Counselling men to end partner violence in Indonesia and South Africa

By Rachel Ploem

Role play during training in Cape Town. *(Picture courtesy of WPF)*

Worldwide, one in three women has been beaten, coerced into unwanted sex, or abused – most often by a family member or acquaintance. Gender-based violence has a huge impact on the dignity, autonomy and sexual and reproductive health of women, affecting all aspects of their lives and development. Therefore, women need the full support of society to heal and be empowered, based on the principles of universal human rights.

Ending the circle of violence is difficult but, with support from World Population Foundation (WPF), an 'innovative' approach of involving men is being piloted in Indonesia and South Africa.

In June 2007 three of WPF's partners came to The Netherlands to help define common good practices in the context of gender-based violence. They were: Mosaic from South Africa, Rifka Annisa and Cahaya Perempuan Women Crisis Centre Bengkulu and WPF-Indonesia. The organisations offer survivors of violence a holistic package of support, including counselling, social, legal, sexual and reproductive health services, and shelter.

The three organisations are also active in advocacy, outreach work, research and training. During the meeting, male involvement in ending gender-based violence came out as an urgent and crucial area of collaboration. The experiences of the women's organisations showed that women are not able to radically transform their situation as long as their partners will not change.

Involvement of men (in this context, the abusers) was identified as a crucial strategy in order to save the relationship and to stop the violence.

The organisations were responsible for initiating a long-term partnership that resulted in the development of a male counselling toolkit aiming to stop intimate partner violence and transform violent partners into respectful ones. The approach is based on the principle that violence against women is never acceptable and should stop, and that men do have a behavioural problem that can be changed.

That is why the intervention avoids using the term 'abuser' or 'perpetrator', preferring the term 'male clients.'

Counselling needs are to be seen as a service with the intended outcome being beneficial for both the male client and his partner. The overall aim is to stop abuse and improve the quality of life for the couple and their children.

The Intervention Mapping Model is applied as a method for systematically developing an intervention. A global literature review and country situation analyses resulted in a rich source of information guiding the formulation of objectives based on determinants of behaviour. This led to the design of the counselling and training manuals.

Currently, the piloting of the training and the counselling sessions are taking place in both Indonesia and South Africa. In each country six counsellors offer counselling to two male clients which makes it a total of 24 men. The outcomes and observations will be further discussed at the next meeting planned for early 2010. By mid 2010 the final toolkit will be ready for distribution and implementation.

A number of partner meetings have taken place in Indonesia, South Africa and The Netherlands. The meetings not only offer a structure for the development of the intervention, but also serve as an enriching forum for continuous exchange, linking and learning, whereby organisational and institutional issues are intensively discussed and addressed. The meetings also give space for professional and personal growth, which is highly appreciated by partners.

Intimate partner violence

The counselling curriculum covers a wide range of topics, such as domestic violence, anger management, self-esteem, relationship, culture, gender/masculinity, fatherhood, and substance abuse. As any type of domestic violence affects the sexual relationship and eventually has severe sexual and reproductive health consequences, sexuality and reproductive health form an integral part of the curriculum.

Based on the outcomes of the situation analyses and the WHO/ Royal Tropical Institute (KIT) systematic literature review showing that counsellors are not used to openly and freely discuss sexuality, extra attention is being paid to these issues in the training of counsellors. Counsellors themselves become more aware of their own biases towards sexuality. They get a chance to increase not only their knowledge, but also to change their attitude and to build (communication) skills to be able to openly address sexuality-related implications in the context of partner violence, including reproductive health matters.

Project challenges

When women's organisations venture into offering care to men, they should be prepared to face a couple of serious challenges.

- How dedicated should one be to the implementation of programmes aiming at

men in a country such as South Africa where four to six women are killed each day by their intimate partner?

- Is a women's organisation capable of working with men when known for offering support to survivors of violence from a feminist perspective?
- Or, what are the implications of working with men for the mission, image, and human resources policy?
- How far should one go? Will female counsellors who easily show compassion for the 'victims of violence,' be able to build attitudes and skills based on being non-judgmental towards men?
- And what should be done when male counsellors who are scarce are urgently needed? These and other challenges were intensively discussed in this process.

The preliminary results of the pilot-phase are promising. A remarkable shift in thinking and orientation was noticed among the staff involved in the development of the intervention and later among the trained counsellors themselves. Male 'abusers' are no longer only seen as 'bad guys', but also as products of a system which does not allow men to be vulnerable and weak.

Men grow up in a society where they do not learn to deal with stress and painful situations in another way than by using aggression, violence and disrespect.

Working with 'abusers' means looking at 'masculinity' in a different way and discovering that redefining maleness can result in different perceptions on happiness, women, intimacy, relationships, shared responsibility, etc.

In South Africa, for instance, men seem to be struggling with an identity crisis due to the history of apartheid and its humiliation, labour migration, unemployment, poverty etc. Violence against women and men's role in the AIDS epidemic are seen as symptoms of that crisis and will not disappear until new balances between traditions, new identity and modern culture are found.

During the training, counsellors are confronted with their own past and painful memories, limitations and cultural barriers to talk freely about feelings and their (sexual) relationships. A session on fatherhood easily provokes emotions and brings to the fore unsolved issues of the past which are not easy to share with others. This experience enables counsellors to realise how difficult it is for their male clients as well to open up about their personal lives.

The process the counsellors go through during their training bears similarities with the process a male client experiences when coming for counselling. Both have an external motivation: a counsellor wants to become a better counsellor; a male client seeks help because in most cases his partner wants to divorce if the violence will not stop. As the training or counselling sessions continue, both counsellor and client discover that there is something in for them and a process of self-growth is happening.

Moments of 'enlightenment' were shared during the recent training in Jakarta. A counsellor said at the end of the course: "I learned to see a 'perpetrator' not as a criminal any longer, but as a man with a problem that can change. It's a human being that needs to be taught in a soft way.

That is different from the approach I was used to when still working as a police officer. It will certainly help me to better counsel men in the future." However, the guiding principle of the entire counselling programme is that partner violence is not, and will never be acceptable.

Quality counselling offered by women seems a realistic option where male counsellors and social workers are scarce. The experience from the pilot shows that when counsellors, either male or female, are competent in applying certain methods such as the 'stages of change model' and the principle of impartiality, the sex of the counsellor is less important than his/her technical competence. Quality is what counts.

During a three-day workshop on male involvement in Low Flats in Cape Town, facilitated by a female trainer, five of 13 male participants approached the facilitator after the workshop for individual counselling 'to heal the pain of the past'. The experience shows the potential of female counsellors, who once experienced violence themselves, to guide South African men into a society of non-violence.

It is too early to show impact of the intervention in terms of preventing the violence within relationships. It should also be acknowledged that such a male counselling intervention is only effective when embedded in a broader package of interventions, such as community outreach and media mobilisation programmes. The set-up of a support system for men after counselling is vitally important.

However, the first outcomes of the pilot phase are promising, motivating and innovative. Moreover, the approach as such is not only contributing to an overall strengthened organisation, but is also in line with a growing global movement of men advocating for an active stand against violence against women.

The methodology used for the development of the male counselling tool is Intervention Mapping, consisting of the following steps:

Step 1.	Involvement	Partner consultation meetings (5 in total) Exchange visits	June 2007
Step 2.	Needs assessment/ situation analysis	Global literature review Country situation analyses: South Africa, Indonesia Working Group established Advisory board established	2007-2008
Step 3.	Objectives	Determinants of behaviour (knowledge, attitude, skills, social environment) transferred into changeable objectives	2008
Step 4.	Evidence-based intervention design	**Counsellors' Manual** designed by *Rifkin Anisa*, **Facilitator's Manual and Counsellors Workbook** designed by Mosaic	2008
Step 5.	Adoption and implementation	Piloting of Training and Counsellors' manuals, Piloting of male counselling sessions, including set up of a supervisory system	2009
Step 6.	Monitoring and Evaluation	Review of results of piloting Quality assurance of manuals Launch of male counselling toolkit	March 2010 Mid 2010

Facts and figures about Indonesia and South Africa gender-based violence

South Africa

- One in three South African women will be raped in their lifetime.
- Over 40 per cent of men have beaten their domestic partners at least once.
- Forty per cent of girls' first sexual experiences are non-consensual.
- Less than one in 20 (some say 30) rapes is reported to the police.
- Less than one per cent of rapes are successfully prosecuted, making rape the safest crime to commit.
- One in 10 women who were raped will become HIV-positive.

Indonesia

- In 2006, there were three million reported cases of violence against women.
- Forty per cent of women suffer from physical or sexual abuse from the age of 15.
- Partner abuse is the most common type of violence reported by women.
- About 10 per cent of abused women report their case to the court.
- Ninety per cent of abused women return to their abusive partners.
- Law regarding the Elimination of Violence in Household in place since 2004.

Men can change

Key to the success of the programme is the belief that men can change their violent behaviour. For the involved women's organisations and counsellors, this new approach involves a radical change of perspective.
Counsellors are trained to listen without being judgmental and to challenge men to help end the violence and not the relationship.

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Lessons learnt

- Both have an external motivation: a counsellor wants to become a better counsellor; a male client seeks help because in most cases his partner wants to divorce if the violence will not stop.
- The experience from the pilot shows that when counsellors, either male or female, are competent in applying certain methods such as the 'stages of change model' and the principle of impartiality, the sex of the counsellor is less important than his/her technical competence.
- The set-up of a support system for men after counselling is vitally important. However, the first outcomes of the pilot phase are promising, motivating and innovative. ■

Programme wins PSO Innovation Award

Meanwhile, WPF and her partner organisations Mosaic (South Africa), Rifka Annisa and Perempuan Women Crisis Centre Bengkulu (Indonesia) have won the Dutch PSO Innovation Award 2009 for their male involvement project.

The citation read: "Clear in identifying what needed to be changed. The presentation showed the innovation in terms of changing the intervention strategy, as well as the implications for the capacity of partner organisations. There was also a focus on learning for the wider community on this topic." PSO groups 60 Dutch development organisations. The association focuses on capacity development of civil society organisations in developing countries. This was the second time PSO was offering the Innovation Award. ■

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Spotlight on fears of Kenyan youth

By Jerusha Ouma

Message encouraging people to go for VCT on a wall in Nairobi, Kenya. *(Picture by Anke van der Kwaak)*

A study of Family Health Options Kenya (FHOK), an organisation providing sexuality counselling services in Kenya, was carried out between December 2006 and March 2007 in Nairobi and Kisumu youth centres. The study sought to assess the content and quality of sexuality counselling provided by FHOK and its contributions to improved sexual health. The external research team conducted desk reviews and obtained primary data through key informant interviews (17), focus group discussions (4), direct observation of counselling sessions (60) and exit interviews (60). Data was analysed using quantitative and qualitative methodologies. The author was the principal investigator in this study.

FHOK has been at the forefront of SRH programming for young people in Kenya since 1977. It started as a family life education project providing SRH information to young people in schools. The project later expanded to accommodate out-of-school youth and service provision through model youth centres.

The primary interest of the project is to increase awareness among all adolescents and young people on their sexual and reproductive health and rights and to empower them to make informed choices and decisions regarding their SRH and act on them.
The programme has expanded from two to five youth centres in Nairobi, Mombasa, Nakuru, Eldoret and Kisumu urban centres.

The centres are managed by the young people themselves, who are trained Peer Youth Educators, and they provide an environment where both girls and boys can discuss their issues, share experiences, learn life planning skills, access reproductive health services and reciprocate by reaching out to their peers with information through organised peer education and community outreach activities.

By doing so, they hope to contribute to the vision of young people living healthy lives. During the 12 months preceding the study, they recorded 2,016 new visits and 1,056 repeat visits made at the Nairobi youth centre, while the Kisumu centre recorded 3,028 new visits and 1,012 repeat ones.

Content of sexuality counselling

When asked to state reasons for visiting the youth facility on the day of the interview, HIV counselling and testing was the most mentioned reason (39.7% / 83.3 cases). Other reasons included seeking information on sexual