



# **TOOLKIT FOR MEN**

MALE COUNSELLING  
IN THE CONTEXT OF  
INTIMATE PARTNER  
VIOLENCE

# **GUIDELINES**

# **ADAPTATION & IMPLEMENTATION**



# TOOLKIT FOR MEN

MALE COUNSELLING  
IN THE CONTEXT OF  
INTIMATE PARTNER  
VIOLENCE

# GUIDELINES

# ADAPTATION & IMPLEMENTATION



# TABLE OF CONTENTS

PREFACE.....	7
<b>1. INTRODUCTION.....</b>	<b>8</b>
<b>1.1 Male Counselling Programme.....</b>	<b>8</b>
Aim of the Male Counselling Programme .....	9
Toolkit for Men.....	9
The context of a women’s organisation.....	10
<b>1.2 The guidelines for Adaptation &amp; Implementation.....</b>	<b>11</b>
Systematic planning of the Male Counselling Programme.....	12
Contents of the guidelines.....	14
<b>2. ADAPTATION GUIDELINES.....</b>	<b>16</b>
<b>STEP 1. STAKEHOLDER PARTICIPATION.....</b>	<b>16</b>
<b>Task 1.1</b> Assess the capacity of your organisation.....	17
<b>Task 1.2</b> Conduct a stakeholder analysis .....	17
<b>Task 1.3</b> Organise the involvement of stakeholders.....	18
<b>STEP 2. NEEDS ASSESSMENT.....</b>	<b>20</b>
<b>Task 2.1</b> Specify research questions .....	20
<b>Task 2.2</b> Secondary (existing) data collection.....	21
<b>Task 2.3</b> Primary (new) data collection.....	22
<b>Task 2.4</b> Analyse and report on the information.....	23
<b>STEP 3. OBJECTIVES.....</b>	<b>24</b>
<b>Task 3.1</b> Define and select target groups .....	24
<b>Task 3.2</b> Decide about desired behaviours for each target group.....	29
<b>Task 3.3</b> Decide about overall and specific objectives for knowledge, attitude and skills.....	31
<b>STEP 4. INTERVENTION ADAPTATION.....</b>	<b>32</b>
<b>Task 4.1</b> Check whether all objectives are addressed in the tools .....	34
<b>Task 4.2</b> Adapt or design the tools.....	36
<b>Task 4.3</b> Pre-test the programme in the new setting .....	36

<b>STEP 5. IMPLEMENTATION</b> .....	<b>38</b>
<b>Task 5.1</b> Provide training and support to counsellors.....	38
<b>Task 5.2</b> Conduct the counselling sessions.....	41
<b>Task 5.3</b> Implement community awareness raising activities .....	41
<b>STEP 6. MONITORING AND EVALUATION</b> .....	<b>43</b>
<b>Task 6.1</b> Monitoring and evaluation plan .....	43
<b>Task 6.2</b> Adapt monitoring and evaluation tools .....	44
<b>Task 6.3</b> Use pilot findings and finalise the programme .....	44
<b>3. RESILIENCE OF ORGANISATIONS</b> .....	<b>46</b>
<b>3.1 Introduction</b> .....	<b>46</b>
<b>3.2 Capabilities of organisation</b> .....	<b>47</b>
1. Capability to commit and engage .....	47
2. Capability to carry out tasks .....	48
3. Capability to relate, attract resources and support.....	49
4. Capability to adapt and self-renew .....	51
5. Capability to balance diversity and coherence.....	53
<b>3.3 Summary and tips for organisations</b> .....	<b>53</b>
<b>ANNEXES</b> .....	<b>56</b>
<b>Annex 1. Abbreviations</b> .....	<b>56</b>
<b>Annex 2. Interview topics with stakeholders</b> .....	<b>57</b>
<b>Annex 3. Focus group discussion topics with survivors/ women</b> .....	<b>59</b>
<b>Annex 4. Focus group discussion topics with men</b> .....	<b>60</b>
<b>Annex 5. Global Literature Review – Conclusions and Recommendations</b> .....	<b>61</b>
<b>Annex 6. Theoretical background</b> .....	<b>65</b>
<b>Annex 7. Monitoring &amp; Evaluation Tools</b> .....	<b>71</b>
<b>REFERENCES</b> .....	<b>73</b>

## The Experience of Working with a Male Client in Indonesia

Client Sukar\* (33 years old) came to Cahaya Perempuan Women's Crisis Centre in Bengkulu to join a counselling programme. He was referred by his wife who had joined the programme previously. The client and his wife had been married for six years and had two children. In early marriage, the client had not shown any negative behaviour that could make his wife love him less. He started to be abusive in the fourth year of their marriage.

The client had six counselling sessions in less than two months, in which he and the counsellor discussed anger management and he was given some tips. At the moment the client is feeling calmer in dealing with his partner's attitude. The client learned about the time-out method, which he said worked very well for him. When he got angry, in order to calm down, he would go out and take care of his goats. The client doesn't use physical and psychological violence anymore, especially in front of the children. He is now also able to control his language.

In the next session, the counsellor gave an explanation of intimate partnerships/relationships, on how to rebuild his relationship with his wife by learning assertive communication skills. After this session the client felt that he could put more effort into communicating with his wife. The next meeting discussed intimacy. According to the client, it was difficult for him to have an intimate relationship with his partner because he was always followed by his previous partner, whom he had known from his childhood. The session about intimacy gave a better understanding of the various types of intimacy which are influenced by many factors. Intimacy is to be seen as a process contributing to the quality of life with one's partner and a way to develop good parenthood. The client started to be more open about his weaknesses and didn't blame his wife as much as he did in the past. He also realized that he should give more time to building an intimate relationship with his wife. During counselling the couple also briefly talked about moving to Yogyakarta for the sake of a better future for everyone.

According to the client, after a few sessions, he and his wife started to do things together that they never did before, such as undertaking activities for fun during weekends with their children, helping their first child with school work, bathing the children, as well as helping his wife to sweep the floor. The client's behaviour change had a positive impact on the children. Their first child used to follow his father's example by hitting his younger sibling, but after observing different behaviour by his father, the child became like any other child who likes playing and joking with his siblings without being violent anymore. As well as this, the client also made an agreement with his wife to take up some good behaviours, and to make this binding by signing an agreement letter.

\* Note: All names have been changed



# PREFACE

The Gender Based Violence Partnership acknowledges and thanks the following organisations and individuals for their valuable contributions in the development of the *Guidelines for Adaptation and Implementation (Guidelines)* that is part of the **Toolkit for Men: Male counselling in the context of intimate partner violence**.

We thank the staff of **Mosaic** in Cape Town, South Africa, the staff of the **Women's Crisis Centre Rifka Annisa** in Yogyakarta and **Cahaya Perempuan Women's Crisis Centre** in Bengkulu, Indonesia, the staff of **Rutgers WPF** in the Netherlands and **Rutgers WPF Indonesia**, and all the consultants involved in the process of programme planning, documentation and learning.

A special thanks is for **Ellen Eiling**, who contributed enormously to the writing of these *Guidelines* when still working for Rutgers WPF.

A special thanks as well to **PSO**<sup>1</sup> who provided funding and support for the development of the programme as well as facilitating the learning process which is part of it.

The organisations involved offer training in male counselling and support other organisations in the adaptation of the Toolkit for Men. For more information please contact the following organisations and contact persons:

Country and organisation	City	Website organisation	Contact person	Email address
<b>INDONESIA</b>				
Rifka Annisa	Yogyakarta	<a href="http://www.rifka-annisa.or.id">www.rifka-annisa.or.id</a>	Nur Hasyim ( Head Men's Department)	<a href="mailto:emailnyanurhaysim@yahoo.com">emailnyanurhaysim@yahoo.com</a>
Cahaya Perempuan Women's Crisis Centre	Bengkulu		Tety Sumeri (Counsellor)	<a href="mailto:tety_sumeri@yahoo.com">tety_sumeri@yahoo.com</a>
Rutgers WPF Indonesia office	Jakarta	<a href="http://www.rutgerswfpf.org">www.rutgerswfpf.org</a>	Siska Dewy Noya (Programme manager)	<a href="mailto:siska.noya@rutgerswfpfindo.org">siska.noya@rutgerswfpfindo.org</a>
<b>SOUTH AFRICA</b>				
Mosaic, Training, Service and Healing Centre for Women	Cape Town	<a href="http://www.mosaic.org.za">www.mosaic.org.za</a>	Christelle Cronje (Director)	<a href="mailto:ccronje@mosaic.org.za">ccronje@mosaic.org.za</a>
			Zarina Majiet (Programme Manager)	<a href="mailto:zmajiet@mosaic.org.za">zmajiet@mosaic.org.za</a>
<b>THE NETHERLANDS</b>				
Rutgers WPF head office	Utrecht	<a href="http://www.rutgerswfpf.org">www.rutgerswfpf.org</a>	Rachel Ploem (Technical advisor)	<a href="mailto:r.ploem@rutgerswfpf.nl">r.ploem@rutgerswfpf.nl</a>

April 2012

Joanne Leerlooijer, Rutgers WPF  
Rachel Ploem, Rutgers WPF

# INTRODUCTION

# I

Worldwide, at least one out of every three women has been beaten, coerced into sex, or abused (UNFPA, 2010<sup>2</sup>). Perpetrators of violence against women are most often their intimate partners (UN, 2010<sup>3</sup>). Gender-based violence is one of the most common human rights violations, with high costs to women, their children, families and communities. It poses a significant obstacle to reducing poverty, achieving gender equality and meeting the other Millennium Development Goals (MDGs) (UNFPA, 2005<sup>4</sup>; UN Millennium Project, 2005<sup>5</sup>).

Many women, both survivors of domestic violence and those who provide services to women, suggest that domestic violence cannot be eliminated if the focus of intervention is aimed solely at women. In various parts of the world there is a growing awareness that, in order to break the cycle of violence, men should also be targeted in gender-based violence interventions.

## 1.1 MALE COUNSELLING PROGRAMME

In 2007, Rutgers WPF, a Dutch NGO promoting Sexual and Reproductive Health and Rights (SRHR), based in the Netherlands and with its field office in Indonesia, identified with its partner organisations male counselling in the context of intimate partner violence as the focus of a joint collaboration. Female clients had made clear that it was not the relationship that had to be stopped, but the violence. The cry of these women made organisations start to work with men as the partners of the women, survivors of violence. This resulted in the Male Counselling Programme.

The Male Counselling Programme aims to counsel men who are violent in their intimate relationships, assisting them to stop the violence and to become respectful partners. However, individual behaviour change is difficult when not supported by a change in cultural and social norms in society. Therefore, the counselling is embedded in an integrated set of programmes aiming at social change in the communities, such as community outreach activities, campaigns, advocacy and media programmes. The focus of these programmes is on men's role in stopping violence, re-looking at masculinities and men's sexual and reproductive health.

The Male Counselling Programme is the culmination of a collaborative partnership between Mosaic Training, Service and Healing Centre for Women in Cape Town, South Africa, Rifka Annisa in Yogyakarta and Cahaya Perempuan Women's Crisis Centre in Bengkulu, Indonesia. All three women's organisations have been working with men as a strategy to stop violence within intimate relationships. More background information about the programme can be found on the Rutgers WPF website <http://www.rutgerswfp.org/toolkit-for-men>.

## Aim of the Male Counselling Programme

The aim of the Male Counselling Programme is to help men who are violent in their intimate relationships to change their behaviour so that they become respectful partners. The men who participate in this programme work towards the following outcomes:

- Exercising control over their violent behaviour;
- Personal growth in understanding of themselves, their self-esteem, confidence and self-control;
- An improved relationship with their partners;
- Better relationships with their children;
- Avoidance of more drastic punitive interventions such as protection orders and incarceration.

It was with this vision in mind that a Male Counselling Programme was embarked, which consists of counselling sessions for men and creating a supportive environment in the community and in the organisation.

## Toolkit for Men



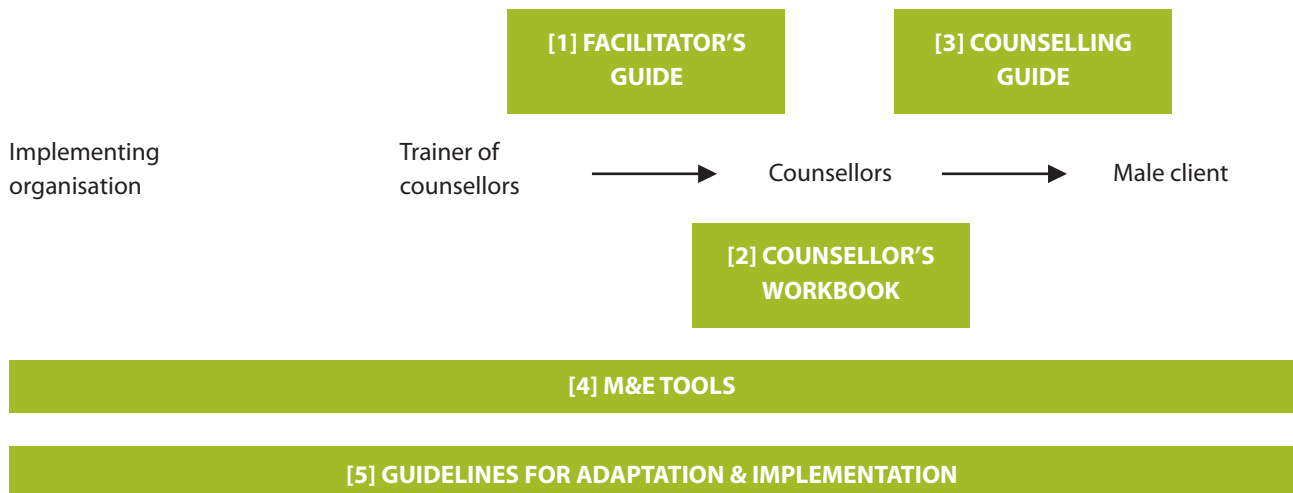
The Male Counselling Programme consists of a number of manuals, including M&E tools, which together form the 'Toolkit for Men':

1. **Facilitator's Guide** - for the facilitator to train counsellors to develop the knowledge, skills and techniques necessary for individual male counselling.
2. **Counsellor's Workbook** - provides counsellors with the theory, background information, and monitoring and evaluation tools they need to conduct counselling sessions with male clients.
3. **Counselling Guide** - for the counsellor to guide the counselling sessions with the male clients.
4. **Monitoring and Evaluation (M&E) tools** - for the implementing organisation, the trainer and the counsellors to monitor and evaluate the sessions and the programme as a whole.
5. **Guidelines for Adaptation & Implementation** – to guide other organisations interested in starting with and/or adapting a similar male counselling programme.

# I. INTRODUCTION

Figure 1.1 provides an overview of the groups involved in the counselling programme, and the available tools used by each group.

**Figure 1.1** Contents of the Toolkit for Men



## The context of a women's organisation

Women's organisations that start to work with men have to move from an exclusive focus on women's rights and empowerment towards a belief that men need support as well and that behaviour change among men and equal rights for both is possible. Chapter 3 describes the processes of the women's organisations in South Africa and Indonesia and the shifts they made.

Hopefully, other organisations can learn from these experiences and anticipate the consequences for a women's organisation that starts to work with men.

### Box 1.1 Lessons learned in starting to work with men within a women's organisation

#### 1. Capability to commit and engage

- Leadership of the organisation has to fully support and commit itself to the new direction and express that to all organisational staff.
- Fundraising for sustainable implementation of the male counselling programme.

#### 2. Capability to carry out tasks

- Internal organisational structures, systems and policies have to be in place.
- Diverse range of expertise is needed, including counselling in general, counselling of men in particular, and behaviour change expertise.
- Counsellors need to become aware of own bias towards gender, sexuality and learn to talk freely and openly about sexuality-related issues.

#### 3. Capability to relate, attract resources and support

- A joint learning trajectory with other organisations that go through a similar process contributes to exchange, linking and learning.

- Link up with the men's engage movement, at local, regional, country and global level.
- Create links between men's and women's organisations, based on acknowledgement of achievements of women's rights movements, complementarity, strength and added value.
- Integrate male counselling into an integrated intervention also influencing and creating a supportive environment for improved gender equality through outreach activities.

#### 4. Capability to adapt and self-renew

- Listen to the 'voices' of the beneficiaries.
- Flexibility to change/adapt original focus without undermining principles of gender equality, women's rights and empowerment.
- Some organisations may need to change name and mission of the organisation.
- Create agreement among staff in organisation about new approach towards gender and men.
- Shift of thinking among staff regarding men: from 'bad guy' to men who are a product of society and have a behavioural problem with potential to change.
- Deal with change in image of the organisation among relevant stakeholders, including female clients of the organisation.
- Awareness raising among community and stakeholders on new approach of the organisation.

#### 5. Capability to balance diversity and coherence

- Balancing between a human rights framework and scope for context-specific expressions, facts and methods.
- Strengthen and diversify human resources.
- Balancing between change and stability: adding new activities in order to reach men and continuing with ongoing work with women.

## 1.2 THE GUIDELINES FOR ADAPTATION & IMPLEMENTATION

*The Guidelines* are an add-on to the Toolkit for Men described in the previous section. It is developed for organisations that are interested in the male counselling programme and want to start offering counselling services for male abusers of domestic violence, or aim at improving existing male counselling services. *The Guidelines* particularly serve women's organisations that have considerable experience with counselling survivors of domestic violence.

*The Guidelines* provide lessons learned, examples and tools that are used in the design of the programme in South Africa and Indonesia. So far, the Male Counselling Toolkit is the result of a pilot phase. An external quality assurance of the manuals took place and recommendations have been integrated. See Box 1.3 showing some of the most important lessons learned.

### Box 1.3 Top 12 lessons learned

The most important lessons learned from the pilot implementation in South Africa and Indonesia include:

#### **Counsellors:**

- Non-judgmental attitude of counsellors is possible, but counsellors constantly need to be reminded to remain impartial.

# I. INTRODUCTION

- During the training counsellors experience how difficult it is to look back at painful experiences during childhood, and realise how difficult it is for male clients to start talking about issues they never did, and never learned to do.
- Attitude and competency are more important than sex of counsellor.
- Intervention and supervision for counsellors is crucial and should be well integrated in the organisation.
- High volume of administrative tasks is associated with the piloting of the manuals.

### *Clients:*

- Drop out of clients remains substantial, to be dealt with by putting more efforts into involving female partners, and through emphasising the cycle of violence which includes progressing, relapsing and trying again.
- Session on 'Engaged fatherhood' proves a powerful entry point for men to work on. It offers an opportunity to heal the pain of their violent past, and it affirms the importance of interaction with the child for the wellbeing of the whole family, as well as a matter of equity in terms of sharing care work.
- Excluding men with substance abuse problems is not realistic: Male clients with alcohol problems expected to be sober when coming for counselling session.

### *Organisation:*

- When (women's) organisations start working with men, organisational changes are inevitable (see Chapter 3).
- Change of perspective of the organisation from 'abusers' to 'men who have a behavioural problem that can be addressed and changed.'
- Environment & alliances:
- Community outreach activities are essential to create a supportive environment for social change and to motivate clients to go for the counselling service.
- Strategic linkages with broader men's engagement organisations and movement create critical mass for change.

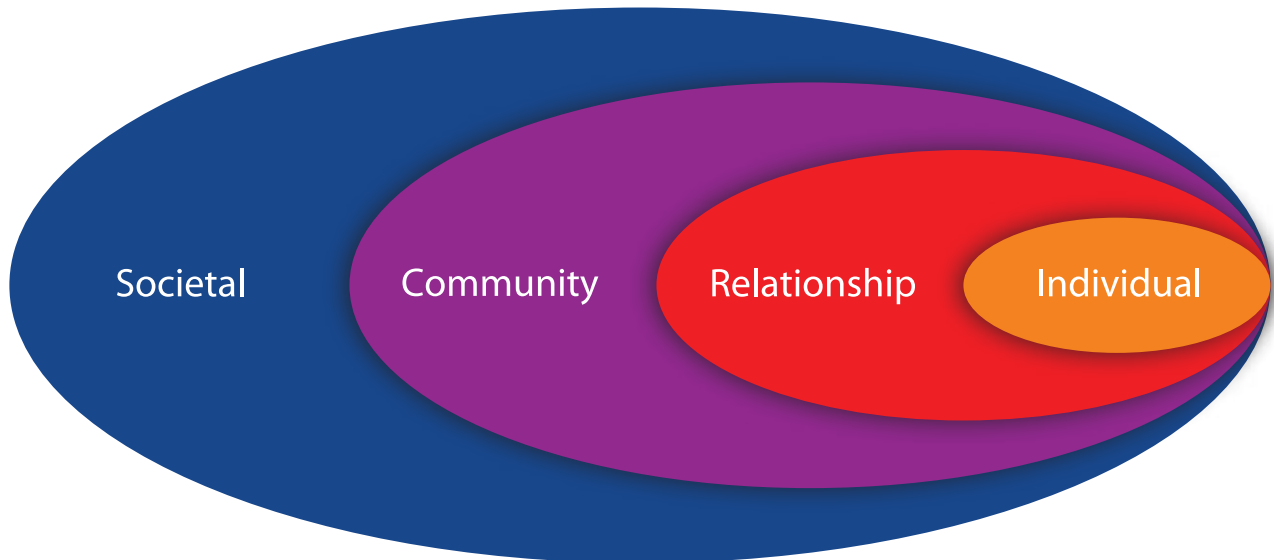
## **Systematic planning of the Male Counselling Programme**

The Male Counselling Programme was developed by making use of a systematic, evidence-based methodology, called Intervention Mapping (IM)<sup>6</sup>. Intervention Mapping is a step by step way of developing and implementing health promotion programmes, aiming at behaviour change of all relevant people. In this particular case the counselling programme aims at the behaviour required to stop the violence and to contribute to a respectful relationship. The six Intervention Mapping steps are:

1. Involve all relevant **stakeholders**,
2. Conduct a **needs assessment**,
3. Decide about specific **objectives** for the new situation,
4. Adapt the male counselling tools and **programme**,
5. Plan the **adoption and implementation**, and
6. **Monitor and evaluate** the pilot as well as further implementation.

Intervention Mapping is based on four perspectives:

- **Ecological approach**, meaning that the analysis and intervention should consider all levels of influence: from the individual, interactional factors, the partner, the community, policy environment, etc. (see figure 1.2)
- **Use evidence and theories** in a systematic way throughout the process.
- **Address agency and decision making** of gatekeepers at each system's level: interpersonal (e.g. family members), organisational (e.g. managers in organisations), community (e.g. community leaders) or societal (e.g. legislators).
- Encourages **participation of all relevant stakeholders** in each phase of intervention development, implementation and evaluation.

**Figure 1.2** Ecological Approach**Box 1.4 Experience with Intervention Mapping in Indonesia**

According to the staff of Rifka Anissa, Intervention Mapping was a useful tool in developing the Male Counselling Programme:

“Systematic working helped; it helps in how the development process should be carried out. And behaviour change theories helped to structure the work, and was even applied to other already existing counselling programmes. However, Intervention Mapping was also new and complicated. More time was needed to process and understand each step. The difference in capacity should be considered, i.e. the speed of conducting each step.”

Using Intervention Mapping as a systematic planning framework had its advantages and disadvantages. The major advantage reported by all parties involved was that the process was structured, systematic and focused. It helped to be aware of all decisions that had to be taken, and to link the findings of the needs assessment and literature to the development of the programme in a systematic way. It created space and time for undergoing a mind shift among the involved partner organisations in terms of looking at men who have a behavioural problem with potential for change. The experience in itself taught partner organisations to also plan other programmes in a more systematic and consistent way. On the other hand, the systematic development of the programme was time- and resource-consuming which interfered with parallel work plans and tasks, resulting in a process that took longer than expected beforehand.

Rutgers WPF took the lead in documentation of the guidelines with input from the partners involved. The Guidelines were developed based on interviews, discussions, observations and documents that were collected throughout the process. Important input was provided during regular partner consultation meetings (facilitated by Rutgers WPF) offering a platform for exchange, linking and learning between the partner organisations involved. While working on the development of the toolkit, an intense reflection process could take place. Lessons learned are partly documented in these guidelines.

### Box 1.5 PSO Innovation Award 2010

The project 'Male involvement in the context of intimate partner violence' won the PSO Innovation Award 2010 in the Netherlands. The film *The Heart of the Matter* was produced to show the innovation, in terms of changing the intervention strategy towards including men, as well as the organisational implications for the partner organisations. The jury found the project and production of the film to be clear in identifying what needs to be changed, and there was also a focus on learning for the wider community on this topic.

"The Innovation Award is without any doubt a great recognition of the intense, courageous and exciting process leading to, not only, a counselling programme for men in order to stop violence against women, but simultaneously to strengthened organisations."

*Rachel Ploem, Technical Advisor, Women's Health, Rutgers WPF, the Netherlands.*

The film *The Heart of the Matter* is produced by Laughing Leopard Productions<sup>7</sup>.  
See <http://www.rutgerswfpf.org/toolkit-for-men>

### Contents of the Guidelines

These Guidelines are kept as short as possible, as it is complementary to the tools in the toolkit. Referral is made to relevant information/documentation in the various tools. It consists of two parts: adaptation guidelines (Chapter 2), describing step by step what has to be done when adapting the toolkit to another setting or to other beneficiaries. The second part (Chapter 3) describes the consequences for (women's) organisations when starting to work with men.

Table 1.1 provides an overview of the steps and tasks to be accomplished in adapting the Male Counselling Programme and tools to a new context. Both the steps in the adaptation process, as well as the steps in the organisational adaptation are listed. The timeline is an indication; some organisations need more time while others take less time to accomplish the tasks, depending on resources and time available. The glossaries in the *Counsellor's Workbook* (page 165) and in the *Counselling Guide* (page 77) provide more elaborate explanation of words used in this guide.

Some of the initial results of male counselling in South Africa and Indonesia are shared in these guidelines. See for example Box 1.6.



### Box 1.6 Impact of the programme on men's lives

#### Young boy in Cape Town

Montsho\* from one of Cape Town's townships was 12 when he dropped out of school and joined a gang. When he was 17, he wanted to leave the gang but he was shot through the head twice. He survived, but had to stay in hospital for six months. He now has to live with a different face and scars, bullying from kids on the street, fears, frustrations and anger. He says:

"I use to swear all day, at my mum and grandmother (...). I told my mother 'I need help', but she took too long", he explained. He found Mosaic's counsellor at the community centre and signed up for the programme. "I no longer swear. When I get angry, I walk away". One more thing he would really like to learn before he finishes the programme is how to be a good husband; "I want to learn how to treat a lady. Before I talked to my counsellor, I did not have respect for ladies. I was rude to them. I want to learn how to respect ladies."

### Male Client (40 years old) in Cape Town

Tebogo participates in the programme because after 15 years of marriage, his wife threatens to leave him because he abuses her psychologically. As a result of the sessions with the counsellor, he realises that he and his wife have to have an equal relationship. He also has to take up chores at home and they have to take care of each other. He says: "Tendai is from a family where the father is always in bed. Her mother always took care of the home and the family. I also take care of Tendai right now. There is improvement but change needs time. Tendai says "For 15 years, I have been afraid of him, that cannot be changed overnight. I got always nervous of him automatically."

\* All names have been changed

**Table 1.1** Overview of steps and tasks

STEP	TASKS	TIME FRAME														
		Year 1												Year 2		
		1	2	3	4	5	6	7	8	9	10	11	12	1	2	3
<b>Programme adaptation</b>	Task 1.1 Assess the capacity of your organisation	■														
	Task 1.2 Conduct a stakeholder analysis	■														
	Task 1.3 Organise the involvement of stakeholders	■														
<b>Step 2</b> Needs assessment	Task 2.1 Specify research questions		■													
	Task 2.2 Secondary (existing) data collection		■													
	Task 2.3 Primary (new) data collection			■												
	Task 2.4 Analyse and report on the information			■	■											
<b>Step 3</b> Objectives	Task 3.1 Define and select target groups			■												
	Task 3.2 Decide about desired behaviours for each target group				■	■										
	Task 3.3 Decide about overall and specific objectives for knowledge, attitude and skills					■	■									
<b>Step 4</b> Intervention adaptation	Task 4.1 Check whether all objectives are addressed in the tools						■									
	Task 4.2 Adapt or design the tools						■	■								
	Task 4.3 Pre-test the programme in the new setting								■							
<b>Step 5</b> Implementation	Task 5.1 Provide training and support to counsellors									■						
	Task 5.2 Conduct the counselling sessions										■	■	■	■	■	■
	Task 5.3 Implement community awareness raising activities											■	■	■	■	■
<b>Step 6</b> Monitoring & Evaluation	Task 6.1 Monitoring and evaluation (plan)					■	■	■	■	■	■	■	■	■	■	■
	Task 6.2 Adapt monitoring and evaluation tools										■	■	■	■	■	■
	Task 6.3 Use pilot findings and finalise the programme															■

# ADAPTATION GUIDELINES

## 2

These *Guidelines* are developed for organisations that have decided to implement the male counselling toolkit and want to adapt it to their own country, context and to their specific target groups. Maybe little has to be changed in the toolkit to make it useful and appropriate. It is important though to check whether this is the case. In addition, the process of checking in itself is very relevant to create commitment within the own organisation and community to start working with men.

Adaptation of the male counselling toolkit for a new context and beneficiaries can be done in a systematic way. Evidence shows that systematic, step-by-step development and adaptation of interventions increases its effectiveness. It structures the process, it enables the necessary changes within an organisation in order to offer counselling to men, and it also facilitates the documentation of the process, including lessons learned for future projects.

The adaptation steps are based on the Intervention Mapping (IM) approach, a six-step model for the design, implementation and evaluation of health promotion interventions. The annexes provide practical tools and guidance for the adaptation process.

The Intervention Mapping steps are:

1. Involve all relevant **stakeholders**,
2. Conduct a **needs assessment**,
3. Decide about (revision of) specific **objectives** for the new situation,
4. **Adapt** the male counselling tools and **intervention**,
5. Plan the **adoption and implementation**,
6. **Monitor and evaluate** the pilot as well as further implementation.

These *Guidelines* provide tips for organisations that are planning to adapt the male counselling programme to a new context and beneficiaries. Based on the experiences in South Africa and Indonesia, lessons learned are provided and guidance on how to start, how to go through the steps and how to implement and evaluate the programme.

## STEP 1: STAKEHOLDER PARTICIPATION

Adapting the male counselling tools to a new context and new beneficiaries starts with organising the participation of all relevant stakeholders. It also requires you as an organisation to be aware of the consequences working with men can have for your organisation.

### Task 1.1 Assess the capacity of your organisation

The most important consideration is the question whether your organisation is able and willing to work with men as clients. If you work as a women's organisation with female clients, it might require changes in the organisation to also work with men. See Chapter 3 for a more elaborate description of the process an organisation can go through when starting to work with men. What is needed within an organisation includes for example:

- Female clients and any male abusers of violence who request services for men.
- Few services available for men in the community.
- Team members that are motivated to undergo change and become 'agents of change'.
- Skilled counsellors with dedication and spare time to devote to the new intervention.
- Dedicated supervisor for the counsellors.
- Leadership of director and board who are willing and able to give 100% support.

### Task 1.2 Conduct a stakeholder analysis

To be able to involve all relevant stakeholders, it is advisable to conduct a stakeholder analysis: brainstorm about all relevant organisations and people who could contribute to the process of programme adaptation and (sustainable) implementation. Include stakeholders that could be interested in the male counselling programme, organisations that work in the field of intimate partner violence, domestic violence, women, male and couple counselling, and authorities that should give support to the programme. Identify the benefits for each stakeholder: what will it contribute if they participate in the design process?

For women's organisations that start to work with men, this may mean that they have to get out of their 'comfort zone' and start building new alliances with less familiar networks, such as men's organisations.

Get clarity on who should be involved and what should be their role in the design process and in implementation. Examples of roles: giving approval, for example government organisations; giving advice, such as experts on male counselling; being informed, such as potential future implementers of the programme. Contact especially those individuals that would have the most potential benefit, highest influence and make sure their advantage in the intervention is clear. See for example a tool that can guide stakeholder analysis.

Table 1.2 provides an overview of stakeholders who were involved in the process in South Africa and Indonesia.

**Table 1.2** Stakeholders in South Africa and Indonesia who were part of the process

Group	Stakeholders	Who	Why
Working Group	Beneficiaries	Men who are violent in their intimate relationships and are potential clients for counselling	To develop a programme that meets their needs and is attractive to men
		Female clients	To contribute to understanding violent behaviour within a relationship and indirectly meet needs of survivors of violence
	Implementers	Counsellors of female clients	To learn from their experience in working with women who survived violence
		Potential counsellors of male clients	To meet the needs of the counsellors who will work and interact with the male clients

## 2. ADAPTATION GUIDELINES

Group	Stakeholders	Who	Why
Advisory Board	Referrers	Police	To build partnership and increase referral
		Courts	To build partnership and increase referral
		NGOs who can refer clients (women's and men's organisations)	To build partnership and increase referral
	Decision makers	Employers of the male clients	For employers to allow their male staff to attend counselling sessions during work time
		Relevant government officials <ul style="list-style-type: none"> <li>■ Department of Justice</li> <li>■ Department of Health</li> <li>■ Department of Social Development</li> </ul>	To get permission and support for the implementation of the programme
		Community	Churches, religious leaders
	Community	Health clinics	To build partnership and increase referral
		Community committees	To build partnership and increase referral
		Trade unions	To build partnership and get their support

### Task 1.3 Organise the involvement of stakeholders

As in each project, a project team is established to lead the adaptation and implementation of the new intervention. Involvement and collaboration is often time-consuming, but pays off in the long term. Build enough time into initiatives for coordination and joint decision-making to build a shared vision, goal and methods of working.

In involving stakeholders, it worked quite well in South Africa and Indonesia to form two groups:

1. an Advisory Group (with decision makers), and
2. a Working Group (with counsellors).

Both groups were intensively involved in the process of designing the programme from the start. See Table 1.2 for the stakeholders represented in both groups.

#### Advisory Group

Members of the Advisory Group are selected based on their expertise in gender-based violence and men's engagement. They are instrumental in fundraising and advocating for the upscaling of the male counselling programme. It worked well in South Africa and Indonesia to have a mix of members with experience of theory, policy, implementation and service delivery. The comments, remarks and advice of the Advisory Group are not binding.

The role of the Advisory Group is to advise the implementing organisation at particular points during the design and implementation of the programme, to use their status nationally or locally to influence decisions in favour of the programme, and to promote expansion of the project after the pilot phase. In Indonesia and South Africa, the Advisory Group promoted strategic collaboration and communication among members in order to give credibility to the project and influence media, policies and supportive programmes. The Advisory Group also provided input on the research conducted and on the content of the counselling and training modules.

### Box 1.1 Advisory Group Indonesia

The Indonesian Advisory Group consisted of representatives from the national commission on violence against women, UNFPA, the Muslim women's organisation and the Ministry of Women Empowerment. It was an effective way to keep in close contact with representatives of the government, who showed great interest in this new programme for men, as the law refers to services for perpetrators which are hardly yet available.

### Working group

To ensure that the intervention matches the needs and wishes of the counsellors, survivors of violence and male clients, they can all be involved in the Working Group. See Box 1.2 for criteria to select Working Group members.

In South Africa and Indonesia it was difficult to find men to join the Working Group, as few men were willing to commit themselves to such a role. Men were therefore consulted at relevant stages of programme development, for example during the needs assessment and in focus group discussions. The counsellors were regularly involved in all stages of the programme design, which was very helpful in the design.

It can be useful to clarify and communicate the advisory role of the Working Group to the members. It can also help to clarify the expectations of both Working Group members and the organisation implementing the programme with regard to acknowledgement and rewards. The tasks of the Working Group could include:

1. Participation in regular Working Group meetings
  - to review the process
  - to define the programme objectives
  - to develop/adapt the manuals for male counselling in close collaboration with others, such as the project team, Advisory Board, and consultants.
2. Participation in preparatory sessions for the needs assessment.

### Box 1.2 Selection criteria for Working Group members

- Representation of counsellors and beneficiaries
- Leaders and committed to be actively involved during the whole development period
- Disciplined
- Active
- Creative
- Enthusiastic
- Open-minded
- Respectful towards other people's opinions.

### STEP 2: NEEDS ASSESSMENT

After organising the involvement of stakeholders in an Advisory Group and Working Group, the next step is to conduct a needs assessment. The aim is to get an overview of what is happening worldwide, in similar programmes, and secondly to identify needs and possibilities in your own context, country, region and implementation setting.

This information will help to find out whether your needs and possibilities are being addressed and fits in with the male counselling toolkit and intervention. The results of the assessment are also used as evidence to convince and inform all stakeholders of the need for a male counselling programme.

After stating the research questions, the next task is to assess existing literature, evidence and resources (secondary data collection). If there are still gaps in the answers to the research questions, you can collect information yourself (primary data collection).

#### Task 2.1 Specify research questions

Before starting to collect information, it helps to make an overview of the information that is necessary to be able to adapt the male counselling programme. Table 2.1 provides an overview of the topics and research questions that were included in the assessments in South Africa and Indonesia. A literature review was conducted, collecting existing information and evidence worldwide. In addition, specific information about the Indonesian and South African situation were assessed in primary data collection.

**Table 1.2** Overview

TOPIC	RESEARCH QUESTIONS
General	<ul style="list-style-type: none"> <li>■ Which other programmes regarding male involvement are implemented in the project area? What are possibilities of linking up with them?</li> <li>■ What are the lessons learned from other programmes targeting men in addressing gender-based violence in intimate relationships?</li> </ul>
Needs of women	<ul style="list-style-type: none"> <li>■ What are the recent figures on gender-based violence and intimate partner violence in the project area?</li> <li>■ What is the opinion and expectation of women regarding counselling programmes for men?</li> </ul>
Needs of men	<ul style="list-style-type: none"> <li>■ What are the reasons (determinants) for men to abuse women in the project area?</li> <li>■ Which factors are associated with recidivism of abusive behaviour?</li> <li>■ What are the needs of perpetrators of violence in terms of knowledge, attitudes and skills to be able to stop violence and become a respectful partner?</li> <li>■ Are there differences with regard to specific groups of male abusers, for example different age groups?</li> </ul>
Existing interventions	<ul style="list-style-type: none"> <li>■ Which counselling models are being employed internationally and which conceptual frameworks are they based on?</li> <li>■ Which kind of programme and approach are most effective in changing men's behaviour? Which elements contribute to its effectiveness?</li> <li>■ Is there a difference in effectiveness between group counselling and individual counselling?</li> <li>■ Do the rates of abusive behaviours decline after completion of the programme? Do participants' attitudes and emotions change, post-programme?</li> <li>■ Is completion of the programme related to a reduction in men's violence?</li> </ul>
Relevant policies and laws	<ul style="list-style-type: none"> <li>■ Which national policies are in place regarding intimate partner violence and involving men? And what is the quality of its implementation?</li> </ul>
Implementation	<ul style="list-style-type: none"> <li>■ What are the requirements for and needs of counsellors to start working with male clients?</li> <li>■ Which factors may hinder or facilitate completion of the programme by male clients?</li> </ul>

### Task 2.2 Secondary (existing) data collection

A lot of information is available to answer the research questions. An important source includes organisations that are working in the field of intimate partner violence, men's engagement and counselling, including the government. And research documented in scientific journals, reports, internet, websites, etc. is also available.

In Indonesia and South Africa secondary data were collected in two phases: (1) a global review on effective interventions in male counselling within the context of domestic violence and (2) a country-specific review of existing documents, practices and evidence.

#### Box 2.1 Evidence about involving men

There is a growing acknowledgement that gender-based violence cannot be stopped without engaging men, the primary perpetrators of violence against women and girls (Flood, 2010<sup>9</sup>). To a great extent violence against women is caused by socially accepted gender norms about men's roles and authority. It is therefore essential that interventions involve men and address the underlying norms that legitimize men's use of violence against women (Dunkle and Jewkes, 2007<sup>10</sup>).

There is a growing evidence base indicating that interventions engaging men do work, especially when including a gender-transformative approach (WHO, 2007<sup>11</sup>; IPPF, 2010<sup>12</sup>).

The lives of women and children are intertwined with the lives of men. Without understanding how men's gendered experiences affect them and those around them it is impossible to promote sexual health and achieve reproductive rights for all.

The global literature review (2008<sup>13</sup>) on effective interventions in male counselling within the context of domestic violence looked for evidence of effective and successful interventions which supported the development of the toolkit. Some key outcomes are listed in Box 2.2. The full report is available on [www.rutgerswpf.org/toolkit-for-men](http://www.rutgerswpf.org/toolkit-for-men)

#### Box 2.2 Key results of the global literature review (2008)

- The '**one size fits all**' approach does **not** seem to be appropriate and it may be too early to know with certainty which model is superior (if any).
- Some positive effects for **Cognitive Behavioural Treatment (CBT)** and **feminist approaches**, but the results are also mixed. What is clear is that participation in any programme is better than receiving no treatment at all.
- Attention is recommended to the **Stages of Change approach** as an adjunct to the particular model that might be developed. The approach can usefully be employed in conjunction with or as a supplement to a particular treatment model.
- Close attention is to be paid to the **cultural context** in the development and design of a programme and that **culturally sensitive methods** be included in the intervention's content. It may contribute to less high attrition rates, which is likely to contribute to increased recidivism.
- Although **group counselling** is by far the most commonly employed modality, the literature has not specified the superiority of one approach over another. Due to the lesser level of skill required, **group counselling might be the preferred modality**. However, if adequate attention were paid to training and skills proficiencies, and to safety concerns, individual approaches need not be eliminated.

## 2. ADAPTATION GUIDELINES

- There are **no conclusive results with regards to an adequate programme duration**. It is likely, however, that behaviour change could only be effected after a prolonged period.
- Assessing levels of violence (both self and partner reported) at intake are important in order to establish what change (if any) has occurred after participation in the programme. The **Conflict Tactics Scale (CTS)** has been widely used in a number of different contexts to assess levels of relationship violence.
- When adopting a **dialectical behavioural therapy** approach, the facilitator should be a qualified clinical **psychologist** rather than a lay counsellor. Most models promote **group work**, which can in most instances be conducted by **lay counsellors**, whereas individual interventions or couple therapy would most likely require a higher level of expertise.

### In conclusion

One needs to be aware that intervention programmes for men will most likely not provide a miracle solution to the problem of their violence against intimate women partners. Even though some reduction in violent behaviour has been shown, success rates are rather low. Challenging men's violence requires broader change at the socio-cultural and ideological level. It requires changing dominant forms of masculinity that has traditionally been linked to violence and control over women. It requires the identification of alternative forms of masculinity, which should be fostered. Prevention programmes should also be implemented on a wider scale in order to tackle the epidemic of men's violence against women partners.

For a full summary of the global literature review, see Annex 5.

### Task 2.3 Primary (new) data collection

In addition to existing reviews, experiences and literature on global and context-specific information about male counselling, it is very valuable to also collect information among your own beneficiaries. In Indonesia and South Africa, new data were collected from men, women (survivors) and counsellors. One of the main topics is to explore the determinants of behaviours: What knowledge, attitudes and skills do people have and how does that influence their behaviour? Annexes 2-4 include examples of tools to conduct Focus Group Discussions and In-Depth Interviews.

When conducting research on sensitive topics, ethical aspects should be taken into account. The IPPF M&E handbook (2009) provides an overview of respondents' rights in research. These include for example the right to anonymity and confidentiality, right to own opinion, right to information, right to non-participation, right to privacy, and right to dignity. In addition, interviewers need to have some research skills to conduct interviews and focus group discussions, knowhow on the subject, including basic knowledge about the dynamics of violence and its causes and consequences and ethics of research, and they need to be confidential and non-judgmental.

One of the key elements in the primary data collection is to assess determinants of violent and non-violent behaviour of men: Which factors play a role in violent behaviour of men? For example:

- Which knowledge do men have and which knowledge is lacking?
- What are their attitudes that lead to violent behaviour and which attitudes are desirable?
- Which skills do men need to stop the violence and to become respectful partners and loving parents?

This information can be explored in Focus Group Discussions and interviews with men and with women.

Similar topics should be covered in the interviews with counsellors: What do they need to be an effective counsellor of men? Which knowledge, which attitudes towards male clients, and which skills do they need?

Primary data collection in Indonesia and South Africa showed that it is important to have people on board who have experience and skills to analyse the interviews, draw up objective and general conclusions, and who can integrate the findings in the intervention design.

Another lesson learned is that it is important to have male researchers in the team to talk to male respondents. Female interviewers were seen as not being sufficiently objective.

### **Task 2.4 Analyse and report on the information**

In the analysis of new data, it is key to get a clear overview of the determinants of behaviour of both men and counsellors. This information will be needed to define specific objectives (see step 3 objectives). Box 2.3 provides an overview of the contents of a report on secondary and primary data.

#### **Box 2.3 Contents of a report**

##### **1. Summary/abstract (1 page)**

Describes a summary of the research: Why was the needs assessment conducted, how was the information collected and what were the most important conclusions and recommendations?

##### **2. Introduction**

Describes background to the needs assessment, the reasons for conducting the assessment and the research questions.

##### **3. Methods**

Describes how the information was collected:

- Secondary data collection (e.g. Internet review, stakeholders).
- Primary data collection (e.g. who were the respondents, how were they selected, how was the information collected?).

##### **4. Results**

The results describe the findings of the needs assessment and provides an answer to the research questions. Attention is particularly paid to the determinants of behaviour (knowledge, attitude and skills) of both the men who are violent in intimate relationships, and of the counsellors.

##### **5. Conclusions and recommendations**

Describes the conclusions drawn from the results. Conclusions have to be reliable and based on a general impression. Recommendations for programme design and implementation are provided.

##### **6. References**

References to documents and literature are provided in the report where relevant, and are listed at the end of the report.

### STEP 3: OBJECTIVES

After the needs assessment, objectives have to be defined for the male counselling programme. The objectives in the Intervention Mapping approach are generally more detailed than the objectives in, for example, the Logical Framework. It is very useful to identify these (overall and specific) objectives, as they help to design or adapt the counselling programme. They also help in monitoring and evaluation the progress.

It is recommended to involve relevant stakeholders at this stage, to ensure their commitment. The objectives step is the basis of the intervention and its implementation. It is crucial to get commitment and buy in from all decision makers, implementers and if possible the men themselves.

In making decisions on whom to focus and what to change, it may help to focus on what is most 1. **Important** and most 2. **Changeable**. This holds for all decisions, regarding the selection of target groups, but also regarding the selection of objectives. See Box 3.1.

When someone or something is important but difficult to change, this may create a risk for the effectiveness of the programme. For example, lack of employment may be an important factor that influences men's abusive behaviour but if it is difficult to change, it may become a barrier for the effectiveness of the programme.

On the other hand, when something is important and also changeable, you can expect change at the end of the programme implementation. For example, acquiring skills to manage anger is very important in male counselling, and it is possible to see change in this respect. This will contribute to the effectiveness of the programme.

#### Box 3.1 Importance and changeability

- **Importance:** How important is it to include it in the programme?
- **Changeability:** Can we change this with the programme within a particular time period?

Not important Not changeable	Important Not changeable
Not important Changeable	Important Changeable

#### Task 3.1 Define and select target groups

International evidence (for example, IPPF, 2010<sup>15</sup>; WHO, 2007<sup>16</sup>) shows that to be able to change the behaviour of men who are violent in intimate relationships, you are most effective when you implement activities for different groups in a broader context than only at individual bases. Individual and couple counselling will benefit from changes in cultural and social norms in the broader environment for which specific activities are needed to be undertaken.

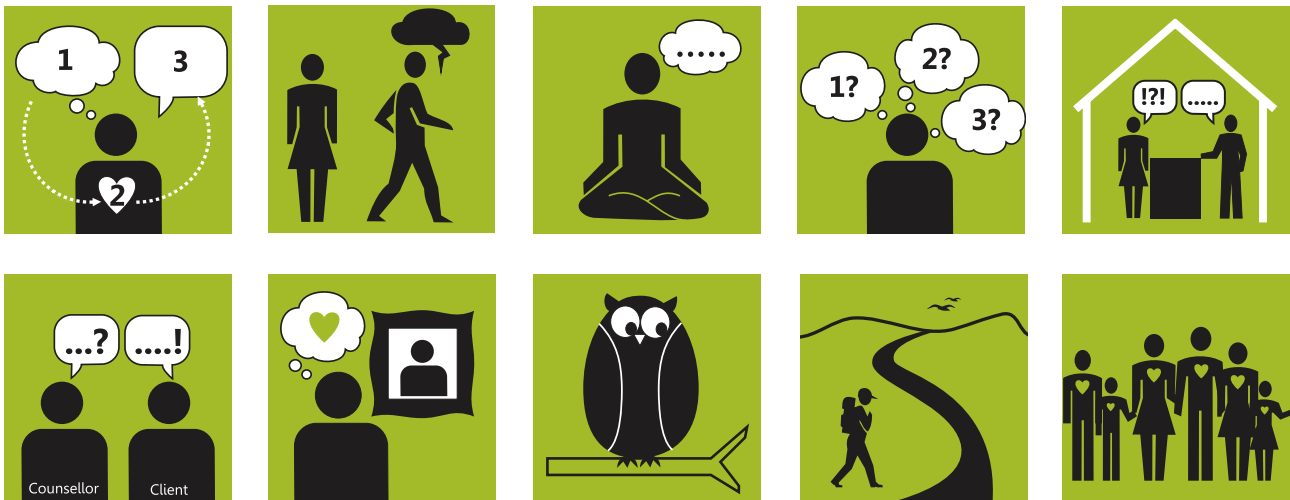
The following groups are important to focus on:

1. Men who are violent in an intimate relationship
2. Counsellors
3. Trainers of counsellors
4. Supportive environment, including community members, community leaders, decision makers
5. Women and children who are survivors of violent behaviour

To be more specific, it may help to identify specific groups within each group. For example, men who are violent in an intimate relationship can be divided into subgroups of married men, men with a relationship, men with children, or older or younger men. Making subgroups helps to set clear inclusion and exclusion criteria. The needs assessment provides you with information to decide on which (sub) groups to focus the intervention.

Counselling techniques are used depending on the client's stage of change. It is critical that the techniques match the stage of change as the counsellor has to move at the pace of the client. Below you will find a number of coping techniques to use in order to cope with problems, anger and situations that trigger emotions and behaviour that they wish to change.

**Figure 3.1** Counselling techniques



### 1. Male clients

Clear selection criteria for male clients turned out to be important in Indonesia and South Africa. In both countries the criteria differed. Selection criteria of male clients included:

- Client has been abusive towards his partner.
- Referred by his partner, social service agencies, other institutions, or came by himself.
- Has expressed genuine acceptance of responsibility for the violence.
- Has expressed willingness to change his behaviour.
- In case of substance abuse (alcohol, drugs), the client can attend the programme but should not be under influence of alcohol/drugs when attending the session. In case of serious addiction problems he should be referred to a specialised organisation. Even then, he can continue with this programme.
- Has no existing mental illness problem/psychological disorder.
- Does not have a criminal record.
- Depending on the context: voluntary (not court mandated).

#### Box 3.2 Male clients in South Africa and Indonesia

In **South Africa**, the implementing organisation, Mosaic, works with voluntary clients. Initially Mosaic used very strict criteria. However, after interviewing 131 men, only 14 of them met the criteria to participate in the programme. This was mainly due to many men being addicted to alcohol which was originally defined as one of the exclusion

## 2. ADAPTATION GUIDELINES

criteria. It was decided to also include men who were heavy drinkers, under the condition that they would be sober when coming to the counselling sessions.

Mosaic also decided to identify the possibilities of working with court-mandated male clients and equipping the counsellors to work with men with criminal records. Magistrates recommend that couples should only come for counselling on a voluntary basis.

If specialised care and support is needed, men are referred to better qualified organisations. The fact that these organisations do not exist everywhere or are not always accessible poses a challenge.

In **Indonesia**, the organisation Rifka Annisa decided to mainly work with voluntary clients, sometimes referred by the court, through female clients, campaign programmes on the radio, through outreach programmes in the community etc.

The other Indonesian organisation, Women Crisis Centre Cahaya Perempuan Bengkulu, found that few men came to the counselling services. Therefore, the centre started collaboration with the Department of Law and Human Rights to deliver counselling for convicted perpetrators of domestic violence in prisons.

The pilot implementation in South Africa and Indonesia shows that it is a challenge to get men to come to the male counselling programme. Most men come because their partners have threatened to divorce or separate. At the start, the so called **external motivation** is higher than the **internal motivation**. Initially, men consider female staff as protectors of women and not as being open to the needs of men. This perception may hinder men from requesting help at a women's organisation.

However, the pilot shows that after a number of sessions men start experiencing benefits for themselves from the counselling sessions; their internal motivation gets triggered. A sense of being more in control of their violent behaviour, improved communication and becoming more respectful not only to their own partner but to all women is what they report back. It is also known from experiences elsewhere that men react in more supportive ways when they perceive the potential changes as good for themselves as well (Barker, 2011<sup>21</sup>). From then on, male clients acknowledge that the attitude and competency of the counsellor is more important than the sex of the counsellor.

### 2. Counsellors

The implementers of the male counselling programme are the counsellors. One of the keys to the success of male counselling programmes is the selection, training and supervision of the counsellors.

Ideally, social workers and psychologists join the programme. In the case of Rifka Annisa, a number of male psychologists were already employed by the organisations which was not the case for WCC Bengkulu and Mosaic. In general, social workers and psychologists are scarce, especially male professionals in this field. During the process, Mosaic and WCC Bengkulu also started to employ a number of male staff (social workers and counsellors).

The selection of counsellors can be done in different ways. In South Africa and Indonesia, counsellors of women who were already working for the organisations were selected. In addition, new counsellors (male and female) were selected to be part of the training.

The candidates were interviewed and reference checks were conducted with recent employers. In order to participate in this training, candidates were expected to meet a number of criteria:

- Previous formal training in basic counselling skills;
- Experience in counselling;

- Knowledge of the field of domestic violence;
- Experience in working with males;
- Clear reasons for their motivation to work with male perpetrators;
- No current involvement in a violent relationship;
- If previously involved in a violent/abusive relationship, or if they have ever used violence in a relationship, the intervention and recovery to non-violence is documented and checked through partner contact to document and validate self-reporting;
- No criminal record (an exception is possible, depending on the nature of the crime);
- Knowledge of local culture;
- Ability to read, write and speak the local language;
- Excellent communication skills;
- Ability to self-reflect and work for personal and professional development;
- Ascribe to principles of equality and the promotion of non-violent relationships;
- Cognisance needs to be taken of the fact that not all counsellors may reach the level of competency required for work with male perpetrators;
- Sufficient time available.

Even though the pilot shows that after a number of sessions, male clients acknowledge that the attitude and competency of the counsellor is more important than the sex of the counsellor, organisations acknowledge the importance of having male counsellors working within the organisation as well. Human resource policies need adjustment when only female staff are working for the organisation.

After the training, the skills of the trainees should be assessed before determining whether a trainee is eligible to work as a counsellor in the programme. The trainee should:

- Demonstrate commitment to partner safety and understanding about safety procedures for the male counselling programme.
- Demonstrate understanding of how male socialisation and male privilege contributes to intimate partner violence.
- Show ability to respond in an impartial way to people affected by intimate partner violence.
- Have explored and clarified personal beliefs and values about intimate partner violence.
- Subscribe to the Code of Conduct and Principles of Equality.

### **Box 3.3 Lessons learned in Indonesia and South Africa**

A lesson learned in both Indonesia and South Africa was that it was difficult to identify qualified counsellors for the training and to keep them on board after the training, especially if they were employed elsewhere. This was addressed by including a contract, getting the commitment of trained counsellors and the management of the organisations for a specific period of pilot implementation.

The fact that in Indonesia male psychologists were already part of the counselling team gave an important impulse to Mosaic in South Africa to include male counsellors from other organisations in the training and counselling.

Indonesia learned from the South African experience that the capacity and skills of the counsellors are more important than the background, (young) age, sex or marital status of counsellors. In Indonesia young counsellors are regularly confronted with comments from their male clients that they are too young to help older men. South African counsellors challenge their Indonesian colleagues to become more assertive and to adequately and confidently counterbalance these types of comments from their clients.

## 2. ADAPTATION GUIDELINES

### 3. Training of Trainers

After the pilot implementation, a training of trainers will be conducted, which will result in a pool of trainers who are able to train other counsellors in male counselling. This will ensure an increased number of skilled staff are available to counsel men. The trainers of counsellors should be experienced trainers as well as experienced male counsellors, aware of the obstacles and challenges of providing counselling to male clients. In South Africa and Indonesia the trainers (or facilitators) of the first group of trained counsellors were very experienced staff of the organisations. *The training of Trainers Guide* is available upon request.

### 4. Supportive environment

A supportive environment for the implementation of a male counselling programme is essential in order to achieve results. This means that the community and religious leaders, community members and decision makers in the community have to know about the programme and support it in every possible way.

The overall aim is to create or sustain a social norm that supports men to seek help for their problems as part of a broader cultural and social change in the community. Violence against women is not to be tolerated and a more caring and respectful role of men is to be promoted.

The pilot implementation in South Africa and Indonesia showed that efforts to change social norms and values surrounding violence and manhood in the community together with a positive attitude of community and religious leaders support men in taking steps to seek counselling. The number of clients seeking support has been gradually increasing over the last couple of years.

In South Africa, Mosaic realised the importance of getting support from employers to allow their employees to go for counselling during working hours.

In all means, it becomes crucial to link with other organisations who are competent in mobilising men in the communities, in advocacy and in campaigning.

#### Box 3.4 Community leaders and community members

Initially, the involved organisations in Indonesia and South Africa did little in on community awareness raising activities with men. However, during the course of the project, it appeared that outreach activities were conditional to the success of the counselling programme. Awareness workshops were developed based on the curriculum for the male counselling programme. The aim of these workshops was to link manhood to gender-based violence, and to promote awareness about men's role in stopping violence against women. It also aimed at increased understanding of men who have problems with violence, that it is acceptable for them to seek help and participate in counselling sessions.

### 5. Women and children

The indirect but ultimate beneficiaries of male counselling programme are the women who survive violent behaviour of men, as well as their children. It should be noted that women and children are not included in these *Guidelines* as a specific target group, as they were already part of on-going counselling services provided by the women's organisations in South Africa and Indonesia. If male clients have children, their children are very often an important reason to improve their situation and motivate them to participate in counselling sessions.

Where involvement of women, as partners of those men taking part in the male counselling programme, is considered important, it is addressed in these *Guidelines*.

When a man takes part in counselling, his partner will be contacted. There are three reasons for this:

1. to find out about the safety of the woman and children, as this is the highest priority,
2. to explore the willingness of the woman to provide information at the start and during the process of the counselling intervention, which will help guide the intervention, and
3. to find out her perceptions of behaviour change if the male client assists in the monitoring progress.

### Box 3.5 Example of exercise about fatherhood

During a training of counsellors in Indonesia, the participants were asked to make a drawing of who they want to be as a father and what they would like to look like. One of the participants liked to be seen as a gentle person with big ears, big eyes and a big heart.



### Task 3.2 Decide about desired behaviours for each target group

Based on the needs assessment you now decide about the desired behaviours for each target group. This may differ for each country and implementing organisation, depending on the importance and changeability of needs in that context.

**Table 3.1** *Desired behaviours*

Target group	Desired behaviours
Men who are violent in an intimate relationship	Man stops intimate partner violence and becomes a respectful partner.
Counsellors	Counsellors support male clients to stop the violence and become a respectful partner.
Trainer of counsellors	Trainer builds capacity of counsellors in conducting counselling sessions with male clients. Trainer builds capacity of community leaders to conduct awareness raising sessions with fellow community members, (young) men.
Community members and leaders	Community leaders and members support men in participating in male counselling.

The behaviour required to stop intimate partner violence and becoming a respectful partner can be divided into sub-behaviours that are addressed in the 12 sessions in male counselling, ideally one session per week, covering a period of 3 months.

## 2. ADAPTATION GUIDELINES

**Table 3.2** Counselling topics

Counselling topic/ session	Performance objectives related to 'stopping intimate partner violence and becoming a respectful partner'
1. Assessment	1. Man acknowledges that he has a problem and that he can talk about it with a counsellor.
2. Domestic/Intimate Partner Violence	2. Man stops with domestic/ intimate partner violence.
3. Anger Management	3. Man controls and manages his own anger in all situations.
4. Communication	4. Man communicates effectively with his partner and others.
5. Self-esteem	5. Man has increased self esteem (see picture)
6. Intimate Partner Relationships	6. Man contributes to a better quality relationship with his partner.
7. Engaged Fatherhood	7. Man builds on positive relationship with his children and can link past experiences in own childhood to his own fatherhood.
8. Sexuality and Domestic Violence	8. Man manages his sexual feelings and expresses positive feelings towards his partner.
9. Culture and Religion	9. Man uses elements of his culture and religion to contribute to non-violent behaviour and relationships.
10. Gender and Rights	10. Man respects the rights and appreciates the role and tasks of his partner.
11. Substance Abuse (alcohol and drugs)	11. Man acknowledges his substance abuse and its effects and reduces use.
12. Looking Forward – Evaluation and Future Plan	12. Man maintains respectful partnership and does not relapse to intimate partner violence.



### Task 3.3 Decide on overall and specific objectives for knowledge, attitude and skills

One of the most important tasks in deciding on objectives is to decide about what to change with regard to knowledge, attitudes and skills. This information also comes from the needs assessment: both the existing literature on what is most important and changeable, and the primary data collection among the particular beneficiaries.

A lesson learned is that spending extensive time on developing overall and specific outcomes/objectives based on the Intervention Mapping methodology is strongly recommended. This phase of design formulation of the manuals is a crucial stage and should be done with all the partners involved and not left to external resources that have not been part of the whole process. Hiring a consultant is an option, as long as the person is experienced in the topics identified as well as in the theoretical frameworks that are used and the Intervention Mapping Model.

#### Knowledge, attitude and skills of male clients

See the *Counselling Guide* that counsellors use for each session with their male clients for an overview of objectives to be achieved among the male clients. Objectives are stated for each session and are listed under knowledge, attitude and skills. It is wise to have a good look at the objectives and see whether anything needs to change for the new context and target group.

**Table 3.3** Examples of specific objectives for male clients

With regard to the male client, reference is made in the *Counselling Guide* to Overall and Specific objectives.

Target group	Behaviour	Specific objective	Knowledge	Attitude	Skills
Male clients	Male client stops intimate partner violence and becomes a respectful partner.	Man controls and manages his own anger in all situations (session 3: Anger management).	Better understanding of anger, recognise internal and external triggers to anger, the physical reaction to anger and how to manage to express anger in a non-violent way.	Realising that everyone is fully responsible for their own violent behaviour.	Skill to recognise his own physical reactions to anger. Skills to manage his anger in a non-violent manner.
		Man manages his sexual feelings and expresses positive feelings towards his partner (session 8: Sexuality and Domestic Violence).	Understanding that communication between partners can contribute to a healthier and more enjoyable sexual relationship.	Respect the partner's rights and decisions in matters of intimacy and sexuality.	Communicating his own sexual desires and asking and listening to his partner regarding her desires; acting on this (including how to refuse sex).

#### Knowledge, attitude and skills of counsellors

See the *Facilitators' Guide* for an overview of objectives for counsellors. Objectives are listed for each of the sessions (what knowledge, attitudes and skills do the counsellors need to be able to provide the session with the male client?) as well as overall objectives.

## 2. ADAPTATION GUIDELINES

**Table 3.4** Example of specific outcomes for counsellors

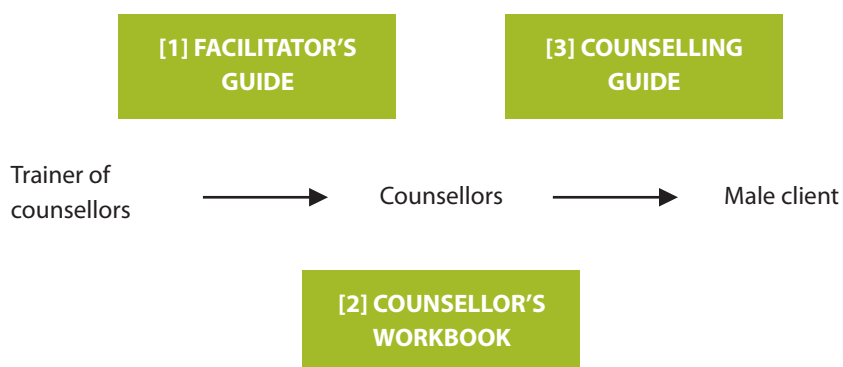
Regarding the prospective trained counsellors, the *Facilitator's Guide* refers to Overall and Specific Outcomes.

Target group	Behaviour	Sub-behaviour	Knowledge	Attitude	Skills
<b>Counsellors</b>	Counsellors support male clients to stop the violence and become a respectful partner.	Counsellor teaches the Anger and Time-Out Technique to the client.	Knowledge about internal and external triggers to violent behaviour.	Open attitude to understand the situation from the man's perspective.	Skills in teaching the Time-Out Technique.

### STEP 4: INTERVENTION ADAPTATION

In step 4, you design or adapt the programme activities and materials of the male counselling toolkit. The toolkit consists of tools for counsellors and the trainers of counsellors:

- 1. Facilitator's Guide** - for the facilitator to train counsellors.
- 2. Counsellor's Workbook** - theoretical background for counsellor to conduct counselling.
- 3. Counselling Guide** - to guide counsellor in conducting counselling sessions with male clients.



Programme adaptation consists of three steps: (1) link the objectives of step 3 with the content and methods of the tools, (2) adapt the programme materials, and (3) pre-test the programme materials on a small scale.

The male counselling programme is based on a number of theories, which are briefly explained in Box 4.1 and in more detail in Annex 6.

**Box 4.1 Use of theories in the male counselling programme**

The use of theories in the design of male counselling programmes is valuable. In the design of the male counselling programme in South Africa and Indonesia, a combination of theories and conceptual models were used. These were applied in all intervention materials. See Annex 6 for more in-depth information about the theories.

(1) **Intervention Mapping** was used as a framework for the design of the male counselling programme. The six steps were followed from involvement of all relevant stakeholders to the pilot implementation and monitoring and evaluation of the pilot. An element of Intervention Mapping which was also applied in the male counselling programme is the (2) **Ecological approach** (see page 13) **and Systems Approach** meaning that people and their behaviour are influenced by the environment, community and systems they live in and where the programme is implemented.

To explore and address behaviour change in the programme, (3) **behavioural learning theories** such as the Theory of Planned Behaviour and the Social Learning Theory were used to assess and include behavioural determinants such as knowledge, attitudes and skills in the male counselling programme. Social learning theory focuses on the learning that occurs within a social context. It considers that people learn from one another, including such concepts as observational learning, imitation, and modelling.

These theories have helped to make a shift from men being abusers to men having a behavioural problem (violent behaviour in an intimate relationship) that can be addressed and changed.

Because violence is considered to be a learned behaviour, non-violence can also be learned. If non-violent behaviours have not been modelled or taught, but violence has been reinforced (especially in the family of origin), then an individual uses violence to get what he wants.

In this model, consequences of violence are damaging and self-defeating, and alternatives to violent behaviour can be learned.

The design of the male counselling intervention was also guided by (4) the **Trans Theoretical Model** (Prochaska and DiClemente, 1984<sup>17</sup>), which is used to develop therapy and counselling programmes (Begun et al., 2001<sup>18</sup>). According to the **Stages of Change principles**, individuals progress through a series of stages in their attempts to change problem behaviours. The stages are: *Denial or Pre-contemplation* (Level 1), *Considering or Contemplation* (Level 2), *Receptive or Preparation* (Level 3), *Engaging or Action* (Level 4) and *Integrating or Maintenance* (Level 5). These stages are characterised by different types of thoughts, beliefs, values, attitudes and accompanying behaviours and change strategies.

<b>LEVEL 1:</b> <b>Denial</b> (Pre-contemplation)	<b>LEVEL 2:</b> <b>Considering</b> (Contemplation)	<b>LEVEL 3 :</b> <b>Receptive</b> (Preparation)	<b>LEVEL 4:</b> <b>Engaging</b> (Action)	<b>LEVEL 5:</b> <b>Integrating</b> (Maintenance)
				

## 2. ADAPTATION GUIDELINES

(5) **Feminist models** are also used to develop the male counselling programme, which are based on the perspective of gender power. Addressing the underlying power imbalance between men and women is key. The models state that men's violence is a way to maintain power and control over women. The ways men oppress women through the use of violence include rape, physical aggression and threats. Violence, according to this theory includes psychological abuse that can undermine the self-esteem of the victim. Over the last few years, the notion of the damaging aspect of dominant forms of **masculinities** on men's behaviour and health has grown. Gender norms – social expectations of appropriate roles and behaviour for men (and boys) and women (and girls) – as well as the social reproduction of these norms in institutions and cultural practices do not only concern women, but also directly affect men's health-related behaviour, with (sexual and reproductive) health implications for themselves, their partners, their families and children.

An explanation about 'why men abuse women' in the *Counsellors' Workbook* (see *Counsellors' Workbook Chapter 5.2*, pages 40-45) provides a very useful and in-depth description of the processes that take place when this happens.

### Box 4.2 Individual, group or couple counselling

To a large degree, the family violence literature has advocated for group therapy to deal with perpetrators of domestic violence (Cogan & Porcerelli, 2003). Group work creates a space of safety where other men who have had similar experiences are present and can show understanding. Group members can challenge a man when he shows defensive behaviour – and this might be seen as more legitimate than if it had come from a paid counsellor. The group setting also allows for group dynamics to play themselves out, enables learning from others and provides a micro cosmos where socio-cultural stereotypes can be addressed. Movement toward active change might be faster within a group context, but that within an individual context it might be easier to tailor the treatment to the particular needs of the client.

While evidence from literature suggests a preference for group-counselling, the involved partner organisations opted for starting with individual counselling, their decision justified by existing cultural limitations related to shame, particularly in the Indonesian context. Group- and couple-counselling methodology will be explored in a later phase as supplementary interventions, which will then become part of a comprehensive toolkit on male counselling in the context of intimate partner violence.

### Task 4.1 Check whether all objectives are addressed in the tools

To make sure there is a clear linkage between the findings in the needs assessment (step 2), the objectives (step 3) and the intervention materials (step 4), all elements should be matched.

You may have decided to adapt certain objectives in the previous step. To contextualise the intervention materials and approach, you will have to look at the different tools and see whether they need adaptation for your new context and target group.

If the tools in the toolkit do not provide all the activities to reach each of the specific objectives, new activities can be developed. This has to be done with great care though, with the input of stakeholders and pretesting, to ensure effectiveness.

**Table 4.2** Behaviours and tools in the male counselling programme

Target group	Desired behaviours	Tool	Contents of the tool
<b>Men who are violent in an intimate relationship</b>	<ul style="list-style-type: none"> <li>Man stops intimate partner violence and becomes a respectful partner.</li> </ul>	(3) Counselling guide	12 sessions for each session: <ul style="list-style-type: none"> <li>Objectives (Overall and Specific)</li> <li>Description of activities</li> </ul>
<b>Counsellors</b>	<ul style="list-style-type: none"> <li>Counsellors support male clients to stop the violence and become a respectful partner.</li> </ul>	(2) Counsellor's workbook	<ul style="list-style-type: none"> <li>Overall and Specific outcomes</li> <li>Explanation of the male counselling programme</li> <li>Fundamentals of the counselling programme</li> <li>Understanding men who abuse women</li> <li>Counselling techniques</li> <li>Explanation of each of the sessions in the counselling guide</li> </ul>
<b>Trainer of counsellors</b>	<ul style="list-style-type: none"> <li>Trainer builds capacity of counsellors in conducting counselling sessions with male clients.</li> <li>Trainer builds capacity of community leaders to conduct awareness raising sessions with fellow community members, (young) men.</li> </ul>	(1) Facilitator's guide	<ul style="list-style-type: none"> <li>Understanding men who abuse women (theory and selection criteria clients)</li> <li>Counselling intervention</li> <li>Counselling process – topics for sessions</li> <li>Management and support services for counsellors</li> </ul>
<b>Community members and leaders</b>	<ul style="list-style-type: none"> <li>Community leaders and members support men to participate in male counselling.</li> </ul>	Community awareness raising <ul style="list-style-type: none"> <li>Radio</li> <li>Meetings/ trainings</li> </ul>	South Africa: <ul style="list-style-type: none"> <li>Awareness raising workshops (three days) with male community leaders, using the 11 lessons of the counselling guide.</li> </ul> Indonesia: <ul style="list-style-type: none"> <li>Community awareness raising through radio programme on men's health.</li> <li>Men's movement 'New men's alliance' including debates, awareness raising activities, rallies.</li> <li>Collaboration and cross referral with religious leaders.</li> </ul>

See the *Facilitator's Guide* and *Counselling Guide* for an overview of activities for each session and how these contribute to an increase of knowledge, change of attitudes and new skills.

In the training of counsellors and during the counselling sessions there are various activities to increase **knowledge** (Q&A, presentations), **attitudes** (group discussions) and **skills** (role plays, video tapes and stories in brochures).

The idea is that by doing **active learning** activities, the counsellors and the male clients learn more than with passive learning activities (e.g. just listening or reading). Information is processed more actively and the chance is higher that people remember the information better. The same holds for practical-skill activities such as **role plays**, whereby trying out yourself and learning from this is more effective than just reading about skills. Another way of learning skills is to observe others (**modelling and giving constructive feedback**). For example, men can learn new values when relating to women when they observe others' behaviour.

## 2. ADAPTATION GUIDELINES

### Task 4.2 Adapt or design the tools

If the tools in the male counselling toolkit do not address the objectives in your context you may need to adapt the tools or even design new materials and tools.

#### Box 4.3 Programme design process in South Africa and Indonesia

The materials for the male counselling programme were designed for both countries. Mosaic in South Africa developed the training manual for counsellors (*Counsellor's Workbook*) and for the trainer of the counsellors (*Facilitator's Guide*) since they had most experience with developing training materials. Rifka Annisa in Indonesia took up the development of the *Counselling Guide* for the male clients.

In South Africa, due to time constraints, the design of the *Counsellor's Workbook* and the *Facilitator's Guide* was initially taken up by a consultant instead of members of the Working Group. The consultant, however, had not been part of the whole process and was not familiar with Intervention Mapping. As a result, the draft design of the manuals was not satisfactory and part of the work had to be re-done.

Furthermore, the partners involved evaluated that more time should have been spent on jointly defining all the overall and specific objectives (client) and respective outcomes (counsellors), before entering the design phase of the manuals.

### Task 4.3 Pre-test the programme in the new setting

The final task after design or adaptation of the programme materials is to pre-test the draft version with the beneficiaries and counsellors to check its relevance and user-friendliness. This task is very often neglected. However, when you do this, this will increase the quality of the programme.

In the case of Mosaic, Rifka Annisa and WCC Bengkulu, time constraints did not allow for a pre-test. Therefore, the pilot was used to closely monitor, evaluate and adapt the draft materials. As Mosaic had started piloting earlier, the feedback from the South African counsellors was included in the materials (*Counsellor's Workbook* and *Counselling Guide*) before piloting in Indonesia had started.

The most important changes after the pilot in South Africa were in the **sequence** of topics, which in the end had a positive impact on the clients' motivation to attend the sessions. Initially, the curriculum started with the more theoretical topics such as gender, culture and rights.

#### Important lessons learned from piloting the training material:

- After intense dialogue it was decided to change the order of the counselling programme and to **start with the most important issues** such as domestic violence and communication, followed by topics that men can personally identify with. The rationale for this change in order was that for men it is easier to talk about issues which are practical and that they can relate to, rather than starting with conceptual topics. Another decision was to address (lack of) communication at the start of the programme, as it was seen as a fundamental element affecting (abusive) relationships in all areas.
- It was concluded that the initial session on **household and fatherhood** was too ambitious to tackle at once. The particular focus on fatherhood turned out to be highly appreciated and deeply moving (see below).

- During the training of counsellors a portion of them shared their own experiences with violence in multiple ways during the past. Creating space where men can discuss their own painful memories of the past, will help them to become better counsellors to supporting male clients with similar sour experiences in their childhood.
- There is little realisation among abusing fathers about the impact of their violent behaviour on the lives of their children. **Visualising the father they would love to be** for their children proved to be a powerful method in making them more aware of their own potential and important role in bringing up children. Re-looking at the role a man/father plays becomes suddenly something positive from which they could benefit. The risk of focusing too much on the household, though a serious source of violence, could provoke a negative reaction from the client.
- Changing the concept of **'masculinity'** has to include **something valuable for men** to motivate them, such as a more meaningful relationship with their children, more intimacy, caring and shared responsibility. Improving the father role can counterbalance the negative impact of violence on the wellbeing of the children. Therefore, a stronger focus on his **role as a father became a first priority** rather than mainly focussing on household tasks.
- The concept of **gender** is hard to accept due to men's perception of masculinity and the way they have been raised in a patriarchal culture. This particular session needed more practical exercises; the material from the facilitator's manual proved to be very useful for this.
- **Culture and religion**, specifically in the Indonesian context, needed to be carefully addressed. Many clients are Muslim, often using the Islam to justify violent behaviour. Counsellors need sufficient knowledge and skills in order to be able to use cultural and religious beliefs in a positive way against violence and in this way counter argue the justifications for violence. A South Africa colleague, a Muslim herself but also a human rights activist, was in an excellent position to challenge her Indonesian colleagues by referring to a passage in the Quran, and to look at their roles as change agents.
- The pilot implementation in South Africa and Indonesia showed that the session on **self-esteem** was not appropriate within the Indonesian context for various reasons. First of all, there was difficulty in understanding and translating the concept as such, because of its individual connotation which does not easily fit in a culture where the individual is fully embedded in collective thinking. As a result the chosen methods were not appropriate. The session had to be adapted, including the replacement of methods.
- How to discuss the issue of **sexuality** is still considered to be rather complicated in both countries. For both counsellors and clients it is not easy to be more open about discussing sexuality in connection with violence and the broader reproductive health implications of violence.

The experience in this programme legitimates a strong focus on engaged fatherhood as a crucial entry point for men they want to work on. This particular focus is very much in line with international developments on this topic. End 2011 the 'MenCare: Global Fatherhood Campaign'<sup>19</sup> has been launched to promote men's involvement as equitable, responsive and non-violent fathers and caregivers. See: [www.Men-Care.org](http://www.Men-Care.org) and <http://vimeo.com/36983940>.

## 2. ADAPTATION GUIDELINES

### STEP 5: IMPLEMENTATION

After development and pre-testing of the adapted programme, the next step is to motivate and train the counsellors who will pilot the programme. Adoption means that an organisation and counsellors adopt the programme, and implementation means that the programme is implemented according to plan.

In the male counselling programme, the following activities are implemented for different target groups:

1. Provide training and support to counsellors
2. Counselling sessions with male clients
3. Community awareness raising

#### Box 5.1 Pilot sessions in South Africa and Indonesia

##### South Africa

In June 2009 the *Facilitator's manual* and the *Counsellor's Workbook* were piloted in Cape Town with a group of 15 counsellors (7 male and 8 female). The training was facilitated by Mosaic, an expert from the Netherlands, supported by Rifka Annisa's counsellor and Rutgers WPF. Working with a mixed group, using a lot of role play, getting familiar with new techniques, being trained extensively in principles of neutrality and impartiality, gender and masculinity, resulted in the necessary mind-shifts in terms of becoming more open and motivated towards working with men. There was a very positive response from both male and female counsellors.

##### Indonesia

In Indonesia two separate trainings took place. In May 2009 the counselling manual was tested with a group of counsellors in Indonesia (10 male, 2 female), with two co-facilitators from Indonesia, a facilitator from Mosaic and an expert in male counselling from the Netherlands. An important observation was the gap between the facilitator's and the counsellor's level; the terminology was too complicated and translation into Bahasa was not available for some of the terminology (for example 'self-esteem'). The issues discussed surrounding sexuality were highly appreciated, as well as the use of role play as a relatively new learning method.

#### Task 5.1 Provide training and support to counsellors

Before counsellors start counselling sessions with male clients a training is provided based on the *Facilitator's Guide*. A support structure is established within the organisation to secure on-going support to counsellors during implementation.



### Training of counsellors

Counsellors are trained before starting sessions with male clients. The purpose of the training is to provide counsellors with the knowledge and skills required and if necessary to change their attitudes. To motivate counsellors the training concentrates on the counsellor's own values, norms and self-esteem. The training of counsellors is divided into 19 sessions. The complete training curriculum can be covered in fourteen days; however, it is recommended that the counsellor training be completed over ten consecutive days, based on the five modules in the Counsellor's Workbook, and that the Counselling Guide training is spread over four weeks (one day per week and three sessions per day) to allow time for practice and internalisation.

During the pilot it appeared that counsellors differed in their experiences before starting with the training. This caused variation in effectiveness among the counsellors. It would therefore be useful to assess the capacity of counsellors before training in order to be able to tailor trainings according to their varied needs and capabilities, and if needed provide additional support to less experienced counsellors. A recommendation from the training sessions with counsellors is to record the counsellors on film during the first and the last session to see and show them their progress. This is an important learning tool for the counsellors.

### Some lessons learned in relation to the counsellors in South Africa and Indonesia:

The worries about the lack of **neutrality** of (female) counsellors appeared to be less problematic than thought beforehand. Counsellors showed eagerness to start working with men.

**A non-judgmental attitude** of counsellors is possible, but they constantly needed to remind themselves to remain impartial.

Some elements should be added or emphasised during the training of counsellors:

- Skills to deal with **female partners** of male clients, who expect loyalty from a female counsellor, whereas she should stay neutral.
- Many men see **communication** as a sign of weakness. Counsellors need skills to make men talk and to let them know that it is normal to talk about personal issues.

A number of exercises made counsellors realise how difficult it is for male clients to re-look at their own painful past and how men struggle in talking about these experiences with others.

The pilot showed that not all counsellors may have the **competence** to work with male clients. After the training, the trainer determines whether a counsellor is eligible to work as a counsellor in the male counselling programme based on a set of criteria (see *Counsellor's Workbook*, 4.2, page 33).

### Box 5.2 Mind shift in the attitudes of counsellors

The training of counsellors is based on the principle that the client is fully accountable for his violent behaviour. The whole programme is based on the sound belief that change in behaviour of men is possible. This starting point based on the potential for change demands from the counsellors an open, neutral attitude towards the abuser as a client. Initially, this was a real challenge for the female counsellors who were inclined to see men as 'criminals' or bad guys. Intensive training, however, made a mind-shift possible.

#### **Abuser > man with abusive behaviour > male client**

The mind-shift is also reflected in the terminology. In the beginning the man was referred to as abuser, or perpetrator. However, to be in line with the starting point that behaviour change is possible, it was decided to refer to 'men with a behavioural problem', or to 'male clients'.

Counsellors got a better understanding of the fact that men are also a product of a system that emphasises male aggressiveness, not allowing them to be vulnerable. Many men experience friction between losing the traditional role of maleness and their new male identity that still needs to be defined. Violence at home can be considered as an ultimate expression of frustration. From that perspective counsellors could start looking at men as human beings with a serious behaviour problem that can change.

This change in attitude or even mind-shift among counsellors is seen as a pre-condition for counselling men with violent behaviour. Experience shows that this mind shift is possible, also among female counsellors. However, follow-up training, including supervision, is constantly required.

Some quotes:

- *"I wasn't sure I was going to make it. I would think when I saw a male client, "Hey, liar, liar". Now I have learned that there are things that make them to become who they are"*
- *"It was difficult for me to join this training. In front of me, there was a defensive man who is so staunch, negative, and defensive. But now as I'm in it, it changed my mind-set. Information is based not only on my clients, but on myself as a role model to my children."*
- *"I am honoured to be part of this group and the process was amazing. I see lots of growth and development in myself and in others"*
- *"I want to give life to humanity and this training is teaching me many things. Most important is that I learned to see a perpetrator not as a criminal any longer, but as a man with a problem that can change"*

### Debriefing and supervision

One of the lessons learned in the pilot implementation was to pay more attention to the supervision of the counsellors. The organisation should offer a structure for counsellor debriefing, reflection, discussion of cases and counselling of counsellors. The sessions with male clients affected the (female) counsellors on a personal level. Many of them had experienced violent relationships in the past and the sessions were sometimes confronting. Supervision was introduced for emotional debriefings, to monitor the case and to comfort one another.

During supervision sessions the issue of how to cope with challenges such as neutrality were discussed intensively.

### Task 5.2 Conducting the counselling sessions

Conducting the counselling sessions is the core activity of the male counselling programme. To be able to do this effectively, you should consider the venue for the sessions and the attendance and drop out of male clients.

#### Venue for counselling sessions

If your organisation is a women's organisation, both women and men may feel unsafe or uncomfortable when male counselling is taking place in the same building. A separate place for male counselling activities should therefore be considered. In South Africa, the sessions take place in community settings, in or near community centres, making it very accessible for men to come.

In Bengkulu, Indonesia, initially few men came to the services; therefore it was decided to go to the prison and offer counselling to prisoners in a group setting, under very limited conditions. After a while more men started visiting the office of the women's crisis centre.

#### Attendance and drop out of male clients

To motivate men to join counselling sessions, community awareness was very important. Referral by community leaders, other men, and a social norm that attending sessions is not a sign of weakness but a sign of strength led to an increase in the number of men asking for counselling. However, the pilot showed that attendance is still an important obstacle to the success of the programme. Why some men attend and why others don't needs to be further explored. This will help in setting up strategies to ensure men attend the sessions.

Another problem is the inconsistency of attendance and dropout. During the pilot it appeared that it was important to make arrangements with the employers of the men concerned in order to make sure that they could attend the sessions during daytime. Another adaptation in South Africa was to also offer counselling sessions during evening or weekend hours.

Partner involvement is another strategy which reduces drop-out rates. Partners are regularly seen to carefully monitor the progress in behaviour change. Both the man and the woman are informed about the cycle of violence so they can better understand that violence often returns after a phase of so called honeymoon and reconciliation. This is why it is so important to attend all twelve sessions in order to sustain behaviour change.

### Task 5.3 Implement community awareness-raising activities

Throughout the implementation of the counselling sessions to male clients, community awareness activities should be implemented.

During the pilot in South Africa and Indonesia few men were initially seeking counselling services. Most of them came because otherwise their partners would divorce them. There was deep understanding that without the involvement of the broader environment little progress would be made. Additional outreach activities were implemented to address the norms permitting men to use violence against their partners.

Efforts to change social norms in the community were undertaken as the positive attitude of community leaders was felt to be key for men to take the step to seek counselling. Changing social norms is not easy. It includes partnerships with other organisation, religious leaders, (social) media for creating a critical mass in society to re-look at social cultural norms and values related to men-women relationships, gender and women's rights. As a result more men will start coming to the services to seek help for themselves.

### **Box 5.3 Community awareness-raising activities**

South Africa - Workshop with male community leaders – ‘to heal the pain of the past’

In South Africa two activities were implemented to create awareness in the communities: awareness workshops (three days) with male community leaders and a ‘kitchen table’ pilot. The community awareness workshops were facilitated by the trained counsellors and elements of the counselling guide sessions were used. Particularly the session on engaged fatherhood provoked emotions among these men and as a result a couple of them approached the facilitator to ‘seek some help to heal the pain of the past’. The workshops were funded by the Provincial Department of Social Development in Cape Town.

The Kitchen Table pilot is a meeting of men in an informal setting whereby men discuss things that are important in their lives. Themes that were discussed were fatherhood, how to interact with their children and alimentionation. The Kitchen Table is an activity that was implemented in the Netherlands and tried out in South Africa. It is not (yet) integrated into the male counselling programme in South Africa.

### **Box 5.4 Indonesia – New Men’s alliance**

Community awareness raising in Indonesia was implemented through radio programme on men’s health by Rifka Annisa. During the male counselling programme development phase, Rifka Annisa became pivotal in building the ‘New Men’s Alliance’ in Indonesia. This alliance was very much inspired by the global men’s engage movement and the global symposium on boys and men’s engagement held in Rio de Janeiro in 2009. Men started actively saying no to violence. Now the focus is broader: masculinity and gender, sexual and reproductive health and rights, sexual diversity etc. Social media forms an important means of communication, as well as organising public debates at universities and in other settings such as marches, etc.

A third activity in Indonesia covers collaboration and cross-referral with Islamic religious leaders. Religious leaders offer help based on the Koran. The aim of collaboration is to enhance cross-referral and to complement care and support in the religious community with regard to domestic violence.

## STEP 6: MONITORING AND EVALUATION

The last step is monitoring and evaluation in order to be able to learn about what works and what needs improvement. The pilot implementation requires close monitoring to be able to improve the programme, which can be documented in a Monitoring and Evaluation (M&E) Plan.

### Task 6.1 Monitoring and Evaluation Plan

A monitoring and evaluation plan includes M&E questions (e.g. Why do you want to collect the information?) and explains how and by whom the information will be collected. The plan also includes how the information will be analysed and presented to the relevant stakeholders.

There are generally two reasons to do monitoring and evaluation (1) to find out whether the programme is being implemented as intended (**quality of implementation**), and (2) whether the programme has created change in the lives of the target group, in this case the male clients (**changes in male clients**).

#### (1) Measure quality of implementation

Quality of implementation can be assessed by finding out whether clients like the sessions: its relevance, usefulness and suggestions for improvement. In South Africa and Indonesia M&E forms were used to collect this information and additionally interviews were conducted with a number of male clients.

Similar information can be collected among counsellors about the sessions with clients, as well as the training and support they received.

#### (2) Measure changes in male clients behaviour

To be able to measure whether the programme contributes to change in male clients, it is useful to assess the extent to which the programme helps the men to stop the violence. Several tools were tested during the pilot in South Africa and Indonesia. One of the tools was a monitoring box that was filled in by the counsellor together with the client. The list can be further filled in based on the needs and aspirations of the client. The CD-ROM that comes with the toolkit provides the tools.

A number of Monitoring and Evaluation forms have been developed. An M&E tool to assess training of counsellors is also available and forms for each specific lesson are available to monitor the results of each session. The behaviour monitoring box (Box 6.1) can be used to monitor progress on behavioural outcomes.

An instrument that is often used in gender equality programmes to measure impact is the Gender-Equitable Men Scale (GEM Scale)<sup>20</sup>. The scale consists of two parts:

- **Subscale 1: “Inequitable” Gender Norms (17 questions; for example:**  
‘It is a woman’s responsibility to avoid getting pregnant.’)
- **Subscale 2: “Equitable” Gender Norms (7 questions; for example:**  
‘A man should know what his partner likes during sex.’)

The GEM Scale is still under development and tested in various settings and countries.

## 2. ADAPTATION GUIDELINES

### Box 6.1 Example of Behaviour Monitoring Box

Behaviour	Needs to improve ←					→ Needs to be sustained				
	1	2	3	4	5	6	7	8	9	10
<b>1. Assessment &amp; Intake</b>										
Acting violently			X							
<b>2. Anger</b>										
Applying the time-out techniques				X						
Take note of what makes me feel angry			X							
<b>3. Communication</b>										
Listen to my partner when she is upset							X			
Speak to my partner with more respect					X					
etc.										

### Task 6.2 Adapt monitoring and evaluation tools

In the pilot projects in Indonesia and South Africa, a number of tools were used to monitor and evaluate the programme implementation. To monitor implementation, the number of clients, counsellors trained, number of trainings and content of the training sessions can be documented.

We distinguish between (1) progress of the male client and (2) implementation by the counsellor.

See Annex 7 for an overview and the Toolkit for Men CD-ROM for examples of M&E forms.

In South Africa and Indonesia, counsellors had problems with the volume of additional administrative tasks associated with the piloting of the manuals. Monitoring and evaluation should be manageable. You need to find a balance between collecting sufficient information to take decisions about the programme implementation, and keeping it practical for all involved in monitoring and evaluation. One way of monitoring the sessions is to include observations of counselling sessions and by asking clients for feedback: How do they evaluate the sessions with the counsellor? Do they feel that they are being listened to? Are relevant topics discussed?

So far, no external outcome and process evaluation has taken place, in terms of measuring on a larger scale the impact of the programme on the male client's behaviour, knowledge, attitudes and skills (outcome evaluation), and getting in-depth information on the quality of implementation (process evaluation). However, results are measured in terms of drops of violence, improved communication and improved relationship with partner and their children.

### Task 6.3 Use pilot findings and finalise the programme

Information from monitoring and evaluation can be used for learning, accountability, and decision making. After pilot implementation you can involve all key stakeholders (experts, counsellors and clients) to discuss lessons learned, decide on the best way forward, and make a plan to adapt and improve the programme.

Initial findings and adaptation of implementation during the pilot in Indonesia and South Africa are shared in the various parts of this guide. The 10 most important lessons learned are listed in the Introduction to these Guidelines.

An ex-client in South Africa remarked: *"Before, my wife and I didn't know that there were organisations like Mosaic who can offer support in case of trouble in a relationship. That's why so many people decide to divorce. Now we know, and we want everybody to know that it is possible to seek help from people who can assist in solving your marital problems and violent behaviour".*

*Ex-client of Mosaic, South Africa*



# RESILIENCE OF ORGANISATIONS

## 3

### ***What does it mean for a women's organisation to start working with men?***

*'If we want men to become non-violent, to become caring, to become empathetic, to treat women with the respect they deserve, we must show empathy toward men. This is not to forgive individual men's violence. This is not to forgive individual men for the multiple injustices committed in women's and girls' lives. And in saying that we must treat men with empathy, we do not diminish in any way the power and urgency of the women's rights movement. In fact, we strengthen the women's rights agenda when we help men develop the connections that make us all human. Only then will we complete the revolution we have started in the lives of women and girls.'*

Gary Barker (2011)<sup>21</sup>

## **3.1 INTRODUCTION**

When women's organisations enter the field of offering care to men they should be prepared to face some challenges. How dedicated should one be to the implementation of programmes aiming at men in a country like South Africa where four to six women get killed per day by their partner? Is a women's organisation capable of working with men when it is known for offering support to survivors of violence from a feminist perspective? Or, what are the implications of working with men for their 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 impartiality and neutrality? And, what can be done when male counsellors are urgently needed but scarce?

These and other challenges were intensively looked at during the development of the toolkit for male counselling in South Africa and Indonesia. Without claiming that all answers were easily found the first results of the implementation phase look promising, in relation to a couple of necessary organisational changes.

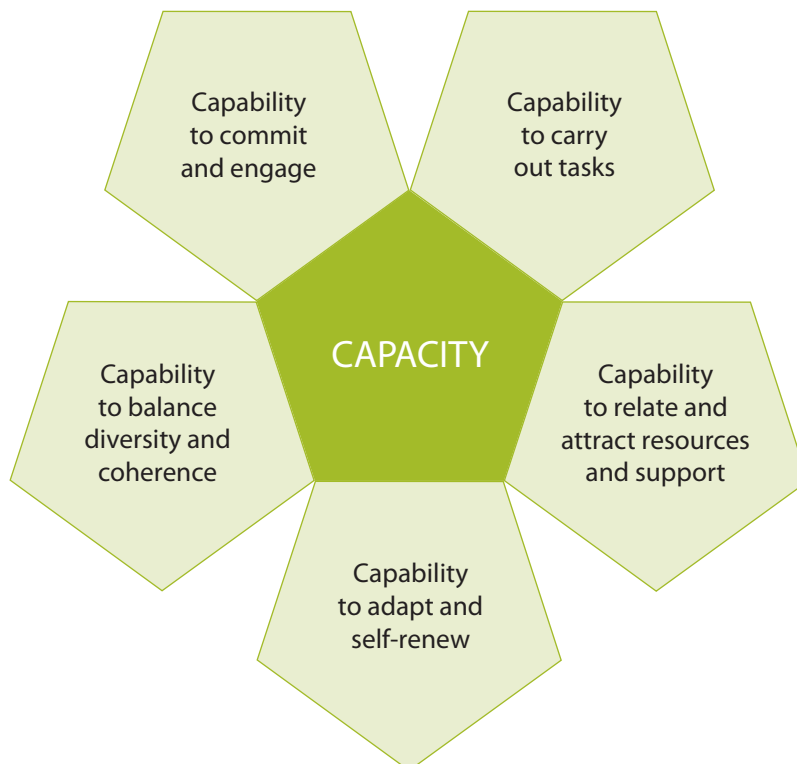
This chapter describes the process that the women's organisations, Mosaic from South Africa, Rifka Annisa and Cahaya Perempuan Women Crisis Centre Bengkulu from Indonesia, and Rutgers WPF went through when developing the male counselling programme as part of a holistic package of services and support to survivors of violence.

## 3.2 CAPABILITIES OF AN ORGANISATION

In describing the lessons learned a framework is used which addresses five core capabilities of an organisation required to implement a programme in a changing environment (derived from PSO, [www.pso.nl](http://www.pso.nl)). The five core capabilities are (see also Figure 3.1):

- Capability to commit and engage;
- Capability to carry out tasks;
- Capability to relate, attract resources and support;
- Capability to adapt and self-renew;
- Capability to balance diversity and coherence.

**Figure 3.1** Core organisation capabilities



### 1. Capability to commit and engage

The capability to commit and engage starts with the ability to work within a (relatively) strong organisation characterised by:

- Efficient structures and systems in place.
- Ability to properly mobilise financial, institutional and human resources.
- Committed, inspiring and action-oriented leadership, acceptance of leadership's integrity by staff.
- Executive structures with legal basis to make binding commitments.

### 3. RESILIENCE OF ORGANISATIONS

Rutgers WPF has collaborated for years with partner organisations in South Africa and Indonesia in supporting women who face intimate partner violence and sexual abuse. In June 2007, these organisations and staff of Rutgers WPF in Indonesia made clear that their female clients did not want their relationships to end, but rather the violence in the relationships. Involving men in the fight against intimate partner violence was seen as an urgent and crucial area to jointly address. So far, the experiences of the three women's organisations showed that women are not able to radically transform their situation as long as their partners don't change. Therefore, the involvement of men, the abusers, was considered as a crucial strategy in order to save the relationship and to stop the violence. The leadership of the organisations strongly supports and is committed to this new direction. A long-term partnership facilitated by Rutgers WPF was born.

Winning the PSO Innovation Award in 2010 created recognition of this new programme. The film 'The Heart of the Matter' shows the innovation in terms of changing the intervention strategy, as well as the implications for the capacity of partner organisations. There is also a focus on learning for the wider community on this topic. See [www.rutgerswfp.org/toolkit-for-men](http://www.rutgerswfp.org/toolkit-for-men)

See Box 1.5 on page 12 for more information about the PSO Innovation Award.

#### Attract resources

PSO funding provided the necessary funding to enable a process in which the development of the intervention, the necessary organisational changes and mind-shift could take place. Links with other donors give more opportunities for broader coherent and effective interventions for engaging men, in collaboration with Islamic leaders (Indonesia) and with the government (South Africa).

#### 2. Capability to carry out tasks

The capability to carry out tasks refers to the capability of the organisation to ensure it is producing what it has been established to do. To achieve results it is important to have access to:

- Current and future financial resources, and ability to generate own financial resources
- (External) knowledge and expertise, and information sources
- Human resources
- Adequate facilities, equipment and premises
- Agreed standards and performance measures.

The organisations involved should be strong and well-established women's organisations with a well-known reputation in offering a holistic package of care and support to women, survivors of violence and with a leadership role in advocating to stop domestic violence in collaboration with other stakeholders. Internal organisational structures and policies should be in place, including human resource policies, a training department, monitoring and evaluation systems and financial resources. In other words, the development of the male counselling programme should be initiated in relatively strong women's organisations.

In developing the male counselling programme, a diverse range of additional expertise was needed, such as experience in counselling male clients, a need for a systematic approach to develop a behaviour-change intervention, expertise in connection with sexuality and domestic violence and broader sexual and reproductive health matters. Violence, whether specifically sexual violence or violence in general negatively affects sexual relationships. It also may result in severe sexual and reproductive health (SRH) consequences for the partner. Often counsellors are not used to talking openly and freely

about sexuality-related issues. Training offers an opportunity to become more aware of their own biases towards sexuality, to increase their knowledge and to build (communication) skills to openly address sexuality and related matters.

An external consultant qualified in training and working with male clients became involved and contributed both to the design phase, as well as to the training of counsellors.

Rutgers WPF introduced the Intervention Mapping model to ensure a systematic and evidence-based development of the intervention which also contributed to an explicit focus on sexuality and SRH in connection to domestic violence as part of the counselling curriculum.

#### 3. Capability to relate and attract resources and support

The capability to relate and attract resources and support relates to building, strengthening and maintaining linkages with (new) men's networks and alliances and other external players such as religious movements, the Government, private sector parties and Civil Society Organisations (CSOs) and their constituencies. Elements to be considered:

- Relational competencies to build and maintain networks, alliances, and coalitions;
- Ability to build and maintain relationships within own structures where communication plays a key role;
- Ability to become visible with the new programme and show leadership;
- Political legitimacy, social credibility and reputation;
- Operational credibility;
- International exposure, linking and embedding;
- Ability for fundraising.

The development of the male counselling toolkit was a joint process of organisations and experts from South Africa, Indonesia and the Netherlands. In both countries stakeholders were involved in order to get commitment and support for the process and the implementation of male counselling. Some key elements are shared in this section.



#### Partner consultation meetings – platform for development, linking and learning

Rutgers WPF created, with the support of PSO, a platform for exchange, linking and learning while developing the intervention. Where one partner had more experiences in one area, another showed strength in other areas and shared their experience. For instance, Rifka Annisa was already working with male staff whereas Mosaic in South Africa could only dream of men working with the organisation. Mosaic already had a strong supervision system in place, from which the Indonesian organisations could learn when realising how important offering support to their own counsellors was. Religion constraints

### 3. RESILIENCE OF ORGANISATIONS

were experienced in the Indonesian context. A colleague from Mosaic, a Muslim herself, was in the ideal position to explain how to make reference to the Quran, as a source for promoting respectful and non-violent relationships. Instead of feeling bound by one's own culture and religion, the South African colleague challenged her Indonesian partners to become much stronger 'agents of change' in the role they were expected to perform: proclaiming women's rights, gender justice and a non-violent and respectful role of men in the family and society.

The long-term partnership created conditions for internalizing new principles and gave scope for further professionalisation of the organisations.

Even though Intervention Mapping increased the workload of all the partners involved and continuously challenged the time and resources available, the process itself was considered enriching and extremely useful, not only resulting in a counselling programme for men but also in strengthened organisations.

#### **Linking up to the upcoming men's movement**

Once it was decided to focus on male engagement as a strategy to stop violence within intimate partner relationships, the organisations made alliances with the upcoming global male movement (see [www.menengage.org](http://www.menengage.org)). Opportunities were taken, facilitated by Rutgers WPF and other donors, to liaise with other initiatives to engage men. The 'Boys and Men Symposium' in Rio de Janeiro in March 2009 was followed up by similar regional symposia (Johannesburg (2010), Bangkok (2010)). These events contributed to the critical mass for social change. Rutgers WPF put further efforts into development and linking up to other Dutch organisations in order to broaden the gender perspective by including a male focus in gender, sexual and reproductive health and rights and gender-based violence policies, interventions and campaigns.



#### **Creating a link between men's and women's organisations**

Permanent open and in-depth discussions within and between women's and men's organisations are crucial, at local, national, regional and international level, based on acknowledgement of the achievements of the women's rights movement. Only through dialogue and by recognising one another's complementarity, strength, specific expertise and roles and each other's differences, will the various strategies lead to the overarching aim of social and gender justice for all.

In our experience, men's organisations have created strong advocates for awareness-raising activities, for the development of prevention material in working with boys and (young) men, in doing research and developing new M&E tools to monitor behaviour change among men (Gender Equity Men Scale). Within the field of gender-based violence, it is mainly women's organisations who have decades of experience in counselling survivors of violence. This specific counselling experience is hardly available within men's organisations. Valid input and efforts from various angles will be needed in order to create a more equal society in which men and women, men and men and women and women can live a life based on dignity and the fulfilling of human rights.

#### **Male counselling embedded in outreach activities**

If an organisation wants to start offering counselling to men, abusers of violence, the planning of an integrated set of strategies in a broader package of interventions is pivotal. Evidence shows that only offering services to male perpetrators

will not be effective in terms of behaviour change, without influencing and creating a supportive environment for improved gender equality and non-violent relationships. Community outreach programmes, all-inclusive media campaigns and advocacy activities and mutually reinforcing interventions to support behaviour change (WHO (2007<sup>11</sup>); IPPF (2010<sup>12</sup>)) are needed.

In South Africa, Mosaic linked up with organisations such as Sonke Gender Justice, the National Institute for Crime and Offenders (NICRO) and Famsa-Western Cape. Mosaic established a formal collaboration with the Department of Social Development, and supports the 'Men Care – Fatherhood' Campaign.

Rifka Annisa became one of the leading forces in creating the 'New Men's Alliance'. Rifka Annisa continued with its men's radio programme in which reference was made to the male counselling services. It also strengthened links with leaders from the religious communities in order to better collaborate in domestic violence issues and to promote mutual referral. The organisation was restructured and a Men's Department was formed, giving a higher profile to men's engagement.

#### 4. Capability to adapt and self-renew

The capability to adapt and self-renew means that an organisation can learn internally and adjust to shifting contexts and relevant trends. In the learning process of the three (originally) women's organisations, this capability has shown to be an important one. The specific capability entails various elements such as:

- Openness to the 'voices' of the beneficiaries;
- Ability to analyse current political and (new) social trends, understanding the implications for the organisation;
- Internal openness to learning, including acknowledgement of mistakes;
- Active pursuit of internal (organisational) learning regarding performance and strategy;
- Confidence to change: leaving room for diversity, flexibility and creativity;
- Knowing how to use opportunities and incentives.

When starting to work with men, flexibility is required from the organisation to change the original focus, without undermining its basic principles of gender equality, women's rights and empowerment. For the achievement of more equal relationships between men and women, it is fully legitimate to continue supporting the empowerment of women in the first place, and to start re-looking at masculinity and engaging men as a crucial strategic step forward. In order to be able to adapt and self-renew, a number of elements have to be considered, including mission and image of the organisation, monitoring and evaluation, human resource policies, outreach activities, existing networks and alliances, fund mobilisation and advocacy. Below, a number of changes are described, showing the resilience of the organisations involved to self-renew and adapt.

##### Image of the organisation

The image of a women's organisation may change when they also start to work with men. For example, the organisation Mosaic in South Africa was known as an organisation exclusively working for women. Mosaic's name "Mosaic Training, Service & Healing Centre for Women" even remained unchanged for a while until people remarked that when the image of a women's organisation indicates women's empowerment, men may feel threatened and unsafe going there. To prevent resistance and to gain support it is very necessary to raise awareness of the new approach in communities and among stakeholders.

##### Mission

The organisation's mission may need adaptation. Many women's organisations work from a feminist perspective, clearly stated in their mission and vision. Violence against women is seen as a result of unequal power relations between men and women, firmly embedded in the values and institutions of society. Starting to work with men may confuse the original

### 3. RESILIENCE OF ORGANISATIONS

mission and vision, as in the original focus only women as victims of violence get full support. In South Africa and Indonesia the focus on both female and male clients had an impact on the mission of the organisation. If needed, some revisions could be made in the mission statements to make the new approach fit. This may not be possible at the start of the project but can be part of a longer process. The right timing may differ for each organisation, and may differ for strategic and operational levels in an organisation.

Mosaic's mission, originally exclusively focussing on women, changed to: *'Mosaic that enables abused youth and adults to heal and empower themselves in dealing with domestic violence and abuse'*. This change does not reflect moving away from their focus on women as primary beneficiaries, but includes men as strategic partners to improve the life of women, men and families.

#### **From 'abuser' to 'male client'**

Male abusers cannot merely be seen as 'bad guys', but rather as products of a system that 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 other than by using aggression, violence and disrespect. In general, men have very little access to support services.

Working with abusers means looking at 'masculinity' in a different way, discovering that redefining maleness can result in new perceptions on happiness, women, intimacy, relationships and shared responsibility. 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, etc. Violence against women and men's role in the AIDS epidemic are seen as symptoms of that crisis and may not disappear until new balances between traditions, new identity and modern culture are found.

#### **Mind shift**

An organisation that goes through a change process from an exclusive feminist perspective towards a broader way of looking at socialisation of men, challenges its staff. Much work is needed in the beginning to ensure that there is agreement in the organisation about the broader way of looking at 'gender'. The staff should have a sense of urgency for change; otherwise the envisaged changes might not take place effectively. Lack of ownership and motivation can paralyze the process. In the beginning, female staff may show resistance towards working with men, not able to see them as human beings with a behaviour problem. In the case of female staff, many of them may have experienced violence in the past and tend to look at men with reservation and without potential for change. Starting to work with male abusers implies a mind shift among the (female) counsellors which entails extensive training of counsellors, stressing the principles of neutrality and impartiality. An unexpected but possibly logical outcome of intensive training was the improved quality of counselling of couples and survivors of violence. Trained counsellors become much more aware of the complex dynamics within (violent) relationships, often less black and white than the old paradigm wanted us to believe.

The new approach towards intimate partner violence is based on the principle that men remain accountable for their violent behaviour, but have the potential to change. The term 'abuser' or 'perpetrator' that was initially used is replaced by the term 'male client', reflecting a more constructive connotation in connection to the potential for change. Counselling needs to be seen as a service with the intended outcome being beneficial for both the male client and his partner: stopping abuse, improved relationships, and improved quality of life for the couple and their children.

### 5. Capability to balance diversity and coherence

The capability to balance diversity and coherence is linked to various aspects such as:

- Strength of organisation's identity, self-awareness and discipline.
- Clear and coherent mandate, vision and strategy, which is known by staff and used by management to guide the decision-making process.
- Well defined internal organisational principles on mandates, operations, human resources and management
- Planning, Monitoring & Evaluation system geared to monitoring operational principles.
- Leadership committed to achieve coherence between values, principles and operations.
- Ability to balance between stability and change.
- Consistent quality, style and reliability of management.

The challenge to the male counselling programme development was entering into a process with organisations from different countries, different continents, representing different cultures and religious backgrounds. A balance needed to be found between, on the one hand, universal human rights principles and, on the other hand, sufficient scope for context-related facts and practices. There was a need for flexibility and acceptance of differences, as well as a common understanding of the root causes of gender inequality and gender-based violence. The process showed that it was possible to find the right balance, as underlying causes proved to be universal, while differences in expression and ways to deal with problems were acknowledged.

Another new balance is to be found between the new focus on men's engagement within a women's organisation whose primary focus should remain on women as the primary beneficiaries. The moment you start offering counselling to men, embedding in additional outreach activities is needed which will increase the already high workload. The question should always be raised whether all new initiatives should be done by yourself, or would it be more effective to invest in strengthened collaboration with other experts in this field who can carry out some strongly needed additional strategies in order to provoke social change in the area of men's engagement and gender equality in the communities. Otherwise, you run the risk that the new approach undermines your work. Staff may no longer be supportive if there is more focus on working with men.

### 3.3 SUMMARY AND TIPS FOR ORGANISATIONS

The development of the male counselling programme, with various partners from different regional areas, had serious implications in terms of logistics, timing and resources, creating delays, etc. The experience, however, shows that the benefits of the 'joint venture' were greater than the disadvantages. Realising that domestic violence happens in all parts of the world, and that men are confronted with similar challenges and pressures, whether in South Africa, in Indonesia or in the Netherlands, contributed to a better understanding of how socialisation works and fuelled the momentum for change, without borders. The professional skills and increased empowerment of all partners involved have improved substantially in many ways. It is too early to show overwhelming impact in terms of behaviour change among men; however, less violence, improved communication, relationships based on more respect and improved parent-child contact are some of the unquestionable gains to be further taken forward.

The development of the male counselling programme also resulted in some important lessons learned at organisational level. The previous section described various processes of change within organisations that start to work with men. These processes may be different for each organisation, and often require time and the right moment to address them.

## 3. RESILIENCE OF ORGANISATIONS

### Lessons learned in starting to work with men

#### 1. Capability to commit and engage

- Leadership of the organisation has to fully support and commit itself to the new direction and express that to all organisational staff.
- Fundraising for sustainable implementation of the male counselling programme.

#### 2. Capability to carry out tasks

- Internal organisational structures, systems and policies have to be in place.
- Diverse range of expertise is needed, including counselling in general, counselling of men in particular, and behaviour change expertise.
- Counsellors need to become aware of own bias towards gender, sexuality and learn to talk freely and openly about sexuality-related issues.

#### 3. Capability to relate, attract resources and support

- A joint learning trajectory with other organisations that go through a similar process contributes to exchange, linking and learning.
- Link up with the men's engage movement, at local, regional, country and global level.
- Create links between men's and women's organisations, based on acknowledgement of achievements of women's rights movements, complementarity, strength and added value.
- Integrate male counselling into an integrated intervention also influencing and creating a supportive environment for improved gender equality through outreach activities.

#### 4. Capability to adapt and self-renew

- Listen to the 'voices' of the beneficiaries.
- Flexibility to change/adapt original focus without undermining principles of gender equality, women's rights and empowerment.
- Some organisations may need to change name and mission of the organisation.
- Create agreement among staff in organisation about new approach towards gender and men.
- Shift of thinking among staff regarding men: from 'bad guy' to men who are a product of society and have a behavioural problem with potential to change.
- Deal with change in image of the organisation among relevant stakeholders, including female clients of the organisation.
- Awareness raising among community and stakeholders on new approach of the organisation.

#### 5. Capability to balance diversity and coherence

- Balancing between a human rights framework and scope for context-specific expressions, facts and methods.
- Strengthen and diversify human resources.
- Balancing between change and stability: adding new activities in order to reach men and continuing with ongoing work with women.



## ANNEX 1. ABBREVIATIONS

<b>AB</b>	Advisory Board
<b>CBT</b>	Cognitive Behavioural Treatment
<b>CSO</b>	Civil Society Organisation
<b>CTS</b>	Conflict Tactics Scale
<b>FGD</b>	Focus Group Discussion
<b>GBV</b>	Gender Based Violence
<b>IM</b>	Intervention Mapping
<b>IO</b>	Implementing Organisation
<b>IPV</b>	Intimate Partner Violence
<b>M&amp;E</b>	Monitoring and Evaluation
<b>PCM</b>	Project Cycle Management
<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>ToT</b>	Training of Trainers
<b>WG</b>	Working Group

## ANNEX 2. INTERVIEW TOPICS WITH STAKEHOLDERS

The Mosaic Centre in Wynberg [Name organisation] is presently doing research into the effectiveness and viability of offering intervention programmes for male perpetrators of domestic violence, i.e. the partners of their female clients and victims of intimate partner violence.

As part of this process we are appealing to men in our communities for their involvement, views, input, advice, and guidance.

We are appealing to leaders in various communities in the Western Cape [region] to assist us in organizing community based forums and meetings of men in order to gain their input in this process.

**Your assistance is most appreciated.**

**Date of research:** \_\_\_\_\_ **Where:** \_\_\_\_\_

**Number of men:** \_\_\_\_\_ **Aged between:** 18 and \_\_\_\_\_

**Researchers:** \_\_\_\_\_

### Religious affiliations:

Number:	Religion:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Language:

Number:	First language:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Name of organisation and address:**

**Enquiries:**

1. Why do you think men abuse women? (In South Africa? In your community?)

---

---

Awareness of determinants  
i.e. factors that influence behaviour  
or reasons why men are violent:  
Level of KNOWLEDGE?  
About the costs of DV to  
themselves?

2. What do you think should be done about abuse and violence against women? What would stop the violence?

---

---

Threat or RISKS perceived?  
What have they got to lose  
through their violent behavior?

Their ATTITUDES to DV?

3. Do you think men can play a role in stopping violence against women? How? What do you think are men's responsibilities in dealing with abuse of women?

---

---

What SOCIAL INFLUENCE is there  
to continue or discontinue VAW?  
Their perceived ideas.  
Social support or pressure.  
Observation of others and what is  
seen as normal.

4. What sort of intervention, service or programme do you think would be appropriate for working with men?

---

---

How confident do they feel about  
their ability to change the violent  
behaviour?

What is their SKILL level?  
Social, interpersonal, cognitive and  
emotional

External barriers that hinder  
behaviour change?

Cultural and Societal context and  
its effect on abusive behaviour?

5. Would you like to assist in this research process? By for example, organizing a group in your community?

---

---

**Thank you very much for your contribution.**

## ANNEX 3. FOCUS GROUP DISCUSSION TOPICS FOR SURVIVOR'S/ WOMEN'S GUIDE

1. Why do you think men abuse women? (In South Africa? In your community?)

---



---

Awareness of determinants  
i.e. factors that influence behaviour  
or reasons why men are violent:  
Level of KNOWLEDGE?  
About the costs of DV to  
themselves?

2. What do you think should be done about abuse and violence against women? What would stop the violence?

---



---

Threat or RISKS perceived?  
What have they got to lose  
through their violent behavior?

Their ATTITUDES to DV?

3. Do you think men can play a role in stopping violence against women? How? What do you think are men's responsibilities in dealing with abuse of women?

---



---

What SOCIAL INFLUENCE is  
there to continue or discontinue  
Violence Against Women?  
Their perceived ideas.  
Social support or pressure.  
Observation of others and what is  
seen as normal.

4. What sort of intervention, service or programme do you think would be appropriate for working with men?

---



---

How confident do they feel about  
their ability to change the violent  
behaviour?

What is their SKILL level?  
Social, interpersonal, cognitive and  
emotional

External barriers that hinder  
behaviour change?

Cultural and Societal context and  
its effect on abusive behaviour?

**Thank you very much for your contribution.**

## ANNEX 4. FOCUS GROUP DISCUSSION TOPICS WITH MEN

- |  |   |
|--|---|
| 1. Why do you think men abuse women? (In South Africa? In your community?)<br><hr/> <hr/>  | Awareness of determinants<br>i.e. factors that influence behaviour<br>or reasons why men are violent:<br>Level of KNOWLEDGE?<br>About the costs of DV to<br>themselves?   |
| 2. What do you think should be done about abuse and violence against women? What would stop the violence?<br><hr/> <hr/>   | Threat or RISKS perceived?<br>What have they got to lose<br>through their violent behavior?<br><br>Their ATTITUDES to DV?   |
| 3. Do you think men can play a role in stopping violence against women?<br>How? What do you think are men's responsibilities in dealing with abuse<br>of women?<br><hr/> <hr/> | What SOCIAL INFLUENCE is there<br>to continue or discontinue VAW?<br>Their perceived ideas.<br>Social support or pressure.<br>Observation of others and what is<br>seen as normal.  |
| 4. What sort of intervention, service or programme do you think would be<br>appropriate for working with men?<br><hr/> <hr/>   | How confident do they feel about<br>their ability to change the violent<br>behaviour?<br><br>What is their SKILL level?<br>Social, interpersonal, cognitive and<br>emotional<br><br>External barriers that hinder<br>behaviour change?<br><br>Cultural and Societal context and<br>its effect on abusive behaviour? |
| 5. Would you like to assist in this research process? By for example,<br>organizing a group in your community?<br><hr/> <hr/>  |   |

**Thank you very much for your contribution.**

## ANNEX 5. GLOBAL LITERATURE REVIEW - CONCLUSIONS AND RECOMMENDATIONS

Floretta Boonzaier, University of Cape Town, 2008

### ***(1) Programme standardisation***

Continuous research is needed to ensure that programmes aimed at reducing domestic violence in male perpetrators are effective. In the United States, the concern about implementing a 'programme that works' has led to the setting of particular standards (Gelles, 2001; Tolman, 2001) - which have unfortunately often not been based on empirical research (Babcock et al., 2004). While it is important that men should attend programmes whose efficacy has been established, the body of research reviewed has also shown that the 'one size fits all' approach does not seem to be appropriate and that it may be too early to know with certainty which model is superior (if any). Choosing a standardised model is not a guarantee that men will reduce abusive behaviour and that victims will remain free of violence. As argued by some authors, the standardised approach might be responsible for the assumingly poor efficacy of intervention models for male abusers (Bowen et al., 2005; Dutton, 2003). What is clear from the above review is that more research is needed about which programmes work better than others and which aspects of the programmes are better suited to the particular contexts. Increased research on programme effectiveness should be conducted in developing contexts.

### ***(2) What works?***

While the literature review has illustrated some positive effects for Cognitive Behavioural Treatment (CBT) and feminist approaches, the results are also mixed. What is clear is that participation in any programme is better than receiving no treatment at all in that it stops violent behaviour in at least some men. An important recommendation emerging from the ecological model of risk factors for the perpetration of intimate partner violence is that the numerous risk factors are likely to be reduced if one intervenes on a multitude of levels. Individual approaches by themselves are deemed to be too limiting as the abuser is likely to be viewed as ill and may therefore be required to take less responsibility for his behaviour. Furthermore, in a local context, individual level interventions are difficult to implement because of the skills that would be required from programme staff. These staff are likely to be mental health or social work professionals. In addition, such treatment approaches are likely to be expensive, unrealistic and intensive (Londt, 2004). At the relationship level, couple's therapy also poses a number of challenges. Firstly, it may be assumed that the victim shares responsibility for the violence, which is likely to allow the perpetrator to evade responsibility for his behaviour. Secondly, couples' therapy may also put the victim at risk of further violence from her partner, if proper risk assessments are not done. Interventions that target both the individual and the socio-cultural levels hold the most promise. Feminist approaches for example, while maintaining a focus on men's domination through violence, also incorporate aspects of CBT in teaching men alternatives to violent behaviour or anger management techniques. It is thus recommended that, a useful approach would be to combine various aspects from different models in order to adapt these to the particular context.

It is important to note that constraints regarding resources might rule out some models, such as residential interventions. Rothman et al.'s (2003) survey revealed that practitioners use several criteria to decide on a programme. These include knowledge of and access to a particular model, its reputation, theoretical orientation and the assumed definition of 'intimate partner violence'. For example, not all programmes consider emotional and sexual abuse or economic control as components of domestic violence. Close attention should be paid to these criteria when choosing aspects of various models.

It is also recommended that attention be given to the Stages of Change approach as an adjunct to the particular model that might be developed. The approach can usefully be employed in conjunction with or as a supplement to a particular treatment model. The benefits of the approach is that it is able to assess the man's current stage of change (an assessment tool exists for this purpose) and to adapt the treatment approach to further facilitate the change process. Paying attention to the individual's stage of change is likely to assist with treatment compliance, as men are more likely to respond to treatment if it targets their particular stage of change. The model also offers advice for when and how to include men who are at different stages in the intervention so that they can best benefit and learn from others who may be further along in the change process.

### ***(3) The role of culture, tradition and masculinity***

Initial research endeavours show that the lack of attention to cultural sensitivity in the delivery of abuser programmes may contribute to the high attrition rates, which is likely to contribute to increased recidivism. Men who are likely to feel excluded and alienated by the programme content, approach and by the programme staff are unlikely to receive any benefits from participation in the programme. It is therefore recommended that close attention be paid to the cultural context in the development and design of a programme and that culturally sensitive methods be included in the intervention's content.

A consistent theme that emerges from the qualitative literature with men who have been identified as abusive and been court-ordered into treatment, is the issue of labelling and stigmatisation. When men discuss their experiences of participation in perpetrator programmes they draw on very powerful narratives of emasculation, victimisation and stigmatisation. To dismiss these concerns as men's denial might be to miss important avenues for potential intervention. It is strongly recommended that, without colluding in men's violence, attention should be paid to these themes that emerge from men's narratives. Recognising men's current state of mind as they enter these programmes, might be a first step to gaining rapport, reducing feelings of alienation and effecting positive change.

### ***(4) Treatment modalities - Individual, Group and Couples' Counselling***

Although group counselling is by far the most commonly employed modality, the literature has not specified the superiority of one approach over another. Due to the lesser level of skill required, group counselling might be the preferred modality. However, if adequate attention were paid to training and skills proficiencies, and to safety concerns, individual approaches need not be eliminated. Londt (2004) argues that there are a number of impediments to changing an abusive man's attitudes within and individual context, as he is likely to appear overly compliant to avoid confrontation. Individual sessions however, are more likely to be useful as part of a multi-faceted treatment approach. Individual approaches could be used in assessment and intake. It could also be used to deal with other aspects of the treatment (psychological, substance abuse etc.). It seems that group counselling is most beneficial for men however it is recommended that further investigations are conducted as to how the different modalities might best be integrated into a multi-faceted intervention programme.

The issue of couple counselling is a more complex one. There are concerns around the safety of the victim as well as indirect messages conveyed regarding who is responsible for the violence. Despite these concerns, feminist approaches to conjoint therapy seems to have some merit. However, it is important to note that none of the conjoint approaches are argued to be applicable to cases of severe and frequent violence and thus these approaches are unlikely to be suitable in interventions to which men are court-mandated. However, consistent with a holistic approach to intervention, it is recommended that consideration be given to the ways in which women can be included and benefit from interventions targeted at their violent partners.

### ***(5) Programme duration***

There are no conclusive results with regards to an adequate programme duration. Some research has found longer

programmes to be more successful, others has not. It seems, however, that most men prefer longer programmes. It is also likely that behaviour change could only be effected after a prolonged period. It is recommended that considerations be given to programme length, by considering different phases of intervention. Initial intervention for example may involve a particular number of group sessions, meeting weekly (e.g. for 24 weeks) and that this be followed by monthly meetings that take place over an extended period of time.

### **(6) Programme Evaluation**

It is recommended that in the development of a particular programme, concern be given to ways in which that programme might be evaluated. Assessing levels of violence (both self and partner reported) at intake are important in order to establish what change (if any) has occurred after participation in the programme. The Conflict Tactics Scale (CTS) has been widely used in a number of different contexts to assess levels of relationship violence. It is recommended that the CTS or another more contextually appropriate measure be used. Programme staff should be adequately trained in how to administer these measures.

### **(7) Counsellor Training**

When deciding on a particular intervention, it is important to assess the level of expertise needed by the group facilitator or counsellor. When adopting a dialectical behavioural therapy approach, the facilitator should be a qualified clinical psychologist rather than a lay counsellor, for instance. Rothman et al (2003) report that many programmes are in fact run by formerly abused women or men who have shown abusive behaviour in the past. The table below provides a breakdown of training requirements in the various programmes included in Rothman et al.'s (2003) study.

<b>Training Requirement</b>	<b>Proportion of programmes</b>	
None	7%	(4)
Academic criteria	34%	(19)
Special training programme	25%	(14)
Certificate or license of counsellors	0%	
No response/don't know	34%	(19)

Most models promote group work, which can in most instances be conducted by lay counsellors, whereas individual interventions or couple therapy would most likely require a higher level of expertise. Emphasis should be placed on the training of counsellors working with male perpetrators of domestic violence. Standards in the United States, for instance, prescribe that group facilitators are trained, even though professional degrees are generally not required (Babcock et al, 2004). Ideally intensive debriefing and supervisory sessions should be provided, as research has revealed that counsellors working with male abusers often suffer from burnout (Waltz, 2003). Team consultations are also an important way in which work with a difficult client group can be supported.

Furthermore, as Londt (2004) proposes, it is necessary that: (1) facilitators interrogate their own attitudes, values and behaviour that might reflect sexism or conformity to patriarchal values, (2) it is important to believe in a strengths-based approach that will inform attitudes to programme participation, (3) intensive domestic violence training is essential and an eagerness to understand the dynamics of domestic violence is also important, and (4) it is important to develop a thorough understanding of the characteristics of the perpetrator. It is highly recommended that close attention be paid to training and supervision of counsellors. Furthermore, issues around risk assessment are important and programme staff should also

be trained in these assessment procedures and instruments (Londt, 2004).

An option when employing lay counsellors might be to provide thorough training in assessment skills. This equips the counsellor to identify when a man requires a more therapeutic intervention. Should this be required, the man should be referred to a health professional. A close relationship with the health professional worker, as well as other stakeholders (women shelter, community etc), as well as with interventions, that focus on prevention, is recommended in order to address the problem of battering in a holistic manner. Aspects of the Duluth approach that focuses on a coordinated community response would be most suitable in order to facilitate coordination between various sectors to ensure an adequate response to domestic violence.

**In conclusion**, one needs to be aware that intervention programmes for men will most likely not provide a miracle solution to the problem of their violence against intimate women partners. Even though some reduction in violent behaviour has been shown, success rates are rather low. Challenging men's violence requires broader change at the socio-cultural and ideological level. It requires changing dominant forms of masculinity that has traditionally been linked to violence and control over women. It requires the identification of alternative forms of masculinity, which should be fostered. Prevention programmes should also be implemented on a wider scale in order to tackle the epidemic of men's violence against women partners.

## ANNEX 6. THEORETICAL BACKGROUND

This annex describes the various theories and approaches that are used as a framework for the design of the male counselling toolkit:

1. Intervention Mapping
2. Ecological and systems approach
3. Behavioural learning theories
4. Transtheoretical model
5. Feminist and masculinity models

### (1) Intervention Mapping

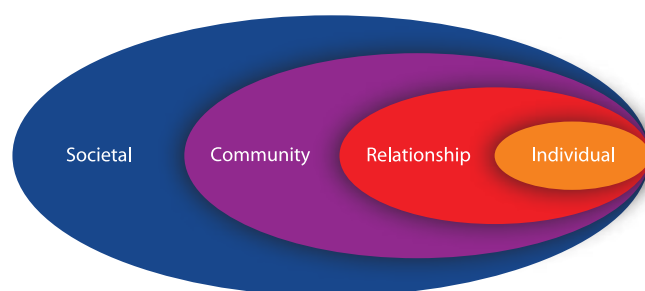
The Male Counselling Programme was developed by making use of a systematic, evidence-based methodology called Intervention Mapping (IM)<sup>22</sup>. Intervention Mapping is a step by step way of developing and implementing health promotion programmes, targeting behaviour change. In this particular case the counselling programme aims at stopping the violence and contributing to a respectful relationship. The six Intervention Mapping steps are:

1. involve all relevant **stakeholders**,
2. conduct a **needs assessment**,
3. decide about specific **objectives** for the new situation,
4. **adapt** the male counselling tools and **programme**,
5. plan the **adoption and implementation**, and
6. **monitor and evaluate** the pilot as well as further implementation.

### (2) Ecological and systems approach

Intervention Mapping is based on four perspectives:

- **Ecological approach**, meaning that the analysis and intervention should consider all levels of influence: from the individual, interactional factors, the partner, the community, policy environment, etc.
- Use **evidence and theories** in a systematic way throughout the process.
- Address **agency and decision-making** of gatekeepers at each system's level: interpersonal (e.g. family members), organisational (e.g. managers in organisations), community (e.g. community leaders) or societal (e.g. legislators).
- It encourages **participation of all relevant stakeholders** in each phase of intervention development, implementation and evaluation.

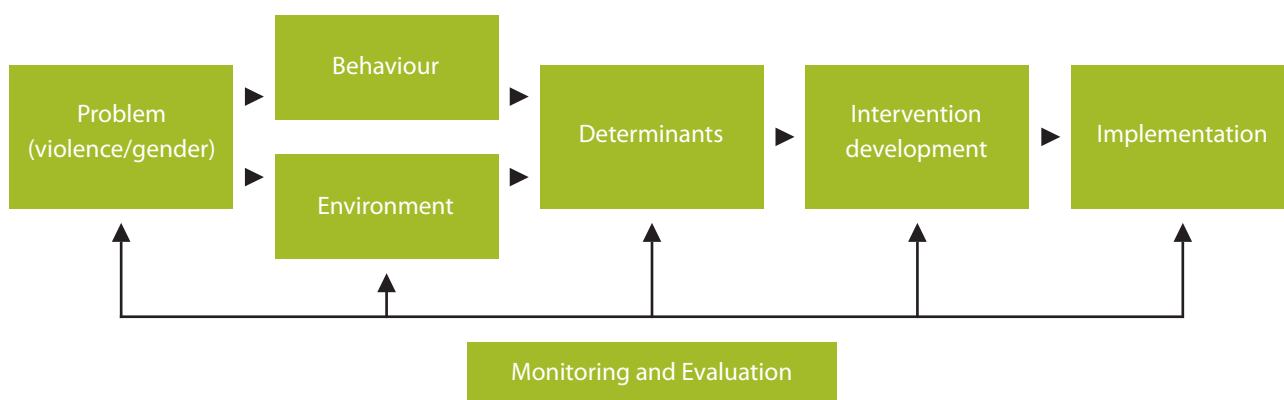


Any intervention should ideally begin with an analysis of community needs and capabilities. This analysis explores people's quality of life, their concerns and underlying behavioural and environmental factors (determinants), as well as the capacity within a community that is potentially useful in improving the given issue. Some of the sub-steps in this process are:

- Getting to know people and their needs and assets.
- Collect existing information on the problem and its solutions (what are the main concerns and causes and what types of interventions have worked best), including finding appropriate tools for primary data collection (for example existing tested surveys).

- Document the outcomes of the literature search and identify gaps/obstacles.
- Collect new (primary) information on needs and assets through appropriate methodologies (for example using surveys or individual interviews if the theme is too personal to discuss in groups).

While analysing the situation, the analysis of the various factors causing the problem become extremely important for the design of the intervention. The following graphical presentation may help understand the theoretical base of the intervention.

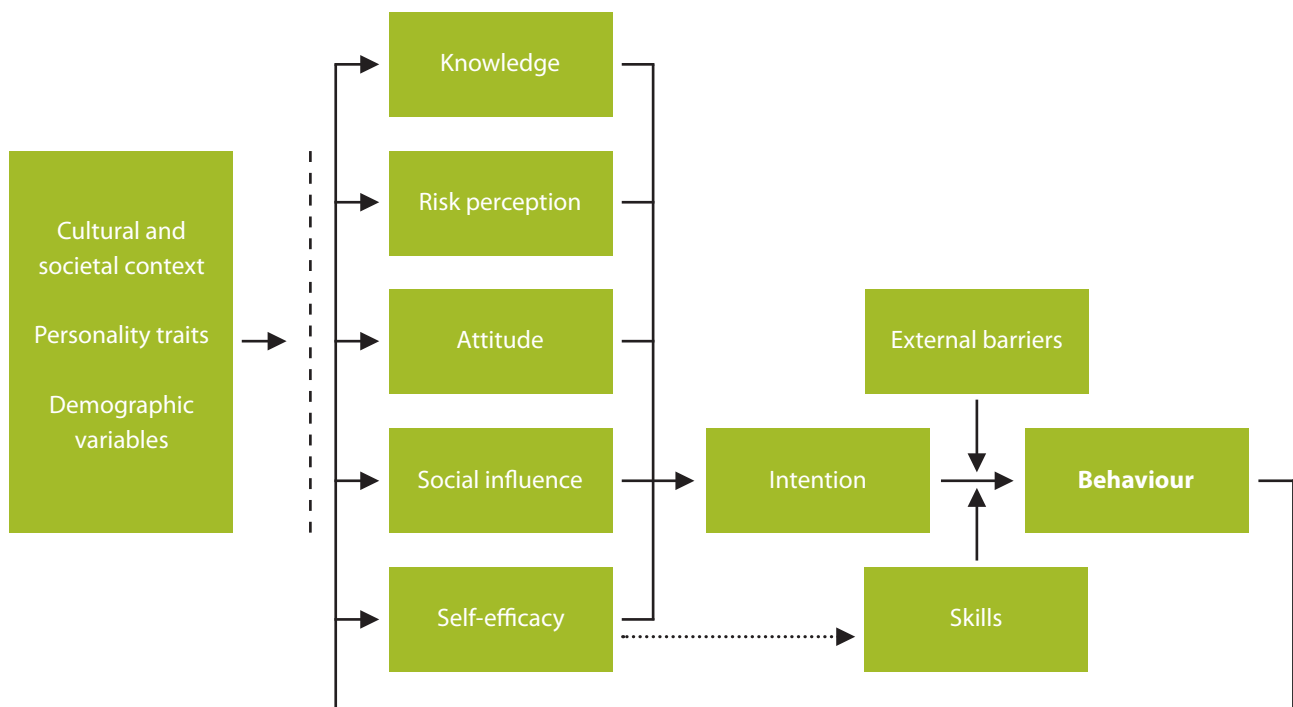


### (3) Behavioural learning theories

There are many theories that help us to understand human behaviour. Two of them are addressed in this overview: the Theory of Planned Behaviour (TPB) (Ajzen 1991<sup>23</sup>), and the Social Learning Theory (Bandura, 1977<sup>24</sup>). Other theories include the Theory of Reasoned Action and Reasoned Action Approach (both quite similar to the TPB), the Health Belief Model (Janz & Becker, 1984<sup>25</sup>; Rosenstock, 1974<sup>26</sup>), and the Integrated Behavioural Model. See for accessible explanations a summary of relevant theories (Glanz et al., 2005<sup>27</sup>).

#### Theory of Planned Behaviour

The determinants of behaviour need to be examined carefully to decide on which of the determinants the intervention will focus. According to the Theory of Planned Behaviour (Ajzen, 1991<sup>28</sup>), behaviour is influenced by various determinants:



### Social Learning Theory

Social learning theory (Bandura, 1977<sup>29</sup>) focuses on the learning that occurs within a social context. It considers that people learn from one another, and includes processes such as observational learning, imitation, and modelling.

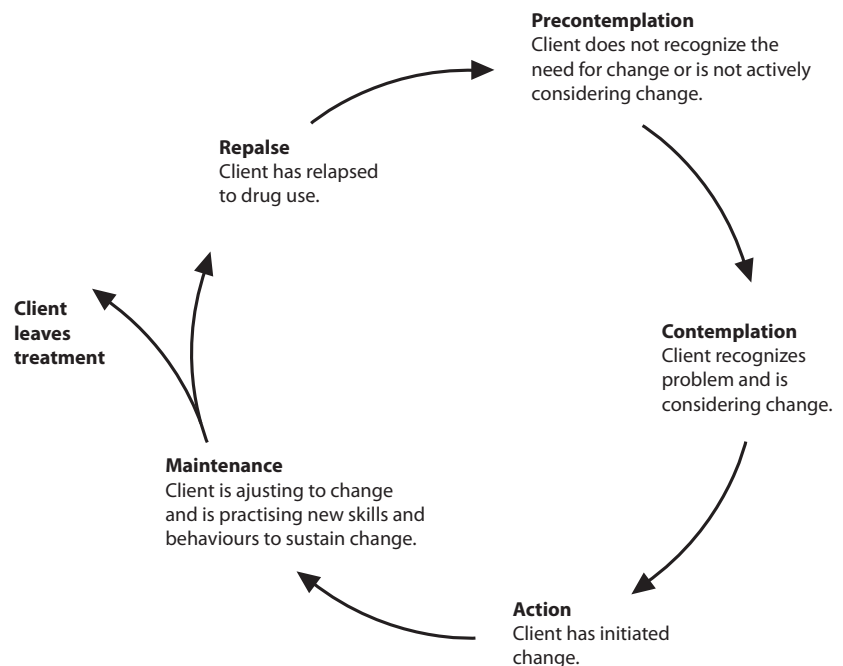
The general principles of social learning theory are as follows:

- People can learn by observing the behaviour of others and the outcomes of those behaviours.
- Learning can occur without a change in behaviour. Social learning theorists say that because people can learn through observation alone, their learning may not necessarily be shown in their performance. Learning may or may not result in a behaviour change.
- Cognition plays a role in learning. Over the last 30 years social learning theory has become increasingly cognitive in its interpretation of human learning. Awareness and expectations of future reinforcements or punishments can have a major effect on the behaviours that people exhibit.
- Social learning theory can be considered a bridge or a transition between behaviourist learning theories and cognitive learning theories.

#### (4) Transtheoretical model

The design of the male counselling intervention was also guided by the Transtheoretical Model (Prochaska and DiClemente, 1984<sup>30</sup>). One of the key elements of this model is that behaviour change is explained as a process in which a person moves from one stage to another. In each stage, specific strategies work best to move from one stage to another. This model is also used for therapy and counselling programmes, and in this intervention is used for male counselling.<sup>31</sup>

Another way of naming the stages is 1. Denial, 2. Considering, 3. Receptive, 4. Engaging, 5. Integrating. These stages are characterised by different types of thoughts, beliefs, values, attitudes and accompanying behaviours and change strategies (Begun et al. 2001<sup>32</sup>).



To progress through the early stages, people apply cognitive, affective, and evaluative processes. As people move toward maintenance or termination, they rely more on commitments, conditioning, environmental controls, and support. Prochaska and colleagues (1984) state that interventions to change behaviour are more effective if they are matched to each individual's stage of change. One way of doing that is with individual counselling, tailoring the support to the client's stage of change.

The stages in this model can also be applied to the design of counselling programme for men who have abused women. For each stage we explain the processes of change and the determinants that should be addressed for clients to move to another stage.

##### 1. Pre-contemplation

In the first stage, men do not intend to change their violent behaviour in the near future (the next six months). They do not recognise there is a problem nor do they feel need to change. In order to move to the next stage of contemplation, intervention activities should focus on:

- Consciousness raising - increasing information about self and problem: observations, confrontations, interpretations.
- Dramatic relief - experiencing and expressing feelings about one's problems and solutions: role playing, 'stages' of grief.
- Environmental re-evaluation - assessing social and physical impacts of behaviour: empathy training and documentaries.

##### 2. Contemplation

Men are contemplating or thinking about changing in the next six months. To stimulate moving from contemplation to preparation, the process of "self-re-evaluation" is important: clients have to assess feelings and thoughts about self with respect to the target behaviour.

### 3. Preparation

Men are intending to stop the violence in the immediate future (the next month). They start to prepare, for example by learning new ways of how to manage their anger and stress, preventing violent acts, and learning ways to become a loving and respectful partner. To support the next transition between preparation and action, commitment to change behaviour (i.e. choosing and committing to an act: decision-making therapy, social contracts) should be emphasised.

### 4. Action

Men have taken specific actions that stopped or decreased violence, and improved their relationship with their partner and family (within the past six months). The processes of change to maintain this behaviour include:

- Counter-Conditioning - substitution of thoughts, activities, places, people, and things that could provide stimuli for the old behaviour: relaxation, desensitization, assertion, positive self-statements.
- Helping Relationships - someone who helps keep one accountable to their commitments, gives feedback, is supportive emotionally, and serves as a model for what change will bring them: therapeutic alliance, social support, self-help groups.
- Reinforcement Management - continuing the reinforcement of positive benefits to change.
- Stimulus Control - controlling stimuli that prompt previous behaviour.

### 5. Maintenance

Men are working to prevent relapse into violent behaviour (this stage lasts from six months to about five years).

### 6. Termination

Men do not fall back into violent acts and feel sure they will not take up their old habits.

Because people can relapse into old habits, the model is cyclic. (See figure previous page.)

## (5) Feminist model

One of the models used is the **Feminist Model**, which is based on the perspective of gender power. The model states that men's violence is a way to maintain power and control over women. The ways men oppress women through the use of violence include rape, physical aggression and threats. And it also includes psychological abuse that can undermine the self-esteem of the victim. One of the principles of this model is that men's violent behaviour is a result of patriarchal norms and institutions. Feminist theory is based on the impact of patriarchy on women's position, role, (sexual and reproductive) health, etc. Due to the subordinated position of women, women's rights and empowerment is a core focus.

Questions of power and control are integral to the widely utilized Duluth Domestic Abuse Intervention Project "Duluth Domestic Abuse Intervention Project". They developed the **Power and Control Wheel** to illustrate this (see picture right). The wheel shows that power and control can lead to sexual and physical violence. Techniques used by the abuser include using intimidation, using emotional abuse, using isolation, blaming, denying and minimising, using children, using male privilege, using economic abuse, and using coercion and threats.



Over the last few years, the notion of the damaging aspect of dominant forms of masculinities on men's behaviour and health has grown. Gender norms – social expectations of appropriate roles and behaviour for men (and boys) and women (and girls) – as well as the social reproduction of these norms in institutions and cultural practices are also directly affecting men's health-related behaviour, with (sexual and reproductive) health implications for themselves, their partners, their families and their children (<sup>11,12,20</sup>).

A recent study, The International Men and Gender Equality Survey (IMAGES), a comprehensive household questionnaire on men's attitudes and practices, along with women's opinions and reports of men's practices offers a rich source of data on a wide variety of topics related to gender equality (2011<sup>33</sup>).

## ANNEX 7. MONITORING & EVALUATION TOOLS

Final Evaluation form (counsellor training) – This form is completed by counsellors at the end of the counsellor training. Counsellors are asked to respond a set of questions that evaluates the contents covered during the course.

### FORMS ON DISC

#### Assessment Forms

- Assessment 1A: *Client Referral*
- Assessment 1B: *Partner Assessment*
- Assessment 1C: *Risk Assessment*
- Assessment 1D: *Safety Plan*
- Assessment 1E: *Client Assessment*
- Assessment 1F: *Aggression Questionnaire*
- Assessment 1G: *Gender-Equitable Men Scale*
- Assessment 1H: *Substance Dependency Assessment*
- Assessment 1I: *Behaviour Monitoring Box*

#### Contracts

- Contract 1: *Professional Code of Conduct for counsellors*
- Contract 2: *Declaration of Adherence to Principles of Equality and Non-violent Relationships*
- Contract 3: *Client Contract*
- Contract 4: *Confidentiality Policy*
- Contract 5: *Commitment to Future Plans*

#### Database

- Database 1: *Counselling Process Notes*
- Database 2: *Client Database*

#### Hand-outs

- Hand-out 1: *Beliefs about men and violence*
- Hand-out 2: *Forms of abuse*
- Hand-out 3: *Time-out technique*
- Hand-out 4: *Body mapping anger points*
- Hand-out 5: *Wall of feelings*
- Hand-out 6: *Communication styles and assertiveness tips*
- Hand-out 7: *Communication styles checklist*
- Hand-out 8: *Tips to rebuild self-esteem*
- Hand-out 9: *Responsible fathering*
- Hand-out 10: *Types of intimacy*
- Hand-out 11: *Sexual violence information*
- Hand-out 12: *Health consequences of domestic violence*
- Hand-out 13: *The Journey to Healthy Manhood*
- Hand-out 14: *The Gender Box/Act like a Man*

## **Monitoring and Evaluation**

M&E 1:	<i>Assessment</i>
M&E 2:	<i>Domestic/Intimate Partner Violence</i>
M&E 3:	<i>Anger/stress management</i>
M&E 4:	<i>Communication</i>
M&E 5:	<i>Self-esteem</i>
M&E 6:	<i>Intimate partnership/relationship</i>
M&E 7:	<i>Engaged fatherhood</i>
M&E 8:	<i>Sexuality and Intimate Partner Violence</i>
M&E 9:	<i>Culture and religion</i>
M&E 10:	<i>Gender and rights</i>
M&E 11:	<i>Substance abuse (alcohol and drugs)</i>
M&E 12:	<i>Looking Forward: Evaluation and Support</i>
M&E 13:	<i>Indicators of Change</i>
M&E 14:	<i>Daily Evaluation form</i>
M&E 15:	<i>Supervision/Case Presentation</i>
M&E 16:	<i>Final Evaluation</i>

## **Worksheets**

Worksheet 1:	<i>Counsellor and Client Roles</i>
Worksheet 2:	<i>Interview Questions and Answers</i>
Worksheet 3:	<i>Preparation Questionnaire for Counsellors</i>
Worksheet 4:	<i>Case Study – Counsellor’s attitude</i>
Worksheet 5:	<i>Counsellor Roles</i>
Worksheet 6:	<i>Stages of Behaviour Change Intervention Model</i>
Worksheet 7:	<i>Stages of Change Model Statements</i>
Worksheet 8:	<i>Stages of Change Case Study Role-play</i>
Worksheet 9:	<i>Domestic Violence</i>
Worksheet 10:	<i>Cycle of Violence</i>
Worksheet 11:	<i>Communication: Behaviour Role-play</i>
Worksheet 12:	<i>Communication: Assertiveness Interaction Feedback</i>
Worksheet 13:	<i>Empathetic Role-play</i>
Worksheet 14:	<i>Relationships: Power &amp; Control and Equality Wheels</i>
Worksheet 15:	<i>Engaged Fatherhood: Children’s Drawings</i>
Worksheet 16:	<i>Acquiring Cultural and Religious Beliefs</i>
Worksheet 17:	<i>Looking at how Culture and Religion are used to justify Violence</i>
Worksheet 18:	<i>Gender Statements</i>
Worksheet 19:	<i>Concepts of Masculinity and Femininity</i>
Worksheet 20:	<i>Substance Abuse: Tree</i>
Worksheet 21:	<i>Effects of Substance Abuse</i>

## REFERENCES

- <sup>1</sup> PSO stands for Personele Samenwerking in Ontwikkelingslanden (Personnel Cooperation in Developing Countries); <http://www.pso.nl/en>. PSO is a Dutch organisation building expertise in the field of capacity strengthening of civil society in developing countries. PSO aims at creating opportunities within the participating organisations to reflect on their own practices and to adapt their approach. The male counselling project is funded as a learning trajectory by PSO.
- <sup>2</sup> UNFPA (2010). *State of the World Population 2010. From conflict and crisis to renewal: generations of change*. Retrieved 13-01-2011 at [http://www.unfpa.org/swp/2010/web/en/pdf/EN\\_SOWP10.pdf](http://www.unfpa.org/swp/2010/web/en/pdf/EN_SOWP10.pdf)
- <sup>3</sup> UN (2010). *The World's Women 2010. Trends and Statistics*. Retrieved 13-01-2011 at [http://unstats.un.org/unsd/demographic/products/Worldswomen/WW\\_full%20report\\_color.pdf](http://unstats.un.org/unsd/demographic/products/Worldswomen/WW_full%20report_color.pdf)
- <sup>4</sup> UNFPA (2005). *State of the World Population*. Retrieved 13-01-2011 at <http://www.unfpa.org/swp/2005/english/notes/page7.htm#13>
- <sup>5</sup> UN Millennium Project. 2005. *Taking Action: Achieving Gender Equality and Empowering Women*. Task Force on Education and Gender Equality. London and Sterling, Virginia: Earthscan.
- <sup>6</sup> Bartholomew, L.K., Parcel, G.S., Kok, G., Gottlieb, N.H. & Fernández, M. E. (2011). *Planning health promotion programs: an intervention mapping approach* (3rd ed.). San Francisco: Jossey Bass.
- <sup>7</sup> PSO Innovation Award 2010, *'The Heart of the Matter'*, a film on Male Counselling in the context of Domestic Violence, produced by Aernout Zevenbergen, Laughing Leopard Productions, at <http://www.Rutgerswpf.org/toolkit-for-men>
- <sup>8</sup> MDF (2005). *MDF tool: stakeholder analysis*. Ede, the Netherlands: MDF. <http://www.toolkitsportdevelopment.org/html/resources/67/6720BDF3-E98A-4FBF-A021-9903DAEBE430/01%20Stakeholder%20analysis.pdf>
- <sup>9</sup> Flood, M. (2010). Fathers' Rights' and the Defence of Paternal Authority in Australia. *Violence Against Women*, 16(3), pp. 328–347.
- <sup>10</sup> Dunkle, K. and Jewkes, R. 2007. Effective HIV prevention requires gender-transformative work with men. *Sexually Transmitted Infections*, 83, pp. 173-174.
- <sup>11</sup> WHO, 2007. *Engaging men and boys in changing gender-based inequity in health: Evidence from programme interventions*. [http://www.who.int/gender/documents/Engaging\\_men\\_boys.pdf](http://www.who.int/gender/documents/Engaging_men_boys.pdf)
- <sup>12</sup> IPPF, 2010. *Men are changing, Case study evidence on work with men and boys to promote gender equality and positive masculinities*. <http://www.engagingmen.net/resource/men-are-changing-case-study-evidence-work-men-and-boys-promote-gender-equality-and-positive>
- <sup>13</sup> Boonzaier, 2008. *Global Literature Review*, Floretta Boonzaier, University of Cape Town, 2008 <http://www.rutgerswpf.org/toolkit-for-men>
- <sup>14</sup> International Planned Parenthood Federation (2009). *Putting the IPPF Monitoring and Evaluation Policy into practice; a handbook on collecting, analysing and utilizing data for improved performance*. London: IPPF.
- <sup>15</sup> IPPF, 2010. *Men are changing, Case study evidence on work with men and boys to promote gender equality and positive masculinities*. <http://www.engagingmen.net/resource/men-are-changing-case-study-evidence-work-men-and-boys-promote-gender-equality-and-positive>
- <sup>16</sup> WHO, 2007. *Engaging men and boys in changing gender-based inequity in health: Evidence from programme interventions*. [http://www.who.int/gender/documents/Engaging\\_men\\_boys.pdf](http://www.who.int/gender/documents/Engaging_men_boys.pdf)
- <sup>17</sup> Prochaska, J.O., and DiClemente, C.C. (1984). *The transtheoretical approach: crossing traditional boundaries of therapy*. Homewood.
- <sup>18</sup> Begun, A.L., Shelley, Strodtzoff & Short (2001); Daniels & Murphy, 1997. *The Revised Safe at Home Instrument for Assessing Readiness to Change Intimate Partner Violence*.
- <sup>19</sup> MenCare: Global Fatherhood Campaign. [www.Men-Care.org](http://www.Men-Care.org)
- <sup>20</sup> Pulerwitz, Julie, and Gary Barker. *Measuring attitudes towards gender norms among young men in Brazil: Development and psychometric evaluation of the GEM Scale*. See for example <http://www.popcouncil.org/Horizons/ORToolkit/toolkit/gem1.htm>

- <sup>21</sup> Barker, (2011), Helen Joseph Memorial lecture. *Men and gender equality: between the urgency and the confusion*.
- <sup>22</sup> Bartholomew, L.K., Parcel, G.S., Kok, G., Gottlieb, N.H. & Fernández, M. E. (2011). *Planning health promotion programs: an intervention mapping approach* (3rd ed.). San Francisco: Jossey Bass.
- <sup>23</sup> Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50, 179-211.
- <sup>24</sup> Bandura, A. (1977). *Social Learning Theory*. New York: General Learning Press.
- <sup>25</sup> Janz, N. K. & Becker, M. H. (1984). The Health Belief Model: a decade later. *Health Education Quarterly*, 11, 1-47.
- <sup>26</sup> Rosenstock, I. M. (1974). Historical origins of the health belief model. *Health Education Monographs*, 2, 1-8.
- <sup>27</sup> Glanz, K, Rimer, B.K. and Su, S.M. (2005). *Theory at a Glance: A Guide for Health Promotion Practice* (2nd edition).
- <sup>28</sup> Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50, 179-211.
- <sup>29</sup> Bandura, A. (1977). *Social Learning Theory*. New York: General Learning Press.
- <sup>30</sup> Prochaska, J.O., and DiClemente, C.C. (1984). *The transtheoretical approach: crossing traditional boundaries of therapy*. Homewood.
- <sup>31</sup> Stages of Change, adapted from Prochaska, J.O. and DiClemente, C.C. (1982). Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Theory, Research and Practice*, 19(3), 276-288.
- <sup>32</sup> Begun, A.L., Shelley, Strodtzoff & Short (2001); Daniels & Murphy, 1997. *The Revised Safe at Home Instrument for Assessing Readiness to Change Intimate Partner Violence*.
- <sup>33</sup> <http://www.icrw.org/publications/international-men-and-gender-equality-survey-images>





RutgersWPF

**RIEKAANNISA**  
PUSAT PENGEMBANGAN KEMAMPUAN  
UNTUK PEREMPUAN MELALUI TERAPI PROFESIONAL

