase engagement and trust of the community in police forces;
- Increase recognition and inclusion of the most vulnerable populations in development of GBV activities and policy formation;

Several service providers commented that they thought it was likely that intimate partner violence increased, particularly for those who suffered economic hardship. For example, in one area, Cyclone Evan flooded the homes of a particularly vulnerable group of people that had been leasing their houses from the government. Despite losing their homes, they were required to continue paying their leases. One respondent commented that this economic hardship increased the couple’s conflicts, characterized through fights and quarrels.
One respondent expressed that “vulnerability is people not accessing services.” “They don’t want to talk about it.”

3.2 Availability and access to service

Service providers acknowledged their limited response capacity to GBV when a disaster occurs. During such emergency situations the providers were called upon to provide support to a large number of emotionally distressed people, overwhelming their capacity to deal with GBV related issues. At the same time they too were suffering from the impact of the disaster and struggled to manage their own emotions.

Concerning GBV cases reported by respondents, it is unclear what (if any) support was received by those affected. A serious shortcoming was the lack of recording-keeping after the disaster due to the high demands placed on under-resourced staff. There are no records during that period. If a GBV case was dealt with in the aftermath of the disaster, and if documented, then it is unlikely to be linked with the disaster in the database. The office building of the victims’ service support organization was heavily damaged during Cyclone Evan, creating additional challenges for their response capacity.

The Samoa Family Health and Safety Study, highlighted how only a small percentage of survivors in ‘non-disaster times’ seek support and are, in general, inclined to deal with the abuse in silence. One interviewee explained: “the more vulnerable we are, the more difficult it becomes, we don’t want to victimise ourselves twice by bringing it up to the surface.” Various service providers commented on the need to break the silence and be less protective of the community. The results of the questionnaire with the secondary students highlight some of the protective sentiments of the adolescents towards their community; “those things don’t happen in our community,” “we have community rules and they protect us.”

In addition to cultural factors, which limit help-seeking behaviour, humanitarian organizations responding to the disasters have limitations in their capacity and focus. For example, the Samoan Red Cross is able to mobilize many young volunteers to respond to disasters. But often because of their young age, the volunteers are reluctant to pose difficult questions to authority figures or question their approaches. Similarly volunteers may sense that there are problems within families or in the broader system of relief distribution but not feel that it is their responsibility to question or challenge these problems. It is ,therefore, important to emphasize that if there is not enough
Discussions in the focus groups with the women’s associations (22 women in total) in the affected area revealed similar differences in perceptions. One group (nine women) reported that, while there was an increase in conflicts and domestic violence, they did not recall any incidents of sexual assault. As one woman remarked, “we are Christians.” The other group (12 women) confirmed that sexual assaults did occur and were perpetrated by men from outside their communities. They noted that their relocation inland made social control more difficult as houses were surrounded by the bush, with no electricity and therefore limited light during the night.

3.3 Safety and security

According to key informant respondents, displacement increases the potential for GBV to occur. In the aftermath of the tsunami, the majority of affected families relocated into the hills to live on their plantation land. These newly formed communities were more dispersed than those, where people had lived before. This living situation increased the risk for young girls moving within the community and particularly between houses and shower facilities. One service provider described some of the difficulties in controlling the youth after the tsunami, noting that the young people would use their former school in the flooded area near the beach as a social gathering place. Since the new community was now located in the hills, supervision over the youth was more difficult and the community leaders had to reinforce security rules by prohibiting youth gatherings at the old school to protect all the young people, in particular young girls.

After Cyclone Evan at least seven shelters were established in the capital Apia. Some families stayed for three months and did not want to move back to their houses. Families from different areas in Apia lived together, creating new dynamics – both positive and negative. Many interviewees agreed that shelter settings are more prone to GBV due to inadequate secure bathing facilities. In such settings where people previously unknown to each other are living together, it is also possible for outsiders to walk in without being noticed. In summary, places where abuse takes place vary. They tend to be wherever there is limited oversight or vulnerable persons
are isolated. All service providers that worked in the temporary shelters agreed that these living circumstances increased the risk for sexual assault, as too many people from different areas lived in a confined space. In most cases the bathing facilities provided insufficient privacy and security, leading to increased peeping. Provision of 24-hour security in the shelters was a challenge. Shelter workers described how some parents left their young girls unaccompanied in the shelter during the day, whilst they attended to their flooded houses, leaving them exposed and more vulnerable to sexual assault.

Regarding relief distribution, 26 of the 29 informants agreed that its implementation by the councils of chiefs in the affected communities was a source of conflict. Specifically, their method resulted in an unequal division of relief assistance, leading to disillusionment, agitation and community tensions. Whilst some organizations would conduct a head count and provide relief supplies on a door-to-door basis, other organizations would provide it to the council of chiefs of the particular community for their distribution. This meant, according to those interviewed, that relief items were dispersed based on power and status positions rather than on vulnerability and actual need.

### 3.4 Livelihoods and community tension

Economic hardship increased for many after the disaster, resulting in small scale looting, increased community tension, land conflicts and pursuing alternative livelihoods. One service provider said: “we called it the second Tsunami’. “The wave that took some of the belongings away out of the houses.” A World Bank report on Cyclone Evan also refers to small-scale looting. One of the affected students wrote: “some people from the community acted like criminals, as they steal things since they were young, they just took things and took them to their families because they knew that everybody had left for higher ground.”

Nine of the fifteen students surveyed by questionnaire responded that the tsunami created family and community disputes, primarily over division of the customary land and land ownership.

More economic hardship led to more community tension, especially in the area of divisive land issues, and the pursuit of alternative livelihoods.

“My uncle wanted us to go to the far end of the land, but we did not want to live there.” Another student responded that two female community members moved out of the community to their husbands’
families as they did not get a good agreement on where to live on the land. Five students had a different opinion; “there were no fights in our community” or as another student wrote: “There were no fights or conflicts just the sadness, it made us quiet and peaceful.” These findings were affirmed through a focus group discussion with 22 women of the affected communities who noted that land issues were particularly divisive. For example, there were conflicts within the families about who would live where on the land, and conflicts between neighbouring communities about where a specific border lay.

Economic hardship also led to the quest for alternative livelihoods. While school attendance in Samoa is mandatory, some more vulnerable and poor families would send their children to sell products on the street to provide income for the family. This, one shelter worker commented, increased as a result of Cyclone Evan. Families that were already vulnerable lost their houses on the land that they were leasing. Income was needed to not only pay the rent but to also pay for the rehabilitation of the house. Other shelter workers agreed that Cyclone Evan increased the risk of child labour, but were unsure about the extent to which this actually occurred.

4. Conclusion and recommendations

4.1 Conclusion

It is difficult to draw definitive conclusions about the prevalence of GBV following these two natural disasters in Samoa. While there were cases of sexual violence, abuse and intimate partner violence following the disaster, they were not officially recorded by caseworkers and service providers due to the chaotic situation and intense demands of the disaster response. Even if cases had been recorded during this time period, it would be difficult to draw a direct link between their occurrence and the disasters.

Given the relatively high background level of GBV in Samoa (where almost half of Samoan women have reportedly experienced physical abuse), it is not possible to determine whether GBV generally increased in the aftermath of the disasters. However, this study did find that persons displaced by the disasters in Samoa were at higher risk of GBV than those who managed to stay in their communities. Respondents suggested that domestic violence increases after a natural disaster, typically in family settings where differences between partners are often expressed through violence. Economic problems and heightened frustrations as a result of the disaster could be expected to contribute to increased conflict – and related abuse. This especially happened in urban areas where affected persons were required to live for
extended periods in crowded shelters, among people not from their community, and with inadequate lighting, shower and toilet facilities.

Relocation of communities and reconstruction of homes, villages and community services far from the original site seem most likely to cause an increase in the risk and incidents of GBV. This is primarily due to reduced social control in times of resettlement. In urban shelter settings, young girls and adolescents were most vulnerable to GBV (from other adolescents and adults) as there was a tendency for parents to leave them unaccompanied in the shelters during the day while they went to clean up and rebuild their damaged houses. All respondents who were directly affected by the tsunami agreed that the unequal distribution of relief supplies created disillusionment, agitation and community tensions. Whilst some organizations provided door-to-door relief supplies on the basis of a head count, most relief items were distributed by the council of chiefs of the particular community, resulting in the non-transparent and unequal division of goods.

Most GBV survivors are unlikely to seek help and this is exacerbated in the aftermath of a natural disaster. Seeking help within community traditional structures increases the chances not only of the survivor being exposed, but also of the whole family being scrutinised by the community, if not expelled in severe cases of rape or incest. In the aftermath of a disaster, both traditional and other support structures are less available to deal with GBV. It was clear that the capacity of service providers to respond to GBV after the natural disasters was limited and under-resourced. Whilst they know how to deal with GBV cases in a normal setting they have not been trained to specifically strategise, target and respond during a broader crisis or emergency situation. During such emergency situations the providers are called upon to provide support to a large number of emotionally distressed people, overwhelming their capacity to deal with GBV related issues. This lack of preparedness among service providers led to reduced confidence, feeling overwhelmed and less ability to deal with emotional stress.

### 4.2 Recommendations

**To all actors**

- **Led by the National Disaster Council and the Ministry of Women, Community and Social Development, formulate a GBV disaster response strategy**, including training to target service providers, responders and those most vulnerable to GBV. Government, non-government and community actors and responders must be part of the formulation process.
Increase, map and update understanding of available services for GBV survivors prior, during and after a disaster.

Ensure the wellbeing of first responders, by designing crisis management plans, which prepares them to handle overwhelming requests for psychosocial support following a disaster.

Invest in appropriate shelter design and shelter safety management, including parental awareness of increased risk for GBV in shelter settings.

Improve the quality of data collection and analysis on GBV, and plan for maintaining case files following disasters. Specifically, collect sex, age and disability disaggregated data during and after a disaster.

Conduct further research on GBV prevalence among boys, men and transgender individuals, such as the Fa’afaine.

To government actors

Ensure implementation and follow-up of gender and GBV related content in the Disaster Management Act 2007 (4a, 6e, 7.4b, 12.2c, and 13.2a, b, c) and the National Disaster Management Plan (4.2.5, check sector by sector, section 6).

Clarify roles and responsibilities and provide guidance in National Disaster Management Plan on gender and GBV related prevention and response during disasters.

Partner with ADRA, Samoa Victim Support Group (SVSG) and GOSHEN to promote increased safety and psychosocial support in evacuation centers and temporary shelters. For example, information on increased GBV prevalence in disaster situations can be part of ADRA's “Open the Door,” radio programme.

Initiate and conduct research on GBV prevention and response in disaster settings. The Ministry of Women, Community and Social Development should amend its data collection tools for the Mother daughter study and integrate questions on GBV occurrence, prevention and response in disaster settings.

Develop rapid assessment tools, inclusive of sex, age and disability disaggregated data for disaster response. The gender working group within the Disaster Management Group should take a lead on this initiative, in partnership with relevant actors.
To community actors

- **Raise awareness on and implement community based activities** that promote conflict resolution skills between men and women to break the silence around GBV; emphasize child protection and the need to amend parental practices.

- **Engage in disaster preparedness activities**, GBV awareness training and active engagement with community leaders, community groups (particularly women’s associations) and community members. Community youth should play an active role in disaster response (potentially via church youth networks), with a particular emphasis on community safety measures.

- **Conduct review of community by-laws** to understand existing legal practices on GBV prevention and response with traditional community authorities.

- **Advocate with the National Health Service, Domestic Violence Unit within the Police and the Division of Correction, Enforcement and Maintenance to improve** their data collection processes for GBV survivors in general and during disasters.

- **Integrate information on GBV violence prevention and response** into ongoing community programmes with traditional and faith based leaders which engage men and boys.

To Samoa Red Cross Society

- **Continue** mainstreaming GBV prevention and response in disaster situations into the Community Disaster and Climate Change Risk Management (CDCRM) community based programmes.

- **Strengthen overall capacity building by continuing** ongoing training and sensitization with internal Red Cross staff, community volunteers, and peer educators on health, HIV and gender and GBV mainstreaming during disasters.

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Boodooosingh (2015) suggests the following specific interventions: (1) For the National Health Service: the number of individuals who go for emergency care at the National Hospital with sexual or domestic violence identified as the underlying cause; the number of cases reported to the Domestic Violence Unit; the proportion of cases that are admitted to hospital and are seen by social workers at the Social Service Unit; (2) For the Domestic Violence Unit within the Police: the number of cases referred to the CID; (3) The Division of Correction, Enforcement and Maintenance in the Ministry of Justice and Court Administration: information from survivors about violence impact and need for services; information on experiences with the Family Court.
Strengthen key partnerships with Ministry of Women, Community and Social Development; Ministry of Health, National Health Services; National Disaster Council; UNFPA; Samoa Family Health and the Samoa Victims Support Group.

Continue partnership with National Disaster Council and Sub-Committee on Evacuation Centers and Shelters to identify island-wide spaces safe for women, girls, men and boys.

Ensure implementation and follow-up of gender and GBV related content in the Disaster Management Act 2007 (4a, 6e, 7.4b, 12.2c, and 13.2a,b,c) and the National Disaster Management Plan (4.2.5, check sector by sector, section 6).

Understand process of investigation by domestic violence police unit and transfer of cases to Family Court (FC). Consult with National Human Rights Institution (NHRI) on how they are working with the domestic violence police unit and the Criminal Investigation Division (CID). Advocate with NHRI, FC and CID to integrate process on how to handle GBV related cases during and post-disasters.

Develop and implement code of conduct for internal staff and volunteers on prevention of sexual exploitation and abuse (PSEA).

References


UNFPA, Health Sector Response to Gender-Based Violence, An assessment of the Asia Pacific Region. Bangkok. UNFPA Asia and the Pacific Regional Office. 2010.


UN Women, Ending Violence in Samoa roundtable, country review. 2015.


Young, L. W., Pacific Tsunami “Galu Afi”. The story of the greatest natural disaster Samoa has ever known. Australian Government Aid Program. 2010.
Annex: List of GBV prevention and response service providers in Samoa

<table>
<thead>
<tr>
<th>Type of service provider</th>
<th>Description of organisation</th>
<th>Contact information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
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<tr>
<td>Adventist Development and Relief Agency (ADRA)</td>
<td>ADRA Samoa exists to serve and care for the needs of people with no preference for race, gender or religion and &quot;makes a difference one life at a time&quot;.</td>
<td>Tel: +685 27439</td>
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<tr>
<td>Tupua Tamasese Meaole National Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Psycho-social</strong></td>
<td></td>
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</tbody>
</table>
| Goshen Trust Mental Health Services Samoa | Goshen Trust Mental Health Services Samoa was started in 2009. It is a not for profit organisation that makes no profit. The main goal is to provide support and care to people who suffer with a mental health problem and their families. | Tel: 27487 / 7207362  
Email: saveatoo@samoaonline.ws |
| Samoa Victim Support Group | Samoa Victim Support Group (SVSG) was established in 2005 whose mission is to provide integrated, personalised, professional service to all survivors of crime. This organization provides multi-sectoral support, helping survivors with medical care, case filing and legal support. | Web: www.samoavictimsupport.org  
Email: svsginsamoa@gmail.com  
Tel: +685 27904 / +685 25392 / +685 8007874 |
| **Psycho-social**        |                             |                     |
| Samoa Victim Support Network | Please see above |                     |
| Domestic Violence Police Units |                             |                     |
| **Economic Empowerment** |                             |                     |
| Samoa Women Shaping Development (initiative by Ministry of Women Community and Social Development) | This is part of a Pacific wide initiative. Pacific Women Shaping Pacific Development (Pacific Women) is a 10 year $320 million program. Pacific Women supports 14 Pacific countries to meet the commitments made in the 2012 Pacific Island Forum Leaders’ Gender Equality Declaration and will work with Pacific governments, civil society organisations, the private sector, and multilateral, regional and United Nations agencies to achieve its intended outcomes. | Web: www.pacificwomen.org  
Tel: +679 331 4098  
Email: info@pacificwomen.org |
| **Advocacy and Networks** |                             |                     |
| Pacific Women's Network Against Violence | Initiated by the Fiji Women’s Crisis Center (FWCC). The Fiji Women’s Crisis Centre (FWCC) provides crisis counselling and legal, medical and other practical support services for women and children who are sufferers and survivors of violence committed against them by men. | Web: http://www.fijiwomen.com  
Tel: +679 331 3300 |
| Pacific Sexual Diversity Network | The PSDN is a regional network of Pacific MSM and Transgender organisations whose mission is to strengthen community leadership, mobilisation and advocacy in the areas of sexuality and gender identities with respect to sexual health including STIs and HIV and AIDS, well being and Human Rights | Email: psdn.secretariat@gmail.com / psdn-secretariat@hotmail.com  
Tel: +685 77 96351 |
| Samoa Fa’aafine Association | A non-profit incorporated society set up to promote the rights & interests of faafines and faafatamas in Samoa. | Web: http://fb.me/sfainc  
Email: samoafaafafine@gmail.com  
Tel: +685 75 12346 |

91 This list is not exhaustive, is based on desk research and includes mainly local initiatives.