1 **Title**: Can co-designing interventions with affected communities help prevent violence against
2 women? Findings from a process evaluation of the E le Saua le Alofa ("Love Shouldn't Hurt")
3 pilot in Samoa

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5 **Corresponding author**: Jenevieve Mannell, j.mannell@ucl.ac.uk, Centre for Samoa Studies,
6 National University of Samoa, To'omatagi, Samoa

7

8 **Authors and affiliations**:

9 Jenevieve Mannell, PhD, j.mannell@ucl.ac.uk, UCL Institute for Global Health, London, UK/
10 Centre for Samoa Studies, National University of Samoa, To'omatagi, Samoa

11 Hattie Lowe, MSc, hattie.lowe@ucl.ac.uk, UCL Institute for Global Health, London, UK

12 Helen Tanielu, MA, h.tanielu@nus.edu.ws, Department of Social Science, National University of
13 Samoa, To'omatagi, Samoa

14 Ene Isaako Hosea, community@samoavictimsupport.com, Samoa Victim Support Group, Apia,
15 Samoa

16 Pepe Tevaga, MA, communications@samoavictimsupport.com, Samoa Victim Support Group,
17 Apia, Samoa

18 Louisa Apelu, MA, louisa.apelu@undp.org, Samoa Spotlight Initiative, Apia, Samoa

19 Fa'afetai Alisi Fesili, BA, alisifaafetai@gmail.com, Samoa Victim Support Group, Apia, Samoa

20 Andrew Copas, PhD, a.copas@ucl.ac.uk, UCL Institute for Global Health, London, UK

21

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23 FAF; Data analysis and interpretation: JM, HL, PT, LA; Drafting the article: JM; Critical revision
24 of the article: HL, AC. All authors have approved the final submitted version of the paper.

25

26 **Reflexivity statement:** The authors include six women and two men, spanning different levels
27 of seniority, qualifications, and privilege. Five authors are geographically based in Samoa where
28 the study took place, while three authors are based in the UK and are affiliated with UCL as a
29 research partner. One author is a leading statistician in global health, while the seven remaining
30 authors are experts in the prevention of violence against women from both an academic and
31 practitioner standpoint.

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1

Abstract

There has been increasing interest in co-designing interventions with end users to prevent violence against women (VAW). Co-design is theorised as an ethical approach to research able to engage some of the most marginalised groups in VAW prevention. However, there is little evidence of whether co-designing interventions can reduce violence against women, or theoretical consideration of *how* it might do so. This paper contributes to current discussions about co-design by examining the results of the *E le Saua le Alofa* ("Love Shouldn't Hurt")—a pilot intervention that engaged Samoan communities in co-designing violence prevention activities. A mixed methods evaluation of the pilot has shown promising results, and in this paper we consider how the co-design process may have contributed to these results. The evaluation of the co-design process assessed four

1   theorised mechanisms: (1) increased ownership of the problem of violence; (2) improved

2   health behaviours and social norms; (3) relevance of actions taken to address VAW; (4)

3   addressing power structures arising from coloniality. Our results show that change in

4   violence outcomes occurred through the pilot's ability to revisit previous conversations

5   about violence in Samoa, prompting new activities by local leaders, and tightening village

6   rules on violence. Yet, the activities implemented by local leaders were largely

7   unpredictability and sometimes conflicted with global evidence. We argue that such

8   actions should not be construed by policymakers as the 'unpredictable outcomes' of an

9   intervention, but rather understood within a broader framework of diversified knowledge

10 systems. The need for balance in co-designing VAW interventions with communities

11 affected by violence highlights a key challenge of decolonising VAW practice within a co-

12 production framework.

13

14 **Key messages**

15 - This study contributes theoretically to the co-design literature by evaluating the co-

16   design process of a pilot intervention to reduce violence against women in Samoa

17 - We assess the co-design process using mixed methods data defined by four

18   theorised mechanisms from the co-design literature

19 - The success of the intervention (although not definitive) was achieved through

20   instigating new conversations and actions by local leaders in villages about

1   violence, highlighting the potential of south-to-south knowledge exchange as part of

2   a co-design process.

3

4 **Introduction**

5 The negative impacts of violence against women (VAW) on the physical and mental health

6 of women is well established (Garcia-Moreno et al., 2006; Oram et al., 2022). Globally, one

7 quarter of women will experience violence in their lifetime, and in some regions of the

8 world, this figure is closer to one in two (Mannell et al., 2022; Sardinha et al., 2022). There is

9 also growing evidence for how to prevent VAW, highlighting the potential of achieving VAW

10 reductions within programme timeframes of 4-5 years (Heise, 2011; Jewkes, 2014).

11 Community-focused interventions such as *Stepping Stones* in South Africa, *SASA!* in

12 Uganda, and *MAISHA* in Tanzania have been instrumental in expanding this baseline to low-

13 and middle-income countries (LMICs) (Abramsky et al., 2016; Gibbs et al., 2020; Kapiga et

14 al., 2019).

15 Despite these successes, VAW prevention has been challenging for some of the world's

16 most marginalised communities, including with young people living in urban informal

17 settlements, undocumented migrants, and Indigenous communities (Thomas et al., 2020).

18 To identify potential solutions for these groups, some VAW scholars have shifted towards

19 co-designing intervention components *with* communities rather than designing

20 interventions *for* communities. This has included engagements with Indigenous

4

1 communities to co-design theories of change (Mannell et al., 2023); training peer

2 researchers to facilitate intervention activities in informal settlements (Mannell et al.,

3 2023); embedding cycles of reflection and feedback with participants as part of

4 interventions (Daruwalla et al., 2019); defining and promoting healthier masculinities

5 (Donnar et al., 2023); and adapting guidelines for healthcare providers to respond to VAW

6 (Gadappa et al., 2022). This draws on growing evidence that co-designing interventions

7 with end users is not only more ethical, but can lead to improved health outcomes (Brett et

8 al., 2014; Tembo et al., 2021).

9 However, *if* and *how* co-designed interventions improve VAW outcomes remains unclear.

10 Co-design is increasingly used, but rarely evaluated as either a mechanism or outcome of

11 VAW prevention interventions (Domecq et al., 2014; Mannell et al., 2025; Slattery et al.,

12 2020). Our aim is to contribute to the deeper theorisation of co-design for VAW prevention

13 policy with the evaluation of *E le Saua le Alofa* ("Love Shouldn't Hurt"): an intervention that

14 engaged Indigenous Samoan communities in co-designing their own VAW prevention

15 activities.

16 **Theoretical engagements in co-designing interventions**

17 Much of the debate in co-design focuses on defining what it is and is not, and developing

18 key frameworks for its improvement (Filipe et al., 2017; Greenhalgh et al., 2019; Rose &

19 Kalathil, 2019). In contrast, we ask what it *does*. What are the expected outcomes of the

20 co-design process? And can these outcomes be used to evaluate the "success" of co-

21 designed VAW interventions?

1   In public health policy, co-design is often seen as a means of improving the relevance of an

2   intervention to a group of users (Bleijenberg et al., 2018; Staniszewska et al., 2018).

3   However, scholars have also recognise it as a process in and of itself that has the potential

4   to change social norms and existing health practices before an intervention has even

5   started. For example, in co-designing a VAW prevention intervention for young people living

6   in informal settlements in South Africa, the Siyaphambili Youth study highlights how the co-

7   design process changed not only participant's understandings of gender norms and the

8   forms of masculinity that drive violence, but also the researcher's ideas of what can and

9   should be measured (Mannell et al., 2023). In this vein, co-design is seen as a "social

10   space" able to create new communities, interactions and practices that go beyond

11   specified outcomes (Filipe et al., 2017).

12   A growing body of literature discusses the potential for co-design to be used as part of the

13   process of "decolonising" VAW research practice (Breton, 2023; Lokot et al., 2024). This

14   recognises that research practices that do not offer concrete benefits to participating

15   communities can further perpetuate cycles of research malpractice (Smith, 1999) in ways

16   that denigrate Indigenous knowledge and ways of knowing (Suaalii-Sauni & Fulu-

17   Aiolupotea, 2014). Co-design thereby offers the potential for a more radical approach that

18   recognises the plurality of knowledge systems, paving the way for Indigenous communities

19   to set their own research agenda and priorities (Mannell et al., 2021). However, for co-

20   design to deliver on the promise of decoloniality, it needs to fundamentally address the

21   power inequalities created and reproduced by colonial matrices of power (Burgess, 2023).

22

1   **VAW Prevention in Samoa**

2   Despite Samoa's cultural strengths, including the enduring Samoan culture represented by

3   the *matai* (chief) system, *aiga* (extended family), and *fa'a Samoa* (the Samoan way), the

4   country faces significant challenges regarding VAW. Approximately 31.8% of women report

5   having experienced physical, sexual, or emotional violence within the past year (Samoa

6   Bureau of Statistics, 2020). These statistics reflect the global crisis of VAW, which is

7   particularly high in post-colonial climate-affected countries (Brown et al., 2022). However,

8   the high prevalence of VAW can obscure existing efforts and cultural mechanisms that

9   address and prevent violence (Lowe et al., 2023). Samoan communities have long had

10   mechanisms for dealing with interpersonal conflict, and village councils, composed

11   of *matai*, often deliberate on cases of domestic violence and seek resolutions that are

12   rooted in cultural values of respect, service, and Christian values.

13   **The EVE Project**

14   In this paper, we discuss the process evaluation of a one-year pilot of *E le Saua le Alofa*,

15   developed as part of the EVE Project (Mannell et al., 2021). The intervention was co-

16   designed with 30 community-based researchers (CBRs) from 10 Samoan villages (1 man, 1

17   woman, 1 elder; n=30), who were first engaged in a series of research workshops led by the

18   Samoa Victim Support Group (SVSG) and National University of Samoa (NUS) over a three

19   year period (2020-2023). With methodological guidance provided by University College

20   London (UCL), CBRs conducted peer interviews with members of their village about

21   community responses to VAW, organised a village survey to assess risk and protective

1 factors for VAW, and developed a theory of change about how VAW could be prevented in

2 Samoa.

3 Findings from the initial three years of the project were then used to develop the pilot

4 intervention. Drawing on the theory of change created by CBRs, the risk/protective factors

5 identified from survey data in Samoan villages, and a scoping of evaluated intervention

6 manuals available from other similar neo-colonial contexts, SVSG and UCL developed a

7 preliminary manual of VAW prevention activities. This preliminary manual was then tested

8 and iteratively refined with CBRs following principles of participatory action research (PAR):

9 an iterative cycle of experiential learning and action where new knowledge is produced

10 through learning from the previous stage (Brydon-Miller, 1997; Cornish et al., 2023). We

11 completed three iterative cycles that involved CBRs in: (1) testing potential activities from

12 evidence-based interventions used in other neo-colonial contexts, (2) modifying

13 intervention activities for the Samoan context, (3) implementing activities in participating

14 communities, and (4) reflecting on the process as a group.

15 We refer to "intervention activities" in this paper as the set of manualised interventions that

16 have previously been rolled out in at least one other country and had been evaluated with

17 positive results published in peer reviewed journals. In contrast, the "co-design pilot"

18 refers to the iterative process of co-designing a Samoan approach to VAW prevention in

19 partnership with CBRs and their communities, including actions taken by community

20 members during the pilot. The use of evidence-based interventions provided a means of

21 generating dialogue about the effectiveness of community actions in the Samoan context

8

1   but avoided imposing ideas about how to prevent VAW. Communities were free to develop

2   VAW prevention actions that they saw as inherently valuable for their community without

3   restriction.

4   The results of an acceptability and feasibility study of the pilot are reported elsewhere,

5   including early findings of its potential impact (Mannell et al., under review). As a

6   complement to the acceptability and feasibility study, this paper aims to use the same

7   dataset to explore the programme's theoretical goals, and how it may have achieved

8   reductions in VAW. These theoretical goals were initially developed by SVSG and UCL

9   based on the co-design literature to explicitly clarify assumptions about *how* co-design

10   could reduce VAW (Figure 1).

11   [Insert Figure 1 here]

12   The programme theory links pilot activities to mechanisms and co-design outcomes (what

13   we expect to see), to explicitly measure the co-design process independent of its health

14   evaluation (Mannell et al., 2025). For example, having CBRs and their communities select

15   evidence-based activities encourages personal reflection on the cultural relevance of the

16   activities for their community and the practicalities of implementation. This was theorised

17   to translate into greater ownership, accountability, and responsibility by CBRs and

18   members of the community for VAW reductions, and consequently fewer cases of VAW.

19   From the links between pilot activities, mechanisms and early outcomes, we then

20   produced a list of four overarching outcomes of the co-design process, which are assessed

21   in this paper.

9

1   **Methods**

2   *Individual selection and recruitment*

3   Our evaluation of the pilot took place between March 2023 and March 2024. We used

4   stratified purposive sampling for this study, consistent with implementation studies of this

5   kind (Palinkas et al., 2015). SVSG first selected 10 villages in 2020, based on diversity

6   across the number of violence cases reported to SVSG since 2005, traditional village

7   structure, and urban/rural location. Two CBRs from each village were recruited from the

8   organisation's network of over 1,000 community representatives. SVSG has pre-existing

9   relationships with village councils and local chiefs, which facilitated the agreement of local

10   gatekeepers. CBRs then selected 30 members from their village to participate in the pilot.

11   Any member of the village aged 18 or above was eligible to participate, however, CBRs were

12   asked to invite a total of 30 individuals per village with an equal number of men and

13   women, representatives from elders and youth, and those holding different titles (including

14   chiefly titles and untitled men and women). The study offered a small sum to participate

15   ($20 tala per session; ~6GBP) and community members signed a consent form on day one.

16   *Data collection*

17   *Qualitative data*: 14 semi-structured interviews with CBRs were conducted at the end of

18   the pilot (February 2024) by an independent researcher, hired by SVSG and known to the

19   CBRs. The researcher used a topic guide to ask questions about changes in their village/

20   personal lives since the beginning of the pilot, and logistics, including why people may not

21   have attended workshops. The SVSG team also conducted informal interviews with 151

22   members of pilot communities at the end of the pilot (64 men, 85 women). These involved

10

asking individuals to share their views of the intervention and any significant changes in

their village they had observed that could be attributed to the intervention. The team took

detailed notes of these interactions, capturing verbatim quotes when possible, and

recording these in an Excel spreadsheet. Eighteen of the 30 CBRs also completed a

workbook over the course of the pilot, which was designed to guide the process of

selecting, planning and reflecting on activities for their communities, with worksheets and

practical tools. All interviews and workbooks were completed in Samoan and later

transcribed and translated into English.

Quantitative data: A survey questionnaire was given to all participants who attended the

first day of the pilot before activities began, with a follow-up survey delivered to the same

individuals 8-12 weeks after pilot workshops ended (44-48 weeks after the start of the pilot

period). The questionnaire assessed women and men's experience/ perpetration of

physical, sexual, emotional, and economic violence in the last six months, bystander

interventions, community trust of CBRs, views on gender roles and violence, and

demographics (age, education, village status, religion). The survey was self-administered

on tablets in Samoan with team members standing nearby to assist participants with any

technical difficulties or to answer questions.

Women's experiences of intimate partner violence (IPV) were assessed using questions

from the Demographic and Health Multiple-Indicator Cluster Survey (DHS-MICS) to provide

comparability with nationally representative data. Women were asked questions about

whether they had experienced seven acts of physical IPV: being pushed, shaken or having

something thrown at them; slapped; arm twisted or hair pulled; punched; kicked, dragged

11

1   or beaten up; choked or burned; threatened or attacked with a knife. They were also asked

2   about three acts of sexual IPV: physically forced sex; physically forced sexual acts; forced

3   with threats to perform sexual acts, and three acts of emotional IPV: humiliated;

4   threatened with harm; insulted or made to feel bad. To assess economic violence, we

5   reduced the SEA-12 scale developed by Postmus et al (Postmus et al., 2016) to five items,

6   including: being prohibited from getting a job or earning money; taking earnings against

7   their will; refused money for household expenses; excluded from financial decisions; debt

8   built up under their name. Response options for all questions were often, sometimes, not

9   in the past six months. Responses to the physical, sexual, emotional or economic IPV

10   questions were categorised into a binary variable as either having experienced or not one of

11   these forms of violence in the past six months, which served as outcome/dependent

12   variables in the logistic regression analysis performed.

13   Questions about bystander interventions and the effectiveness of CBRs drew on a list of 10

14   statements developed from our previous work (Lowe et al., 2022) and knowledge of the

15   Samoan context. The trust of CBRs by community members was assessed with five

16   questions related to whether they trusted CBRs to make good decisions about VAW.

17   Agreement with each statement was captured by response categories including strongly

18   agree/ agree/ neither agree nor disagree/ disagree/ strongly disagree. The GEM scale was

19   used to ask questions about views related to gender roles and violence, composed of: (1)

20   statements accepting of violent behaviours and (2) statements about gender norms.

21   Agreement with each statement was captured by response categories including strongly

1   agree/ agree/ disagree/ strongly disagree. Responses were transformed into a binary

2   variable for analysis (agree/disagree).

3   *Data analysis*

4   We analysed the qualitative data through a collaborative and iterative process that engaged

5   all co-authors in framework analysis (Gale et al., 2013). Concretely, this involved an initial

6   coding of our data deductively to assess whether the programme achieved its four

7   theorised outcomes (Table 1), followed by a series of in-person meetings where we

8   discussed whether we had achieved each outcome in whole/in part/or not at all. As part of

9   these discussions, we reflected critically on our own positionality in the research process

10   and how this may affect our analysis of the data (Sultana, 2007).

11   [Insert Table 1 here]

12   Quantitative survey data were analysed in STATA 18 to further develop results around our

13   theorised mechanisms and potential VAW reductions. We compared responses between

14   pre and post surveys using Chi-squared tests. While many participants at endline also

15   completed a baseline survey, we were unable to reliably match surveys to conduct match

16   pairs testing. We ran logistic regressions using the *logistic* command in STATA to measure

17   change in outcomes between pre and post surveys, adjusting for variables supported by

18   available evidence as potential confounders (i.e. age, education, village) noting that not all

19   individuals surveyed pre-intervention completed a survey again at follow-up. The difference

20   between pre and post surveys was reported as odds ratios with 95% confidence intervals

21   and presented at co-author meetings for interpretation within the Samoan context.

13

1 **Results**

2 Our results are presented according to the four outcomes theorised in our programme

3 theory, merging quantitative and qualitative data with ethnographic observations collected

4 by the first author. The capacity of the pilot to achieve theorised outcomes differed

5 between outcomes and villages, and we have attempted to build a detailed conceptual

6 picture of how well the co-design process worked or did not work according to the data,

7 alongside a careful reading of the context. Demographic data for the quantitative survey is

8 provided in Table 2.

9 [Insert Table 2 here]

10 A total of 289 individuals completed the pre-intervention survey (55.7% identified as

11 women while 44.3% identified as men). Proportionally, the intervention had a large

12 percentage of *matai* (local leaders) (43.4% of men; 58.5% of women), but only a small

13 number of religious leaders (1.9% of men; 1.5% of women).

14 *1. Increased ownership of the problem of violence by CBRs.*

15 The level of CBR involvement, as an indicator of ownership, differed between villages.

16 Sixteen of the 30 CBRs were categorised by SVSG as very active (participated in nearly all

17 activities), ten as active, and four as not very active due to frequent absences. One of the

18 facilitators shared the observation that it was during the workshops where CBRs tested

19 intervention activities that they also shared local village experiences of violence and how

20 this was handled in their community. The facilitator perceived this sharing across villages as

21 instrumental in building local ownership over intervention activities:

14

1   *[The CBRs] had to dig deep and engaged meaningfully with their counterparts to*

2   *really bring out the best fit for their own respective communities. It was a time*

3   *where lessons were shared and talanoa sessions were vibrant [with CBRs] bringing*

4   *vital narratives from their own villages and districts that supported the lean towards*

5   *a certain activity. It built more awareness and brought a wealth of information that*

6   *other CBRs would draw on to support their own intervention activities for their*

7   *villages.* (Female EVE Facilitator)

8 In interviews, CBRs confirmed that they would intervene in cases of VAW with strong verbal

9 support for women experiencing violence:

10   *If someone were to express the belief that a woman deserved to be abused, I would*

11   *firmly disagree with that perspective. Abuse is never justified or acceptable under*

12   *any circumstances. Instead, I would try to understand their perspective, educate*

13   *them about the serious consequences of abuse, and emphasise the importance of*

14   *empathy and support for victims. Additionally, I would offer resources and*

15   *assistance to the individual experiencing violence*. (Female CBR, village 07)

16 Part of the role of CBRs was to support women experiencing violence, and they had been

17 highly trained over the four years of the EVE Project to do this. This was also demonstrated

18 in the high level of trust CBRs had from community members to respond appropriately to

19 VAW-related cases, which was over 90% from the beginning of the pilot. While there was no

20 significant change in respondents' perceptions of CBRs, there was also little room for

21 improvement. However, while the majority of CBRs emphasised the need to support

15

1   women experiencing violence, not all did, even after substantial involvement in the project.

2   During a final interview with the project team, a male CBR discussed talking to the woman

3   experiencing the abuse to see if she could change her behaviours, which were seen as a

4   cause of the violence:

5   *Interviewer: Say, someone says this to you, 'woman deserved to be abused, it was*

6   *right for her to be abused,' what would you say to the person that said that?*

7   *Participant: I would call for the mother that was abused to come and have a chat,*

8   *and we will resolve whatever is going on, reasons why that other person was yelling,*

9   *and see why that person is doing these things, tell her to avoid those things, and to*

10   *love her family and her children truly.* (male CBR, village 09)

11   This individual had been involved in the EVE Project since 2022 and was an elder in his

12   village. This demonstrates the challenge of changing people's assumptions about the

13   drivers of violence in highly patriarchal contexts where such views are normalised, even

14   with substantial training.

15   *Improved health behaviours and social norms*.

16   Survey results showed that the acceptance of norms of violence had potentially reduced

17   post-intervention across four of the five statements, and more so among women than men.

18   The largest reduction was for the statement '*I think there are times when a woman*

19   *deserves to be beaten*,' which reduced from 23.6% to 17.1% among women (p=0.167), and

20   from 17.9% to 8.9% among men (p=0.063) (Table 3).

16

1   [Insert Table 3 here]

2   This was confirmed by one of the facilitators of the pilot who describes how they achieved

3   this change in social norms:

4   *We would probe questions and then bring bible phrases to support our views as*

5   *Samoans almost always believe in what the Bible says.* (Female EVE facilitator)

6   Statistically significant reductions post-intervention in women's agreement with two

7   statements on the GEM scale were observed, namely: '*I think that a woman's most*

8   *important role is to take care of her home and cook for her family*' (8.1% reduction,

9   p=0.049) and '*I think that changing diapers, giving the kids a bath, and feeding the kids are*

10   *the mother's responsibility*' (8.1% reduction, p=0.049). In contrast, men's agreements with

11   the GEM scale statements did not show significant changes, although this could also be

12   related to the small number of responses from men to this question (Table 4). Interestingly,

13   women's gender views appear to have changed during the pilot, but not men's. In contrast,

14   men's behaviours related to the perpetration of physical violence (mentioned previously)

15   may have changed.

16   [Insert Table 4 here]

17   Some increases in bystander interventions were also seen, with respondents reporting an

18   increase in eight of the ten questions. While the change was not statistically significant for

19   any question, the mean percentage increased on all but two measures (i.e. speaking out

20   against violence in the village; participating in a village or church activity on reducing

21   violence) (Table 5). This points to possible increases in the actions taken by community

17

1   members in responding to VAW, including separating a couple that were fighting (increase

2   in the mean from 57.2% to 63.2%; a total increase of 6%; p=0.180), and reporting instances

3   of VAW to relevant authorities (59.2 to 63.9 representing a mean increase of 4.7%;

4   p=0.278).

5   [Insert Table 5 here]

6   *2.   The relevance of actions taken to address VAW.*

7   The actions taken by community members to respond to VAW were, by construction,

8   relevant for the communities involved. All actions were undertaken on a voluntary basis,

9   unpaid and at the discretion of community members. Many community members made

10   changes in their community during the pilot, including increasing support for local fruit

11   sellers, increasing church attendance, and listening to youth (especially girls) during

12   community forums. In one example, interviews community members talked about the

13   proactive involvement of *matai* in cases of violence:

14   *The matai who were at the training helped to strengthen the wellbeing of everyone in the*

15   *village like encouraging young men to have a plantation of their own to support and feed*

16   *their families. Matai also went around visiting families during the day to make sure*

17   *children are at school. There are hardly any drunken people during the night because*

18   *once they get caught, they will be punished* (72-year-old woman, village 07).

19   As described, the actions *matai* took in response to the pilot may not be directly related to

20   reducing VAW. However, many of the actions taken by community members were linked

21   either directly or indirectly to a theory of change for VAW prevention created by CBRs with

22   their communities during the first three years of the EVE project. For instance, this theory of

18

1 change explicitly linked keeping children in school with reduced VAW because of the role

2 education plays as a protective factor for VAW perpetration and experience (Yakubovich et

3 al., 2018).

4 Another example of actions linked to the theory of change were evening prayers, which play

5 an important cultural role in Samoan villages. It is a time when *aiga* (family) can discuss

6 family problems without the cultural prescriptions of family hierarchies and use prayer as a

7 means of resolving conflict (including violence). Young men are often responsible for

8 ensuring that community members adhere to curfews that mark the beginning of prayer

9 time. In one community, all the young men in the village were responsible for this task and

10 therefore unable to participate in evening prayers themselves. At the same time, the village

11 was struggling with youth violence during evening prayers. Through their involvement in the

12 pilot, the community decided to change their village bylaws to ensure that only three young

13 men would patrol the village on any given day and all others would be at home with their

14 *aiga*. This had an immediate impact on youth violence in the village, according to one young

15 woman:

16 *In our village, even those who previously didn't attend church are now actively*

17 *participating, fostering love and unity among us. The programme's impact has been*

18 *so profound that our community is now free from the youth violence that once*

19 *plagued us. Three men now patrol during evening devotions, ensuring safety…The*

20 *village council convenes meetings promptly whenever there's a case of violence.*

21 (24-year-old woman, village 06)

1   We also assessed whether the pilot was relevant for the community as a whole or only for

2   certain groups, by disaggregating data by gender and age. As shown in Table 6, women

3   attended more sessions than men on average, with 58% attending all six sessions as

4   opposed to 36% of men.

5   [Insert Table 6 here]

6   Attendance also varied considerably across villages. Maximum attendance was 81% of

7   women attending 100% of sessions (village 01) and 67% of men (village 08); and minimum

8   attendance was 20% of women attending 100% of sessions (village 03) and 4% of men

9   (village 02).

10   Individuals across a wide age range participated in the pilot with the average age of 42

11   (range 18-69; Table 2). This reflects the average age of individuals living in rural

12   communities in Samoa with a loss of those in their 20s to work overseas or in the urban

13   area.

14   During a planning workshop, CBRs decided that the pilot should include representatives

15   from different positions in the hierarchy of Samoan villages (i.e. matai, untitled men/

16   women, and youth). Community members discussed the inclusion of youth as a central

17   advantage of the intervention design. While we did not collect information about gender

18   identity from participants, nor did we collect data about disability, these identities are now

19   the focus of a follow-up phase of the EVE Project.

20   *3.   Addressing power structures arising from coloniality.*

21   The aim of the pilot was to address coloniality by facilitating more effective community

22   decision-making about VAW prevention by providing the resources and tools needed to

20

1 construct an approach to VAW prevention aligned with *fa'a Samoa*. This was successful in

2 encouraging villages to take ownership for VAW prevention, designing activities that they

3 felt would work, and that were closely aligned with *fa'a Samoa*.

4 Village bylaws were one example of this, as a Samoan mechanism for conflict resolution in

5 village communities. Prior to the pilot, some villages had already created bylaws to punish

6 members of the community who perpetrated violence. Village members discussed how

7 these bylaws had been strengthened because of the pilot, which had offered new

8 opportunities for the village to reevaluate what they had done previously and establish new

9 protections for survivors:

10 *The programme has allowed the revision of our village by-laws to punish the person who*

11 *commits illegal acts. The village leadership is well ordained and has been honoured in*

12 *these times. It has made people open up, especially those seeking support when they*

13 *are abused.* (35-year-old woman, village 09)

14 However, the effectiveness of village bylaws in reducing VAW is controversial in Samoa and

15 requires more research to disentangle effectiveness. Some CBRs acknowledged in group

16 discussions how village bylaws may also have negative impacts on VAW, by putting

17 additional stress on families to pay fines and thereby increasing rather than decreasing

18 violence. This was an ongoing debate during CBR workshops as others saw village bylaws

19 as an effective deterrent to violent behaviours (see Lowe et al., 2023; Samoa Office of the

20 Ombudsman, 2018 for a detailed discussion).

21 Moreover, the pilot was less successful in addressing coloniality as a root cause of VAW

22 (Segato & Monque, 2021). As the pilot progressed, it became clear that Samoan

21

1 communities have unique understandings of both 'gender' and 'violence' that arise from an

2 Indigenous worldview, which were difficult to integrate into the pilot. There wasn't an

3 evaluated LMIC intervention to prevent VAW that had used a decoloniality framework for us

4 to draw on. In brief, in Samoa gender is recognised as a fluid concept with men's and

5 women's roles interchanging over the life course (European Commission et al., 2016), and

6 CBRs as well as community members contested definitions of gender that talked about

7 prespecified roles, claiming that in Samoa roles change over one's lifetime.

8 *Limitations*

9 While the EVE Pilot contributes to the potential of co-designing VAW prevention

10 interventions with high-prevalence communities, it has limitations. Firstly, community

11 participants in the pilot were selected by CBRs as community leaders, and this may have

12 contributed to a bias towards positive results. Social desirability bias may also have been a

13 concern in the post-intervention survey. Secondly, the modest sample size limited our

14 power to clearly identify change over time in outcomes. In particular, the low post-survey

15 numbers (128 men participated in the baseline whereas 89 participated in the endline

16 survey in contrast to 161 women as baseline and 140 at endline) limited our ability to draw

17 conclusions. Behavioural changes, including VAW reductions, may take more than the six-

18 month duration of our pilot intervention, however our pilot does demonstrate progress

19 towards this goal in short time frames. A key component of this has been the co-design

20 process adopted prior to the intervention, which while labour intensive, allowed us to

21 establish trusting relationships. However, these same relationships, if properly built, may

22 also contribute to contamination of the results for an experimental study, particularly in a

22

1. small population such as Samoa. While we see this as a clear risk with a definitive trial, a

2. pragmatic approach where such limitations are considered may offer an alternative option.

3. **Discussion**

4. The EVE pilot demonstrates the potential of co-designing VAW prevention interventions

5. with communities as part of policy development, as well as some challenges. The

6. intervention effectively brought the issue of VAW to the surface of conversations in villages,

7. inspiring traditional leaders (*matai*) to instigate activities they thought would help address

8. the issue (i.e. keeping children in schools, encouraging church attendance, evening

9. prayers). This confirms evidence from other settings that village members do take action in

10. responding to VAW (Lowe et al., 2022). Seeing communities as 'in-deficit' or 'failing' to

11. reduce VAW, undermines their capacity to come up with their own solutions and bring

12. about change (Bryant et al., 2021). In contrast, interventions that encourage communities

13. to seek their own solutions to problems such as violence can motivate social change

14. simply by asking the questions: "how could you do this better?"

15. Essentially, we suggest that researchers designing interventions from an outsider

16. perspective may need to challenge their own assumptions about what strategies are most

17. useful in reducing VAW, subverting the co-production literature that cites unpredictable

18. outcomes as a disadvantage (Filipe et al., 2017; Ní Shé & Harrison, 2021). The EVE Project

19. highlights how a focus on unpredictable outcomes as the problem may be

20. counterproductive to addressing the power dynamics involved in co-designing

21. interventions, and sees this lack of predictability as a fundamental part of the process

22. rather than something to correct (Iedema et al., 2010). We recognise that this can lead to

23

1   discomfort on the part of the external 'expert' and a sense of "not knowing what is going

2   on." However, it is precisely this discomfort that opens up new spaces for researchers to

3   develop new positions (Chadwick, 2021). As suggested by others, allowing new spaces for

4   communities to find their own solutions to well established problems may be its own form

5   of epistemic justice (Fricker, 2007).

6   At the same time, we are cautious that this approach can lead to a form of cultural relativity

7   and can also be used to undermine VAW prevention (i.e. by arguing that the acceptance of

8   VAW is normal in certain cultural contexts). The EVE pilot equally highlights the need for

9   evidence-based scaffolding to support communities in finding effective solutions. Without

10 access to the evidence, communities will rely on what they have always done to prevent

11 VAW, which rarely works in the ways they anticipate given the extent of the problem (Lowe

12 et al., 2022, 2023). However, over the past 20 years, the field of VAW prevention has

13 established growing evidence that supports the need for survivor-centred responses that

14 directly challenge gendered social norms and the acceptance of violence at a community

15 level (Jewkes, 2014; Semahegn et al., 2019). The EVE Project shows the potential for

16 sharing this evidence with communities – a form of south-to-south capacity strengthening

17 – as part of a structured process of experiential learning and reflection. While the

18 importance of experiential learning to effective VAW responses has recently been shown

19 for frontline health workers (Allison et al., 2024), the EVE Project extends this evidence to

20 community representatives (or CBRs) responding to VAW in their own communities.

21 Overall, the EVE pilot was successful in co-creating solutions to the problem of violence

22 that were relevant to community needs and contributed to community ownership of the

24

1   problem. The development of a theory of change in partnership with participating

2   communities played a key role in ensuring this (Mannell et al., 2023). However, while this

3   was theorised as leading to reductions in VAW, the pilot revealed a mixed picture. Some of

4   the gendered social norms held by women changed, while their experiences of violence did

5   not. This was expected given the difficulties of changing the violent behaviours of men who

6   were not involved in the project. However, the absence of a significant change on norms of

7   violence by men points to either the small sample size (unable to detect the change) or a

8   disconnect between norms of violence and related behaviours by men (Salmivalli &

9   Voeten, 2004). In contrast, the pilot's borderline effectiveness in changing men's physical

10   perpetration of VAW provides hope for future interventions and highlights the need for

11   interventions specifically focused on men's behaviour as part of community programmes

12   in Samoa.

13   The EVE pilot was less successful in decolonising VAW prevention and for the project team,

14   raising questions as to whether this should even be an aim of co-design. Global health

15   scholars, including ourselves, have long upheld the decolonising potential of co-design

16   (Khan et al., 2021; Turnhout et al., 2020). However, this assumes that the outcome of a co-

17   production project is defined by communities for their own benefit as suggested by Smith

18   (1999), which often runs counter to addressing VAW in high prevalence communities. In

19   Samoa, VAW prevention is rarely a community-defined outcome; long-term work is needed

20   for community members to see the ways in which VAW is harming their way of life and the

21   options that exist for addressing it. This requires promoting a particular worldview – one

22   where women are never deserving of violence and where the individual survivor should

25

1   always be supported over community needs (Bunch, 1990; Evatt, 2002). The EVE pilot tried

2   to balance a decolonial perspective with this anti-VAW perspective by introducing

3   evidence-based interventions that had been effective in other countries in the Global

4   South. However, such interventions draw on similar discourses of individual human rights

5   without recognition of the ways in which they come into conflict with communitarian rights

6   and responsibilities, particularly in the Pacific (European Commission et al., 2016).

7   A decolonial perspective directly challenges such universal or normalising discourses, and

8   points to why co-production may be insufficient as a form of decolonisation for VAW

9   prevention interventions in Samoa. Walsh and Mignolo (2018) define decolonisation, or

10 *decoloniality*, as a process of epistemic delinking from the colonial matrix of power that

11 normalises particular discourses to the exclusion of others. To do this, they call for

12 *pluriversality* as opposed to universality, which allows for the co-existence of different ways

13 of thinking. Accomplishing this is far more profound a process than challenging community

14 norms of VAW as a part of intervention co-development, and it also goes beyond defining

15 outcomes that align with community needs. To decolonise VAW, we first need a critique of

16 how the colonial matrix of power has contributed to dominant discourses of violence in

17 women's lives, followed by an alternative discourse informed by an Indigenous worldview.

18 **Conclusions**

19 Co-designing interventions to reduce VAW is possible and may offer a viable policy strategy

20 for reducing VAW in high-prevalence settings. However, it also requires considerable

21 flexibility in allowing communities to define the context-specific mechanisms through

26

which change occurs. This is both an opportunity and a potential risk. The EVE pilot

demonstrates how taking an insider or Indigenous standpoint is integral to creating the

potential for new mechanisms to emerge from the co-design process, including local

ownership and long-term sustainability.

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10 **Legend**

Figure 1	Programme theory
Table 1	Data analysed for each outcome theorised
Table 2	Demographic data
Table 3	Participants in the pilot disaggregated by gender
Sup. Table 1	Community members' trust of CBRs
Sup Table 2	Reductions in VAW
Sup. Table 3	Views on violence
Sup. Table 4	Views on gender norms
Sup Table 5	Bystander interventions

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1   **Table 1**: Data analysed for each outcome theorised

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Theorised outcome	Relevant data collected	Analysis performed
1. Communities take local ownership for resolving the problem of VAW	• Interviews with CBRs • CBR participation data • Pre/post measure of trust of CBRs by community members	• Deductive coding/ collaborative analysis • Descriptive analysis
2. Communities challenge gendered social norms and related practices that blame women for experiencing violence	• Interviews with community members • Interviews with CBRs • Interviews with faciliators • Pre/post measures of gendered social norms • Pre/post measures of bystander interventions	• Deductive coding/ collaborative analysis • Logistic analysis of GEM scale and bystander interventions (reported as odds ratios or % change, as appropriate)
3. Communities take local actions to address VAW that fit the local socio-cultural context	• Interviews with community members • Interviews with CBRs • Pilot participation data	• Deductive coding/ collaborative analysis • Descriptive analysis
4. Community take action to address (or lobby others to address) power structures that reproduce coloniality and its social relationships	• Interviews with community members • Interviews with CBRs	• Inductive/ deductive coding/ collaborative analysis

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1   **Table 2**: Demographic data

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	N (*missing*)	Women %	Men %
Total participants	289	55.7	44.3
Age	*(2)*		
18-24 (youth)	37	5.0	22.7
25-39	83	35.2	21.1
40-49	70	27.7	20.3
50-59	59	20.1	21.1
60+	38	12.0	14.8
Education	*(4)*		
Never attended	1	0.0	0.8
Early childhood education	3	1.3	0.8
Primary	19	2.5	11.9
Secondary	218	82.4	69.0
Higher	44	13.8	17.5
Status	*(53)*		
Matai (Village chief)	122	58.5	43.4
Nofotane/ Faiava (women/man married into a different village community)	48	27.7	11.3
Religious leader (eg, minister, deacon)	4	1.5	1.9
Partner of religious leader	1	0.8	0.0
Untitled	61	11.5	43.4

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1 **Table 3:** Participant views on violence at baseline and endline

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Participant agrees with the statement...	Baseline n (%)	Endline n (%)	P-value	Baseline n (%)	Endline n (%)	P-value
	Women (N=301)			Men (N=217)		
I think that there are times when a woman deserves to be beaten.	38 (23.6%)	24 (17.1%)	0.167	23 (17.9%)	8 (8.9%)	0.063
I think that a woman should tolerate violence in order to keep her family together.	22 (13.7%)	14 (10.0%)	0.328	17 (13.9%)	7 (7.9%)	0.211
I think that it is alright for a man to beat his wife if she is unfaithful.	25 (15.5%)	22 (15.7%)	0.965	8 (6.3%)	7 (7.9%)	0.645
I think that if someone insults a man, he should defend his reputation, with force if he has to.	43 (26.7%)	36 (25.7%)	0.845	45 (35.2%)	28 (31.5%)	0.571
I think that violence is a private matter that shouldn't be discussed outside of the couple.	39 (24.2%)	34 (24.3%)	0.990	35 (27.3%)	21 (23.6%)	0.535

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1   **Table 4:** Participant views on gender norms at baseline and endline

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Participant agrees with the statement…	Baseline n (%)	Endline n (%)	P-value	Baseline n (%)	Endline n (%)	P-value
	Women (N=301)			Men (N=217)		
I think that a woman's most important role is to take care of her home and cook for her family.	**143 (88.8%)**	**113 (80.7%)**	**0.049**	72 (56.3%)	51 (57.3%)	0.878
I think that changing diapers, giving the kids a bath, and feeding the kids are the mother's responsibility.	**143 (88.8%)**	**113 (80.7%)**	**0.049**	90 (70.3%)	56 (62.9%)	0.254
I think a man should have the final word about decisions in his home.	141 (87.6%)	115 (82.1%)	0.187	99 (77.3%)	73 (82.0%)	0.403
I believe it is God's will that a man is the head of the family.	154 (95.7%)	129 (92.1%)	0.200	111 (86.7%)	78 (87.6%)	0.842

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1 **Table 5:** Bystander interventions reported by participants at baseline and endline

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Participant agrees with the statement: "in the past 6 months, have you seen any village members doing any of the following actions…"	Baseline n (%)	Endline n (%)	P-value
Gathering people in your village to help when violence is occurring.	182 (65.7%)	154 (69.4%)	0.386
Turning up at a home to distract or stop a couple from fighting.	153 (56.3%)	134 (60.6%)	0.326
Separating a couple that were fighting.	158 (57.2%)	139 (63.2%)	0.180
Reporting instances of violence against women to relevant authorities/leaders	164 (59.2%)	142 (63.9%)	0.278
Participating in a village or church activity about violence against women.	179 (65.8%)	144 (65.2%)	0.880
Helping a woman who is experiencing violence (for example by talking to/ advising her or helping her to attend services).	208 (75.1%)	168 (76.4%)	0.742
Confronting a man who is using violence.	92 (33.9%)	76 (34.7%)	0.861
Speaking out against violence in the village.	79 (28.8%)	54 (24.4%)	0.273
Hanging up or passing out materials like posters or flyers related to violence against women or happy relationships.	143 (52.0%)	117 (53.4)	0.753
Implementing or enforcing village by-laws relating to violence against women.	198 (72.2%)	160 (74.1%)	0.654

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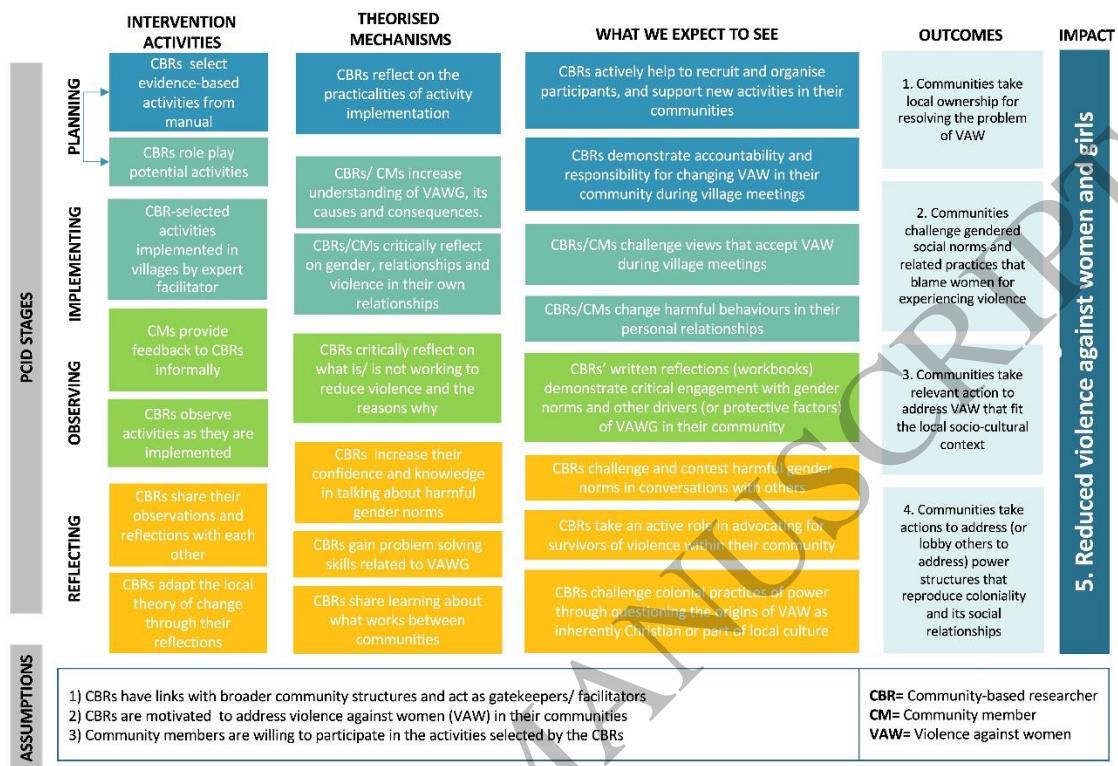1   **Table 6**: Participants in the pilot disaggregated by gender

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Village #	Attended 100%	Attended 100%	Attended 4+	Attended 4+	Attended 2+	Attended 2+	Lost to follow-up %
	Men	Women	Men	Women	Men	Women	
01	24%	81%	76%	94%	100%	100%	17%
02	4%	43%	38%	62%	79%	100%	43%
03	25%	20%	50%	56%	100%	100%	19%
04	30%	33%	60%	71%	100%	100%	22%
05	33%	73%	80%	100%	100%	100%	35%
06	40%	65%	80%	94%	100%	100%	0%
07	56%	47%	94%	79%	100%	100%	26%
08	67%	73%	78%	93%	100%	100%	38%
09	40%	80%	80%	93%	100%	100%	0%
10	38%	59%	63%	88%	100%	94%	23%
	36%	**58%**	**70%**	**83%**	**98%**	**99%**	**21%**

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2 *Figure 1*
3 *559x395 mm (x DPI)*