

Delivering 'Anti-Bullying' Education to Samoan Churches

COMMUNITY OUTREACH



The target audience was youth between the ages of 11 and 18, however, as with most church activities, no one is excluded from participating when they arrive at the proverbial table. Consequently, discussion groups were formed: youth age 10 years and below, youth age 11 through 18 years, and adults.

What did we accomplish?

"The achievements of an organization are the results of the combined effort of each individual." ~ Vince Lombardi, most successful team leader in NFL history

---PARTNERSHIP & COLLABORATION---

In the past five years, illicit drug use, suicide, and victimization emerged at crisis levels from a culturally enforced silence in schools and villages. The Department of Education led a cohort of five organizations driven by a single collaborative goal: to improve the wellbeing of American Samoa's youth.

Availability of the internet has improved significantly in the Territory, with a keen focus on teen users. Online access to information, entertainment, and platforms from which to influence others means that youth are exposed to more of the world and influences outside of their culture and community than parents can regulate.

The partners chose to mitigate the impact of these risk factors by focusing their outreach activities on the following key issues:

Partner	Focus
Back on Track:	Mental Health
EPIC:	Suicide
Alliance:	Bullying
Veteran Affairs:	Anxiety/Depression
DPS/Public Health:	Substance Abuse

Outreach Date	Church & Village
11/13/2022	CCCAS Faga'alu
11/22/2022	CCCAS Fagaitua
11/27/2022	Catholic Malaelo
12/4/2022	Methodist Futiga
12/11/2022	Catholic Nuuli
3/5/2023	EFKS Petesa Tai
3/12/2023	EFKS Petesa Uta
3/19/2023	AOG Afono
3/26/2023	AOG Afono
4/2/2023	CCCAS Onenoa
4/2/2023	AOG Tula
4/23/2023	CCCAS Fagali'i

On February 9, 2023, the partners regrouped after the holidays to debrief and evaluate the activities completed in 2022. With lessons learned in hand, including the need for data collection, the Alliance adapted their training curriculum, learning activities, and team logistics to prepare for the next round of community engagement.

How did this project begin?

----- JUDY MATAUTIA
Training Coordinator -----

In July 2022, the American Samoa Department of Education (DOE) invited the Alliance to present a community outreach proposal to engage local Samoan church members. The focus is on risk factors for, and impacts of those factors on, the mental health of Samoan youth. The project supports the Alliance's strategy to authenticate healthy wellbeing as a precursor to violence prevention. DOE provided five topics they wanted the partners to address. The Alliance's Program Coordinator chose anti-bullying and took the lead on developing the proposal. On August 19, 2022, she and the Alliance's Executive Director delivered the presentation to the DOE administrators who promptly invited the Alliance to participate in the outreach project.

On October 26, 2022, the Alliance conducted a meeting with DOE and other outreach partners. This collaboration led up to the official project launch at the Fale Laumei on November 12, 2022.



Mrs. Judy Matautia is the Alliance's Training Coordinator tasked with raising awareness through education, and helping people develop life skills through training, to prevent violence. Mrs. Matautia has worked as a community educator in American Samoa for over eight years, is fluent in English and Samoan, and provides cultural guidance in all the Alliance's activities.

	PETESA	AFONO	ONENOA	TULA	FAGALI'I	COMBINED
# Participants	54	103	40	58	77	332
Average Age	28	28	24	37	24	28.2
# Age<19 Years	33	50	24	17	44	168
# Females	29	50	17	32	38	166
# Missing Data	5	3	0	14	1	23

No data collected in 2022. The calculations for Petesa and Afono village churches reflect combined totals of two outreach activities per church. *Note:* DOE canceled outreach to Poloa & Alao due to Flag Day activities.

How did we do it?

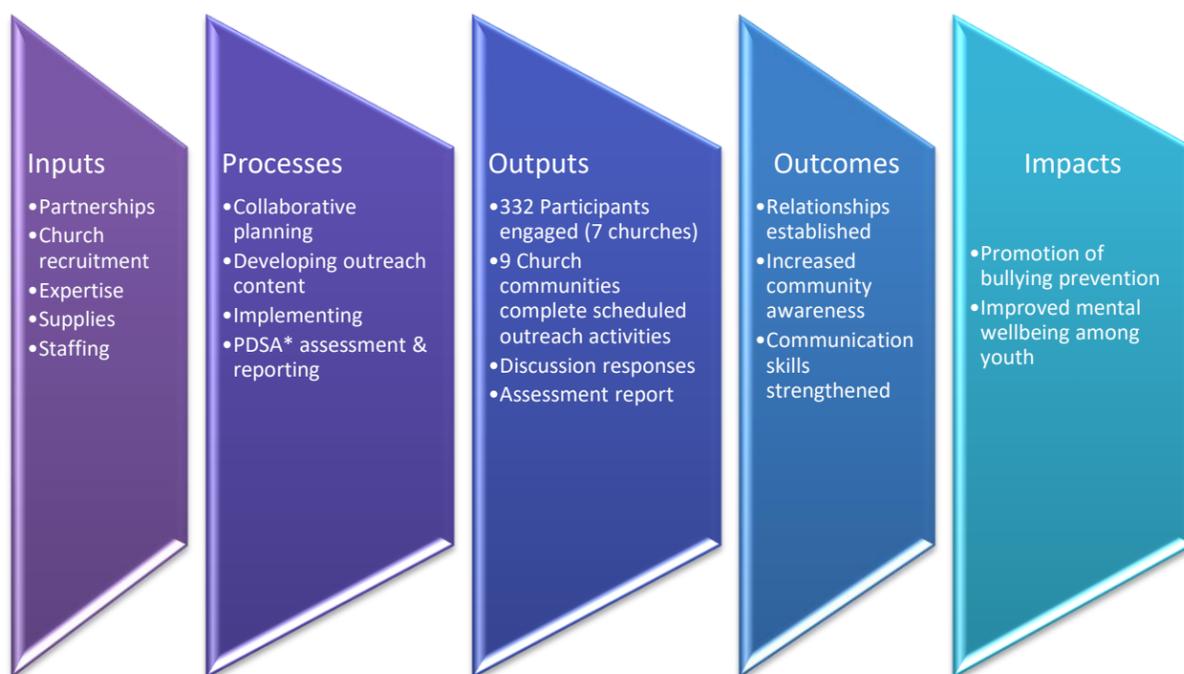
DOE's project aims to “increase awareness” of bullying behavior among youth, its impact on mental wellbeing, and how to safely address it.

The Alliance facilitated semi-structured discussions with youth and their parents to understand what they know about the subject. 51% of the participants met the original target audience demographic: youth under age 19. The unexpected attendance of parents provided an **opportunity** to include them in the talanoa, talk story, to hear how they address bullying behavior from, and towards, their children. **Inclusivity** means not excluding others *and* making them feel valued and welcome. Studies have shown that inclusivity results in **better outcomes** including better communication, and stronger relationships. In the case of these outreach activities, better outcomes were evidence by

- **parents collaborating with their youth** in answering questions and sharing responses
- thereby **increasing opportunities for parent-child communication,**
- **sharing the experience of the activities,**
- and **pledging together to prevent bullying behavior.**

When conducted consistently,

community engagement through outreach activities can drive positive behavioral change and implementation of violence prevention strategies like those used by active bystanders. Studies show that ‘dosage’ – the number of times the target audience is exposed to and engaged in the outreach – is a critical factor associated with the effectiveness of bullying prevention programs². Each DOE outreach was held in two Sunday sessions, except for Tula and Onenoa which were done in single sessions. Additionally, the Alliance conducted outreach sessions in five village churches in 2022. However, data was not collected. Participants were separated into youth and adult groups to discuss responses to questions provided by the Alliance. Their responses were recorded on notepads and shared with the whole group in oral presentation. The **Logic Model** below provides details of how the Alliance's outreach was accomplished.



*PDSA = Plan-Do-Study-Act a framework for continuous assessment and improvement in the delivery of program/outreach content.

What does it mean to ‘engage’ the community through ‘outreach’?

Community engagement is more than just a set of practices; it is also a set of conditions¹. Specifically in a Samoan community, engagement is enabled by how we are positioned in society – who our families are, what villages we hail from, what we’ve done in service for the people. With respect - fa’aaloalo, and alofa - love and goodwill, a relationship is established within which to ‘engage’ – working collaboratively with people to achieve goals, make decisions, drive positive social change. **Community engagement is the strategy.** **Community empowerment to lead positive change is the goal.** Healthy, equitable engagement is built upon the assets of community members, such as fa’aSamoa protocols and fa’aaloalo for the church. Outreach is a process of empowering people with knowledge, but also about recognizing the power, strengths, that exist in the community and then demonstrating how it can be leveraged for social good. The outreach conducted during this project used **facilitation as a tool of engagement to empower** parents, youth, church leaders. Instead of ‘presenting’ information the Alliance guided self-reflection. How? By creating safe spaces for discussions, meeting them in their environment, speaking their language, following Samoan protocols, asking questions and encouraging participant sharing, listening, and adapting activities to participant needs. Without culturally sensitive facilitation, the ‘outreach’ - information, presentations, and worksheets - would have been met with closed minds and ears.



¹ Holley, K. (2016) *Equitable & Inclusive Civic Engagement*. Kirwan Institute, Ohio State Univ. retrieved 8/2/23 from <https://kirwaninstitute.osu.edu/sites/default/files/2016-05//ki-civic-engagement.pdf>.

² Bradshaw, C. (2015). *Translating Research to Practice in Bullying Prevention*. Univ. of VA, CDC, U.S. Department of Education.

What did we learn?

The following discussion response data was collected from 332 participants in 7 church communities from February through April 2023.

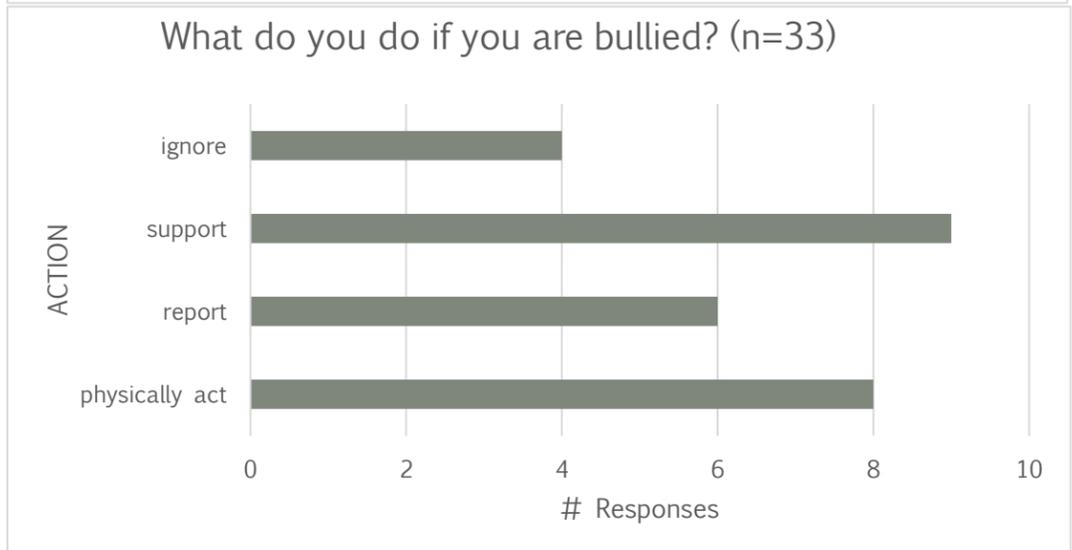
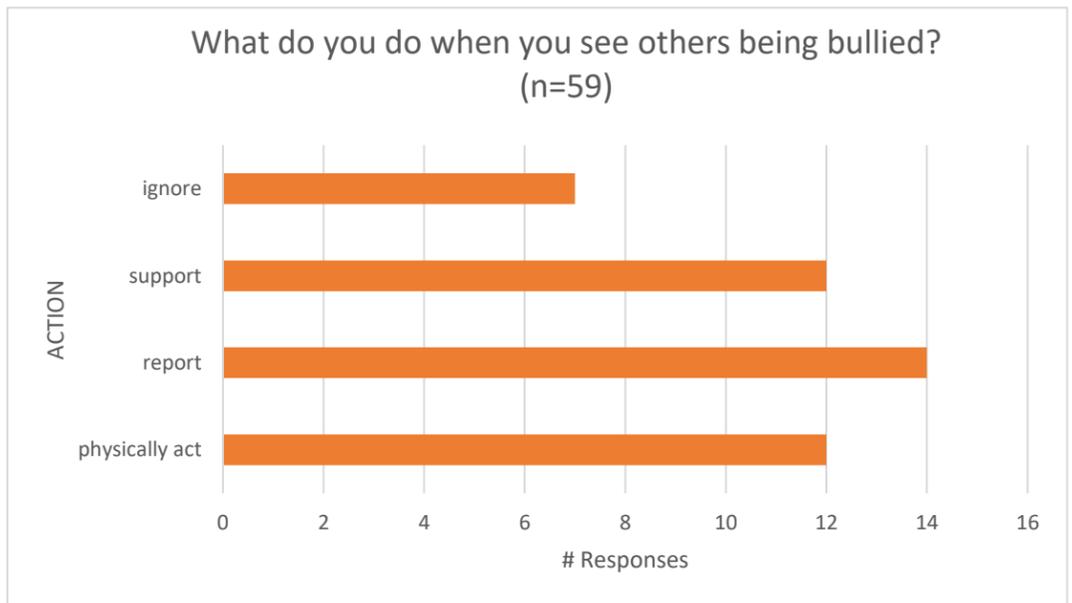
Youth

Children aged 10 and under participated in the following age-appropriate activity schedule conducted primarily in English:

- self-introduction and sharing of 'what makes me special'.
- Story Time – explaining what bullying looks like from different perspectives.
- Reflection Time – 12 positive affirmation worksheets available for youth to choose from to color and share why they chose their sheet and how it made them feel.
- PSA time – brief promotion of anti-bullying behavior.

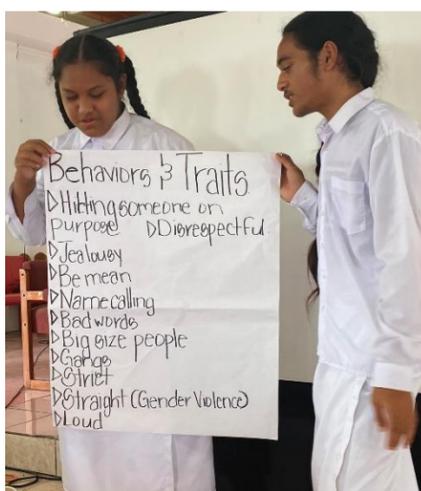
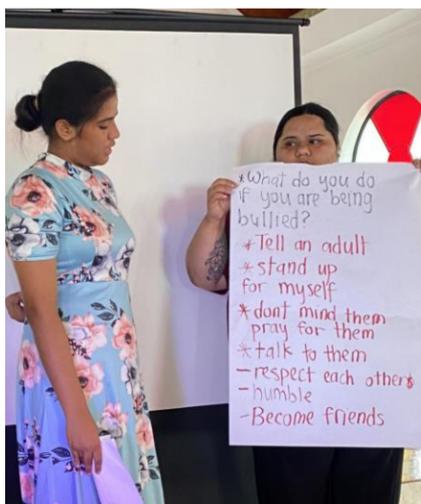


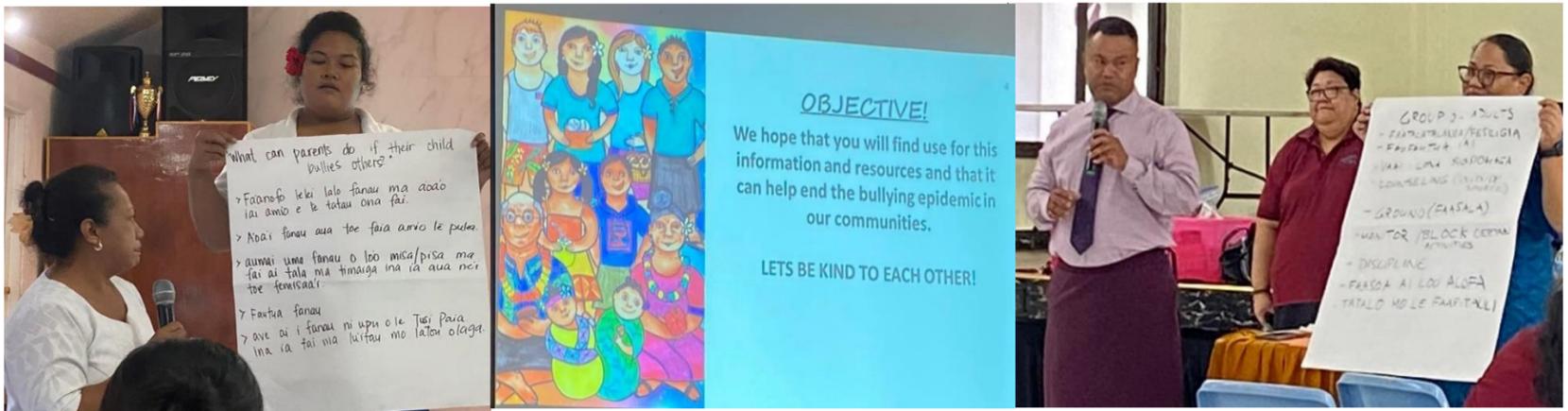
Youth aged 11 and over participated in one of four group discussions to answer, 'what do you do when you see others bullied' and 'what do you do if you are bullied'. The responses were transposed from participants' handwritten flip chart papers. The number of responses (n) represents the combined number of group responses, reflecting the group consensus as opposed to individual responses. Deductive thematic analysis was applied to the data, producing **four significant responses to bullying behavior**: ignoring it, supporting the victim, reporting the behavior, and physically acting to prevent/stop a bully. Participants in Afono, Onenoa and Fagali'i were asked to list 'behaviors and traits of a bully'. Most of the responses describe the bully's behavior as opposed to traits that would cause the behavior. Behavior is the observable result of choices. Traits are innate beliefs, values, attitudes – things one carries within that influence behavior choices. A few traits were shared including pride, conceit, 'lookdown' on others, and being 'hardheaded'. Little empathy is reflected in the responses – participants voiced strong opinions about what a bully is.



Due to time constraints and/or unexpected schedule changes, some discussion questions may not have been asked in all outreach sessions. Data is presented as a descriptive summary using qualitative analysis strategies.

Participants in Onenoa and Fagali'i were asked 'what is cyberbullying'. Participant responses reflect a basic understanding of what it looks like and why it's done. They also voiced an understanding of the connection between cyber and in-person bullying. Specifically, 'posting negative things about someone', 'no respect for others', and 'make themselves feel higher than others'.





Adults were assigned to one of four groups to talanoa, come to a consensus on main responses to the questions, and share with the whole group. Most settings were in the church itself without tables but participants completed their tasks and fully engaged in the discussions.

Adults

Each outreach session began by following Samoan protocol for welcoming guests, the Alliance, and for entering talanoa - outreach discussions. To establish the connection between mental health and behavior, Alliance staff conducted a wellness exercise before starting the talanoa. 90% of the facilitation was done in Samoan, led by the Alliance’s Training Coordinator. Alliance staff were an integral part of the implementation plan. After each outreach the team debriefed and adjusted the content and logistics accordingly.



For example,

by the fourth outreach the team recognized the need to emphasize strategies to help participants address bullying behavior. They incorporated ‘acts of kindness’ into the discussion by asking participants to choose a word explaining kindness and demonstrate the word in action. In one session, the adults and older youth creatively demonstrated ‘gratitude’ in a skit, ‘love’ through a song, ‘listening’ through poetry, and ‘sharing’ through spoken word.

Adults were asked two questions:

- 1 – what do you do if your child is being bullied?
- 2 – what do you do if your child is bullying others?

Deductive thematic analysis was applied to the 34 responses to question one, and 63 responses to question two.

In response to ‘what do you do if your child is bullied’ respondents emphasized involving an authority figure such as teachers, the police, and parents of the bully. However, they did not indicate the use of punishment. Rather, they talked about ‘creating peace for the children’, ‘speaking with calmness’, ‘listening to your child’s concerns’. This aligns with the youths’ response to being bullied, which was primarily ‘finding support’, ‘telling your parent or trusted adult’, and using self-care through ‘prayer’, ‘being kind’, and ‘being confident’.

In response to ‘what do you do if your child is the bully’ respondents emphasized the importance of supportive parenting, communication, and conflict resolution.

Supportive parenting is indicated by responses that include ‘teach them about bad behavior’, ‘be consistent with decisions’, ‘prioritize time between parents and children’, and ‘quality time with kids’. Communication is a key part of this relationship. Parents used phrases like ‘speak with child’, ‘counsel...give good words so they don’t fight’, ‘speak and share with children’, ‘talk to find the truth’.

There are 11 responses inferring that adults should ‘model non-bullying behavior’, including:

‘Show our children the kind of behavior they need to behave with.’

‘Sit them down and teach’...‘parents do not fight in front of their kids’...‘quality time with children’.

There are nine references to prayer as a tool to resolve issues and guide positive behavior, including:

‘Lead evening prayers to forgiveness’...‘pray, forgive, apologize’...‘teach spiritual life’...‘be part of spiritual groups’...‘parable from the Bible’.

There was, particularly in Fagali’i, minimal indication that discipline is not out of the question. Responses such as ‘give them punishment depending on their age’, and ‘beat them’ were shared. Overall, parents feel that conflict resolution is the ideal strategy to deal with a bully. They would do this by ‘talking with the parents’, ‘give the bully an opportunity to apologize’, ‘lead in evening prayers for forgiveness’. Prayer, the Bible, and parent teaching are key components in a Samoan response to bullying.

The Alliance integrated this perspective and these values into a culturally appropriate response to bullying behavior: acts of kindness. By emphasizing the connection between kindness, which reflects core constructs of fa’aSamoa – empathy, goodwill, peace – they introduced a culturally sensitive approach to bullying behavior. They also connected bullying behavior to the status of one’s mental health – both the impact of bullying on the victim, and the reasons behind the behavior of those who bully.

BULLYING VS MENTAL HEALTH

- Research suggests children & youth who are bullied over time are more likely than those not bullied to experience depression, anxiety, & low self-esteem.
- They also are more likely to be lonely & want to avoid school.
- Studies show - children & youth who bully others over time are at higher risk for more intense antisocial behaviors like problems at school, substance use, & aggressive behavior, like getting into physical or verbal fights or blaming others for their problems.

LASTING MENTAL HEALTH IMPACTS..

- Even though bullying commonly happens in childhood, the impact can last well into adulthood.
- Research shows the rates of panic attacks and certain disorders greatly increase with bullying
- Mental health issues such as depression, anxiety, and low esteem haunt many adults who were once bullied in childhood.
- Studies suggest that bullying may cause physical changes in the brain and increase the chance of mental illness, severe bullying is linked to changes in brain volume and levels of anxiety
- Bullying may decrease the volume of certain parts of the brain that helps you learn and remember things.

How did we try to accelerate behavior change?

PLEDGE FOR CHANGE

As stated on page two, studies show that ‘dosage’ – the number of times the target audience is exposed to and engaged in the outreach – is associated with higher effectiveness of bullying prevention programs³. 12 outreach sessions in 12 months, without additional support and behavioral reinforcement from parents and church leaderships, may be insufficient ‘dosage’ to sustain behavior change.

The Alliance attempted to ‘accelerate’ the learning and acceptance curve by incorporating a ‘pledge for change’ at the end of each session.

Following a review of positive affirmations – an additional ‘self-care’ exercise – all participants were asked to ‘make a commitment’ to be kind, not bully others, and to stop bullying behavior by others, and demonstrate this commitment by executing a formal pledge to do so.

The Alliance used a culturally informed, asset-based approach to address a negative behavior:

- raising awareness of the negative behavior in the context of the participants’ experiences as opposed to a western-based ‘textbook’
- building upon participants’ own values, knowledge, and skills to address bullying in safe and culturally acceptable ways as opposed to asking them to learn new values, skills, and behaviors.

Additionally, approaching the wider community through their church affiliations, on church grounds, set the tone for learning and sharing. While the logistics were not optimal (e.g., no rooms for separate breakout discussions, lack of tables to write on in some cases) the familiarity of having discussions about behavior in the church environment facilitated productive participant-Alliance engagement.

POSITIVE AFFIRMATIONS

I AM STATE YOUR NAME
 I AM MY OWN PERSON
 I AM STRONG AND CENTERED
 I AM ENOUGH
 I AM AMAZING
 I AM IMPORTANT
 I AM DOING MY BEST
 I AM BRAVE
 I AM CAPABLE
 I AM WORTHY
 I AM GRATEFUL
 I AM A WORK IN PROGRESS
 I AM CONFIDENT
 I AM BEAUTIFUL
 I AM EXCITED ABOUT TODAY
 I AM MY OWN PERSON
 I AM STATE YOUR NAME!

FAAMAUSALIINA

O AU OTA’U LOU SUAFA
 O AU O LO’U LAVA TAGATA
 E TONUGALEMU MA MALOSI LO’U TAGATA
 E LAVA LO’U TAGATA
 E OFOFOGIA LO’U TAGATA
 E TAUA LO’U TAGATA
 O LO’O OU FAIA MEA SILI
 OU TE LOTOTELE
 OU TE GAFATIA
 OU TE AGAVA’A
 OU TE LOTO FAAFETAI
 O LO’O FAALELEIA ATILI LO’U TAGATA
 E MAUTINOA, MAUTU, MA MAUSALI LO’U TAGATA
 E AULELEI LO’U TAGATA
 UA OU FIAFIA LAVA ONA O LENEI ASO
 O AU O LO’U LAVA TAGATA
 O AU OTA’U LOU SUAFA

Personal Wellness

Make a COMMITMENT to:

- Support others who have been hurt or harmed
- Treat others with kindness
- Be more accepting of people’s differences
- Help include those who are left out

PLEDGE FOR CHANGE

**I PLEDGE TO SPEAK WITH KINDNESS,
 I WILL NOT BE MEAN OR HURTFUL TO ANYONE,
 I WILL REACH OUT WITH ACCEPTANCE,
 I WILL DO MY BEST
 TO MAKE OTHERS FEEL INCLUDED,
 VALUED AND RESPECTED.
 I MAKE A COMMITMENT TO DO MY PART,
 TO STOP BULLYING IN MY COMMUNITY,
 AND TAKE A STAND FOR WHAT IS RIGHT.
 THE END OF BULLYING BEGINS WITH ME!**



³ Bradshaw, C. (2015). *Translating Research to Practice in Bullying Prevention*. Univ. of VA, CDC, U.S. Department of Education.



Access to technology is the main driver of change in the Pacific and we are struggling, with our children, to keep up. To survive we have to take time to reflect upon our experiences, learn from them, adapt. It doesn't mean that our values and way of life changes. But, it may give us opportunity to look at things from new perspectives and change how we communicate and relate to each other. Evaluating our situation is the first step in learning to adapt to change.

What did they think?

Assessment of the outreach from our participants' perspectives

GROUP	WAS THE PRESENTATION RELEVANT TO ME AND MY NEEDS?			WAS THE INFORMATION PROVIDED HELPFUL TO ME AND MY NEEDS?			WAS THE LENGTH OF PRESENTATION GOOD?			I LEARNED SOMETHING FROM TODAY'S PRESENTATION			THE PRESENTER(S) AND/OR PRESENTATION WERE EFFECTIVE			DID YOU FEEL SAFE SHARING INFORMATION IN TODAY'S SESSION?		
	SA	A	D	SA	A	D	SA	A	D	SA	A	D	SA	A	D	SA	A	D
Petesa 1 n=65	43	22	0	38	27	0	41	22	2	50	13	2	44	20	1	36	25	4
Petesa 2 n=66	45	20	1	44	20	2	35	29	2	42	21	3	44	18	4	37	26	3
Afono 1 n=67	55	11	1	52	14	1	49	17	1	46	20	1	52	14	1	51	15	1
Afono 2 n=30	28	1	1	26	4	0	27	3	0	25	5	0	26	3	1	29	1	0
Onoea n=33	33	0	0	33	0	0	30	3	0	33	0	0	31	2	0	29	3	1
Tula n=44	41	3	0	37	5	2	33	8	3	39	4	1	41	3	0	41	3	0
Fagali'i n=75	59	15	1	64	11	0	49	24	2	55	16	4	60	14	1	56	18	1
TOTAL * N=380	304	72	4	294	81	5	264	106	10	290	79	11	298	74	8	279	91	10
%	80	19	1	77	21	1.3	69	28	2.6	76	21	2.9	78	19	2	73	24	2.6

*Note: not everyone who completed the evaluation forms registered at the beginning of the outreach so the number of responses here is greater than the total number of participants reported on page 2. Many who arrived late may not have registered but stayed through the end which enabled them to complete an evaluation form.

KEY: SA = Strongly Agree A = Agree D = Disagree

Six performance domains are addressed:

1. Relevance of the outreach to participant experiences
2. Helpfulness of the outreach content
3. Acceptable length of the activities
4. Individual learning achieved
5. Effectiveness of the facilitator
6. Establishment of a 'safe space' in which to participate

Relevance - Talafeagai

The relevance of the outreach indicates the significance it has for the participant (Collins Dictionary), and the appropriateness of the content to the participant's experience (Oxford Languages). **99% of participants reported that the presentation is relevant to what they need in life now.**

In hindsight, it would be useful to ask what parts of the presentation they considered relevant, how they are relevant, what needs are being addressed. As surveys usually do, they present more questions than answers. It may justify the need to conduct focus groups with these participants.

Mrs. Matautia recalls participants mentioning that they can understand, reflect, and ask questions when facilitation is done in Samoan. 90% of the open discussions were conducted in Samoan, and most of the power point slides include a Samoan language version. The power point slide is considered useful in '*guiding the discussion*', but the facilitator did not rely on the slides to direct conversation. As participants responded to the facilitator's questions, they exchanged ideas, through 'heated discussions' in some cases. This level of engagement supports the 99% relevance level.

Helpfulness - Loto Fesoasoani

Helpfulness, or the 'quality of giving help' (Oxford Languages) indicates that the outreach activity and content addressed a need for help experienced by 98% of participants. It also validates the Alliance's ability to provide help. Again, in hindsight it would be useful to understand what needs were addressed, and how the outreach accomplished this.

Length of the outreach - Taimi

The Alliance had, on most occasions, a minimum of two hours in which to engage the community. 97% of participants agreed that the length of the outreach was 'good'. All sessions were held on Sundays after formal church services. In a Samoan village church community, the congregation may spend the entire day at the church immersed in social and religious activities. So, participants may hold a level of expectation regarding Sunday church schedules - time may not be as important because they've already committed the use of their time in this way. The duration of the outreach was acceptably long as it needed to be.

Learning achieved - Aoaoina

97% of participants agreed that they learned something during the outreach. Unfortunately, pre-post knowledge or skill assessments were not conducted. However, considering the time limits, unstructured flow of information through talanoa, preferred Samoan learning modalities (oral vs. written), a formal written assessment would not reflect learning achieved in its entirety. Often, what a participant leaves the outreach with, what is imprinted on their psyche is not easily translated verbally. For example, Mrs. Matautia recalls that translating words related to 'wellness' and 'self-care' were difficult to translate from English to Samoan. However, verbal feedback from participants reveal that the wellness exercises were the most popular activities in the outreach! They thought it was 'new', and they learned that music - listening to an Alliance staff member play the flute - which helps one to relax, feel less troubled, is an exercise in self-care. They were able to associate the activity with the concept. They also learned that these skills - the capacity to self-soothe, reduce anxiety, create calm environments - require few, if any, resources outside of what is already available to participants in their homes and churches.

Effectiveness of Presenter and/or Presentation

An effective presentation meets its objectives. The objective was to engage the community in discussions about bullying behavior in safe spaces and 97% of participants agree. This was achieved in nine church communities between 2022-2023. The content and facilitation tools should be relevant to the audience members and useful considering their needs and requirements⁴. 98% of participants agree that this was achieved.

Professional presenters also suggest that it is important for facilitators to 'speak the language of the audience', use culturally appropriate and relevant examples, use meaningful words in short sentences⁵. As discussed in the 'Relevance' section above, the facilitator is fluent in the Samoan language and spoke it during 90% of each outreach.

Feeling Safe

A 'safe space' is a place or environment in which a person or category of people can feel confident that they will not be exposed to discrimination, criticism, harassment, or any other emotional or physical harm (Oxford Languages). Creating a safe space in which to engage the community is a key component of the project. To engage with each other fully and freely, participants need to feel that the environment is free of judgement and potential for harm. 97% of participants report feeling safe during the outreach. Ten participants disagreed, and of those, seven attended the outreach in Petesa 1 and Petesa 2.

Although the number who disagreed represent less than three percent of the total participants, it is a cause for concern because the principle, 'do no harm', is a primary goal of prevention. Further investigation into this assessment result is warranted.

⁴ Nickols, F. (2003). Effective Presentations. Retrieved 8/9/23 from nickols.us

⁵ <https://www.cbs.de/en/blog/15-effective-presentation-tips-to-improve-presentation-skills/#:~:text=It%20is%20especially%20important%20that,%2C%20empty%20phrases%2C%20and%20click%3%A9s.>



“O SE AVANOA LEA UA MAFAI AI NA FAATASI MA LEISI A USO A TAGATA MA FAASOA LE FEAU TAU E FAAFOIA AI LE BULLY O LEISI FANAU O LEISI FANAU, MA AUALA E AO ONA FAAFOIA AI.” (Afono)

Why is it important to ASK before we TELL?

The Alliance’s outreach design originated from a **perspective** that most community engagement is done: the **expert**.

The typical design process involves identifying an audience, identifying appropriate facts and skills the audience needs, creating a presentation of the information, and a handful of learning activities. This **process assumes what the audience knows and how they learn**.

In general, people know what they do, and some understand how things are done, but **many ignore or are unaware of ‘why’ they do what they do** which has significant impact on their behavior choices⁶.

Asking ensures you avoid assumptions. Asking ‘why’ gets to the reality, the truth. Asking means you are listening.

Listening is an important aspect of productive community engagement. It helps the listener understand the intersection between the speaker and political, economic, cultural influences. It also reveals how they live their lives, how they ‘see’ and experience the phenomena you are inquiring about i.e., bullying.

Asking, and listening, must be intentional...you must make time and create space to ensure everyone is heard.

By the second outreach session **the Alliance was asking questions, and listening, rather than telling participants what a bully is and how to stop one.**

These discussions were, according to Mrs. Matautia, enlightening for staff and participants.

In Samoan church culture women, youth, children are typically seen, not ‘heard’. The discussions created opportunities for everyone to be heard and engage. This is a **significantly positive outcome** of the project and one that will hopefully be sufficient to encourage their future participation even without monetary incentives.

What resonated with us?

----- Challenges, Resolutions, Highlights -----

Mrs. Matautia notes the following challenges:

- **unexpected circumstances**, specifically not knowing if the venue would functionally support the planned outreach activities i.e., tables to complete surveys and write responses, separate areas for participant groups to meet and discuss.
- **unfamiliarity with church protocols if venue is not on Catholic grounds** (Mrs. Matautia’s religion).
- **inability to record the verbal discussions** which held the most meaningful discourse about behaviors.
- **unexpected schedule changes** i.e., last-minute cancellations, grouping two villages in one day such as Onenoa and Tula.
- **possible ‘overdose’ of information** resulting from five different topics delivered by five different service providers within six to ten weeks. (See appendix A)

The Alliance team debriefed after every outreach event. This enabled them to identify and resolve various challenges, needed adaptations, and record in real-time their experiences. Of the five challenges that resonated with Mrs. Matautia, only the ‘unexpected circumstances’ could be resolved as the Team worked around the lack of tables, breakout rooms, and data collection tools. Flip charts were introduced to record group responses to discussion questions, and a photographer diligently recorded activities through still shots (used throughout this assessment).

The venue, schedule, and outreach design were dictated by the DOE. Sharing these challenges in a debriefing among partners would be helpful in resolving these issues.

DOE’s **unsustainable monetary incentivization of participants, specifically church leadership**, may present a problem when non-government service providers without funding to support incentives attempt to continue this outreach. The partners an discuss this issue to identify appropriate alternatives.

What resonated with our participants? Overall, the **group discussions and presentations** were the highlight of the outreach. One adult stated, “*the group activity was a boost of confidence for everyone.*” (Petesa 1) Another described them as “*well deserved conversations and sharing about these topics.*” (Petesa 2) A youth enjoyed ‘*sharing with your parents about your parents.*’ (Onenoa)

Sharing, or faasoa, was repeated throughout the evaluation responses. Despite the length of the outreach, participants acknowledged the value in the learning, discussing, and communication involved.

“*My favorite part of today’s lecture was when we all stood up to talk about different words. I’ve learned that we are to be grateful for everything we have.*” (Afono)



⁶ Holley, K. Principles for Equitable & Inclusive Civic Engagement. Kirwan Institute for the Study of Race and Ethnicity at The Ohio State University. www.kirwaninstitute.osu.edu.

In a study conducted by a Samoan researcher with Samoan children living in New Zealand, participants revealed “four factors important to their wellbeing: social connections, not having to worry, feeling valued and included, and being a good person.”⁷. Connecting with their family is of overwhelming importance to their wellbeing. While the life experiences of a Samoan child living in New Zealand differ from those of a Samoan child living in American Samoa, they do share the same culturally based values and needs. Additional studies done in the Pacific diaspora support these findings, providing an evidence-based foundation for developing future violence prevention projects with and for youth.

Who resonated with us?

By Vatauomalotetele Fanene, Alliance Media Assistant

I had the opportunity to facilitate activities with the groups of kids aged 10 years old and younger. They were full of energy and excitement, and I was amazed by how much I learned from being with them. The minute we started singing activities they would sing their hearts out. We sang songs of friendship, being kind, love, joy.

There were difficult conversations as well. A girl shared that she was bullied at school. Her bully would say hurtful things about her mom. Her response was, “*But I stood up to the bully and told her, well my mom made it to heaven before your mom.*” She paused for a second and broke down in tears. The other children did not hesitate to comfort her. A girl sitting next to her whispered, “I’ll be your friend.”

We talked about name calling. Some kids were very emotional. I gave them name tags and asked them to choose a name they wanted to be called during our time together. I asked them to choose names that made them feel happy, strong, or confident, or a name of someone who inspires them.

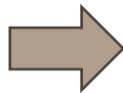
The kids introduced themselves with their new names and explained why they chose it. Here are a few names I remember:

My name is...

1. **Rose** (I chose Rose because it’s a pretty flower. They make me happy.)
2. **Tama** (I want to be just like Tama when I grow up.) Tama is his grandfather.
3. **loane** (My real name is loane and I am named after my dad. I want to be just like my dad. My dad makes the best food. He can do anything.)
4. **Hulk** (I chose Hulk because he is strong and not afraid of anyone.)
5. **Princess** (I chose Princess because it makes me smile.)

Throughout the session, each person was to be called and recognized by the name they chose. They expressed huge smiles when they heard the name that made them feel happy.

Click here to watch the video:



Screen_Recording_20230809_172154_Ti



“*Wellness is the quality of being healthy by engaging in behaviors that positively contribute to one’s wellbeing. Wellbeing is the state of being mentally and emotionally healthy.*”⁸

According to the CDC, wellbeing focuses on ‘having a positive outlook on life and feelings of positivity when approaching situations’. People with higher levels of wellbeing experience lower risk of illness, injury. There is a strong link between bullying and self-harm⁹. The DOE project aims to address various forms of self-harm among youth, i.e., suicide, drug abuse, violent behavior, by reaching out to the church communities with information and skill building activities. But, most importantly, as expressed by DOE to its partners, the project aims to **help individuals become emotionally and psychologically ‘well’, or healthy, to prevent self-harm and development of bullying behavior, and help victims overcome being bullied.**

Parental support may buffer the relationship between bullying behavior and self-harm amongst youth, pointing to a need for interventions that promote mentally healthy adults as well.

Parent evaluations from Tula reflect an appreciation for the ‘energy ball’ self-care exercise. In all the sessions parents’ ‘favorite parts’ were the group discussions and presentations, indicating support for communication which is key to wellness.

⁷ Dunlop-Bennett, E. (2018). Thesis: Through their eyes – A Samoan perspective on child wellbeing. Univ. of Otago. Retrieved 8/8/23 from ourarchive.otago.ac.nz/dunlopbenette2019PhD.pdf.

⁸ Blackman A. (2023). Wellness vs. Wellbeing. Select Health. Retrieved 8/9/23 from https://selecthealth.org/blog/2021/05/wellness-vs-well-being.

⁹ Myklestad, I., Straiton, M. The relationship between self-harm and bullying behavior: results from a population-based study of adolescents. *BMC Public Health* **21**, 524 (2021).

Where do we go from here?

Evidence-based recommendations

To achieve the goal of well-being in our communities, efforts should focus on three primary drivers of change (evidence-based; adapted from RWJF¹⁰). What do these drivers look like in the context of Samoan communities, and how do the results of the Alliance's outreach demonstrate local capacity to capitalize on them?

Driver #1: Develop **leadership capability** to improve wellbeing within communities and between individuals.

Leadership through service is a core value in fa'aSamoa. Acceptance, one's place in the family and wider society, are based upon one's ability to contribute to the collective good. The value of, and expectations for, leadership already exist, and taught to Samoans from birth. However, improved access to technology exposes the youth to more Western concepts and lifestyles grounded in individualistic values, which contrast with traditional Samoan collectivist values. Left unchecked, the resulting cultural change leaves youth with unmet individual needs. Family, church, community leaders can continue to protect the collective needs of the whole, while emphasizing mental health and wellbeing, at the *individual level as a benefit for the collective good*.

This may be achieved through community-based delivery channels such as the Alliance. The Alliance capitalized on the unexpected attendance of parents and church leaders in the outreach by approaching their presence as an opportunity to facilitate youth-adult discussions that explored ideas from both perspectives. Continuing to meet leaders where they are, providing opportunities for safe and open discussions, and implementing asset-based strategies for learning about, and upscaling efforts to focus on, mental health and wellbeing are ways in which organizations can develop leadership capabilities.



Driver #2: Create strong **relationships and action-oriented partnerships** between community groups that nurture trust, learning, and wellbeing as shared goals.

Samoan life is relational in unique ways. For example, Samoans identify themselves in their gafa or genealogy represented in village affiliations. When two unacquainted Samoans meet their first few questions will most likely be, 'who's your Mom? Dad?', 'what village do you come from?' In those familial relationships people connect themselves to each other, and to place. In this way they also understand a person in relation to the community, and can assess relational proximity to self – *are we close by blood?* Relationships are critical to Samoan life and wellbeing, thereby laying the foundation for strong 'working' relationships vested in a common goal. Samoan life is also heavily reliant on partnership and collaboration. Just as no individual can exist alone in Samoan society, no family, church, or village can function alone. The fa'alavelave remains to this day an intricate, and critical, cultural partnership. Therefore, the foundation for partnerships is grounded in the culture.



The organization of village church life is also predicated upon partnership. Mrs. Matautia notes that except for the December 11th outreach event, all the others comprised multiple religious denominations. For example, the November 22nd event was held in the Fagaitua CCCAS church building, but participants came from CCCAS, Catholic, Assembly of God, and Methodist congregations. This was mirrored in all the outreach events except for the Nuuli Catholic Church where it was noted by DOE that the village churches were experiencing some relationship issues.

The Alliance is a Coalition of non-profit and government partners who share similar goals in their work. Monthly 'partners meetings' encourage everyone to share their event schedules, what they are working on, how they need help from the partners, and proposals for new activities. This coordinated effort supports 'action-oriented partnerships.' The key moving forward will be to incorporate a sustainable call to action(s) that promotes mental health and wellbeing.

The Alliance does, by example, already promote wellness in the workplace. Training to support partner organizations to do the same is offered as well as opportunities for the public to participate in self-care activities such as 'Healing Through Writing' and 'Arts as Self-Care' workshops. Over time and with added emphasis by the Alliance on their social media platforms, more people may take advantage of the opportunities to learn, share, and partner.

Driver #3: Identify and improve upon positive **social norms** that support health and wellbeing.

The impact of Samoan culture, Western cultures, generational gaps in knowledge, skills, social awareness, mental health literacy, etc. influence what is considered 'normal' in society. Social norming is a complex

¹⁰ : Scaccia, J.P., Rubén Chávez, N., Hatchett, L. Byrd, K., Blanton, S., Alia, K., Brennan, L.J., Howard, P. Lewis, N., & Stout, S. (2017). Community Health Improvement and the Community Psychology Competencies. Global Journal of Community Psychology Practice, 8(1), pages 1-25. Retrieved 8/6/23, from (<http://www.gicpp.org/>)

process. Especially when it involves a 3,000-year-old culture and generations of adults trying to hold onto the best of the old while accepting the best of the new to raise happy, productive children.

Positive social norms in Samoan culture revolve around God, family, and village. Parent data shows that *'prayer, the Bible, and parent teaching are key components in a Samoan response to bullying.'* **Connecting these values and principles to wellbeing by developing mental health literacy through social media, school health lessons, church/Sunday School spiritual lessons can improve upon existing positive social norms.** The DOE outreach project is an example of this strategy.

DOE leveraged its partnerships with social service providers and clinicians to deliver the outreach content directly to the community through village churches. The partners were informed, per Mrs. Matautia, that *'wellness is the direction we are taking with this'* (outreach). Consequently, wellness exercises and lessons about self-care were introduced to all participants. The responses were overwhelmingly positive, but it was revealed through the talanoa that many were already practicing kindness, wellness, and self-care without knowing it. They just didn't have the concepts or 'official' words to label these actions and connect them to anti-bullying behavior. The Alliance was able to establish this connection. Mrs. Matautia recalls, *'The faife'au from Futiga was especially vested in this. He said, I've been waiting for someone to come to us with this information'* Sometimes the values, especially those driving positive social norms, must be identified by the community rather than presented from a pulpit. Or, revealed from within, as opposed to dictated from a position of power.

How did the Alliance facilitate this strategy throughout their community engagement?



Appendix A: 10-week outreach schedule issued by the DOE on February 24, 2023

Externals		Week 1/2	Week 3/4	Week 5/6	Week 7/8	Week 9/10
Dates: (Sundays only: Presentation : 2-3 hours)		March 5, 2023 & March 12, 2023	March 19, 2023 & March 26, 2023	April 02, 2023 & April 09, 2023	April 16, 2023 & April 23, 2023	April 30, 2023 & May 7, 2023
Back on Track (Mental Health)		Alao CCCAS; Alao Catholic; Tula AOG; Tula CCCAS; Onenoa CCCAS (5)	Fagalii CCCAS, Poloa CCCAS; Poloa Methodist (3)	Taputimu EFKAS; Taputimu EFKS; Taputimu AOG (3)	Petesa-Tai CCCAS; Petesa-Uta CCCAS; Alapi EFKS, Tafuna AOG. (4)	Afono CCCAS; Afono Catholic; Afono Peteli (3)
		EAST	WEST 2	WEST 1	MID-WEST	CENTRAL
EPIC (Suicide)		Fagalii CCCAS, Poloa CCCAS; Poloa Methodist (3)	Taputimu EFKAS; Taputimu EFKS; Taputimu AOG (3)	Petesa-Tai CCCAS; Petesa-Uta CCCAS; Alapi EFKS, Tafuna AOG. (4)	Afono CCCAS; Afono Catholic; Afono Peteli (3)	Alao CCCAS; Alao Catholic; Tula AOG; Tula CCCAS; Onenoa CCCAS (5)
		WEST 2	WEST 1	MID-WEST	CENTRAL	EAST
Alliance (Bullying)		Petesa-Tai CCCAS; Petesa-Uta CCCAS; Alapi EFKS, Tafuna AOG. (4)	Afono CCCAS; Afono Catholic; Afono Peteli (3)	Alao CCCAS; Alao Catholic; Tula AOG; Tula CCCAS; Onenoa CCCAS (5)	Fagalii CCCAS, Poloa CCCAS; Poloa Methodist (3)	Taputimu EFKAS; Taputimu EFKS; Taputimu AOG (3)
		MID-WEST	CENTRAL	EAST	WEST 2	WEST 1
VA (Anxiety & Depression)		Afono CCCAS; Afono Catholic; Afono Peteli (3)	Alao CCCAS; Alao Catholic; Tula AOG; Tula CCCAS; Onenoa CCCAS (5)	Fagalii CCCAS, Poloa CCCAS; Poloa Methodist (3)	Taputimu EFKAS; Taputimu EFKS; Taputimu AOG (3)	Petesa-Tai CCCAS; Petesa-Uta CCCAS; Alapi EFKS, Tafuna AOG. (4)
		CENTRAL	EAST	WEST 2	WEST 1	MID-WEST
DPS/DOH (Substance Abuse)		Taputimu EFKAS; Taputimu EFKS; Taputimu AOG (3)	Petesa-Tai CCCAS; Petesa-Uta CCCAS; Alapi EFKS, Tafuna AOG. (4)	Afono CCCAS; Afono Catholic; Afono Peteli (3)	Alao CCCAS; Alao Catholic; Tula AOG; Tula CCCAS; Onenoa CCCAS (5)	Fagalii CCCAS, Poloa CCCAS; Poloa Methodist (3)
		WEST 1	MID-WEST	CENTRAL	EAST	WEST 2