



Review of Counselling Services in the Pacific Final Report

Pacific Women Shaping Pacific Development

March 2017

Preferred citation: Australia's Department of Foreign Affairs and Trade (2017), Review of Counselling Services in the Pacific Final Report, Pacific Women Shaping Pacific Development.

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March 2017

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Pacific Women Shaping Pacific Development is an initiative of the Australian Government.

Acknowledgements

The evaluators wish to acknowledge the support of Nilesh Goundar, Program Manager of the Australian High Commission in Fiji, for his contribution to and cooperation with this review. Linda Petersen and Tara Chetty of the *Pacific Women* Support Unit played an invaluable role in facilitating the review. Thanks also to Nicolette Solomon of Cardno for support with the logistical requirements.

Leaine Robinson and Patricia Fred, Program Managers of the Australian High Commission in Fiji and Vanuatu, spent hours organising the in-country visits and a wide range of meetings. To colleagues at the Vanuatu Women's Centre (in Port Vila, Santo and Tafea), Empower Pacific, the Fiji Women's Crisis Centre, Lifeline and Medical Services Pacific – thank you for hosting our visits and sharing your views.

Finally, we are grateful to all those external stakeholders and counsellors who took time to answer our many questions and share their views with us.

Iris Trapman and Keryn Clark

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Abbreviations

AIPC	Australian Institute of Professional Counsellors
CAVAW	Committee against Violence against Women
DFAT	Department of Foreign Affairs and Trade (Australia)
EVAW	Ending Violence against Women
FGD	Focus Group Discussion
HIV	Human Immunodeficiency Virus
LGBTQI	Lesbian, Gay, Bi-Sexual, Transgender, Queer and Inter-Sex
PNG	Papua New Guinea
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organisation

Glossary

Terms	Definition
Basic Counselling	The provision of a set of primary and essential counselling skills. These skills can be described as: empathy and unconditional positive regard (respect without judgement); supportive listening and questioning skills; the ability to establish trust, and explore issues and needs; and encouragement to make decisions.
Skilled Counselling	Differs from basic counselling in that it includes additional abilities: the ability to reflect, make skilled observations, use effective questioning, facilitate coping mechanisms, summarise goals and priorities, conduct risk assessments, support the development of an action plan, and provide further guidance. Additionally, skilled counsellors can choose to apply specific therapeutic interventions if they have been trained in them. Examples are cognitive behaviour strategies, trauma focused interventions, solution focused therapy, or a combination of various therapeutic approaches.
Skilled	Refers to the use of additional techniques; it does not refer to the quality of the counselling, which varies from counsellor to counsellor, both basic and skilled.
Counselling	Refers to both basic and skilled counselling.
Case Management¹	A process where the needs of the client are assessed and access to a package of services is advocated for, coordinated, monitored and evaluated. Case management is not counselling itself, but in the Pacific context, it is typically undertaken by people (counsellors, social workers, community outreach workers) who conduct counselling.
Counselling Service Providers	Organisations that provide counselling services, regardless of the level.
Counselling Practitioner	People who conduct counselling, regardless of whether they have basic counselling skills or are skilled counsellors.
Clients	Users of counselling services, whether they are survivors of violence, family members, perpetrators, or others affected by family and sexual violence.

¹ The Australian Association of Social Workers defines case management as a method of providing services where a social worker / counsellor collaboratively assesses the needs of the client and, as appropriate, arranges, coordinates, monitors, evaluates, and advocates for a package of multiple services to meet the specific client's complex needs.

Executive Summary

The Pacific Women Shaping Pacific Development (*Pacific Women*) program contracted a review of counselling services across the Pacific region. The review's purpose is to assess counselling services for survivors of gender-based violence with regard to quality, reach, and accessibility, and to outline factors that contribute to success and current best practice in counselling service delivery.

A survey involving a self-assessment questionnaire was conducted to map counselling service providers across fourteen Pacific nations.² This was followed up by 47 key stakeholder interviews and nine focus group discussions. Two countries were visited - Fiji and Vanuatu. Fiji was selected because it has a wide range of counselling services and Vanuatu was selected as it provided an opportunity to review a model for delivering services across a dispersed island group.

The review identified 85 counselling service providers who are spread across the Pacific, with 35 per cent of them based in Papua New Guinea (PNG) and Fiji. One country, Niue, reported no counselling services for survivors of violence while there are only limited counselling services available in most other Pacific Island countries. The self-assessment questionnaire was sent to 77 providers, with 45 responding. Approximately half of the providers conduct skilled counselling, with the remainder providing basic counselling services.³

While most of the skilled practitioners who were interviewed demonstrated a sound understanding of the core competencies of counselling for survivors of violence, the majority of the basic counselling practitioners indicated that they lacked some of these skills. Consequently, they do not always adhere to ethical principles of counselling, such as protection of clients' rights, avoiding harm being done, and providing encouragement to the client to make responsible decisions. A minority of skilled counsellors use therapeutic approaches, such as trauma-focused cognitive behavioural therapy and solution-focused therapy, in their counselling. Most counsellors (skilled and basic) identified areas where they could improve their counselling for survivors of violence. These include developing coping strategies, making an action plan, and conducting a safety assessment and a more comprehensive needs assessment. The emphasis on quality is particularly important for counselling survivors of violence as typically the intervention is short and thus needs to be effective.

Forty per cent of organisations have counsellors with a diploma or a degree in counselling, social work, psychology, etc. In 37 per cent of the organisations that completed the survey, counselling practitioners have had either one to two weeks' training or practical experience only.⁴

Most organisations reported limited availability of regular supervision, guided case discussions and ongoing technical training. This can adversely affect the quality assurance of counselling. Very few service providers have conducted an evaluation of their counselling services.

Individual counselling, either by phone or face-to-face, is the most common form of counselling conducted (100 per cent of organisations offer this). This is followed by couple counselling (72 per cent) and group counselling (35 per cent, although other evidence indicates that this is overstated as information sessions are thought of as group counselling). Stakeholder interviews indicated that most counselling practitioners do not distinguish between couple counselling and couple mediation.⁵

2 Cook Islands, Fiji, Federated States of Micronesia, Kiribati, Marshal Islands, Nauru, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tuvalu, Tonga, Vanuatu

3 Basic counselling is defined as the provision of a set of primary and essential counselling skills. These skills can be described as: empathy and unconditional positive regard (respect without judgement), supportive listening and questioning skills, and the ability to establish trust, explore issues and needs, and encouragement to make decisions.

4 The survey findings did not differentiate between levels of training of counsellors within one organisation. It is assumed that, when completing the survey form, the highest level of training / education within the organisation was marked.

5 Couple mediation can be described as a process to facilitate, transform or solve couple disputes, whereas couple counselling can be provided to improve communication and management of differences and repeated stressors.

Organisations across all fourteen countries reported that there were gaps in counselling services, particularly in remote areas and outer islands. To cover these gaps, counselling service providers have utilised phone counselling and mobile counselling services or community-based first responder initiatives. Community education is also provided to increase awareness of and access to counselling and community leaders are trained to achieve broader acceptance of gender equality and understanding of root causes of violence. Gaps in access and coverage include women in rural communities, men, perpetrators, people with disability, clients with complex trauma or multiple disorders as a result of abuse, LGBTQI people (lesbian, gay, bisexual, transgender, queer and intersex) and sex worker communities.

The review found that while various models of service provision existed, mostly driven by funding availability, the most successful organisational model combined counselling services with community outreach, active case management and other integrated services, including economic support, shelter support, and legal support.

Currently, there are no certificate or diploma level courses for 'counselling' available in the Pacific (although some are under consideration) and there are limited options for training social workers (in Papua New Guinea and Fiji). Various short training courses are offered in gender-based violence, basic counselling, psychological first aid, skilled counselling and men's behaviour change programs, but all of these are donor dependent.

Factors that contribute to successful counselling outcomes include: strong and innovative leadership, good case management, community first responder networks, understanding of root causes of gender-based violence, engagement of community leaders, a rights-based approach, choice of service providers, culturally appropriate services, and secure medium- to long-term funding.

Barriers to success include: very limited funding from national governments; lack of national level guidelines and professional standards; inconsistent coordination between agencies; lack of shelter options for survivors; non-compliance to key counselling principles (e.g. encouraging 'forgive and forget'); overreaching (beyond existing counselling skills); lack of regular supervision and evaluation; expectation by survivors for directive intervention; and limited behaviour change programs for perpetrators.

Recommendations

The review recommendations are intended to inform and guide future Department of Foreign Affairs and Trade (DFAT) investments that address violence against women and children in the Pacific, specifically in the provision of counselling services for survivors of violence and perpetrators of violence.

1. DFAT and other key stakeholders advocate for national governments to increase resource allocation for counselling and related services for survivors of violence, drawing upon the relevant family protection and domestic violence laws.
2. DFAT and other donors focus their investments on improving the quality, reach and access to counselling via support for:
 - developing national standards, ethical responsibilities and core competencies for basic counsellors, increased supervision and guidance for counsellors, and increased training in specialised counselling skills;
 - strengthening first responder mechanisms in rural areas and increasing access through: increasing numbers of basic counsellors; specific training on gender-based violence and practical support; linkages between first responders and more skilled providers; and

- encouraging community leaders, police and pastors to refer survivors rather than counsel them;
- strengthening coordination and the referral pathway for government agencies, particularly between police, health services and 'one-stop shops' and between phone line and face-to-face counselling;
 - having skilled gender-based violence counsellors in the health system;
 - reducing gaps in availability of counselling services to specific groups, particularly perpetrators, survivors of complex trauma and child abuse, people living with disabilities, the LGBTQI communities, and sex workers; and
 - reducing the lack of sufficient availability of shelter facilities through which potential counselling group activities can be applied.
3. DFAT, through *Pacific Women*, other donors and stakeholders, support the professionalisation of counselling service providers by:
- supporting counselling associations and registration processes that more clearly define the difference between skilled (professional) counselling and basic counselling; and
 - putting in place long-term funding commitments, based on agreed key benchmarks for funding release, for key counselling organisations. This would support these organisations to continually improve the quality of their services.
4. Support is provided to strengthen the training of counsellors and the quality of that training, particularly by:
- developing core competencies and foundation skills for counsellors, including principles of human rights and gender equality;
 - ensuring training is followed by ongoing mentoring by skilled counsellors; and
 - ensuring support structures for trainee counsellors, both during training and implementation.
5. Replication, leveraging and scaling up of successful approaches should include:
- undertaking further significant analysis (including evaluation), consultation and planning at the country level, particularly via organisations in existing and potential referral networks, which is likely to lead to effective leveraging;
 - additional medium- to long-term funding for increased services to maximise the possibilities for successful replication and scaling-up of counselling services;
 - a progressive scaling-up to ensure that the quality of services can be improved concurrently and allows for monitoring mechanisms to be in place;
 - ensuring that core skilled counselling services are in place before expansion of first responder networks in specific countries, because without referral systems and specialised support, it is likely that expanded first responder services will have limited value;
 - taking the country context into account when replicating successful models, with possible amendments to the approach to suit different country contexts; and
 - prioritising support to organisations that have good leadership, the capacity for scaling-up, referral networks and supervision / mentoring.

6. Recommendations around where successful approaches may be replicated, leveraged off and scaled up are general in nature and will require further analysis:
- In smaller countries (e.g. Cook Islands, Palau, Niue, Tuvalu, Nauru and Marshall Islands), the focus is on supporting existing organisations with competent leadership to fill in some of their gaps.
 - In medium sized countries (e.g. Solomon Islands, Kiribati, Tonga, Vanuatu, Samoa and Federated States of Micronesia), the initial focus should be on building up quality before progressive scale-up, particularly in areas with limited or no services for survivors of gender-based violence.
 - In larger countries (e.g. Papua New Guinea and Fiji), the focus is on advocating for government funding, scaling up existing services and addressing gaps with particular groups (such as people with disability), and extending services to the general population.

Introduction and Purpose of the Review

The Pacific Women Shaping Pacific Development (*Pacific Women*) Design Document (2014) presents the need for expanding access to quality services for women and girls who are surviving violence.⁶

The purpose of this review is to inform and guide DFAT investments that address violence against women and children in the Pacific, specifically in the provision of counselling services for survivors of violence and perpetrators of violence.⁷ Australia will also use the findings of the study to advocate – with Pacific regional organisations and governments – for improvement in the quality and accessibility of counselling services.⁸ For this purpose, the review aims to assess:

- the range of counselling services currently operating or planned in the Pacific region;
- what models of counselling have been evaluated as effective;
- which approaches are based on rights and gender equality frameworks;
- what education and training providers, and what qualifications are - or could be - available and are being utilised;
- what quality assurance / counsellor monitoring and support models are available and being utilised; and
- what good practices are in existence that could be replicated or scaled up to strategically address gaps in good quality, accessible counselling services for survivors of violence.

The review of counselling services includes the 14 Pacific Island countries covered within the *Pacific Women* program.

Table 1 Desk review summary

Country	Documents Reviewed	Relevant to Counselling Services
Cook Islands	6	0
Federated States of Micronesia	12	2
Fiji	13	10
Kiribati	11	8
Marshall Islands	18	9
Nauru	6	1
Niue	4	2
Palau	4	1
Papua New Guinea	27	13
Samoa	10	4
Solomon Islands	10	6
Tonga	5	3
Tuvalu	7	2
Vanuatu	15	7
Regional	18	8
Total	166	76

6 Page 3, Pacific Women Shaping Pacific Development Design Document (April 2014)

7 *Pacific Women* Support Unit (2016) Terms of reference, Review of Counselling Services in the Pacific

8 Ibid

Methodology

The *Pacific Women* Support Unit contracted Iris Trapman and Keryn Clark to undertake the review of counselling services. The review was undertaken between July and September 2016. The methodology for data collection and validation involved the following steps:

- a desk review;
- a self-assessment questionnaire;
- semi-structured interviews with key informants; and
- in-country interviews and focus group discussions in Fiji and Vanuatu.

1.1 Desk review

The desk review was undertaken to gain an overview of counselling services and the provision of training for counsellors across the fourteen Pacific Island countries covered by *Pacific Women*. Documents were obtained from key informants, including the *Pacific Women* Support Unit, and retrieved through an internet search. A total of 166 documents that had some reference to counselling for survivors of violence were retrieved (Table 1).⁹ Seventy-six of those documents contained some information that is relevant to the review. It is important to note that most of these contained only limited information that actually assessed counselling services or made any mention of the quality and reach of those services. For example, only three evaluations of counselling services were retrieved.¹⁰

The self-assessment questionnaire and key informant interviews (Annex 5) therefore have been the major source of information for this review.

1.2 Self-assessment questionnaire

By contacting a number of key informants across the region, the consultants developed a contact list of organisations that provide counselling services in the 14 countries. Those organisations were then contacted for information, including the contact details of other organisations with links to counselling. Through this process, the consultants developed a broad list of counselling service providers and organisations with links to the provision of counselling services, such as referral agencies, policy makers, and training and funding organisations.

An online self-assessment questionnaire was emailed to all those organisations, agencies or individuals that provide counselling services for which the team had contacts.¹¹ The questionnaire sought information about the organisation's experience (Table 2) and was an efficient means of gaining in-depth information relating to counselling services across all 14 countries. This was extremely valuable, given the limited information gathered from the desk review.

⁹ In addition to documents relevant to Pacific countries and the region, the consultants referred to a range of sectoral documents relating to counselling – particularly those referring to service quality standards.

¹⁰ Evaluations referring to Fiji Women's Crisis Centre (2015), Vanuatu Women's Centre (2010) and the Papua New Guinea Family Sexual Violence Unit (2015)

¹¹ Three organisations advised that they were unable to complete the form online. In these cases, the consultants either phoned them or emailed the form and then entered the data.

Table 2 Self-assessment questionnaire – summary

Country	Total Sent	Response to Date	Response Rate %
Cook Islands	3	2	66.7
Federated States of Micronesia	2	0	0.0
Fiji	8	7	87.5
Kiribati	7	5	71.4
Marshall Islands	7	5	71.4
Nauru	2	0	0.0
Niue	1	1	100.0
Palau	2	0	0.0
Papua New Guinea	14	9	64.3
Samoa	8	2	25.0
Solomon Islands	5	4	80.0
Tonga	6	3	50.0
Tuvalu	5	3	60.0
Vanuatu	7	4	57.1
Total	77	45	58.4

Data collected were analysed to gain an understanding of the coverage and reach of counselling service providers and identify the extent to which services meet recognised quality indicators, as identified in the consultancy plan (Annex 4). This includes selected core competencies for counselling, support mechanisms for practitioners, and the existence of ethical guidelines (Annex 1). The data analysis also contributed to identifying gaps in service delivery and scope for improvement.

The questionnaire was sent to 77 organisations that provide counselling services.¹² A total of 45 organisations responded, a response rate of 58.4 per cent (Table 2 for a country summary¹³). Two respondents (from Niue and Kiribati) reported that they did not provide counselling services to either survivors or perpetrators of violence and thus were removed from the data analysis.¹⁴

1.3 Interviews and In-country visits

The consultants conducted 47 interviews with key informants from non-governmental organisations (NGOs), government officials, donors, advisers and training institutions across the fourteen countries in the region. Interviews were undertaken by phone, during the country visits (Vanuatu and Fiji), and at an Eliminating Violence against Women conference in Nadi, Fiji (Annex 2).

The consultants visited Fiji and Vanuatu, where nine focus group discussions were held (Annex 3). The country visits aimed to validate and further explore the preliminary findings from the online questionnaire and to further investigate factors for success and options for upscaling, leverage and replication. Fiji and Vanuatu were selected. Fiji, as a larger Pacific nation, has a range of counselling expertise and opportunities for counselling education and training. Vanuatu was chosen as it provided an opportunity to review options for the delivery of services across an island group. The consultants visited the Vanuatu Women's Centre, which has developed a community level network to support access to counselling services in remote settings. Papua New Guinea was not selected as a review of

¹² A total of 103 organisations were initially contacted about the survey (refer to the preliminary findings report) but a number of organisations advised that they did not provide counselling. The 77 organisations are those that provide counselling services.

¹³ There were 49 respondents to the survey but four were not included as other branches of the same organisation in the country had also completed the survey, leaving a total of 45 respondents.

¹⁴ Thus a denominator of 43 was used for data analysis

its counselling services has taken place recently. Findings of this earlier review have been integrated into this report.

1.4 Limitations

A number of limitations in conducting the review of counselling services were identified.

- Through the document review, it was found that only three organisations had been evaluated (only two in the past five years). As a result, the question: ‘What models of counselling have been evaluated as effective?’ (section 3) could not be addressed so the review focused on identifying the success factors (section 3.1).
- The desk review revealed that there are very few documents available that include any in-depth information about counselling services in the Pacific. Only three documents provided some information on outcomes of an evaluation of the counselling services. For this reason, much of the analysis depends on the data collected via the online questionnaire.
- The consultants did not have contact details for all organisations / individuals that provide counselling services and some replied that they were not permitted to complete the questionnaire (e.g. police, ministries of health). It also is likely that there is a range of small organisations that provide counselling services of which the consultants are not aware. The diversity of faith-based organisations, for example, made it hard to reach every faith-based group that conducts counselling. Therefore, the data and analysis reflects larger and more resourced organisations that were easier to contact.
- While an online questionnaire is useful in collecting data from a wide range of dispersed organisations, this tool limits flexibility for some questions, such as questions about the experience of counselling staff, given that there is often a range of experience and qualifications. Similarly, the questionnaire could not provide a breakdown of the possible mix of skilled and basic counselling that an organisation might provide.
- The consultants were not able to meet or speak with all organisations across the Pacific (Annex 2). The examples used in this report are, therefore, limited to those organisations that were interviewed. Focus group discussions were held only in Fiji and Vanuatu.
- Given the large sample size required for any client-based assessment to be valid, clients of the counselling services were not consulted in assessing the quality of those services. Quality was measured by assessing key indicators identified through self-assessment by organisations. It should be noted that the assessment is general in nature and is not an evaluation of individual organisations’ counselling services.
- The questionnaire is a self-assessment tool and therefore there is the possibility of subjective responses. This limitation has been minimised through follow up e-mails and phone interviews with the relevant organisation and with interviews with other key organisations working in ending violence against women (EVAW) across the country.

Findings

1.5 Legislative and policy frameworks for counselling services

Ten of the 14 countries covered in this review have developed national legislation against sexual and / or family violence. In the Federated States of Micronesia, only one of the four states, Kosrae, has a family protection act (Table 3).

Table 3 Summary of legislation against family and sexual violence

Country	Legislation title and year of enactment
Fiji	<i>Family Law Act 2003, Domestic Violence Decree 2009, Family Law (Amendment) Decree 2012 and the Crimes Decree 2009</i>
Federated States of Micronesia (Kosrae State) ¹⁵	<i>Kosrae State Family Protection Act 2014</i>
Kiribati	<i>Te Rau N Te Mweenga Act (Family Peace Act) 2014</i>
Marshall Islands	<i>Domestic Violence Prevention and Protection Act 2011</i>
Palau	<i>Family Protection Act 2012</i> ¹⁶
Papua New Guinea	<i>Family Protection Act 2013</i> <i>Lukautim Pikinini Act 2009 and Lukautim Pikinini Amendment 2015</i> ¹⁷
Niue	<i>The Niue Act 1966</i> ¹⁸
Samoa	<i>Family Safety Act 2013</i> <i>Crimes Act 2013</i> ¹⁹
Solomon Islands	<i>Family Protection Act 2014</i> <i>Penal Code (Amendment) (Sexual Offences) Act 2016</i> ²⁰
Tonga	<i>Family Protection Act 2013</i>
Tuvalu	<i>Family Protection and Domestic Violence Act 2014</i> <i>The Police Powers and Duties Act 2009</i> ²¹
Vanuatu	<i>Family Protection Act 2008</i>

In Cook Islands, the *Family Law Bill* has been developed but needs to be enacted.

Annex 8 provides details of clauses relating to counselling services in the legislation of ten Pacific Island countries. A summary of the key clauses is as follows:

- provision for the registration or authorisation of counsellors (Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu);
- courts can order either the defendant and / or the survivor to access counselling (Marshall Islands, Palau, Papua New Guinea, Vanuatu) or mediation (Fiji, Kiribati, Marshall Islands, Papua New Guinea, Vanuatu);
- in sentencing, the court considers whether the perpetrator has sought counselling (Samoa);
- healthcare service providers must provide an option for counselling (Solomon Islands, Tonga);
- a counsellor is an approved agent to apply for a protection order (Marshall Islands);
- police may advise or offer support for the complainant to seek counselling support (Marshall Islands, Samoa, Solomon Islands);
- government may make funds available to assist in accessing services, including counselling (Marshall Islands); and
- defines the functions of a counsellor registered under the act (Kiribati).

A common legislative requirement was for the registration or the authorisation of counsellors (in some cases this focused specifically on counsellors who would be recognised for court orders), rather than

15 Of the four states of Federated States of Micronesia, only Kosrae state has legislation. Pohnpei has draft legislation.

16 Pacific Islands Legal Information Institute – database – <http://www.paclii.org>

17 Includes protection for children who are abused or exploited, both sexually and non-sexually

18 The Niue Act includes rape, and indecent and sexual assault of a woman or child as criminal offences

19 Defines sexual assault. While causing injury is determined a crime, there are no specific provisions in the act for domestic violence

20 This includes a number of clauses defining consent, sexual and indecent acts, rape, etc.

21 Section 2.9.3 governs the powers of police to respond and act in cases of domestic violence

registration in general. Key ministries (e.g. the Ministry of Health in Fiji; the Ministry of Women, Youths, Children and Family Affairs in Solomon Islands; and the Ministry of Women, Community and Social Development in Samoa) referred to initiating discussions about a registration process that reflects both qualifications and experience, particularly focusing on counselling for survivors of violence.

The UN Women Pacific Multi-Country Office, with key partners, is considering providing support in this area – with a first step being to support a ‘counselling summit’ to inform the development of the standards for gender-based violence-specific counselling.²²

All Pacific Island countries have signed the Convention on the Rights of the Child, of which Article 19 provides that the state shall take appropriate measures ‘to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse’.^{23,24} The convention does not contain any specific references to counselling services for child survivors of violence. At a 2015 UNICEF-funded conference on violence against children in the Pacific, legislative reforms in Kiribati, Solomon Islands, Samoa and Fiji were reported.²⁵ It was also reported, however, that ‘laws defining crimes against children are outdated in most of our Pacific Island countries; they were drafted and enacted long before the CRC in the early 1990s’.²⁶ A review of available legislation linked to the rights of the child noted limited reference to counselling for children, with the exception of the Kiribati Children, *Young People and Family Welfare Act 2013*, which includes specific clauses relating to the provision of counselling services for children.²⁷

Most countries (except Federated States of Micronesia, Kiribati, Niue, Solomon Islands and Vanuatu) have developed mental health strategies or mental health acts. However, none refer to specific activities or services that need to be developed to address the issues of violence against women.

1.6 Range of counselling services

What type of service providers are involved in the provision of counselling services?

Counselling for survivors is provided by a mix of NGOs, CBOs, faith-based organisations (FBOs) and government agencies – health, social affairs and, in some cases, police services (Figure 1). Refer to Annex 1 for a full list of organisations involved in counselling. As noted in the review limitations (Section 2.4), it was not possible to contact all counselling service providers for the review as there was limited contact information available, particularly for smaller organisations and faith-based community groups.

²² The UN Women Multi-Country Office provides regional technical support in key areas of violence against women and girls and has a dedicated technical specialist who can support efforts in the region, e.g. the development of standards for shelters.

²³ UNICEF – Pacific Island countries – http://www.unicef.org/pacificislands/overview_22695.htm

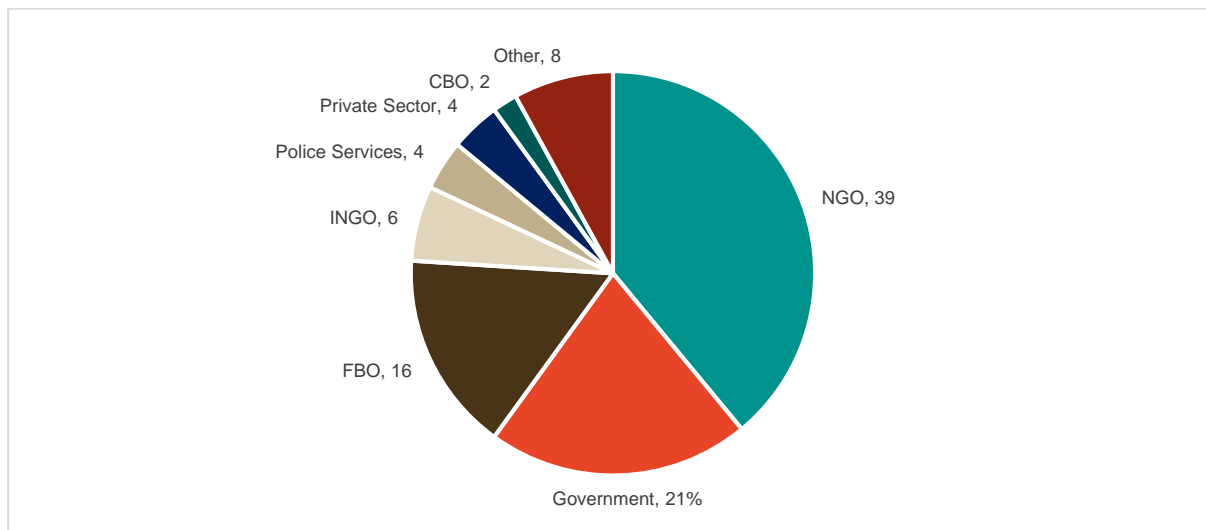
²⁴ The Convention on the Rights of the Child – <http://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf>

²⁵ UNICEF (May 2015) Report of the Pacific Conference on Ending Violence against Children, Session 6, page 30

²⁶ *ibid.*

²⁷ The Children, Young People and Family Welfare Act 2013 states that the director of the ministry responsible for child and family welfare provide counselling services (article 27) http://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=98628 – accessed 18 October 2016

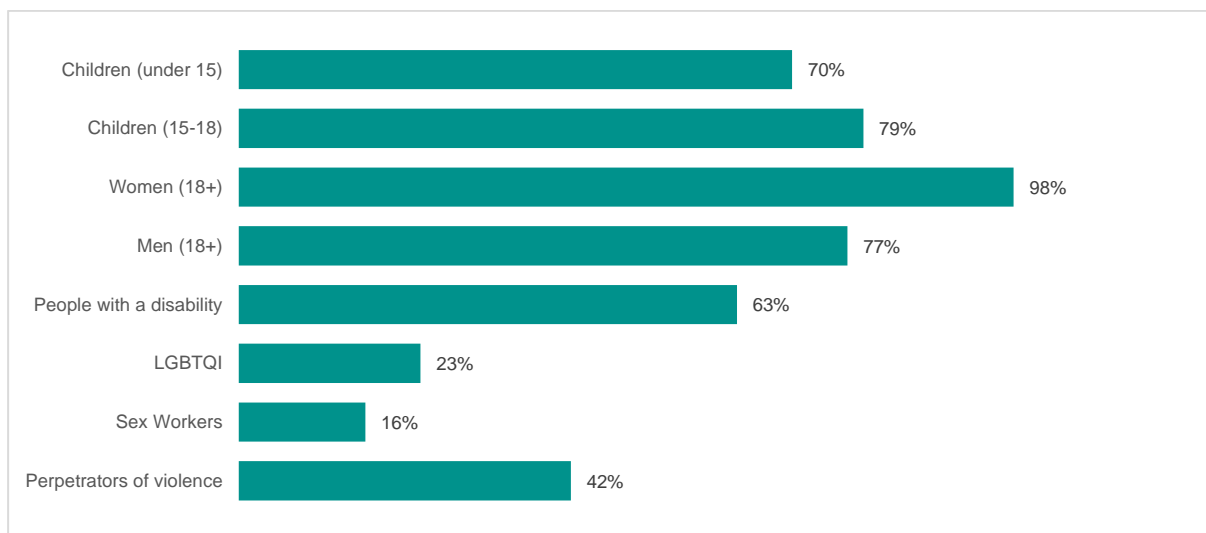
Figure 1 Types of organisations providing counselling



What is the target population of counselling providers?

Most of the 43 organisations that responded to the questionnaire reported that they provide counselling services to a range of clients (i.e. not only to women but also to men, children and other specific groups). Forty-two per cent reported that they provided counselling services to perpetrators, only 22.5 per cent reported that they provide counselling services to the LGBTQI community, and 16 per cent provide counselling to the sex worker community. Sixty-three per cent reported that they provide counselling services to people with disability (Figure 2).²⁸ Note that these figures do not indicate how many of this target population actually access these services.

Figure 2 Counselling services by population group



What types of counselling services are offered?

About half of the organisations (52 per cent) reported that they provide basic counselling. For the purpose of this review, basic counselling is defined as the provision of a set of primary and essential counselling skills. These skills can be described as: empathy and unconditional positive regard

²⁸ While organisations report that they can provide services to the population groups nominated, the information from interviews indicate that it is likely they do not necessarily receive clients from these population groups (Figure 2).

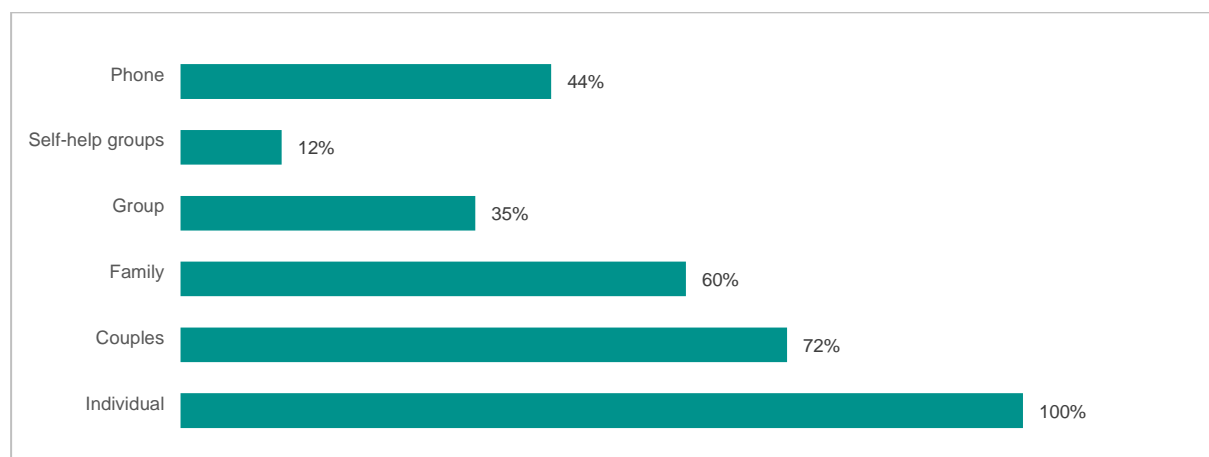
(respect without judgement); supportive listening and questioning skills; the ability to establish trust, explore issues and needs; and encouragement to make decisions.

Basic counselling in this review includes psychological first aid²⁹ (a supportive response to a person in need whereby basic counselling skills are applied).

Forty-eight per cent of organisations reported that they provide skilled counselling (which could also be termed 'professional' counselling). Skilled counselling is distinguished from basic counselling through the higher skill level of the counsellor. A skilled counsellor would be able to reflect, make skilled observations, use effective questioning, facilitate coping mechanisms, summarise goals and priorities, conduct risk assessments, support the development of an action plan, and provide further guidance. Additionally, skilled counsellors can choose to apply specific therapeutic interventions if they have been trained in this, such as cognitive behaviour strategies, trauma-focused interventions or a combination of various therapeutic approaches (eclectic approach).

All organisations reported that they undertake individual counselling (both basic and skilled) (Figure 3). Seventy-two per cent of the organisations indicated that they conduct couple counselling (commonly understood as counselling for a couple with the aim of improving communication and management of differences and repeated stressors in the relationship). Stakeholder interviews indicated that the majority of counselling practitioners make no difference between couple counselling and couple mediation (a process to facilitate, transform, or solve couples' disputes)

Figure 3 Types of counselling services provided



Thirty-five per cent of the service providers indicated they are conducting group counselling (a form of counselling whereby a group of clients gather to discuss issues, gain insights, make suggestions and provide support under the guidance of a group leader / counsellor). In-country visits, however, revealed that very few organisations were conducting group counselling sessions due to logistical complications (dispersed populations) and not having received any training in how to conduct group counselling. It might be that in the context of most of these organisations, group counselling typically means the provision of information to a group of people (community groups, family groups). This would account for the high percentage.

Nineteen organisations (44 per cent) reported that they provided telephone counselling (Figure 3). Telephone counselling refers to any type of psychological service performed over the telephone. This can be provided to individuals, a family, or a group. In this review, however, we have not found any indication that it is provided beyond the level of the individual client.

²⁹ World Health Organisation, War Trauma Foundation and World Vision International (2013). Psychological first aid: Facilitator's manual for orienting field workers. WHO: Geneva

Counselling practitioners reported that telephone counselling consists of providing basic counselling to a survivor of violence, advice for family or friends of a survivor, and provision of strategies to a perpetrator on how to manage anger.

The phone counselling providers who were interviewed reported that they receive calls from a range of locations, indicating that phone counselling is likely to contribute to an extended reach of the services. For example, in Papua New Guinea, the recently established *Tok Kaunselin Helpim Lain* has received calls from all 22 provinces across the country. The five provinces that recorded the highest number of calls included three provinces where an awareness-raising campaign was recently piloted.

Across the Pacific, there has been a significant increase in mobile phone coverage and mobile phone ownership over the past ten years. However, there is evidence from Papua New Guinea that there is differential access to mobile phones for women, particularly women living in rural areas.^{30, 31}

All but one counselling service provider indicated that they provided face-to-face counselling services, mostly short-term. Seventy-five of the counselling providers hold one to five sessions (30 minutes or an hour in most cases) with their clients. The remaining organisations provide medium- to longer-term support (more than six sessions). Interviews with stakeholders indicated that most of the short-term counselling can be seen as crisis counselling (short-term counselling with the emphasis on stabilisation of a crisis that the client is experiencing).

Are therapeutic interventions utilised?

The questionnaire and in-country interviews indicates that a small percentage of the organisations have received specialised training in therapeutic interventions, such as trauma-focused cognitive behavioural therapy and solution-focused therapy. The more highly skilled counselling practitioners mentioned that they utilised these skills when they felt it was appropriate. In some organisations, selected counsellors (usually one or two) have received specific training in the area of counselling for survivors of child abuse or complex trauma. These counsellors are able to take on more serious cases that require additional therapeutic skills. However, specialised therapeutic skills are held by a limited number of counselling providers and the need for more specialised training was expressed.

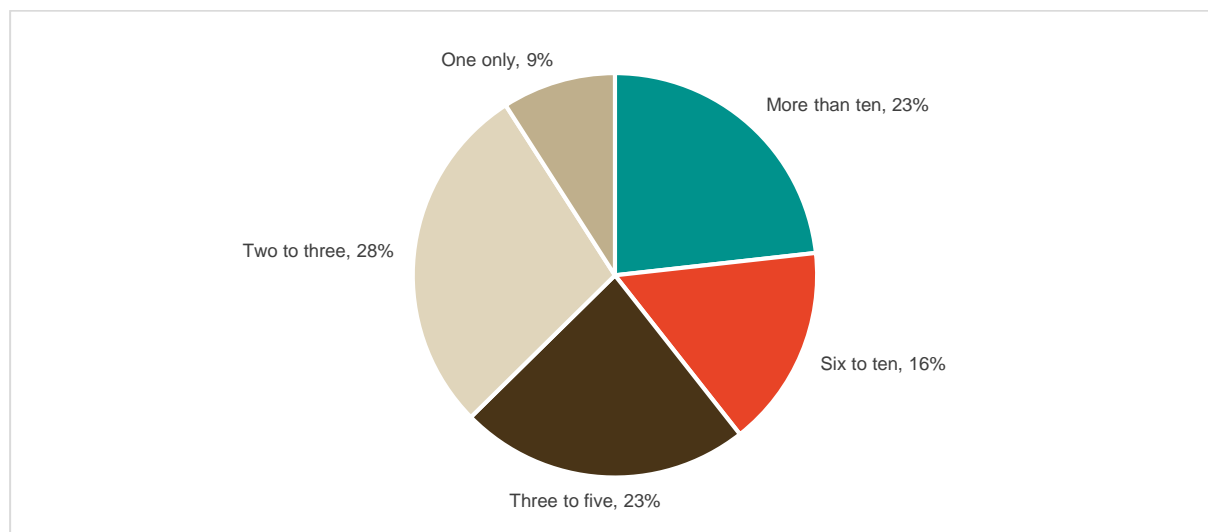
What is the size of the organisations that provide counselling?

Just over fifty per cent of organisations had between two and five counsellors, with twenty-three per cent (ten organisations) having more than ten counsellors (Figure 4). Of the 10 organisations that had more than 10 counsellors, most had branches in a number of locations.

30 Pacific Region Infrastructure Facility (PRIF) 2015. Economic and social impact of ICT in the Pacific
<http://www.theprif.org/index.php/news/53-media-releases/169-prif-ict-study>

31 In Papua New Guinea, a 2013 study found that even though mobile phone ownership had increased significantly across the country, ownership by women remained low (45 per cent), with much less ownership in rural areas. Many women (39 per cent) rely on access to someone else's phone. Refer to GSMA Connected Women (2014) Connected women striving and surviving in Papua New Guinea: Exploring the lives of women at the base of the pyramid.
<http://www.gsma.com/mobilefordevelopment/programme/connected-women/striving-and-surviving-in-papua-new-guinea-exploring-the-lives-of-women-at-the-base-of-the-pyramid-2>. Accessed September 2016

Figure 4 Service provider counsellor numbers



1.7 Reach and access to counselling services

What is the reach of the target population of counselling services?

The reach of counselling services focuses on the availability of counselling services. The consultants also assessed access to counselling services, which considers the factors that are either barriers or enablers for survivors to access counselling services.

Most Pacific nations are made up of small dispersed populations, often geographically isolated across a number of islands or in remote interiors with unreliable and / or expensive transport links. This clearly affects the reach and coverage of counselling services.

In all fourteen countries, reviewed organisations reported that there are gaps in available counselling services, particularly in remote areas and outer islands. In some of the smaller countries, the counselling services are very limited. For example, Nauru, Palau and Federated States of Micronesia have minimal services and in Niue, no counselling services focusing on survivors of violence were reported.^{32,33}

Regarding the availability of counselling services throughout countries, of the organisations that responded to the questionnaire, 22 (52 per cent) are based in one location, which is usually the nation's capital.³⁴ Of these 22 organisations, nine provide phone counselling and four frequently undertake outreach activities. Of the organisations / agencies that have branches outside the main city, only one - the Vanuatu Women's Centre - has an almost nation-wide coverage.³⁵ However, the Vanuatu Women's Centre acknowledged that there were many islands and interior regions where

³² In response to the questionnaire, the Niue Department of Health said that they do not provide counselling services for survivors of violence but they do provide general counselling services. Key informants reported that there were no counselling services available for women affected by violence. In Federated States of Micronesia, Palau and Nauru, no organisation that provided counselling services responded to the questionnaire, but key informants indicated that limited counselling services were available. In Marshall Islands, Women United Together Marshall Islands is currently in the process of establishing 'support' services (basic counselling) with DFAT / *Pacific Women* support.

³⁴ In Nauru, the DFAT-funded PACTAM 2 (Pacific Technical Assistance Mechanism Phase 2) program plans to fund a counselling adviser, to be located in the Nauru Ministry of Health and Medical Services and due to commence in early 2017. ³⁴ In Solomon Islands, two organisations that are currently operating in Honiara (the family support centre and *Seif Pleis*) are planning to expand in 2017, for example to Malaita and Western Provinces.

³⁵ Vanuatu Women's Centre has centres in five of the six provinces in Vanuatu. In 2017, Vanuatu Women's Centre will be supported by UN Women to construct a centre in Penema, the one province where Vanuatu Women's Centre does not yet have services.

services are not easily accessed. They are progressively expanding their services through the Committees against Violence against Women (CAVAW) network.

In recognition of the limited reach of counselling services, a number of strategies are being utilised to increase coverage and reach. Some of these strategies are listed below.

- Twelve organisations reported that they regularly conduct community outreach through mobile counselling. These organisations reported that mobile counselling often consisted of visits that lasted for three to five days and included raising awareness of the counselling services, provision of counselling services, and help-line information.
- Use of community-based mechanisms where the organisation supports community members to provide initial crisis counselling to survivors of violence and assists with referral to skilled counselling services; for example, the Vanuatu Women's Centre, Nazareth Counselling Services (Bougainville) and the House of Sarah (Fiji).
- The Ministry of Health in Papua New Guinea aims to provide a comprehensive care package for survivors of family and sexual violence that includes access to counselling at dedicated family support centres located in provincial hospitals throughout the country. It is reported that currently 13 hospitals have established a family support centre, with further centres planned for completion over the next year. Key informants reported that resourcing, including budgetary constraints, adversely affects the quality of counselling services available. However, a number of agencies are working with the Ministry of Health to strengthen the family support centres.³⁶
- In Vanuatu, Fiji and Papua New Guinea, selected police officers in the family and sexual violence units are trained in basic counselling skills. This provides initial support (e.g. domestic violence restraining order applications) and referral to counselling services for survivors of violence. In Solomon Islands and Kiribati, the SAFENET referral mechanism includes the police, health services, social services and counselling organisations. This approach aims to increase the reach and access to counselling services and to provide a coordinated multi-sector response for survivors. A total of 25 counselling service providers (62.5 per cent) reported that they receive referrals from the police.

Key informants reported that a major barrier to extending the reach of services was funding, particularly the cost and challenges of providing services to outer islands and remote areas. They also reported that ensuring quality of services when expanding was a limiting factor to expansion.

What approaches are used to increase access to counselling services?

In most countries in the Pacific, few women survivors of violence seek assistance from formal services (Figure 5).³⁷ In the nine countries in the region where prevalence studies have been undertaken, it was found that those who do seek assistance from formal services mostly contact the police and health services first, rather than counselling services. This is likely related to unfamiliarity with these services, as well as their limited reach.

The most common reasons for women not seeking assistance include³⁸:

- violence is seen as normal;
- fear / threat of further violence;
- embarrassed, ashamed, will not be believed;

³⁶ For example, the Family Sexual Violence Action Committee,³⁶ the recently formed Papua New Guinea Counsellors Association (Femili PNG) and the Nazareth Centre all reported working to strengthen the family support centres.

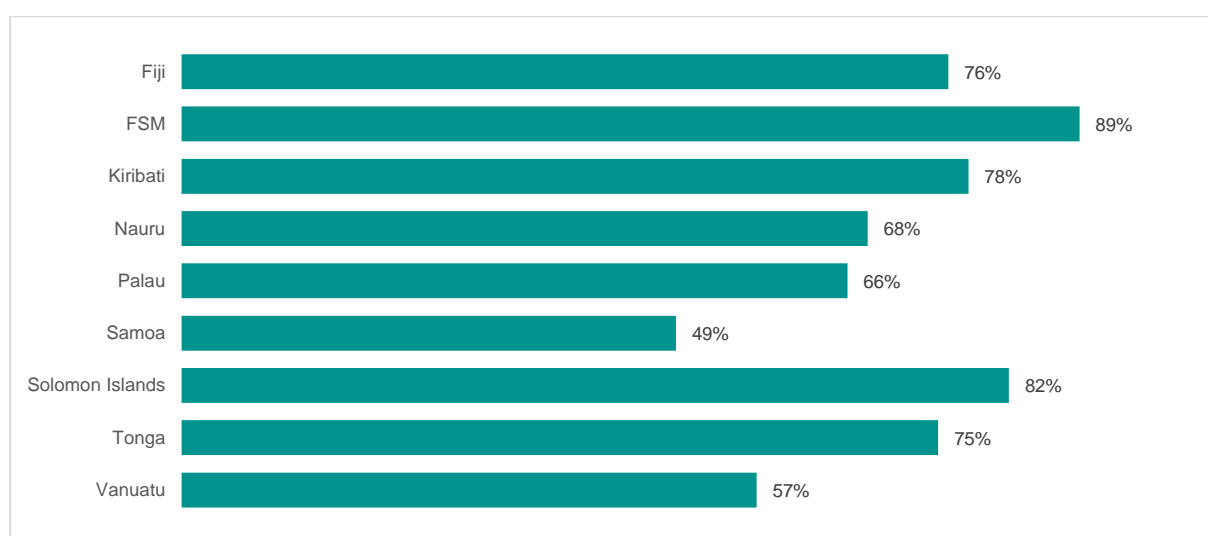
³⁷ This also is likely to be the case for male survivors but prevalence data are available only for women survivors.

³⁸ Sourced from prevalence studies across the region: Fiji, Tonga, Samoa, Vanuatu, Kiribati (Annex 7).

- bring shame on the family;
- afraid the relationship will end;
- afraid they will lose their children;
- economic dependence on partner and / or his immediate family; and
- family pressures.

Women's reasons for seeking help from formal services or authorities were mostly associated with the severity of the violence. This is a probable explanation for women in a number of countries first contacting the police or health services.³⁹ Some women reported that they were encouraged by friends or family.⁴⁰ The Tonga and Samoa prevalence studies also analysed differences between rural and urban women with the findings showing that urban women are more likely to seek assistance.⁴¹

Figure 5 Women survivors of violence who never seek assistance



Approaches aimed at increasing access to counselling services

A number of agencies have undertaken activities aimed at increasing access to counselling services for survivors of violence. These activities have focused on:

- raising awareness of counselling services that exist, including phone-based counselling services;
- working with community leaders and community members on increasing their acceptance of women seeking assistance, including counselling services, and ensuring their safety;
- working with pastors and their spouses to equip them with family counselling skills (a number of FBOs are working with church leaders and, in some cases, with their spouses, to increase their understanding of root causes of violence and gender equality and to improve their communication skills); and
- community education sessions and the use of the media to raise awareness of counselling services.

³⁹ Fiji, Federated States of Micronesia, Kiribati, Tonga, Samoa (Annex 7)

⁴⁰ Kiribati Family Health and Support Study (2010); National Study on Domestic Violence against Women in Tonga 2009 (2012) (Annex 7)

⁴¹ Other prevalence studies do not include an urban / rural breakdown or any breakdown by age

1.8 Service delivery models and specific components

The desk review, interviews and in-country visits showed that organisations are utilising a range of service delivery models to support clients.⁴² The options available to clients fall primarily between community level ‘basic counselling’, which provides basic interventions, and ‘skilled counselling’, which is often available only in urban centres from people who have received more extensive training. As required by the terms of reference, this review proposes four categories of services to improve understanding of what models are currently being used by counselling providers in the Pacific region, and which ones are working well and can be built on. These classifications are based on the components of the services currently being provided. The term ‘service delivery models’ describes the components of counselling and support services provided, not the technical nature of the counselling. Further analysis of the types and quality of counselling available is provided in section 3.5. Table 4 provides an overview of the four categories.

Table 4 Service delivery models

Category 1	Counselling services including referral
Category 2	Counselling services including case management ⁴³
Category 3	Counselling, case management and community outreach
Category 4	Counselling, case management, community outreach, other integrated services ⁴⁴

It can be seen that Category 1 is the lowest level of service, typically provided by community workers who have a limited range of services to offer beyond referral to health and other services as available. Category 4 is the highest level of services, with active case management and a range of support services integrated within the one organisation.

Counselling providers implement a range of approaches within these four categories of service delivery. Their approaches are linked to their resources (including the level of skills and experience of counsellors), strategies, ideologies and cultural considerations. Further explanation and examples of these models are detailed below.

Category 1: Counselling services including referral

Typical examples⁴⁵ of this model are relatively small providers (one to five workers) and / or phone counselling services. Unfortunately, of the small providers based in rural areas that were identified, most did not complete the survey. Based on discussions held in-country, however, it is likely that a high proportion of these small providers would fit under this category. Of those that did complete the survey, sixteen per cent (seven organisations) say they do not provide case management.

This category includes the ChildFund Crisis Phone line (Papua New Guinea), the Samoa Lifeline and the Fiji Lifeline Counselling Service, which provide phone crisis counselling support. Phone counselling in this setting is usually first response, with referral to other services, but can include ongoing counselling. Phone counselling lines are reported as being successful, partly due to the increased coverage and use of mobile phones in the Pacific. An immediate crisis for the client can frequently be averted, with support, relief, and guidance being provided. Clients also can remain

⁴² This is mainly related to the level of resources / funds they have available

⁴³ Case management, according to the Australian Association of Social Workers, is a method of providing services whereby a professional social worker collaboratively assesses the needs of the client and the client's family, when appropriate, and arranges, coordinates, monitors, evaluates, and advocates for a package of multiple services to meet the specific needs of the client

⁴⁴ Integrated services include medical services, legal aid, e.g. the one-stop shops, women's shelters, etc.

⁴⁵ Referral is simply directing clients to other services, without accompaniment or further case management activities

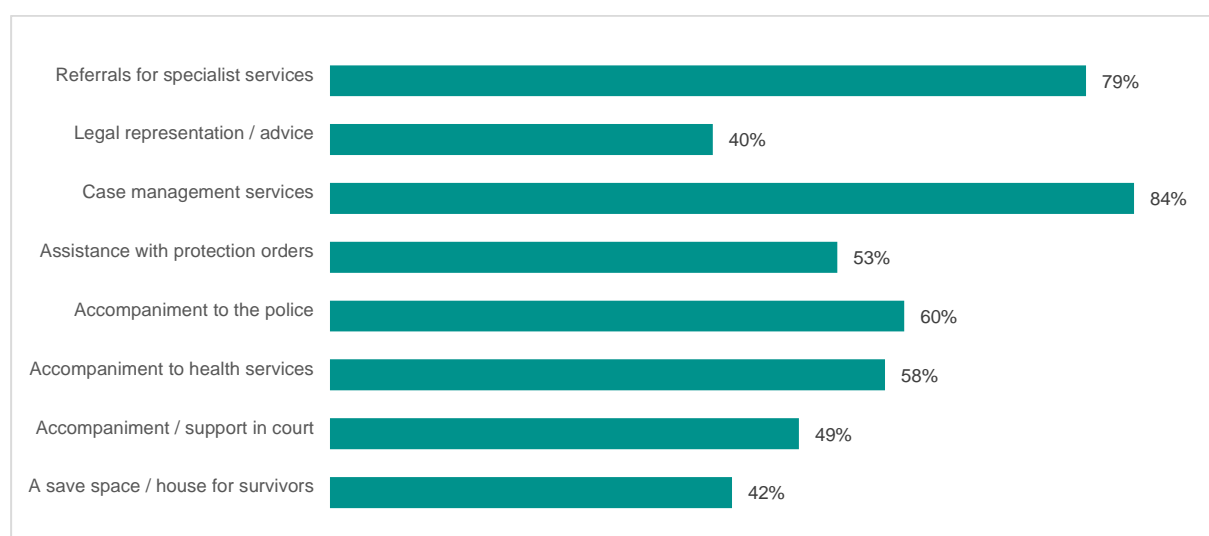
anonymous. Phone counselling is accessed by various community members, including family members of survivors of violence, neighbours, friends, perpetrators and men. Limitations to the service arise when clients need ongoing counselling for complex issues or active case management. Phone counsellors indicate that their strength is in crisis counselling, information provision, and referral to other counselling services that provide face-to-face counselling. Success rates could be improved if these services were integrated or coordinated with face-to-face counselling service providers, particularly where a handover can be established.

Other examples of this model are the Community Affairs Department in Tuvalu and the Department of Women's Affairs in Vanuatu, where some staff members provide basic counselling services and referral if required.

Category 2: Counselling services, including case management

As noted above, the vast majority of respondents to the survey indicated that they provide case management services (84 per cent). The term 'case management', however, is often poorly understood and it is possible that some of these organisations do not provide it. Case management⁴⁶ is a process where the needs of the client are assessed and access to a package of services is advocated, coordinated, monitored and evaluated. Case management is not counselling itself but is typically undertaken by workers (social workers, community outreach workers, counsellors) who conduct counselling. Given the responses to survey questions about the types of services other than counselling that organisations provide (Figure 6), the true figure for case management is more likely to be 50–70 per cent of respondents.

Figure 6 Other services for survivors of violence



Punanga Tauturu Inc. (Women's Counselling Centre) in the Cook Islands is an example of Category 2. It has three counsellors who cooperate closely with the police and health services. Support is through a 24-hour free helpline and face-to-face counselling; access to legal aid and community safe houses is facilitated as required.

Ma'a fafine mo e Famili in Tonga operates with a qualified counsellor and provides basic counselling and case management, assisting clients in their application for protection orders, facilitation with the police and ensuring safe spaces for clients in the community.

⁴⁶ The Australian Association of Social Workers defines case management as a method of providing services where a social worker / counsellor collaboratively assesses the needs of the client and, as appropriate, arranges, coordinates, monitors, evaluates, and advocates for a package of multiple services to meet those needs.

The Vanuatu Seventh Day Adventist mission provides basic counselling to clients and facilitates access to safe spaces through the church structure.

Femili PNG, based in Lae, works with case managers and social workers. Its survey responses indicate that it provides predominantly basic counselling and comprehensive case management services. These include access to legal advice, accompaniment to the police, assistance with interim protection orders, health services, accompaniment to court, referral to specialist services as required, and a safe space for survivors.

To support case management processes in both Kiribati and Solomon Islands, an interagency mechanism, SAFENET, has been established to effectively coordinate the referral pathway. In Solomon Islands, SAFENET comprises the police, the Ministry of Health, the Public Solicitor's Office and NGO / faith-based organisations partners, including *Seif Pleis*, which provides medical services along with other services for survivors of violence. In Kiribati, SAFENET includes health services, the police, social welfare and NGOs.

The low levels of confidence of survivors of violence, their limited awareness of bureaucratic processes, ongoing fear and stigma, and often the communication styles of health and police personnel, are all barriers for survivors in accessing support services. Case management, particularly where the counsellor accompanies and / or supports the client to access various services, such as the police, health services, social welfare and the courts, is critical in the process of supporting the client to start feeling empowered.

Category 3: Counselling, case management and community outreach

Interviewees stressed the importance of community outreach, as women are not always aware of the counselling services available (in both rural and urban areas). Other community members can play an important role in supporting women to access professional support. Typically, there are two approaches: a community-based first responder system and mobile counselling (counselling practitioners visit the community). The community outreach system embedded within the community appears to be a strong indicator of success. The training and ongoing support provided to community 'advocates' also clearly contributes to the success. However, there are still challenges, such as resistance by community leaders or others to community-based first responders. Finding a confidential space to talk within a community environment was reported as a key challenge.

First responders are identified community members—including basic counsellors—who act as advocates, respond, raise the alarm, facilitate support, secure safety and refer clients.

The House of Sarah program (Fiji) trains religious leaders to promote gender equality and zero tolerance of violence against women. Part of this program is the development of a community-based outreach network of Christian women, called Sarah Carers. The carers provide basic counselling and refer to specialised counselling services.

The Samoan Victim Support Group is a counselling service provider with more than ten counsellors. The service takes referrals from the family and youth courts for offenders to attend counselling sessions. Interview outcomes indicate that the centre established a 'rural community alert system', which involves village representatives in 166 villages across Samoa who can respond to women in need of immediate protection and support as a result of domestic violence.⁴⁷ The alert system relies on a helpline, mobile phone communication and informal networks to connect Samoan Victim Support Group with women living in remote villages who are experiencing domestic violence.

⁴⁷ Interview and UN Women 2015 report

The Vanuatu Women's Centre provides professional counselling with case management through their capital and regional offices. To increase access for women in remote areas, Vanuatu Women's Centre has developed an extensive community outreach program – CAVAW. To date, a total of 44 CAVAWs have been created, with each consisting of a group of three women selected from the communities (where possible). The women are trained in-house and / or through the Fiji Women's Crisis Centre to act as first responders and provide crisis support and referrals to one of the regional offices. Selection criteria for CAVAW members have evolved over time; the current focus is on younger women with a minimum of secondary school education. The centre is determined to pursue this model to ensure good quality, reachable services in remote areas. CAVAW members provide their service on a voluntary basis.

The Nazareth Centre for Rehabilitation in Bougainville, Papua New Guinea, has six professional counsellors and approximately 70 community-based basic counsellors in all three regions of Bougainville. These advocates provide the first response and facilitate survivors to access trained counsellors, if required. The Nazareth Centre also manages two safe houses and provides support to survivors in the areas of health care and accessing legal advice and the courts.

The Tonga Women and Children Crisis Centre also utilises a community outreach approach and has recently started to use radio as a means to raise awareness about the importance of counselling services.

Category 4: Counselling, case management, community outreach and other integrated services

This category mostly covers larger and more established organisations that have received ongoing funding support for several years. One would expect that the more services available to the client, the better the outcomes, and the findings of the review support this.

Medical Services Pacific in Fiji has developed a one-stop-shop approach. It includes counsellors, a clinic for reproductive health (with provision of a gynaecologist), mobile counselling, and legal services. Through the availability of integrated specialist services, Medical Services Pacific has been able to provide professional support in cases of serious sexual offenses for children and women, including forensic medical reports for court cases.

The Fiji Women's Crisis Centre is an example of a comprehensive approach with a variety of service components, such as the provision of counselling, case management for medical and other practical support services for women and children, a shelter and a legal aid adviser. There are now also satellite offices around the country, a 24-hour telephone crisis counselling service, and a mobile counselling service. The centre has developed a regional training program to support their staff and provides training for other organisations in the region.

Empower Pacific in Fiji is located in three major hospitals, allowing for close cooperation with medical staff and a relatively easy referral system. It also sees clients who seek support for depression or suicidal ideation caused by gender-based violence. The service has engaged counsellors for the task of counselling and social workers for case management. Empower Pacific also provides training to health workers in psychosocial first aid and has two certified trainers (by the Australian Institute of Counselling) to mentor counselling students during their practical experience.

For some women, returning to their community is not a safe or viable option, particularly in the short term. Forty-two per cent of organisations reported that they provide a shelter or safe place. However, follow-up discussions revealed that there are very few organisations with shelters and that often the safe place is staying with the organisation's staff members or in guesthouses / hotels. Interviewees stressed that shelter provision is a regular shortcoming in the service as it is often difficult to find a

place. Currently, most shelters do not offer a day-program or group counselling, although interest in developing these activities has been expressed.

A minority of surveyed organisations are able to provide financial support, mainly for transport to access counselling, for health services, and for legal fees. Some organisations (e.g. Fiji Women's Crisis Centre, Empower Pacific and Vanuatu Women's Centre) support women to access social welfare benefits in the few Pacific countries where these are available. Financial support is extremely helpful to those women with very little means and when money is controlled by their husband. A very small number of organisations (e.g. Empower Pacific) have associated income-generating projects to support separated women with a new source of income.

To sum up, the organisations that incorporate all the elements above, have quality control mechanisms in place, and have access to ongoing funding are highly likely to be delivering good quality, effective services. However, few organisations in the Pacific are in this position. This emphasises the need for coordination mechanisms among agencies in order to deliver effective, good quality counselling services.

1.9 Quality assurance of counselling services

Quality of counselling services

Key findings regarding the quality of counselling being delivered:

- Among basic counsellors, quality varies – some have strong basic skills but many lack understanding of basic principles of counselling. A major problem is the lack of understanding and application of basic ethical principles of counselling (not to judge, not to influence, but to strengthen and listen).
- Skilled counsellors have a better understanding of the ethical consideration and core competencies in counselling survivors of violence, such as empowerment, understanding of the context, and recovery strategies.
- Skilled counsellors need to have their skills further consolidated through regular supervision and guided case discussion. Most basic and skilled counsellors indicated that there were areas where they could improve their counselling skills for survivors of violence, e.g. provide coping strategies, make an action plan, conduct a safety assessment, and conduct a more comprehensive needs assessment.
- The emphasis on increased quality is particularly important as the typical intervention is short and therefore needs to be effective.
- Only a minority of organisations have solid monitoring systems and evaluations are often not conducted.

The methodology of this review was in three parts. Firstly, the quality of services. This looked at various quality support systems that the organisation has put in place. The quality of counselling is likely to improve if there are support mechanisms for counsellors, such as refresher training, regular supervision, peer case discussions, care provision for counsellors, and monitoring systems. Additionally, practical work experience and working with well-trained and motivated personnel increases the chance of quality output.

Secondly, through the questionnaire and focus group discussions, the use and understanding of minimum ethical considerations and core competencies for effective counselling of survivors of

violence were assessed (Annex 3).^{48,49,50,51} The ethical considerations and core competencies have been drawn from acknowledged best practice.

Thirdly, as part of the focus group discussion, minimum standards and best practice in the Pacific were explored. This included the external factors that influence quality and monitoring practices. Success factors for best practice and quality of counselling are described in section 4.1.

Core qualities and competencies of counselling

- Ability to listen and develop trust.
- Ability to assess the risk for the survivor of violence.
- Understand the impact of violence on survivors.
- Understanding of the context of the survivor.
- Understanding how to support recovery and implement appropriate strategies for the survivor.
- Empowering – building on the survivor’s strengths.
- The service is beneficial and does no harm.

Level of training received in counselling, including refresher and specialised training

Counsellors have a mix of training and qualifications, as shown in Figure 7. Forty per cent of organisations have counsellors with a diploma or a degree in counselling, social work, psychology, etc. In 37 per cent of organisations, staff had either one to two weeks’ training or only practical experience.⁵²

Initial training was mostly in counselling for survivors of violence (72 per cent), sexual assault (65 per cent), and child abuse (56 per cent), rather than in generic counselling.

Interviews and focus group discussions stressed that counsellors value the training they received but most of them feel the need for more refresher training (for those that provide basic counselling). Skilled counsellors are interested in additional therapeutic techniques to deal with complex issues of clients.

Most staff reported having significant practical experience in counselling, with 63 per cent having five or more years’ experience (Figure 7).

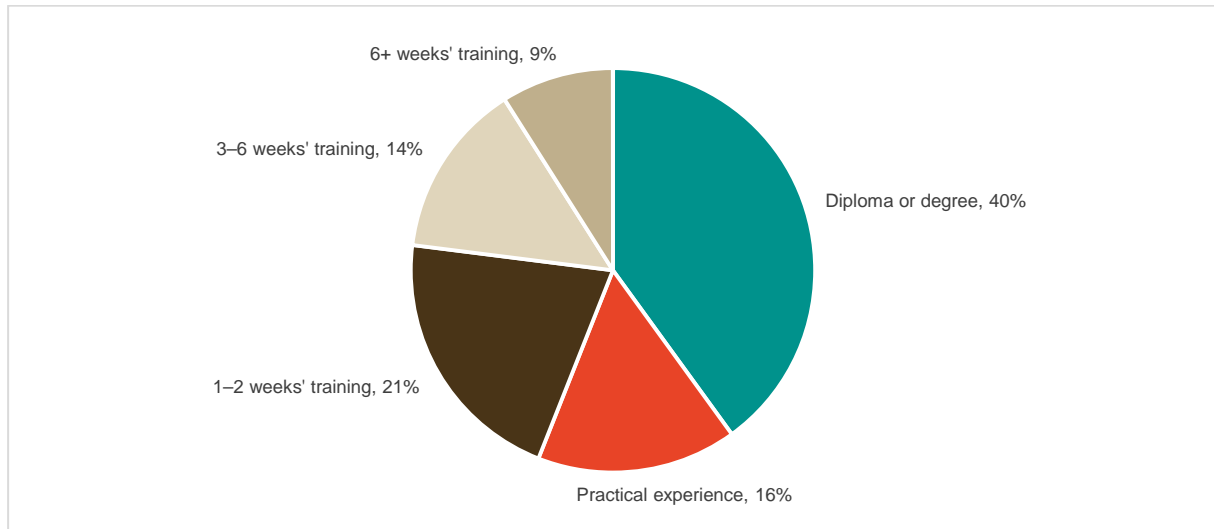
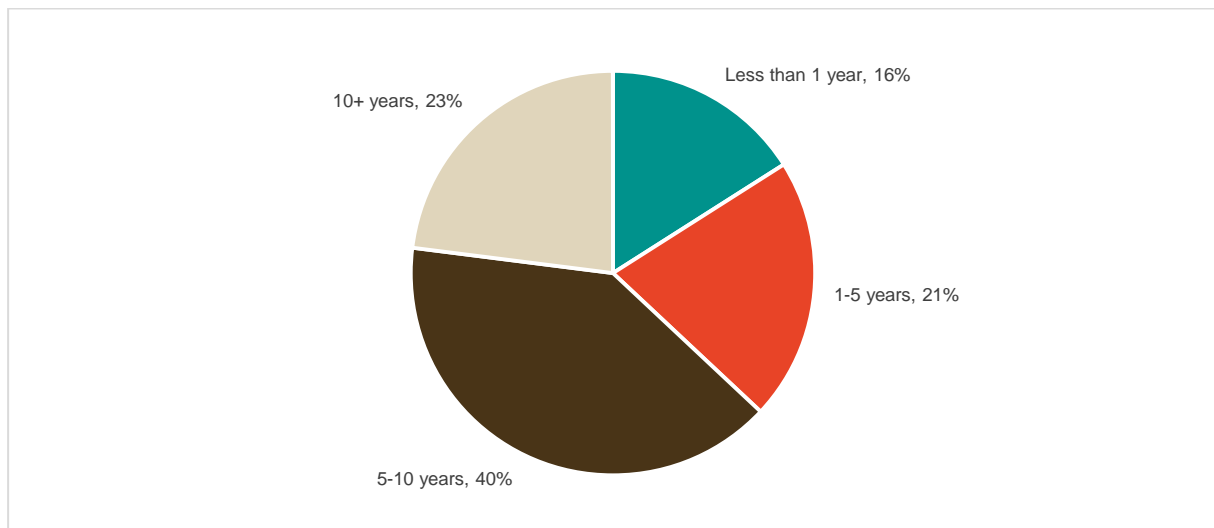
48 Grealy, C., Humphreys, C., Milward, K., and Power, J. (2008) Practice guidelines: women and children’s family violence counselling and support program, Department of Human Services, Victoria

49 O’Brien, C. (2015) ‘Working with domestic violence; A clinician’s guide to ethical and competent practice’. In *Psych.* October 2015 / vol.37

50 Psychotherapy and Counselling Federation of Australia, Ethical Standards- <http://www.pacfa.org.au/practitioner-resources/ethical-standards/> – Accessed 2 October 2016

51 UN Women, UNFPA, WHO, UNDP, and UNODC (2015) Essential services package for women and girls subject to violence: Core elements and quality guidelines, Module 4

52 This survey does not differentiate between levels of training of counsellors within one organisation. It is assumed that, when completing the survey form, the highest level of training / education was marked.

Figure 7 Counselling experience and training by provider**Figure 8** Counselling years' experience (by organisation)

Support mechanisms: case discussions, mentoring and supervision

Supervision of staff is not provided on a regular basis in most organisations. Only 35 per cent of organisations provide this on a regular basis – either monthly (30 per cent) or quarterly (5 per cent). Around a third of organisations (32 per cent) reported that they provide no supervision and a further 33 per cent provide supervision only when there is a visit from an outsider, such as a trainer.

Around fifty per cent of organisations indicate that they support staff through formal and informal meetings. While 58 per cent of organisations use peer group case discussions, two organisations implement a system of daily debriefings.

Through the focus group discussions, skilled counsellors reported that they received support through case discussions within the team, team meetings, supervision (for some), and refresher training. However, it was noted that formalisation of case discussion and supervision varied amongst the organisations and some counsellors expressed a clear need for ongoing (external) supervision.

The majority of counsellors who participated in focus group discussions demonstrated a high level of compassion and motivation for the work that they are doing. Counselling is clearly a skill that generates the empathy needed for the client to feel understood and supported. However, it may

increase the risk that counsellors become vulnerable to trauma through their work, particularly in the long-term. Counsellors reported being supported by each other but some felt the need for formal organisation support.

Monitoring system, evaluation of services and self-rating of quality

In total, 35 per cent of the organisations use a database to monitor client information. A further 18 per cent indicated that they use a simple spreadsheet for data collection and tracking.

Nine organisations (21 per cent) noted that their organisation had been reviewed or evaluated in the last five years but the consultants had access to only one of these evaluations.⁵³ The percentage is similar when assessing only skilled counselling services. The remaining 79 per cent had never undertaken an evaluation but 63 per cent self-rated their services to be good (35 per cent) or excellent (28 per cent). Thirty-three per cent rated the quality of their services to be satisfactory, while two organisations (4 per cent) rated their services as less than satisfactory.⁵⁴

In the focus group discussions with counsellors, it was evident that all participants who were skilled counsellors had a sound understanding of the processes and common strategies involved in counselling survivors of violence, and most had a clear view about what best practice entails within their cultural setting. Among the organisations that conduct basic counselling, feedback from interviews and the focus group discussions suggest that the quality varies. Motivation to help is high, but this can lead to inappropriate counselling interventions being undertaken. Rather than listening and supporting clients to develop their own plan of action, there appeared to be a tendency among basic counsellors to want to advise and influence the survivor.

One presentation during a focus group discussion had this to say about the objective of counselling and what the counsellor should aim to achieve:

Our objective is that she [the client] smiles at the end of the session, and smiling means a lot of things: that she understands what we have talked about, she is working out what she can do to make things better for her. We want her to breathe a sigh of relief as we have touched on what her problem is, we want her to understand her rights, we want her to know if there is legal redress for her situation, we want her to know that there is always support available and we want her to know she is being listened to.

Use of core competencies in the area of violence against women

The vast majority of organisations (81 per cent) rated their staff as being very good or good in establishing a trusting relationship. They also rated most of their staff as being competent in exploring the issues, concerns and needs (84 per cent). About 58 per cent were able to facilitate coping mechanisms and 53 per cent reported that their staff were skilled at supporting clients to develop their action plans.

Data analysis for basic counselling service providers indicates that the first step of counselling is well understood (i.e. to establish trust and a good relationship). However, the majority of basic counselling providers commented that they lack the skills to provide a range of coping mechanisms, set some goals, or conduct a risk assessment or an action plan. This indicates that some core competencies of counselling are not fully integrated, according to the self-assessment of basic counselling providers (Figure 9).

⁵³ This is the Fiji Women's Crisis Centre evaluation undertaken in 2015. Of two other evaluations the consultants reviewed, the one for Vanuatu Women's Centre was undertaken six years ago in 2010 and the other was of the FSV units in the Royal Papua New Guinea Police Constabulary undertaken in 2015. The police did not complete a questionnaire.

⁵⁴ Interestingly, for the two organisations that ranked themselves less than satisfactory, the reviewers received positive independent feedback about their work.

Counsellors agree that the quality lies in the ability to listen and to have the story told by the survivor. As one counsellor stated: 'In a culture where she has never been listened to, or believed, and where culture is so deeply blaming and violence in a relationship is normal, for a woman to be listened to, without judgement, this will be a first experience, and can be very empowering.'

Regardless of the background of the counsellors, faith-based or rights-based, empowerment was seen as an important outcome for the well-being of clients. The term 'empowering' was described as 'building on her strengths, to increase confidence and provide education around the various options and actions that she could choose to take'.⁵⁵ Some counsellors said that the process of empowerment needs to be on the survivor's terms so as to not cause any harm for her within her community, and that this takes time.

The questionnaire indicates that 42 per cent of service providers reported that they conduct safety risk assessments as part of their standard protocol, 32 per cent conduct risk assessments when it was felt that the person was at risk, and 26 per cent rarely conduct these. A number of service providers felt that this is an area that they need support to strengthen.

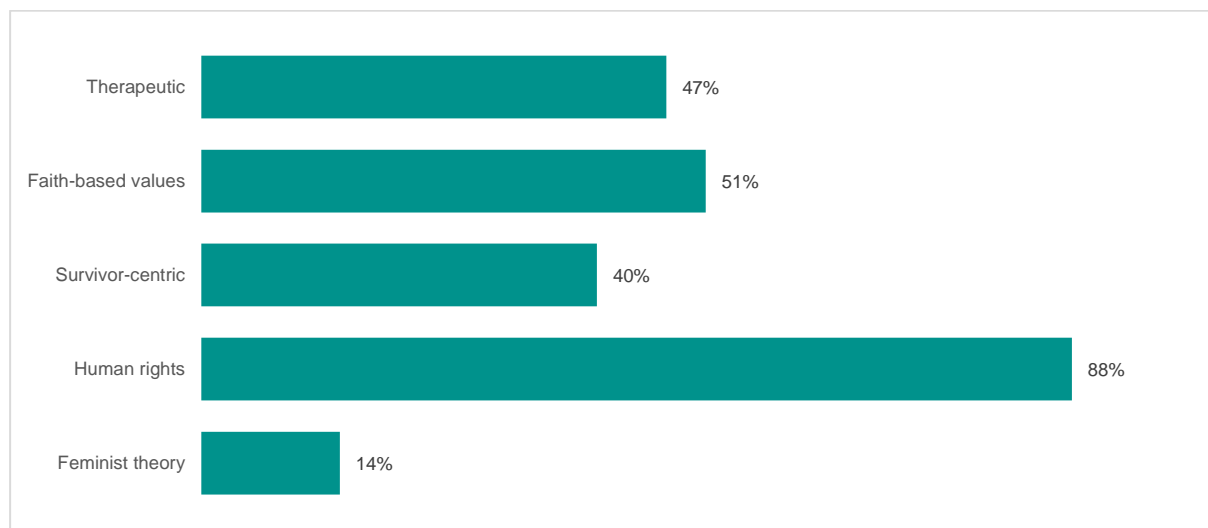
The majority of skilled counsellors have a sound understanding of both the context in which violence appears and the law in relation to domestic violence. In fact, in many cases, counsellors reported advising police and health service staff on legal aspects. Increasing awareness that abuse is a violation of the law is an important intervention as most women see it as a way of life and are not aware that this is not allowed. The self-assessment questionnaire found that 32 per cent of organisations reported that their staff have a high level of understanding of the laws that relate to family and sexual violence, 53 per cent reported that it varies amongst their practitioners, and 12 per cent felt their practitioners have a low level of understanding of the law.⁵⁶

Frameworks that guide counselling approaches

Figure 9 provides a summary of the approaches used by the counselling service providers that responded to the online questionnaire. Almost 90 per cent of organisations reported that their service was based on a human rights approach, 14 per cent based theirs on feminist theory, and 51 per cent reported using faith-based values. Interestingly, 20 of the 22 organisations that reported using a human rights approach were faith-based organisations (91 per cent) and four of the six organisations that reported using a feminist approach were also faith-based organisations (67 per cent). Key informants noted the importance of confidential counselling, particularly in the Pacific where populations are small. Interestingly, a number of counselling organisations that the consultants visited advertised 'confidential counselling' on their signboards.

⁵⁵ Focus group discussion with counsellors, Vanuatu Women's Centre

⁵⁶ Those organisations that reported a low level of understanding of the law were all located in countries that had legislation relating to family and sexual violence.

Figure 9 Approaches used by counselling providers

Use of counselling standards and ethical guidelines

As noted previously, counselling is not a regulated profession in any of the Pacific Island countries. Therefore, ethical and counselling standards can provide a mechanism to guide and oversee the quality of the services provided by counsellors and protect the well-being of clients. These standards are often developed by counsellors' associations or associations of psychologists and social workers. In general, organisations tend to refer to these and require their counselling staff to follow them. Currently, only Kiribati and Papua New Guinea have counsellors' associations. In Papua New Guinea, the association has only recently been established and is currently in the process of formulating its 10-year strategic plan.

In Samoa, the Ministry of Health is currently working on a code of standards for allied health professionals that will include social workers and skilled counsellors.

Fiji has an association of social workers and a psychologists' network.

Fifty-eight per cent of counselling organisations reported that they have ethical guidelines in place and the remaining 42 per cent reported that either they planning to or are in the process of developing guidelines. This rate is higher than expected, given that the majority of the organisations reported that they conduct basic counselling only. Some of the larger organisations ensure that ethical standards are understood by discussing them as part of their in-house training.

Feedback from key stakeholders implies that not all service providers adhere to ethical principles and responsibilities of counselling, particularly when it comes to the ethical responsibility to promote autonomy and encourage clients to make responsible decisions on their own. Faith-based counselling practitioners, including some pastors and chiefs, expressed concern about some of the counselling that is conducted by community leaders. This is due to the likelihood that they will provide advice rather than listen without judgement: 'Clients don't need more advice on what to do'.

Traditionally, counselling is seen as a process in which people with authority advise or direct others on what they should do. This form of counselling is perceived as a corrective process administered by older family members, village leaders, the clergy and teachers, who 'counsel' those who stray from cultural or religious norms.⁵⁷ Informants reported that a number of community leaders continue to focus on reconciliation processes, mediation, or couple counselling, with the objective to bring the couple together regardless of the survivor's view and without the opportunity to recover from traumatic

57 P.M Forster, *Counselling in Fiji*, Department of Education, University of South Pacific

events. Pastors and chiefs who were interviewed acknowledged that they are not best positioned to counsel women as they do not feel comfortable detailing personal details to males of authority. They see their function as advocates, providing care and referral to an appropriate counselling practitioner.

In reference to counselling standards, the questionnaire enquired specifically about confidentiality, client filing systems, and monitoring systems. Client files are kept for each client by 70 per cent of the organisations, with 12 per cent indicating that they rarely do this and the remaining 18 per cent reporting that they sometimes do this. According to the questionnaire, 81 per cent of the managers indicate that their workers always maintain confidentiality, 12 per cent indicate that this is an area for improvement, and seven per cent report that confidentiality is adhered to only sometimes. Counselling practitioners who participated in the focus group discussions were clear that client confidentiality and practitioners' non-judgmental approach is vital for trust and for a positive counselling outcome. The client is often fearful of repercussions and does not want anybody to know she is seeing a counsellor. Interviews revealed that confidentiality can be a challenge, particularly when utilising a community outreach model.

1.10 Gaps in counselling services

Are there counselling needs that are not being addressed, including for marginalised and vulnerable groups of women, women with disabilities, and men?

People with disability: 63 per cent of organisations reported that they provide counselling services to people with disability, with 49 per cent reporting that their counselling services were disability inclusive. Through the country level consultations, representatives of people with disability reported that they generally do not feel safe with the counselling services available. Additionally, some counsellors indicated that they do not feel sufficiently equipped to provide counselling for people with disability.

LGBTQI people: through consultations with representatives from the LGBTQI communities in Fiji, it was clear that they felt that the counselling services available did not adequately meet their needs.⁵⁸ They reported a high demand for counselling services for survivors (and perpetrators) of violence within their community but believed that many in the community would not access counselling support (related to violence or other counselling needs) due to the stigma facing LGBTQI and a concern that they would be judged. They strongly felt that it was important that:

- the LGBTQI community members be actively engaged in outreach initiatives for counselling services within their community;
- there is investment in counsellors for survivors of violence from their community; and
- these specialist counselling services may need to be established within existing services, such as the Fiji Women's Crisis Centre, while acknowledging the limited resources available.

It is plausible that a barrier to accessing services in some Pacific nations is related to the legality of sexual behaviours of LGBTQI community members. In seven of the 14 countries, same-sex activity is illegal for males.⁵⁹ Only in Solomon Islands is same-sex activity also illegal for females.⁶⁰ Twenty three per cent of counselling organisations reported that they provide counselling services to members

⁵⁸ Of the 14 countries reviewed, the LGBTQI community in Fiji is the most active in advocating for their rights

⁵⁹ Male same-sex sexual activity is illegal in Tonga, Kiribati, Samoa, Tuvalu, Papua New Guinea, Solomon Islands and the Cook Islands. Private consensual male sexual activity is legal in Fiji, Federated States of Micronesia, Palau, Niue, Vanuatu, Marshall Islands and Nauru. Source: International Lesbian, Gay, Bisexual, Trans and Intersex Association: Carroll, A., State sponsored homophobia 2016: A world survey of sexual orientation laws: Criminalisation, protection and recognition (Geneva; ILGA, May 2016)

⁶⁰ Ibid

of the LGBTQI community. These organisations are located in Fiji, Solomon Islands, Papua New Guinea, Kiribati, and Marshall Islands (five of the fourteen countries).

Sex workers: 16 per cent of counselling organisations reported that they provide counselling services to sex workers.⁶¹ As with services for the LGBTQI community, these organisations are located in Fiji, Solomon Islands, Papua New Guinea, Kiribati, and Marshall Islands (five of the fourteen countries). In ten of the fourteen reviewed countries, while the law does not criminalise sex work in private, offences exist for associated activities, such as running a brothel, soliciting, and living on the earnings of sex work. Private sex work is illegal in Marshall Islands, Palau, Federated States of Micronesia, and Papua New Guinea.⁶² The consultants met with representatives from the Survival Advocacy Network in Fiji, who reported that their members fear being judged and that while they provide a safe place for sex workers (in Suva), they do not have trained counsellors. The Survival Advocacy Network represents diverse sex workers, some of whom also identify as LGBTQI, and it is aware of the services provided by Fiji Women's Crisis Centre.

Perpetrators: given that 18 organisations (42 per cent) reported providing counselling to perpetrators, it may not necessarily be considered a gap. However, based on interviews, it appears that most organisations see a very small number of male perpetrators. Due to the nature of the review, it was not possible to evaluate counselling of perpetrators.

In some countries (e.g. Samoa and Fiji), courts order perpetrators to seek counselling, often as part of their sentence. A small number of organisations, such as Goshen Trust and Samoa Returnees in Samoa, have more of a focus on perpetrators. The Samoan Victim Support Group provides counselling to perpetrators, often linked to court orders, and they reported positive outcomes, with very few cases of re-offending.

In Papua New Guinea, there was some indication of demand by men for counselling services. The *Tok Kaunselin Helpim Lain* that started in August 2015 reported that in its first year 40 per cent of callers were male perpetrators who were wanting to change their behaviour. There are also interesting initiatives where counselling is offered for men in their workplaces.⁶³

Men and boys: 33 organisations reported that they provide counselling services to men, but it is not clear from the data if the counselling is linked to violence (either as survivors or perpetrators) or for other reasons. Data on the prevalence of male survivors of violence also is limited, as prevalence studies have focused on women. Key informants reported that men may seek assistance for depression or suicidal thoughts, but on further discussion, it became clear that they had been abused.⁶⁴

Women and girls with severe complex trauma issues: as a result of long-term abuse, counselling services do not have the specialist skills to deal with complex trauma issues, resulting in psychopathology or mental disorder. Mental health services are mainly geared towards schizophrenia and psychotic disorders. This links to women's access to services where prevalence studies find that women access services only when the situation is very serious.

Coverage: as noted above, there are gaps in counselling services, both at a country level and within countries. Across the Pacific region, most existing counselling services do not provide the necessary reach. However, in Niue, Federated States of Micronesia, Nauru, and Palau, only very limited services are available.

61 It is possible that, because of stigma, sex workers do not disclose their profession to counselling services

62 UNAIDS, UNFPA, UNDP (2012) Sex work and the law in Asia and the Pacific

63 PNG Counselling and Care, a private counselling service, report engaging in counselling in the workplace initiatives.

Hameed S (2014) Good practice review: FSV and the workplace strategies project – Papua New Guinea. Gendered

Violence Research Network, School of Social Sciences, Arts and Social Sciences, University of New South Wales, Australia

64 Personal communication, Empower Pacific, 8 September 2016

Professional development: the gaps relating to professional development are discussed in detail in the following section.

1.11 Counselling education, training providers, qualifications and certification

Throughout the Pacific region, a range of training providers operate to provide technical courses or professional qualifications in counselling. These training providers can be divided into three groups:

- universities and technical colleges that provide certified degrees in counselling;
- counselling service providers that have developed regional or country-wide training curriculum in counselling; and
- short-term technical training provided by a variety of organisations or individual trainers.

The questionnaire indicates that relevant qualifications have been obtained through the Australian Institute of Counselling, Australia Pacific Technical College, the University of Papua New Guinea and the University of Goroka.

A bachelor's degree in social work or psychology is accessible through the University of Papua New Guinea (Port Moresby), the University of the South Pacific, or via distance learning at various Australian universities. University of the South Pacific (Fiji) offers majors in psychology, sociology and social work. Overall, few psychologists work in the 45 counselling service providers that participated in the questionnaire.

University of the South Pacific, in cooperation with the Australian Institute of Professional Counsellors (AIPC), is currently finalising training units to offer a diploma of counselling (start date possibly in 2017). The Papua New Guinea Counsellors' Association, in cooperation with AIPC, is currently developing a six-module curriculum for basic counselling to facilitate accreditation. The first and second modules are being trialled as a pilot project.

Empower Pacific has two AIPC certified trainers who provide mentoring for Fijian trainees during their counselling practicals. The organisation is recognised as a training institute by the Fiji Higher Education Commission and has provided regional training in HIV and sexually transmissible infections counselling in the past as part of the national HIV and sexually transmissible infections strategic plans. Currently, they provide psychological first aid training for health and community workers.

Pastors, police, and village chiefs interviewed for this survey all reported that the Fiji Women's Crisis Centre training had changed their behaviour. Insight obtained through the course on gender roles, male masculinity, patriarchal control, and the cycle of violence changed their views. The understanding that these are social constructs and therefore can be changed is powerful. These views expressed by participants were further validated through other independent key informant interviews.

Short technical courses in counselling (some accredited) have been facilitated by a few organisations (Women United Together Marshall Islands, Empower Pacific, Fiji Women's Crisis Centre, Vanuatu Women's Centre, House of Sarah) and independent consultants to upskill counsellors in therapeutic counselling, such as acceptance commitment therapy, solution-focused therapy, cognitive behavioural therapy, and the child-focused approach. In some organisations (Medical Services Pacific, Empower Pacific, Nazareth Centre for Rehabilitation, House of Sarah, Fiji Women's Crisis Centre, Vanuatu Women's Centre), counselling supervisors / advisers have provided in-house technical training in case management, working with sexual assault survivors, trauma-focused therapy, interventions for children, and dealing with suicidal clients and substance abuse.

The Fiji Women's Crisis Centre has developed training modules of various lengths in the area of violence against women. They are targeted at their counsellors, the police⁶⁵, community leaders and health staff throughout the Pacific and have had positive feedback.

The House of Sarah, the Nazareth Centre for Rehabilitation, and the Vanuatu Crisis Centre all have skilled trainers who can train new staff members (including in their satellite offices), community committees, and associated volunteers. World Vision in Vanuatu has developed training modules for religious leaders in the area of domestic violence and counselling skills. Médecins Sans Frontières trained health workers in psychological first aid as part of their program (now closed), to support the family health units in Papua New Guinea.

A variety of short technical training courses have been provided throughout the Pacific, organised by the Departments of Women and Social Affairs in Kiribati, Samoa, and Nauru, and targeted at a cross-section of community representatives. Two examples are described in Table 5. New Zealand Police have organised a series of 'working with victims of sexual violence' workshops for police officers who work in domestic violence units, as part of the Pacific Prevention of Domestic Violence Program. Furthermore, there is a range of freelance trainers (Selina Kuraleca, Ofa Swann, Asinate Korocowiri, Amie Frewen) who operate in the Pacific, contracted either locally or by international organisations.

Table 5 has examples of training providers and their curricula. A more comprehensive list of training providers obtained through the questionnaire can be found in Annex 6.

Table 5 Examples of training providers and curricula

Training Providers	Training Course / Duration	Coverage
Universities and technical training colleges		
1 The University of the South Pacific, Fiji	<ul style="list-style-type: none"> – Bachelor of Arts – Psychology (three years – 24 courses) – Masters of Arts – Psychology (four years) – Diploma of Psychology (12 courses) – Certificate of Psychology (six courses) – Bachelor of Arts – Social and Community Work (three years – 24 courses) – Masters of Arts – Social Policy (four years) – Diploma of Social and Community Work (12 courses) – Certificate of Social and Community Work (six courses)⁶⁶ 	Fiji
2 University of the South Pacific in cooperation with Australian Institute of Counselling	<ul style="list-style-type: none"> – (Planned) Diploma of Counselling (one year) (start date unknown) consisting of NINE units based on developing counselling relationships and applying counselling skills, case management and application of counselling therapies, ethics and working with diverse people. The diploma includes elective units, such as increasing safety of individuals and suicide risk, facilitation of interest, and rights of people. – The diploma can be done online with mentored practical experience in-country. 	Pacific region
3 Australia Pacific Technical College	<ul style="list-style-type: none"> – Certificate III in Community Services (21 weeks) includes case management. The course is designed to specifically focus on case management implementation, community development, implementation and – Evaluation of community services programs in urban centres for rural and remote communities in the Pacific. The course is designed to suit – Individuals who are employed as Community Services Worker, Youth Worker...⁶⁷ 	Papua New Guinea and Solomon Islands

65 Including through the Pacific Prevention of Domestic Violence Program

66 <http://www.usp.ac.fj/index.php?id=programs>

67 https://www.aptc.edu.au/images/Courses/2017/CHC32015_Certificate_III_in_Community_Services_Work_V3__300816.pdf

Training Providers	Training Course / Duration	Coverage
4 Australia Pacific Technical College	<ul style="list-style-type: none"> – (Planned) Diploma of Counselling (one year) (start date unknown). Counselling theories, developing counselling relationships, techniques and skills, together with case management, working with diverse clients, relevant legislation and skills / knowledge for managing clients with different social / emotional problems. – Elective unit on domestic and family violence. 	Pacific region
5 University of Papua New Guinea	<ul style="list-style-type: none"> – Bachelor of Arts – Psychology (three years) – Bachelor of Arts – Social Work (three years)⁶⁸ 	Papua New Guinea
Regional and country-wide training providers		
6 Fiji Women's Crisis Centre	<ul style="list-style-type: none"> – Regional training program: four weeks – violence against women and girls as a human rights issue; looks at causes, laws, basic counselling training, the media (as a contributor to violence and to address violence against women). – Basic counselling skills: five days – what is counselling, counselling values (confidentiality, empathy, etc.), mix of role-play and theory. – Police training: five days – human rights and violence against women, laws. challenges facing survivors and the police – Male advocates: five days – violence against women and girls as a human rights issue, looks at causes, laws. 	Fiji and the region
7 Empower Pacific	<ul style="list-style-type: none"> – Provision of psychological first aid course to health workers and community members. – Supervision and mentoring of the practicals of students conducting diploma of counselling through the Australian Institute of Counselling (two certified trainers). 	Fiji
8 Papua New Guinea Counselling Association in cooperation with AIPC	<ul style="list-style-type: none"> – Currently finalising six modules in Best Practice Counselling Course to enable certification of counsellors in Papua New Guinea. Training is current being piloted. 	Papua New Guinea
9 World Vision	<ul style="list-style-type: none"> – Addressing family violence counselling skills, three workshops of five days with one-day follow-up after each workshop. – Patterns of violence, equality, impact of violence on children, healthy ways of communicating, bringing about change, working with perpetrators, working with victims of violence 	Vanuatu: religious leaders, spouses
Short-term technical training		
10 Barwon Centre Against Sexual Assault (Australia) – John Blomfield, coordinator of adolescent and male programs	<ul style="list-style-type: none"> – Three-day workshop – SAFENET – effective coordination among key stake holders – Barriers to disclosure of sexual abuse and responding to disclosure – Working with men, behaviour change and safety plans 	Kiribati: community reps, pastors, health staff, police, education sector of government
11 Chris Laming – Independent consultant	<ul style="list-style-type: none"> – Five-day workshop – Self-Help Ending Domestic Project for workers engaging in men's behaviour change to shed abusive beliefs and violence. – Workshop focus is on condemning violent behaviour but not the man, men learning from each other and challenging each other. 	Kiribati and Nauru: community reps, chiefs, pastors, health staff, police, government

Quality of training

The vast majority of counselling service providers rate the training that is provided as very good (53 per cent) or good (21 per cent). The remaining 26 per cent viewed their training as either satisfactory (17 per cent) or not satisfactory (9 per cent). Only 23 per cent of organisations reported that there had been follow-up to the training provided. Thirty-seven per cent of organisations reported that their staff had not had any refresher training.

⁶⁸ <http://www.upng.ac.pg/site/index.php/undergraduate-programs#school-of-humanities-and-social-sciences>

As mentioned in section 3.5, the majority of the service providers indicated that their counsellors need to improve their skills in:

- facilitation of coping strategies;
- conducting risk assessments; and
- development of action plans with survivors of violence.

Most skilled counsellors expressed a need for further training and mentoring support in specialised areas in order to be better equipped to deal with clients with suicidal ideation, severe depression, and multiple traumas. For basic counsellors, the primary need is to consolidate basic principles of counselling.

Providers of short technical training to diverse groups of basic counsellors expressed some concerns about whether the right people were targeted for the training and reported inconsistent attendance and limited follow-up on the training. They also noted difficulty in delivering some of the technical components of the training as there was poor understanding of the basic principles of counselling and either poor understanding of, or disagreement about, the root causes of violence.

Key informants suggested a number of ways to improve the quality of training. Trainers need to understand the context of the Pacific and training needs to include practical skills and target the right people, particularly at community level. For example, equipping men at the community level with counselling skills may not necessarily increase access to counselling for female survivors, unless there are females who have been trained in basic counselling are also available. The rationale is that, while women who have been subjected to abuse or violence may seek advice or protection from the authorities (mainly men), they prefer to seek counselling from other women. This is consistent with best practice and ethical principles of good counselling.

Qualifications of counsellors

Key informants emphasised the need to increase the number of trained counsellors, although concerns were expressed by a number of interviewees about the use of the term 'counsellor'. For example, a person may receive a five-day course in counselling skills and be given a training certificate and call themselves a counsellor. As 'counsellor' is not a protected term, in theory, anyone can say that he or she provides counselling services.

One of the major challenges in the Pacific is the shortage of legal structures for the registration of counsellors. In most developed countries, a professional association, which is a voluntary body, is responsible for determining and monitoring professional standards, including upholding educational, ethical and practice standards. Such a body can distinguish between skilled counsellors and basic counsellors. There currently are initiatives to develop counselling associations and two have been established – one in Kiribati and one in Papua New Guinea – while others are reportedly underway in Fiji and Samoa.

As noted in section 3.1, in most Pacific Island countries, the family protection law stipulates the use of certified counsellors. Counselling practitioners who attended the focus group discussions in Vanuatu and Fiji are aware of this and some expressed an interest in obtaining official recognition for their profession and for their accrued training and practical experience. This might be challenging since a large group of skilled counsellors have received thorough and well-established, but not accredited, training.

In Papua New Guinea, the Counsellors' Association has formalised a 10-year strategy. Part of this strategy is the development of a training curriculum that can earn accreditation. The accreditation acknowledges different levels of training in counselling and will accredit practitioners who work at

community level and have a minimum amount of training – approximately six weeks. Once practitioners have completed the course it will allow accomplished trainees to become associate members. In Samoa, the Ministry of Women, Community and Social Development has planned that by November 2016, they will have an Allied Health Professional Association that will register allied health professionals, including counsellors and social workers.

Lessons learned

The success factors noted below have been drawn from the review. There was evidence that they have contributed to the quality of, reach and / or access to counselling services. The barriers (section 4.2) are factors that have contributed to weaknesses in the counselling services, as reported by key informants.

1.12 What factors have contributed to the success of counselling services in the Pacific?

Leadership: based on key informant interviews and a review of the existing evaluations, strong and innovative leadership is a critical factor in the effectiveness of counselling providers and the quality of their counselling services.

Case management: such as the counsellor accompanying the survivor to the police, health services or court. This is a key component that contributes to the success of counselling. It is based on two key factors: firstly, the client often lacks confidence and experiences barriers to being assertive with police and health personnel. Secondly, not all police, health personal, or court magistrates use appropriate communication styles and their abruptness or intimidation could easily lead to the client pulling out of the process.

Community-based initiatives aimed at increased access to counselling services: at the community level, community members - often women - are trained as first-responders. This contributes to extending the reach of services (supply-side). This approach may also contribute to increased access (demand-side), as it has the potential to provide a more enabling environment for survivors to seek assistance as access to first responders is the first step in the referral pathway. Information from the Vanuatu visit indicated that women often seek support late in the evening or at weekends when violence becomes too much. In this situation, at these times, community-based advocates are more accessible than services in a town. Examples of this approach include the Vanuatu Women's Centre, the Nazareth Centre, the House of Sarah and the Samoan Victim Support Group. Key to this approach is that women are most likely to speak to other women.⁶⁹

Understanding the gendered nature of violence: the UN Essential Package of Services found that:

*key to maintaining women and girls' safety is an understanding of the gendered nature of violence against women and girls, its causes and consequences, and providing services within a culture of women's empowerment.*⁷⁰

As in other regions, in the Pacific, this understanding requires a process of transforming social norms. Initiatives that effectively engage community advocates (e.g. male advocates, pastors, leaders / chiefs) and police and health workers from outside the community can demonstrate positive changes in social norms in this area. The review found that these initiatives for community advocates are far more likely to be successful where the focus is gender-based transformation. Examples of

⁶⁹ As reported in a number of focus group discussions, in both Vanuatu and Fiji

⁷⁰ UN Women, UNFPA, WHO, UNDP, and UNODC (2015) Essential services package for women and girls subject to violence: Core elements and quality guidelines, Module 4

strengthening community advocates, initiated by Vanuatu Women's Centre, Fiji Women's Crisis Centre, the House of Sarah and the Samoa Victim Support Group, are described in section 4.1.

The engagement of community leaders: this is important for social transformation activities to be undertaken, as demonstrated by the Committees Against Violence Against Women in Vanuatu, where it was reported that they would not be able to function without the approval of the village chiefs.

Faith-based organisations that apply a rights-based approach in their counselling: a majority of the faith-based organisations indicated that they use a rights-based approach in their counselling. Therefore, they seek to analyse root causes of problems and address discriminatory practices that contribute to violence against women and hinder access to assistance. This is an important factor to increase positive outcomes for the survivor of violence.

Choice of multiple counselling service providers: countries such as Fiji, Papua New Guinea, and Samoa have more than one counselling provider, with several skilled counsellors allowing choice for the client. For example, Samoa Lifeline specialises in counselling suicidal clients and Samoa Victim Support has extensive experience working with abused girls.

Services in the context of the Pacific: other factors that contribute to success include the client being able to converse in her (or his) own dialect. This was reported as providing a greater understanding and connection with the client. Additionally, it is important that counsellors are available 'on demand' as clients often do not make an appointment.

Funding: medium- to long-term funding for counselling services allows organisations to integrate other services and support survivors through the provision of shelter, food, transport, and court expenses. This enables a more holistic approach and responds immediately to the needs of the client. The review found that, in addition to sound leadership, there is potentially a correlation between the level of funding and the quality of services.

1.13 What are the barriers to the success of counselling services in the Pacific?

Funding: limited funding allocated by national governments to addressing violence against women results in inadequate resourcing of services, such as legal aid, social welfare and police and health personnel. As a result, there are poorly trained personnel with inconsistent knowledge in the area of violence against women and a lack of supportive communication skills. The consultants were aware of limited funding to counselling services for survivors of violence by governments, even though this is mandated in some of the relevant legislation. Currently, most services are funded by donors, mainly the Government of Australia. This raises serious questions about the sustainability of current services and the potential to scale up and expand services at both country and regional level.

Inconsistent inter-agency coordination: inter-agency coordination is critical for services to survivors of family and sexual violence globally, but with limited funding and resources, it becomes even more critical. There was evidence in a number of countries of a lack of inter-agency coordination. However, there were examples of interagency coordination mechanisms that led to improved delivery of services, such as the inter-agency task force committee in Ba province (Fiji), and the SAFENET referral networks in Kiribati and Solomon Islands. In some countries, competition for funding is potentially contributing to poor coordination. Linked to this is the coordination of support for safe houses, including the lack of funding to establish a sufficient number to cover the need.

Lack of shelter options: counsellors (rural and urban) commented on the fact that they cannot always secure a shelter for the client and thus lose contact with the client. Community-based counsellors often shelter the client in their own house when there is no alternative. This increases the risk for the counsellors' safety and imposes on their privacy. It also raises time and resourcing concerns.

Non-compliance to key principles of counselling: counselling outcomes are jeopardised if key principles of counselling (e.g. being non-judgemental, maintaining confidentiality and facilitating empowerment to make own decisions) are not adhered to. A frequently used alternative strategy of 'forgive and forget' can be counterproductive. Linked to this, there is often a misconception that mediation and counselling are the same thing. The objective of marriage reconciliation can be pushed forward at the expense of the survivor's wishes. In cases where couples counselling is conducted instead of individual counselling, there is a risk of ongoing trauma / or re-traumatisation due to the power dynamics of perpetrator and survivor and it is unlikely that the counselling will focus on the needs of the survivor.

Intervening beyond counselling capacity: harm can be done if counselling practitioners with limited training in basic counselling present themselves as skilled counsellors. Whilst they might be able to provide support through listening, or provide information on the law and referral options, they do not have the technical skills of skilled counsellors. It is important that those undertaking basic counselling understand their limits, in particular in cases of severe trauma.

Lack of regular evaluations and supervision: most counselling is short term and therefore needs to be effective, with a clear protocol and application of the right skills. Supervision, case discussions and evaluations of counselling can significantly increase individual counsellor skills, as well as the shared view on best practice.

Expectation of the client for directive intervention by the counsellor: in many Pacific nations, there is a hierarchical culture, and survivors often have a strong expectation that the counsellor will tell them what to do. It can take time to support the client in understanding the objectives of counselling and to have the patience and determination to continue with the process. Similarly, it is hard for parents of survivors to understand that counselling is a process and that it is important to support their child to attend over a period of time.

Stigma: survivors (or perpetrators) may not seek assistance or drop out of counselling because of high levels of stigma relating to violence and fear and embarrassment of telling anyone about the violence. This may be related to beliefs in black magic and sorcery.

The small number of counselling service providers that focus on working with perpetrators: a systemic approach, whereby perpetrators (as well as survivors) can have access to well-designed behaviour modification programs would contribute to the long-term effectiveness and success of counselling services. Currently, only a few service providers can deliver special programs for perpetrators.

1.14 Successful models and approaches

Drawing on the service delivery models in section 3.4 and the approaches being used, the review concluded that the following represent successful models:

- counselling services delivered as part of comprehensive case management services;
- approaches where outreach is conducted by well-trained community-based first responders⁷¹ who are linked to skilled counselling service providers. This approach also engages community leaders and community members in transformative initiatives that are aimed at facilitating a more enabling environment for women to safely seek assistance;
- phone helplines where there is follow-up face-to-face counselling either by the same service provider or through a well-established referral network. This has the potential to increase the reach

⁷¹ often referred to as 'basic counsellors' or counsellor advocates

of counselling services. It is important to note that, in some countries, women may not always have access to a phone;

- mechanisms and initiatives aimed at enhancing collaboration across the counselling sector, including mechanisms that are working to strengthen the skills of counsellors;
- collaboration between like-minded agencies can be an effective model for replicating and strengthening approaches; and
- hospital-based services that provide specialist counselling services for severe cases, including rape survivors.

Recommendations

These recommendations are intended to inform and guide future DFAT investments that address violence against women and children in the Pacific region, specifically in the provision of counselling services for survivors of violence and perpetrators of violence.

In order to address the terms of reference requirements, the recommendations are presented thus:

- Recommendations 1–4 relate to quality, reach, and access of counselling services, and
 - Recommendations 5 and 6 relate to how and where successful counselling delivery models / approaches may be replicated, leveraged and scaled up.
1. DFAT, in collaboration with other key stakeholders, strengthens dialogue with Pacific Island governments aimed at increasing national government investment in effective counselling services for the survivors of gender-based violence. The dialogue could draw on the relevant laws, such as family protection and domestic violence laws, and on research on the prevalence of violence against women and the importance of counselling services to the well-being of survivors.
 2. DFAT, through *Pacific Women* and other key partners, and other funders of counselling services invest in initiatives that improve access to counselling services, their quality and their reach for survivors of gender-based violence. This can be achieved in the ways listed below.
 - 2.1. Further improve the quality of counselling by:
 - developing agreed national practice standards for counselling and case management;
 - ensuring that ethical responsibilities, principles and core competencies of counselling are understood and adhered to amongst all counselling practitioners (basic and skilled);
 - improving the professional development of skilled counsellors through regular supervision and guided case discussions;
 - investing in specialised skilled counsellors and improving their ability to counsel survivors of violence with complex and severe issues;
 - investing in increasing skills to provide quality couple counselling and couple mediation, given their widespread use, emphasising the right of women to access other forms of counselling should they prefer; and
 - ensuring that organisations undertake evaluations to inform and improve their practice.
 - 2.2. Strengthen and expand first responder mechanisms in rural communities and increase women's access to community-based support. This includes investing in:
 - increasing the number of basic counsellors at the community level (predominantly women except where working with male survivors or perpetrators);

- appropriate training for first responders on the fundamental causes of gender-based violence and practical steps to support survivors;
- mechanisms that link basic counsellors to skilled counselling service providers for mentoring support and referral (which includes increasing numbers / availability of skilled counsellors); and
- engagement with community leaders, police, pastors to act as advocates, focusing on transformation in cultural beliefs and norms to enable survivors of gender-based violence to access counselling and other support (the role of community leaders should be to refer survivors for support, rather than to counsel, and training should focus on the root causes of violence, gender roles, communication skills, knowledge of the relevant national laws and support services available for referral⁷²).

2.3. Strengthen interagency coordination along the referral pathway by investing in:

- building and strengthening collaboration along the referral path, in particular with health services and the police, in 'one-stop shops' and in the links between telephone helplines and face-to-face counselling services;
- recognising the importance of having skilled counsellors with experience in gender-based violence more widely available and more specialist services for severe trauma in health services; and
- increasing the number of shelters and using them effectively to support survivors of violence through a day-care program and guided self-help groups.

2.4. Reduce gaps in counselling services to specific groups, particularly to:

- people with disabilities, LGBTQI and sex worker communities by ensuring that representatives from these communities are actively engaged in developing strategies for safely increasing access to existing services (and also consider supporting members of these communities to become counsellors);
- perpetrators – *Pacific Women* to support further investigation into what has worked in existing perpetrator programs, why it has worked, and how these initiatives may be scaled up and / or replicated;
- survivors of serious child abuse, both adult and child survivors –by supporting further specialisation of skilled counsellors in dealing with serious and complex trauma.

3. DFAT supports initiatives that contribute to the professionalisation of counselling service providers. Two such initiatives are described below.

- 3.1. Clearly define the difference between skilled counsellors and basic counsellors (those providing counselling support at community level) through registration processes. Where applicable, support the formation and cooperation of counsellor associations in various Pacific Island countries. These should develop guidelines and provide recommendations for safe, competent and ethical practice in counselling.
- 3.2. Ensure longer term funding for key counselling organisations. Most Pacific Island countries have one or more key operational professional counselling services. Some need ongoing financial support to enable the services to improve quality (supervision, professional development, evaluations) and integrate counselling components into their broader services (e.g. safe houses, community outreach).

⁷² It is recommended that training does not refer to these skills as 'counselling skills' to clearly distinguish between advocates and counsellors

4. DFAT supports initiatives that contribute to strengthening systems for training counsellors and the quality of that training. Two such initiatives are described below.
 - 4.1. Strengthen systems for training counsellors through the development of accreditation systems for successful training programs. This involves establishment of national accreditation frameworks, including establishing core competency requirements for people counselling survivors and perpetrators of gender-based violence. Accreditation standards should incorporate the different levels of counselling services, distinguishing between professional counsellors and basic skills counsellors.
 - 4.2. Improve the quality of training for counsellors by:
 - developing core competencies and foundation skills that include gender roles and root causes of violence as fundamental skills prior to training in counselling survivors of gender-based violence: training is often delivered on the assumption that these skills are already in place.
 - focusing beyond training to application: in order to ensure high quality service delivery by trainees, the application of skills learned can be reinforced through ongoing mentoring, whereby the trainee (with support from a mentor) applies learned skills and integrates knowledge into practice.⁷³
 - ensuring support structures are in place for trainees, during training and application: training workshops could incorporate discussion on support networks for service providers, coping strategies and ways to assess the impact of counselling work on service providers.
5. In seeking replication, leveraging and scaling up of successful approaches, DFAT needs to consider:
 - 5.1. Sound analysis (including evaluation), consultation and planning at the country level, particularly with organisations in existing and potential referral networks, in order to identify collaboration opportunities within the referral pathway, which is likely to lead to effective leveraging.
 - 5.2. Any scale up and replication of counselling services is likely to require additional funding. Decisions to scale up or replicate services need to take into account medium- to long-term funding, including developing ongoing funding strategies.
 - 5.3. Progressive scaling up in order to ensure the quality of services. Develop strategies to progressively scale up existing services that demonstrate high quality, with a focus on increasing counselling services at a rate that the provider can maintain while ensuring the quality of the services (exemplified by the approach taken by the Vanuatu Women's Centre, Fiji Women's Crisis Centre and Empower Pacific). This approach requires mechanisms for monitoring quality.
 - 5.4. Prior to replicating services or scaling up basic counselling services (such as first responder services) it is important to ensure that trained counsellors and specialist counselling services are in place to allow referrals and mentoring and supervision. A number of success factors for quality of services are identified in section 3.5, including sound knowledge of gender and the underlying causes of gender-based violence, leadership, utilising a case management approach to counselling services, consistent funding, etc.

⁷³ Fiji Women's Crisis Centre explained that a counsellor will work with a mentor for a period of 6–8 months. This level of support to newly trained staff was not evident in a number of organisations.

- 5.5. If considering replicating services across countries, it is important to recognise differences between Pacific nations, which may require changes to the implementation approaches, as reflected in some of the differences between the Fiji Women's Crisis Centre and Vanuatu Women's Centre approaches.
- 5.6. Prioritise support for replication and scaling up to counselling services that exhibit good organisational leadership and organisational capacity, cultural readiness, and where there is an environment that is supportive of a human rights and gender equality approach. Additional benefits will flow where there are options to leverage the work of agencies and where mechanisms exist to train and mentor staff.
6. As noted in the limitations, the review team visited only two countries and thus the recommendations on successful approaches that may be replicated, leveraged and scaled up are general in nature and require further analysis. Based on the review findings, general recommendations are described below.
- 6.1. For smaller Pacific nations,⁷⁴ such as Cook Islands, Palau, Niue, Tuvalu, Nauru and Marshall Islands, identify organisations with the most potential (leadership, quality and reach) to further investigate strategies to scale up and possibly replicate initiatives. Given that many of these small nations have limited resources and dispersed populations, it is important for effective referral pathways to make use of existing resources.
- 6.2. For medium size Pacific nations,⁷⁵ such as Solomon Islands, Kiribati, Tonga, Vanuatu, Samoa and Federated States of Micronesia, there are existing skilled counselling services of varying quality. The focus should be on building the quality of the services and then supporting the replication / scaling up progressively, particularly in areas where counselling services for survivors of gender-based violence are very limited or non-existent.
- 6.3. In larger Pacific nations, such as Papua New Guinea and Fiji, there is a range of strategies being developed by the key stakeholders to increase access to and quality of counselling services. In both of these countries, the focus is more on scaling up services, engaging national governments in service delivery and building mechanisms for strengthened collaboration. In these two countries, there is an opportunity to have greater focus on addressing service gaps for particular population groups, such as people with disability, LGBTQI communities and sex-workers, as well as gaps in broader service availability for survivors of gender-based violence.

⁷⁴ Populations under 100,000 people

⁷⁵ Populations between 100,000 and 700,000 people

Annex 1 Overview of Services Matrix

Organisation / Service Provider	Type of service provider	Target population (specific group)	Population reach (geographical reach)	Counsellor's qualifications	Counsellors Training Providers	Monitoring of counselling service
Fiji						
Fiji Women's Crisis Centre	Non-government organisation					
Medical Services Pacific	Non-government organisation					
Homes of Hope	Faith-based organisation	Women, men and children	Suva, Central Fiji	Diploma or Degree in counselling / social work / psychology	APC, Eastern Mennonite University, Alan Walker College	Peer discussions, formal meetings, 1-3 months supervision
House of Sarah	Faith-based organisation	Women, men and children	National			Peer discussions
Empower Pacific	Non-government organisation	Women, men, children and male perpetrators	Western, Central, Northern Division	Diploma or Degree in counselling / social work / psychology	APC, Macquarie University, Learning Request, Fiji Women's Crisis Centre	Peer discussions, formal meetings, monthly supervision
Transcend Oceania	Non-government organisation					
The Good Neighbour	International non-government organisation					
Lifeline Fiji	Non-government organisation					
Federated States of Micronesia						
Chuuk Women's Council	Other					
Department of Health	Government agency					
Kiribati						
Our Lady of the Sacred Heart	Faith-based organisation					
Kiribati Family Health Association	Other	Women, men and Children	Teoraereke, South Tarawa	3-6 weeks training in counselling	Genesis Counselling Services, Perth, Australia, Kiribati Counselling Association, Fiji Women Crisis Centre	Informal chat
Ministry of Women, Youth and Social Affairs, Social Welfare Unit	Government agency	Women, men, children and male perpetrators	Bairiki and Outer Islands	Diploma or Degree in counselling / social work / psychology	Fiji Women Crisis Centre, Australia Pacific Technology College, University of the South Pacific	Formal meeting
Kiribati Counselling Association	Other	Women, men, children and male perpetrators	Most Kiribati Counselling Association members are full time civil servants hence counselling conducted at their respective workplaces.	Short course – longer than 6 weeks	Massey University from NZ	No data base – range of supervision approaches
'Te Meeria' Ward – Ministry of Health and Medical Services	Government agency					
Domestic Violence and Sexual Offenses unit – Kiribati Police and Prison Services	Police services					
Kiribati Red Cross	Non-government organisation	Do not work with survivors or perpetrators				
Nuie						
Niue Health Department	Government agency	Do not work with survivors or perpetrators				
Samoa						
Faataua Le Ola	Non-government organisation	Women, men and children	Phone counselling / Face to face counselling – conducted from our office located in Apia, Samoa	Diploma or Degree in counselling / social work / psychology	ASSIST – basic counselling	Yes – we use a spreadsheet
Victim Support Group	Non-government organisation	Women, men, children and male perpetrators	Samoa Victim Support Group – Upolu and Savaii	Diploma or Degree in counselling / social work / psychology	Volunteer Service Abroad New Zealand – Therapeutic and SUNGO – Trauma	Yes – we use a database
Samoa Professional Nurses Association Inc	Other					
Samoa Family Health Association	Non-government organisation					
Samoa Police Domestic Violence Unit	Police services					
Mental health Unit National Hospital	Government agency					

Organisation / Service Provider	Type of service provider	Target population (specific group)	Population reach (geographical reach)	Counsellor's qualifications	Counsellors Training Providers	Monitoring of counselling service
Goshen Trust	Non-government organisation					
Samoa Returnees Trust	Non-government organisation					
Tuvalu						
TVK Church	Faith-based organisation					
Gender affairs department	Government agency	Women and men	All of Tuvalu	Practical experience (from peers / learned by doing)	Fiji Women's Crisis Centre	No database
Council of Women	Community based organisation	Women only	Funafuti	3-6 weeks training in counselling	Fiji Women's Crisis Centre	No database
Community Affairs Department (Department of Home Affairs)	Government agency	Women and children (under 18yrs)	Funafuti	Practical experience (from peers / learned by doing)	None	No database
Tuvalu Police-Domestic Violence Unit	Police services					
Tonga						
Family Health Association (TTHA)	Non-government organisation					
Ma'a Fafine and Family	Non-government organisation	Women, men, children and male perpetrators	Tongatapu, vava'u Is. Ha'apai Is. Eua Is.	Diploma or Degree in counselling / social work / psychology	University of South Pacific	No mechanism, sometimes file share kept
Lifeline Toga Crisis Ministry	Faith-based organisation	Perpetrators and deportees	National, based in Nukualofa	Diploma or Degree in counselling / social work / psychology	Uniting Church	Formal meetings, case files
Caritas Tonga	Non-government organisation					
Salvation Army	Faith-based organisation					
Tonga Red Cross	International non-government organisation	Women, men, children and male perpetrators	Nuku'alofa-Tongaputu	3-5 weeks training	International Federation of the Red Cross and Red Crescent	Peer group discussions
Palau						
Miladeldil Counselling Services	Non-government organisation					
Palau Community Health Center	Government agency					
Cook Islands						
Punanga Tauturu Counselling Services	Non-government organisation					
Ministry of Health	Government agency					
Male Mentoring Rarotonga	Community based organisation					
Nauru						
Women's Affairs Safe House	Government agency					
Ministry of Health and Medical Services (national hospital)	Government agency					
Papua New Guinea						
Haus Ruth	Non-government organisation					
Family and Sexual Violence Action Committee	Non-government organisation	Women, men, children and male perpetrators	Most Family and Sexual Violence Action Committee partners provide counselling at <i>Seif Haus</i> , family support centres, the 1 <i>Tok Kausenlin</i> hotline, private counselling services, government welfare services (<i>Lukautim Pikinini</i> and Family Services), churches' counselling services – especially with Catholic Church and volunteer counselling and testing with HIV services.	1-2 weeks training in counselling	PNG Counsellors Association	Informal chat, peer group discussions
Child Fund	International non-government organisation	Women, men, children and male perpetrators	Port Moresby, PNG	Short course – longer than 6 weeks	Papua New Guinea Counsellors Association and Laure House of Hope -Tasmania Australia	Formal meeting
Femili PNG	Non-government organisation	Women, men and Children	Lae, Morobe Province	Practical experience (from peers / learned by doing)	International Justice Mission, trauma informed care, CBT, BT, basic counselling, trauma counselling	Peer group discussions, formal meeting, informal chat
PNG Counsellors Association	Non-government organisation	Women, men, children and male perpetrators	City – Port Moresby, Rabaul, Buka, Alotau, member organisations provide	Diploma or Degree in counselling / social work / psychology	Milne Bay Counselling Services, Institute for Innovative Trauma-	Peer group discussions

Organisation / Service Provider	Type of service provider	Target population (specific group)	Population reach (geographical reach)	Counsellor's qualifications	Counsellors Training Providers	Monitoring of counselling service
			counselling in districts, and graduate counsellors offer telephone hotline counselling PNG-wide five days / week.		Therapy Graz, Austria, National Aids Council, Lifeline Port Moresby	
Nazareth Centre for Rehabilitation, Bougainville	Faith-based organisation	Women, men, children and male perpetrators				Formal meeting
Sisters of Reparation, Milne Bay	Faith-based organisation	Women, men and Children	Milne Bay Province (inc Trobiand Islands) or wherever requested	Diploma or Degree in counselling / social work / psychology	Sister Valentina Pozzi has developed a counselling training program	Formal meeting
Centre of Hope, Madang	Faith-based organisation					
Milne Bay Counselling Service in Alotau	Non-government organisation	Women, men, children and male perpetrators	Mainly in Alotau, Misima, Losuia, Esa'ala, Huhu local level government, Maramatana local level government, Duau local level government, Goodenough local level government, Kiriwina local level government Milne Bay Province, PNG	Short course – longer than 6 weeks	2003 – Basic Counselling facilitated by Eversley Ruth (AESOP). 2005 -Basic Counselling Skills Workshop conducted by Patrick and Bernice Rasmussen; In-Service and monitoring. God's Pacific People Suva in Fiji. Three (3) officers trained on Pastoral Counselling.	Informal chat
Counselling Care Services	Private sector	Women, men, children and male perpetrators	In almost all provinces in Papua New Guinea	Diploma or Degree in counselling / social work / psychology	Australian Catholic University / Curtin University-Australia / University of Papua New Guinea	Peer group discussions, formal meeting
Lifeline PoM	Non-government organisation					
PNG Counselling Services	Private sector	Women and men	all PNG	Diploma or Degree in counselling / social work / psychology	N / A	Informal chat – no databased
Port Moresby General Hospital	Government agency					
Madang Country Women's Association	Non-government organisation					
Salvation Army House of Home	Non-government organisation					
Nana Kundi Crisis Centre, Wewak	Non-government organisation					
Family for Change, Wewak	Non-government organisation					
St. Anna Crisis Centre, Wewak	Faith-based organisation					
Madang Provincial Council of Women	Other					
East Sepik Council of Women	Other					
Wewak District Council of Women	Other					
Aila Consulting / Warriar Culture	Private sector					
Vanuatu						
Vanuatu Women's Centre	Non-government organisation					
Vanuatu Christian Council	Faith-based organisation					
Family Protection Unit	Government agency					
Pacific Conference of Churches	Faith-based organisation					
Department of Women's Affairs)	Government agency	Women and children (under 18yrs)	Port Vila	Practical experience (from peers / learned by doing)	Vanuatu Women's Centre	Informal chat
ADRA	International non-government organisation					
Family Care Centre	Faith-based organisation					
Solomon Islands						
The Community of the Sisters of the Church / Christian Care Centre	Faith-based organisation	Women, men, children and male perpetrators	Patterson House, Honiara, Christian Care Centre, St Gabriel's Kirakira, St Raphael's Auki.	1-2 weeks training in counselling	Acorn, World Vision SI	Peer group discussions, Formal meeting, Informal chat
Family support centre	Non-government organisation	Women, men and Children	Honiara / Solomon Islands	Between 1-4 days training in counselling	Basic Counselling (Fiji Women's Crisis Centre)	
Empower Pacific – Solomon Islands	Non-government organisation	Women, men and Children	Rove clinic, Kukum clinic, Mataniko clinic, National referral hospital, Seif ples, Family support center, Solomon Islands Planned Parenthood	Diploma or Degree in counselling / social work / psychology	Australian Institute of Professional Counsellors, AVI, Macquarie University, Learning Quest, Fiji Women's Crisis Centre	

Organisation / Service Provider	Type of service provider	Target population (specific group)	Population reach (geographical reach)	Counsellor's qualifications	Counsellors Training Providers	Monitoring of counselling service
			Association, IOM, Honiara City Guadalcanal Province			
Seif Ples	Non-government organisation	Women and children (under 18yrs)	Honiara for medicals and accommodation. National hotline.	Between 1-4 days training in counselling	WHO Gap Training, Helen Ferguson three-day basics, Médecins Sans Frontières psychosocial first aid training	
Oxfam	International non-government organisation					
Marshall Islands						
Women United Together Marshall Islands	Non-government organisation	Women only	Majuro Atoll	Practical experience (from peers / learned by doing)	US Department of Health and Human Services: Substance Abuse and Mental Health Services Administration, Fiji Women's Crisis Centre, Single State Agency (Royal Marshall Islands)	Informal system (more formal counselling system being set up)
Gender Office (GoMI)	Government agency					
Majuro Hospital – Psychiatric Department	Government agency					
Ministry of Health – Health Services	Government agency	Women and children (under 18yrs)	all Marshall Island	Diploma or Degree in counselling / social work / psychology	WHO on mhGAP, OnTrack NY on early episodes of psychosis, Fiji Women's Crisis Centre domestic violence	Use a database
Kumit Bobrae Coalition	Non-government organisation	Women and children (under 18yrs)	all Marshall Island	Diploma or Degree in counselling / social work / psychology	Ninitha Note Julia Alfred (Kumit Bōbrae Coalition)	Peer group discussions, Informal chat
Waan Aelon in Majol, Ejit Island	Non-government organisation	Women, men, children and male perpetrators	/ Majuro / Delap Village	Diploma or Degree in counselling / social work / psychology	Kumit Bōbrae Counselling group	Peer group discussions, formal meeting, informal chat
Human Services, Ebeye Hospital	Government agency	Women, men and Children	Ebeye, Outer Islands of Kwajalein Atoll	Practical experience (from peers / learned by doing)	Guam Behavioural Health and Wellness Centre – DB Therapy, UOG-Mental Health Assessment and Treatment Interventions, Ministry of Health – Mental Health Aspects of Community Health Care, Mother and Child Workshop, etc.	Peer group discussions, informal chat

Annex 2 People Interviewed

Name	Role	Organisation	Date
Phone Interviews			
Chris Laming	Trainer Men's behaviour change Facilitation and counselling (Self-Help Ending Domestic Program)	Independent Consultant	5 August
Heidi Tyedmers	Advisor Justice Facility Program Vanuatu	<i>Stretem Blog Justice / Palladium</i>	8 August
Rob Wong Sin	Male Advocate	Ministry of Women, Community and Social Development (Samoa)	19 August
Losa Bourne	RRRT Focal Point	Ministry of Women, Community and Social Development (Samoa)	22 August
Amie Frewen	Consultant Psychologist	PNG Counselling Association	26 August
Sister Lorraine Garuso	Director	The Nazareth Centre	16 August
Alison Birchall	Gender-Based Violence Adviser	Women United Together Marshall Islands, Marshall Islands	2 August
Susan Setae	Director	PNG Counselling Association	24 August
Ume Wainetti	Director	Family and Sexual Violence Action Committee	24 August
Jeff Tauilili	Mentor Social Worker's Unit National Hospital Samoa	Samoa Ministry of Health	16 September
Dr Nirvana Karan	Ministry of Health and Medical Services Fiji	Acting national mental health advisor	19 September
John Blomfield	Barwon CASA	Coordinator Adolescent and Male Programs	21 September
Eliza Woolcock	DFAT, Pohnpei,	Gender	22 September
Interviews in Vanuatu			
Patricia Fred	Program manager	DFAT	29 August
Nilesh Goundar	Regional Program Manager	DFAT	29 August
Merelyn Tahi with colleagues	Executive Director	Vanuatu Women's Centre	29 August
Megan Chisholm	Country Director	CARE	29 August
Charlie Damon	Program Manager	CARE	29 August
Kendra Gates Derousseau	Operations and Quality Programs Manager	World Vision	29 August
Amy Gardiner	Counsellor Program Advisor	World Vision	29 August
Sharyn Wobur	Team Member	World Vision	29 August
Dorosday Kenneth	Director	Department of Women's Affairs	30 August
Davis Saravanu	Officer in Charge Family Protection Unit	Police	30 August
Viran Molisa Trief	Team leader	<i>Stretem Blog Justice / Palladium</i>	31 August
Ruth Dovo	Director	Vanuatu Christian Centre	2 September
Betty Toa	Country Programme Coordinator	UN Women	2 September
Ruth Lavilu	Supervisor CAVAW	Vanuatu Women's Centre	1 September

Name	Role	Organisation	Date
MacKenzie Tameta	Police Officer / Male Advocate	Police	1 September
Nariu Freeman	Chief of the Island / Male Advocate		1 September
Philip Natato	Male Advocate		1 September
Willie Ketio	State Prosecutor	Department of Justice	1 September
Solomon Asang	Police State Prosecutor	Police (Santo)	1 September
Interviews in Fiji			
Linda Petersen	Team Leader	<i>Pacific Women</i>	5 September
Gayle Nelson	Consultant	<i>Pacific Women</i>	5 September
Tara Chetty	Senior Program Officer-Gender	<i>Pacific Women</i>	5 September
Suzanne Bent	First Secretary, Gender Equality	Australian High Commission	5 September
Lily-Anne Homasi	Senior Program Manager-Tuvalu	Australian High Commission	5 September
Saini Malalau	Program Officer – Tuvalu	Australian High Commission	5 September
Jennifer Poole	Founder and Executive Director	Medical Services Pacific	5 September
Ashna Shaleen	Program Manager / Counsellor	Medical Services Pacific	5 September
Alita Waqabaca	Counsellor	Homes of Hope	6 September
Abigail Erikson	EVAW Specialist	UN Women	8 September
Timarima Ravuikadavu	Counsellor	Lifeline	8 September
Raijeli Mawa	Acting Director – Women	Ministry of Women, Children and Poverty Alleviation	8 September
Salesh Kumar	Trainer, Project Manager	Empower Pacific	8 September
Paulini Vakacegu	Trainer, M&E Officer	Empower Pacific	8 September
Farzana Rahim	Senior Counsellor	Fiji Women's Crisis Centre	8 September
Interviews in Nadi			
Shamima Ali	Director	Fiji Women's Crisis Centre	12 September
Ofa Guttenbeil-Likiliki	Director	WCCC Tonga	12 September
Bronwyn Frasier	Manager, Livelihoods and Peacebuilding Programs -Pacific	Uniting World	12 September
Ana Bing Fonua	Director of Women's Affairs	Ministry of Internal Affairs (Tonga)	12 September
Elsie Mongoru	Program Coordinator – EVAW Prevention	CARE-PNG	13 September
Lena Chang	Director	Samoa Victim Support Group	13 September
Lynffer Wini-Maltungtung	Director	Family support centre -Solomon Island	13 September
Samantha	Program Coordinator, Malaita	Oxfam Solomon Islands	14 September
Pauline Soaki	Director	Ministry of Women -Solomon Islands	14 September
Froline Takaa	Director	Ministry of Women, Youth and Social Affairs	14 September
Ms. Tiero Tetabea	Director	Kiribati Family Health Association	14 September

Annex 3 Focus Group Discussion Participants

Name	Organisation	Role
Vanuatu Focus Group Discussions		
Focus Group Discussion 1: Port Villa, 8.30 am – 12.30 am, 30 August		
Sarah Garae	Vanuatu Women's Crisis Centre	Counsellor
Miriam Bule	Vanuatu Women's Crisis Centre	Counsellor
Charlotte Wai	Vanuatu Women's Crisis Centre	Counsellor
Juliet Buleko	Vanuatu Women's Crisis Centre	Counsellor
Christine	Vanuatu Women's Crisis Centre	Counsellor
Grace Ralph	Vanuatu Women's Centre – Torba Counselling Centre	Project Officer
Beatrice Yapus	Tafea Counselling Centre	Counsellor
Shannah Ligo	SANMA Counselling Centre	Community Educator / Counsellor
Kathy Bani	SANMA Counselling Centre	Project officer
Aureline Konkon	Malampa Counselling Centre	Project officer
Focus Group Discussion 2: Tafeo, Tanna Island, 9.00 am – 10.00 am, 31 August		
Ruth Lavilu	Vanuatu Women's Crisis Centre	Supervisor CAVAW
Beatrice Yapus	Vanuatu Women's Crisis Centre	Counsellor Advocate
Oriscialla Kausiama	Vanuatu Women's Crisis Centre	Counsellor Advocate
Focus Group Discussion 3: Santo, Sanma Island, 1.30 pm – 4.00 pm, 31 August		
Pastor Lulu	Community Representative	Male Advocate
Pastor Andrew Jackson	Community Representative	Male Advocate
Chief Charlson	Community Representative	Male Advocate
Julie Robinson	Vanuatu Women's Crisis Centre	CAVAW member
Sera Lulu,	Vanuatu Women's Crisis Centre	CAVAW member
Focus Group Discussion 4: Santo, Sanma Island, 4.00 pm – 5.30 pm, 31 August		
Cathy Bani	Vanuatu Women's Crisis Centre	Centre manager
Shana Ligo	Vanuatu Women's Crisis Centre	Community outreach
Viram Molisa	Vanuatu Women's Crisis Centre	Counsellor
Nadia Arsen	Vanuatu Women's Crisis Centre	Counsellor
Melika Vocor	Vanuatu Women's Crisis Centre	Counsellor
Fiji Focus Group Discussions		
Focus Group Discussion 5: Suva 9.00am – 12.00 pm, 6 September		
Shobna Devi	Fiji Women's Crisis Centre	Counsellor Advocate
Amelia Brown	Medical Support Pacific	Child Helpline Counsellor
Ashna Shaleen	Medical Support Pacific	Program Manager and Counsellor
Ana Petueli	Empower Pacific	Manager, Suva Branch
Timarima Ravuikadavu	Fiji Lifeline	Senior Crisis Intervention Worker
Catherine Verna	Fiji Lifeline	Crisis Intervention Worker and Church Counsellor

Name	Organisation	Role
Focus Group Discussion 6: Suva 2.00 pm – 5.00 pm, 6 September		
Kesalia Catanasiga	Global Compassion	Manager Operations and Administration
Sulita Tuiqali	Catholic Women's League	Manager Projects and Counsellor
Luisa Kamenio	Catholic Women's League	Counsellor
Luisa Cokanasiga	House of Sarah	Manager and Project Coordinator and Counsellor
Lanieta Tuimabu	Fiji Disabled Peoples Federation	Office Manager
Focus Group Discussion 7: Suva 11.45 am – 2.00pm, 8 September		
Florie Kustel	Survival Advocacy Network Fiji	
Ben	Survival Advocacy Network Fiji	
Micky	Haus of Khameleon	
Viva	Diva for Equality	
Maria Nailevu	Diva for Equality	
Kali	Rainbow Pride Foundation	
Mel	Patriot Sports	
Focus Group Discussion 8: Nadi – 9.30 am – 12.00 pm, 8 September		
Sereima	Fiji Women's Crisis Centre	Counsellor Advocate
Alumita	Fiji Women's Crisis Centre	Counsellor Advocate
Reshmi	Fiji Women's Crisis Centre	Counsellor Advocate
Focus Group Discussion 9: Lautoka – 3.30 pm – 5.00 pm, 8 September		
Vijayanti Karan	Empower Pacific	Counsellor
Ueranda Emose	Empower Pacific	Social Worker
Naina Rokocama	Empower Pacific	Counsellor
Salvin Singh	Empower Pacific	Counsellor
Vasemaca Natoga	Empower Pacific	Counsellor
Focus Group Discussion 10: Ba – 9.30 am – 11.30 am, 9 September		
Vilomena Sankuru	Ba Women's Crisis Centre	Counsellor Advocate
Punam Amrita Kuma	Ba Women's Crisis Centre	Counsellor Advocate
Verenaisi Naitu	Ba Women's Crisis Centre	Counsellor Advocate
Shaireen Fozia Mohammed	Ba Women's Crisis Centre	Counsellor Advocate

Annex 4 Consultancy Plan Review of EAW Counselling Services in the Pacific

Iris Trapman and Keryn Clark

28 July 2016

Document purpose

This document sets out a plan for the Review of Ending Violence Against Women (EAW) Counselling Services across 14 countries in the Pacific Region.

The review will be undertaken by Iris Trapman and Keryn Clark under contract from the Pacific Women Shaping Pacific Development Support Unit (*Pacific Women* Support Unit), managed for the Australian Department of Foreign Affairs and Trade by Cardno Limited.

The Consultancy Plan draws on information provided in the terms of reference developed by *Pacific Women* Support Unit. This Consultancy Plan summarises information from the terms of reference and thus should be read in conjunction with the terms of reference. In developing the Consultancy Plan the review team undertook further discussions with *Pacific Women* Support Unit on the scope of the review, including agreement that the in-country visits be undertaken in Fiji and Vanuatu.

Purpose of the review

The review of counselling services in the Pacific aims to assess:

- the range of counselling services currently operating in the region;
- what models of counselling are effective;
- which approaches are based on rights and gender equality frameworks;
- what education and training providers and qualifications are available and being utilised;
- what quality assurance / counsellor monitoring and support models are available and being utilised; and
- what good practices are in existence that could be replicated or scaled-up to strategically address gaps in high quality and accessible counselling services for survivors of violence.

Box 1: Key questions on counselling services for survivors of violence in the Pacific

1. What are the legislative and policy frameworks and requirements for counselling services?
2. What are the types and extent of counselling services, training and quality assurance approaches of counselling provision available in the region, including those supported through investments under *Pacific Women*?
3. What is the range of counselling services and providers available and operating in the region?
4. What are the factors that have contributed to the strengths of reviewed and documented successful counselling services?
5. Are there counselling services available for male survivors of violence and men who wish to address their own or others' violent behaviours? What approaches are being used with men and boys?
6. To what extent are standards and ethical guidelines in place already and / or required to support the delivery of quality counselling and how may these be developed, implemented and monitored?
7. Are there counselling needs that are not being addressed, including for marginalised and vulnerable groups of women, including women with disabilities?
8. What counselling education, training providers, and qualifications are available and being utilised? What 'quality assurance' and 'counsellor monitoring and support' models are available and being utilised? What are the gaps with existing counselling training providers and quality assurance? What support is provided for practicing counsellors?
9. How and where might successful models / approaches be replicated, leveraged off and scaled up, including counselling services per se; counselling training / education provision, and quality assurance / counsellor monitoring and support?

Proposed methodology for data collection and validation

Fiji and Vanuatu have been selected for the in-country visits. Fiji was selected as a larger Pacific nation recognised as having range of counselling expertise including education and training providers for counsellors. Vanuatu was chosen as it provided an opportunity for the review to look at different modalities for delivering and supporting services, which in the case of Vanuatu include a community level network of supported counsellors (CAVAW) in remote settings.

The methodology for data collection and validation involves the following steps, which are explained in detail below:

- a desk review;
- the self-assessment survey;
- semi-structured interviews with stakeholders; and
- in-country workshops (Fiji and Vanuatu).

Desk review

The objective of the desk review is to gain an overview of counselling services and the provision of training across the 14 Pacific countries covered by the Pacific Women Shaping Pacific Development (*Pacific Women*), including existing evaluations and reviews on the quality of the counselling and training services. More detailed information on counsellor qualifications, the quality of counselling, supervision and monitoring of counselling services will likely be collected through the self-assessment survey tool and any follow-up interviews.

Box 2: Key Desk Review Questions

The desk review is guided by the following questions for each country:

1. Describe the legislative and policy frameworks and requirements for counselling services?
2. Do standards and / or ethical guidelines exist? Include a copy if available.
3. What type of service providers are involved in the provision of counselling services?
4. What is the reach and the target population of counselling services?
For example, are there counselling services available for male survivors of violence and / or men who wish to address their own or others' violent behaviours?
5. What counselling education, training providers, and qualifications are available? What types of training are offered, location of training?
6. What are strengths and weaknesses of existing counselling services?

Steps of the desk review

- The desk review will include an internet search for relevant websites and documents, review of documents provided by *Pacific Women* Support Unit, DFAT and other informants. The consultants will contact key informants and stakeholders to access any further reports, and detailed information referenced in this initial search. Information gathered will be screened for any bias.
- Data to be extracted from documents, email information and website search will be guided by the key questions drawn from the terms of reference – refer Box 1.
- Data will be collated by country, utilising the key review questions as headings, utilising the Overview of Counselling Services Matrix provided in Annex B of the terms of reference.

Self-assessment survey

The self-assessment survey will be sent to organisations, agencies or individuals that provide counselling or managers of counselling services. The survey aims to gain information about their expertise, training, quality measurements, coverage and range. Data from the survey will provide an understanding of the coverage of counselling service providers and identify how well they meet the quality framework, to determine where there is scope for improvement, and to identify any gaps.

The possibility of subjective responses to the assessment tool will be counteracted through follow up phone interviews with the respective organisation (if required), with their indicated trainer provider (if provided in the survey) and possibly with a key organisation working in EAW across the country.

Box 3: Examples of the style of questions to be used in the self-assessment survey for managers of counselling organisations or people providing counselling.

1. How often would most of the survivors of violence receive counselling?
 - 1 time
 - 2 – 4 times
 - 5 – 9 times
 - 10 or more times
2. Are risk assessments undertaken by counsellors / people that provide counselling for survivors of violence?
 - never
 - sometimes if it is felt the survivor is at risk
 - always as part of our standard protocol
3. Do the people that provide counselling hold case discussions with their peers or supervisor?
 - never
 - sometimes when the case is complicated
 - weekly
 - monthly
 - only to handover the person
 - other
4. Are the people that provide counselling receive mentoring or receive supervision support?
 - never
 - at least every month
 - every 1 to 3 months
 - every 4 to 6 months
 - once per year
 - when there is an opportunity such as trainer visits
 - other.....

Steps for the self-assessment survey

- In each country, the consultants will identify relevant organisations to complete the survey. Contacts for organisations (and any individuals) that provide counselling services to women survivors of violence will be sourced through a range of sources such as the consultants' contacts through *Pacific Women* Support Unit, via DFAT's gender focal points, and through the desk review. The consultants will contact key counselling organisations, as to whether they are aware of other organisation conducting counselling for survivors of violence within their country or the Pacific region.
- The survey will be developed from the quality guidelines below. It will be pre-tested for language use and relevancy by a number of counsellors from various organisations. The survey will predominantly consist of multiple choice questions – refer Box 3 for examples of the style of questions to be used. A description of terminology (such as case management) will be provided to assist with standardising responses.
- The survey will be sent to the relevant organisations, together with a supporting letter from *Pacific Women* Support Unit requesting their cooperation to complete the questionnaire.
- The survey information is expected to provide an insight into most of the indicators. The data collected will be analysed using a simple excel spreadsheet.

- The consultants will conduct telephone surveys with selected counselling organisations, organisations working in EAW and trainer providers to follow-up and cross-check information. Organisations that have monitoring and evaluation frameworks for their counselling practices will be asked to send any relevant monitoring or review reports.

Semi-structured interviews with stakeholders

Semi-structured interviews with stakeholders⁷⁶, will be undertaken either through face to face interviews or as appropriate through phone interviews. Interviews will be held with key counselling providers (both formal and where possible with informal), with training providers, with EAW programme specialists, Gender Focal Points, representatives from counselling or social workers' associations. The review team has planned their field trip to Fiji around the UN Women regional partners meeting that will take place 12–14 September. This will allow the team to interview various regional key stakeholders as required.

Questions in the semi-structured interviews will be drawn from the key questions provided in the terms of reference and any further questions that arise as a result of the findings from the desk review and the self-assessment survey.

It is well established that in low resourced countries services that normally are conducted by professionals are often conducted by non-specialists, given the limited numbers of professionally trained counsellors. For this reason, the review team will visit both organisations based in the capital (i.e. Port Vila and Suva) and also visit regional centres, and where possible groups that provide informal counselling.

Refer to Annex 3, for the proposed list of organisations in Vanuatu and Fiji that the review team will contact for interview in the visiting countries. This list is not exhaustive, and does not include the other 12 Pacific target countries. One of the main objectives of the first stage of the desk review is to compile the list of all organisations that provide counselling or training in counselling in 14 Pacific countries. This will determine further which of those or their partner organisations will be approached for further interviews.

The review team will spend approximately 75 per cent of the total 35-day consultancy in Fiji and Vanuatu to maximise the opportunity for face to face interviews and to validate data collection. The team proposes two regional locations in each country, and these will be further confirmed with the *Pacific Women* Support Unit. The two review consultants will conduct interviews separately in order to both cover the number of proposed organisations and visit regional locations.

Information collected from the semi-structured interviews will feed into the development of recommendations for counselling and training standards in the Pacific, and scaling-up current best practice. One of the consulting team members will participate in the UN Women regional workshop in Fiji (12–14 September), which will provide further opportunity to validate findings, and to undertake further face to face interviews, particularly with key partners from the Pacific nations other than Fiji and Vanuatu.

In-country workshops

In-country workshops will be held in both Vanuatu and Fiji with small groups of experienced counsellors and / or training providers to explore what constitutes a best practice model in the Pacific, and what they see as opportunities, gaps and / or challenges to progress towards the utilisation of best practice model across the Pacific. During the workshop, counsellors will be asked to consider

⁷⁶ Given the limited timeframe of the consultancy, the review team will not directly consult with survivors of torture or clients of counselling. The number of clients would need to be of a significant number across the Pacific to enable valid representation of their opinions. Additionally, any information from counsellors on clients would require pre-existing consent by the client.

what they felt 'best practice' means in the context of their counselling process and approach. They will then be asked to identify a number of activities under each stage of the counselling process that would represent best practice, including indicators of success, key competencies and practical considerations such as access and follow up. This method was recently applied successfully in East Timor to assess the quality of counselling by local providers, and how local best practice integrates relevant customs and resources. This approach highlights the divergence between 'global best practice' and culturally specific approaches and minimum standards appropriate in low resource environments.

The workshops will also review application of legislation and discuss minimum requirements for appropriate training and professional development.

Findings from the workshops will be verified through face to face and phone interviews with other key stakeholders.

Analysis and guidelines proposed

Defining quality and best practice for counselling services in relation to global best practice in the Pacific, or any non-western context, is challenging. Benchmarking against 'global' best practice can be an inaccurate exercise as these often do not take into account culturally specific approaches, resource constraints, and opportunities. Equally, measurement against national level standards runs the risk of being too context specific. Therefore, it is proposed to measure quality of counselling through applying a set of minimum ethical considerations and core competencies that are needed to make counselling in the area of survivors of violence effective.⁷⁷ These ethical considerations and core competencies have been drawn from acknowledged best practice and adapted accordingly to produce a minimum number of applicable indicators as follows:

Quality of counselling services

The following competencies will be used to assess quality in counselling for survivors of violence (including values):

- ability to listen and develop trust (to work respectfully with the survivor, and explore personal experience in a culturally acceptable manner);
- ability to assess the risk for the survivor of violence (including understanding of the social context in which the person operates);
- knowledge of the range of impact on survivors of violence;
- understanding of the context of the survivor of violence and referral possibilities (e.g. traditional law, police, and potential court processes);
- understanding how to support recovery and implement appropriate strategies for the survivor of violence;
- empowerment: How the organisation works with the survivor to build on their strengths (as opposed to pathologising) and provides information and education to assist in understanding their options and take action when they choose to;

⁷⁷ Grealy, C., Humphreys, C., Milward, K., and Power, J. (2008) *Urbis, Practice guidelines: women and children's family violence counselling and support program*, Department of Human Services, Victoria
 O'Brien, C. (2015) *InPsych, Working with domestic violence; A clinician's guide to ethical and competent practice*. October 2015 / vol.37
<http://www.pacfa.org.au/practitioner-resources/ethical-standards/>

- The service is beneficial to the survivor and does no harm (for example: the person providing counselling holds the view that violence is a violation of human rights).

This quality assessment framework will be utilised to evaluate the service providers – evaluating both the quality of the services they provide, and perceived knowledge and skills of those delivering the counselling services. The framework is structured to focus on assessing the likelihood of positive outcomes and prevention of harm for clients, rather than assessing quality at its highest potential.

Experience and reach of counselling service providers and their staff / volunteers

Additionally, the counselling services will be assessed utilising further criteria:

- accessibility of the service (including outreach);
- area coverage;
- target population;
- received average amount of training in counselling (qualifications);
- the practical experience of the counsellors;
- professional development method (supervision, mentoring, follow up courses, peer support, case discussion);
- method of client information storage and confidentiality;
- average amount of sessions / intervention (where possible);
- average duration of sessions (where possible);
- type of counselling offered;
- perceived satisfaction of service users with the counsellors (where possible).

Assessing counselling training providers

To assess training providers, the quality guidelines will be used to assess if trainer provider have designed and implemented their training curricula (content, practical skills, methodology, follow up) in ways that address the indicators (including to develop core competencies, understanding of the survivors' experience, and recovery strategies). Subsequently, trainees can be interviewed about how useful the training has been to improve their work.

Reporting

The interim report will include a synthesis of information from both the desk review and the self-assessment survey. The interim report will be submitted on 22 August 2016. Country summaries and a reference list of relevant documents (including a brief summary of what they cover will be annexed to the interim report (as indicated in the terms of reference annex B – overview matrix of existing and planned counselling service providers in the region).

The final report will include information from the Interim Report, with further validation of data from the in-country interviews and the validation workshop. The final report will address the questions in Box 1. A draft of the final report will be submitted by 25 September 2016, with the final report to be submitted by 15 October 2016.⁷⁸

⁷⁸ Pacific Women and DFAT will provide feedback to the draft final report, five days prior to the date the final report is to be submitted

Possible barriers or limitations

Potential difficulties may arise in obtaining completed questionnaires from agencies, in sufficient time to be included in the analysis presented in the Interim Report due on the 7 August. This will be mitigated by following up with emails and phone calls to facilitate submission, and / or provide the opportunity to complete the questionnaire by phone. As such, further information may be obtained after the submission of the interim report.

Unable to contact key people to follow-up on the questionnaire and cross-check data. The questionnaire will request at least two contacts per organisation, with various forms – telephone and email.

Counsellors might have difficulty indicating key factors for a successful counselling model. This will be minimised through the use of case discussions.

Some organisations may only use part of the counselling process to assist survivors of violence (for example engaging, listening, and calming). Counselling providers will be categorised accordingly to the services offered.

There is limited country information available – once any gaps in information are identified we will use contacts from our network, *Pacific Women* Support Unit, DFAT's Gender Focal Points to further investigate any information.

Compliance with research practice and ethical standards

The review team will comply with any research standards developed by the *Pacific Women* Support Unit. The team members are experienced in undertaking research, monitoring and evaluation and are committed to the following research and ethical standards:

- informed consent and the principle of do-no-harm;
- taking into account ethnicity and culture when making professional judgements around counselling practices;
- be aware of and show acknowledgment and respect of the value systems operating in Pacific communities. Methodologies that are empowering, culturally respectful and inclusive;
- reciprocity including built-in formative sessions where methodology and feedback can be discussed, tested and validated.

Annex 4 Attachment B Proposed Schedule of Individuals and Organisations

Organisation	Proposed Individuals (to be confirmed)
Vanuatu	
Port Vila	
DFAT	– Helen Corrigan, Patricia Fred
CARE International	– Country Manager, Megan Chisholm – Manager – Life Skills Program, Viviane Obed
NZAid	– To be confirmed
Vanuatu Women's Centre	– Executive Director, Marilyn Tahī, – Coordinator Crisis Line – Counsellors – Training Provider
Vanuatu Police	– Police Officer Family Protection Unit
UN Women	– EAW Programme Coordinator
Palladium	– Policing and Justice Support Program, Heidi Tyedmers
Ministry of Health	– To be confirmed
Vanuatu Family Health Association	– Violence Helpline Coordinator
Tanna	
Tafea Counselling Centre	– Coordinator – Counsellor – Trainer / mentor
CAVAW	– Counsellors
Luganville, Espirtu Santo	
Sanma Counselling Centre	– Coordinator – Counsellor – Trainer / mentor
CAVAW	– Counsellors
Fiji	
Suva	
<i>Pacific Women</i>	– Team leader, Linda Petersen – Program Coordinator (EAW)
DFAT – Gender Program	– Suzanne Bent – Leaine Robinson – Tuvalu program manager Lily-Anne Homasi (tbc)
UN Women	– EAW Programme Specialist, Abbey Erikson
Fiji Women's Crisis Centre	– Executive Director – Counsellor – Training Provider
Life Line Fiji	– Counsellor – Training Provider
House of Sarah	– Counsellor
Pacific Counselling and Social Services	– Training Coordinator
University of The South Pacific	– (Basic) Counselling Degree Coordinator
Fiji Council of Social Services	– TBC
Ministry for Women, Social Welfare and Housing	– TBC
University of the South Pacific	– TBC
Australia-Pacific Technical College	– TBC

Organisation	Proposed Individuals (to be confirmed)
Nadi (and Lautoka)	
Empower pacific	<ul style="list-style-type: none"> - Executive Director and Counsellors - Training Provider of Counselling Course
Nadi Women's Crisis Centre	<ul style="list-style-type: none"> - Counsellor(s) – TBC
Labasa / Rakiraki / Ba / Sigatoka (one location – tbc with <i>Pacific Women</i> Support Unit)	

Annex 5 Counselling Services in Pacific Region Self-Assessment Survey

Thank-you for completing this survey.

We expect the survey will take about 20 minutes to complete.

By completing this survey, your organisation's name will appear in the overview of organisations that provide counselling for survivors of violence in the Pacific.

Your responses will be treated confidentiality and names of people and organisations will not be used in the reporting on the findings.

Thanks again for taking the time to complete this survey.

1. What is your full name?

2. What is your email address?

3. What is your telephone number?

4. What is the name of your organisation / branch?

5. My organisation / branch can be best be described as:

an International NGO (Non-Government Organisation)

a National NGO (Non-Government Organisation)

a CBO (Community Based Organisation)

a Faith-Based Organisation

a Government Agency (Health, Social Services etc.)

Police Services

Other _____

6. How would you describe the type of counselling that your organisation / branch provides? (*Choose only one.*)

basic counselling (informal counselling and / or psychological first aid)

skilled counselling (professional counselling)

7. Does your organisation provide counselling services for survivors or perpetrators of sexual or gender based violence?

Yes – for survivors

Yes – for perpetrators

No

8. Does your organisation / branch conduct case management services? (*Case Management Services are where the counsellor assesses the needs of the client, arranges, coordinates, and advocates for involvement of a variety of services to meet the specific client's needs.*)
- Yes
- No
9. Does your organisation / branch provide other support to survivors of violence such as:
- legal representation / advice,
- accompaniment to the police,
- assisting with application for interim protection orders
- accompaniment to health services,
- accompaniment to / support in courts
- referrals for specialist services
- Safe space / house for survivors
- Other _____
10. In which locations does your organisation / branch provide counselling services?
*Please state all **regions / city names / districts** where you provide services.*
- _____
11. Which best describes the groups of people that you provide counselling services for? (*Check all that apply.*)
- Children up to 15 years
- Children 15 -18 years
- Women – over 18 years
- Men – over 18 years
- People with Disabilities
- Perpetrators of Violence
- Minority groups
- Other _____
12. If you work with minority groups, can you please provide brief information about the groups?
- _____
13. How many people in your organisation / branch provide counselling?
- One only
- Two to Three
- Three to five
- Six to ten
- More than ten
14. The people that provide counselling in your organisation / branch can best be described as: (*Mark all that apply*)
- Counsellors
- Case Managers

- Social Workers
- Health Workers
- Youth Workers
- Outreach Workers
- Police Officers
- Religious leaders
- Other _____

15. In your organisation / branch, for the people that conduct counselling, what is the level of training they have received? *(Mark all that apply.)*

- Practical experience (learned from peers / learned by doing)
- Between 1-4 days training in counselling
- 1-2 weeks training in counselling
- 3-6 weeks training in counselling
- Short course – longer than 6 weeks
- Diploma or Degree in counselling / social work / psychology
- Other _____

16. Please provide the names of any organisations that have provided training to your organisation / personnel in counselling and in what areas of counselling?

17. How would you rate the quality of the counselling training your Organisations received? *(Mark one only.)*

- Very good
- Good
- Satisfactory
- Not satisfactory

18. Have you (or your staff) had any refresher training or follow-up to your training in counselling? *(Choose as many as you like.)*

- No
- Yes – refresher training of 1 – 5 days
- Yes – refresher training of more than 5 days
- Yes – follow-up visits
- Other _____

19. Have the staff that provide counselling received any specialised counselling training as follows? *(Mark all that apply)*

- Counselling for women survivors of violence?
- Counselling for sexual assault
- Counselling for survivors of child abuse
- Other _____

20. How much experience in counselling would the majority of the people that provide counselling have?
- less than six months
 - 6-12 months
 - 1-2 years
 - 2 – 5 years
 - 5-10 years
 - over 10 years
21. What is the average duration of a counselling session? (*Choose only one.*)
- 30 minutes or less
 - 30 minutes to 1 hour
 - 1-2 hours
 - over 2 hours
22. How many times, would most of the survivors of violence that are seen by your organisation, receive counselling? (*Choose only one.*)
- 1-2 times
 - 3-5 times
 - 6-10 times
 - more than 10 times
23. Are risk assessments (assessment of risk of harm by others or risk of suicide) undertaken by those that are providing counselling for survivors of violence that are seen through your organisation / branch?
- Rarely
 - Sometimes if it is felt the person is at risk
 - Always as part of our standard protocol
24. Do the people that provide counselling hold case discussions with their peers or supervisor?
- Rarely
 - Sometimes when the case is complicated
 - Weekly
 - Monthly
 - Only when the case is handed over
25. Are there files kept for each person that receives individual counselling?
- Rarely
- Sometimes
 - Always
26. Do your staff maintain confidentiality of client information?
- Always
 - Sometimes

This area needs improvement

27. Do counselling personnel conduct any outreach activities in communities?

- Frequently
 Occasionally
 Never

28. Is your organisation / branch part of a referral network for survivors of violence?

- No
 Yes

29. If your organisation / branch is part of a referral network for survivors, what is the name the organisation where clients are referred to?

30. If your organisation / branch is part of a referral network for survivors, what organisation(s) refer clients to you?

31. What type / types of counselling does your organisation / branch conduct? (*Mark all that apply.*)

Individual

- Family
 Group
 Couples
 Phone counselling
 Guided self-help group
 Other _____

32. In your organisation / branch, for those that conduct counselling, how would you rate their ability to create a trusting relationship with survivors of violence?

- Very good
 Good
 Satisfactory
 Less than satisfactory
 It varies between staff

33. What support mechanisms does your organisation / branch have in place for people that counsel?

- No mechanisms
 Informal chat
 Peer group discussions
 Formal meeting

34. Do the people that conduct counselling receive supervision support (in counselling)?

Never

- At least every month
 Between 1-3 months

- Between 4-6 months
- Only once per year
- When there is an opportunity, such as trainer visits
- Other _____

35. Have efforts been made to introduce ethical guidelines or those that counsel in your organisation / branch?

- We are planning to do this
- We are in the process of doing this
- Yes, we have ethical guidelines

36. Which parts of counselling would the majority of the people that counsel in your organisation / branch do well? (mark all that apply)

- Establishing a trusting and safe environment (connect)
- Exploration of the issues, concerns, needs
- Conducting safety risk assessment
- Summarising of goals and priorities
- Provision of accurate information and guidance
- Facilitate coping strategies
- Development of an action plan

37. With reference to the question above, in your opinion, which two parts of counselling need strengthening within your organisation / branch?

38. In your organisation, does your counselling approach draw upon any of the following frameworks? (Mark all that apply.)

- Therapeutic
- Faith-based values
- Cultural values
- Human rights
- Feminist theory
- Customary Law
- Non-judgmental
- Survivor- centric
- Disability Inclusive
- Confidential counselling
- None of the above
- Other _____

39. Does your organisation / branch charge a fee for providing counselling services to survivors of violence?

- No – never

- Yes – but only if the person has the capacity to pay
- Yes – always
- Other _____

40. How would you describe the quality of your organisation's / branch's counselling services?

- Excellent
- Good
- Satisfactory
- Less than satisfactory

41. What is required to improve the quality of your organisation's / branch's services?

42. Does the organisation use a database or spreadsheet in which information (age, sex, number of visits, etc.) about the people that get counselling is recorded?

- no
 - yes, we use a spreadsheet
 - yes, we use a database
 - other
-

43. What are the most common ways that people find out about your counselling services?

- Word of mouth
- Advertising
- Referral through NGOs, CBOs, Faith-based organisations
- Referral from Police
- Referral from a Government agency (E.g. Health, Social Services, Education etc.)
- Other _____

44. Does the country have any legislation or regulations for counsellors?

- Yes
- No

45. How would you assess the knowledge and / or understanding of the legislation governing relating to violence against women (for example domestic violence restraining and / or protection orders) by your staff that conduct counselling?

- They have high level of understanding
- It varies – some have a high level of understanding others do not
- Low levels of understanding

There is no legislation relating to domestic violence in our country.

Annex 6 List of Trainer Providers used by survey respondents

- Alan Walker College
- Australia Pacific Technology College
- Australian Counselling Association
- Fiji Women's Crisis Centre
- Fulton College
- Genesis Counselling Services, Perth, Australia
- God's Pacific People
- Guam Behavioural Health and Wellness Centre
- Helen Ferguson- Médecins Sans Frontières staff
- House of Sarah
- Institute for Innovative Trauma Therapy, Austria
- International Justice Mission
- Kiribati Counselling Association
- Kunit Bobrae Counselling Group
- Massey University
- Milne Bay Counselling Services
- National Council Lifeline, Port Moresby
- Ninitha Note -private trainer
- Oral Roberts University
- Pacific Adventist College
- PNG Counselling Association
- Single State Agency (Royal Marshall Islands)
- Sister Lorraine Garuso
- Substance Abuse and Mental Health Services Administration
- Trauma Healing Institute
- Uniting Church
- University of Macquarie
- University of the Pacific
- US Department of Health and Human Services
- Vanuatu Women's Centre
- West CASA
- World Vision Australia

Annex 7 Prevalence Studies Undertaken in the Pacific

- Federated States of Micronesia (2014) Family Health and Safety Study A prevalence study on violence against women
- Fiji Women's Crisis Centre (2013) Somebody's Life, Everybody's Business! – National Research on Women's Health and Life Experiences in Fiji (2010 / 2011): A survey exploring the prevalence, incidence and attitudes to intimate partner violence in Fiji
- Ministry of Internal and Social Affairs (2010) Kiribati Family Health and Support Study – a study on violence against women and children
- Ministry of Home Affairs |Department of Women's Affairs (October 2014) Nauru Family Health and Support Study: An exploratory study on violence against women
- Palau Ministry of Health (2014) Belau Family Health and Safety Study: National Research Project on Violence against Women in Palau
- Secretariat of the Pacific Community (2006) The Samoa Family Health and Safety Study
- Secretariat of the Pacific Community (2009) Solomon Islands Family Health and Safety Study: A study on violence against women and children
- Ma`a Fafine mo e Famili (2012) National Study on Domestic Violence against Women in Tonga, 2009
- Vanuatu Women's Centre (2011) Vanuatu National Survey on Women's Lives and Family Relationships.

Annex 8 Summary of Domestic Violence Legislative Clauses relating to Counselling Services

Country and Legislation	Relevant Clauses
<p>Fiji <i>The Domestic Violence Decree 2009</i>⁸⁰</p>	<p><i>The Family Law Act 2003 while defining approved counsellors refers primarily to marriage counselling.</i></p> <p><i>The Domestic Violence Decree 2009 include reference to counselling for Domestic Violence.</i></p> <p>S37 (1) – The Court may require a responded to a domestic violence restraining order to attend a prescribed counselling, education, rehabilitation ... program specified by the Court.</p> <p>S37 (6c) – The Court may recommend but not require that a person protected by a domestic violence restraining order attend counselling.</p>
<p>Kiribati <i>Te Rau N Te Mweenga Act Family Peace Act 2014</i></p>	<p>7. Registered counsellors</p> <p>(l) The Minister shall ... call for applications from those wishing to be registered as counsellors for the purposes of this Act.</p> <p>(2) The Minister may declare a person to be a registered counsellor only if he or she has appropriate qualifications or experience in counselling in relation to domestic violence.</p> <p>(3) The Minister may declare a person to be a registered counsellor for up to five years.</p> <p>In making declaration, the Minister must-</p> <p>(a) consult ... ; and</p> <p>(b) ensure so far as practicable that there are registered counsellors in each local government region.</p> <p>(7) The Minister must deregister a counsellor at any time ... where misconduct has been proved.</p> <p>(8) A registered counsellor has the following functions -</p> <p>(a) counselling and advising on the problems in personal relationships that are likely or have led to the use of domestic violence;</p> <p>(b) carrying out, upon the directions of a Court, any counselling, assessment or investigation relating to the children and the family of the parties and providing reports accordingly;</p> <p>(c) facilitating arrangements for accommodation of the complainant and other persons at risk, as necessary;</p> <p>(d) facilitating immediate arrangements for medical or other examination of a child of the household; and</p> <p>(e) performing any other function which the Minister may assign for the purposes of this Act.</p> <p>S11.2 (b) ...a social welfare worker, counsellor, community worker or women's interest worker; may apply for a protection order on behalf of the complainant.</p> <p>S30.3 (b) Police shall.... where necessary, make arrangements for the complainant and the complainant's dependents to find a suitable shelter, to obtain a medical treatment or counselling service where needed.</p> <p>S32.1 duty of care is hereby established on any healthcare professional and social service provider who has been or is notified by a complainant that they have been a victim of domestic violence to-</p> <p>(i) advise the complainant about counselling;</p> <p>(ii) refer the complainant to counselling as appropriate;</p> <p>S42 (3) It is the function of the Council to advise and make recommendations to the Minister on...</p> <p>(d) the adequacy of preventive measures, responses, shelters and counselling support services provided to victims of domestic violence;</p> <p>S44 Central data collection, monitoring, reporting etc.</p> <p>(2) The annual statistics and annual report</p> <p>(d) the number of self-referrals and referrals made by the courts and other agencies to counselling services and shelters each year;</p> <p><i>A memorandum to the legislation explains:</i></p> <p><i>Sections 7 and 8 deals with registration of counsellors – Working with victims of domestic violence</i></p>

80 The *Family Law Amendment (2012)* does not include any mention of counsellors or counselling

Country and Legislation	Relevant Clauses
	<p>and families who are affected by violence would require counselling intervention. The reasons for registration ensure accountability and prevention of unethical practice when working with the most vulnerable and dis-empowered.</p>
<p>Marshall Islands <i>Domestic Violence Prevention and Protection Act 2011</i></p>	<p><i>S908 Conditions of a protection order: Specific.</i> Conditions relating to counselling and or mediation: (a) order one or both parties to attend counselling; or (b) order mediation; or (c) recommends counselling and mediation; or treatment, rehabilitation and recovery. <i>S912. Who can apply for a Protection Order?</i> (f) any advocate or counsellor or social worker from any crisis or rehabilitation center. <i>S923. Collaborative Reporting.</i> (1) Notwithstanding any other law or procedures concerning confidentiality to the contrary, any person, who in their professional or official capacity, have reason to believe that an act of domestic violence has occurred to a person or a child, or there is evidence to believe that such person is at risk to domestic violence, shall immediately report the matter to a Police, or bring the matter before the court pursuant to section 912. - Professional or official capacity includes counsellors, social workers or case managers (S923.2.a). <i>S925 Emergency assistance</i> The local or national police officer responding to the request for assistance shall as soon as practicable may advise (<i>sic</i>) the complainant of the sources of shelter, medical care, counselling and other services. <i>S926 Domestic Violence Prevention and Protection Fund.</i> The Secretary of Internal Affairs shallto assist domestic violence center or safe house for women and children, community education program, counselling program, transportation services and call forwarding during the night or any other services in accordance with the purpose for which the fund in created.</p>
<p>Palau <i>Family Protection Act 2012</i></p>	<p><i>S80 Harassment by stalking.</i> (b) A person convicted under this section may be required to undergo a counselling program as ordered by the court. <i>S823 Temporary restraining order.</i> (e) When a temporary restraining order is granted and the ... person to be restrained knows of the order, a knowing or intentional violation of the restraining order is a misdemeanour. A person convicted under this section may be required to undergo a counselling program as ordered by the court. <i>S832 Violation of an order for protection.</i> A person convicted under this section shall be referred to the Ministry of Health for behavioural health assessment and mandatory counselling, or referred to any other domestic violence intervention programs as ordered by the court.</p>
<p>Papua New Guinea <i>Family Protection Act 2013</i></p>	<p><i>S11 Conditions relating to counselling and mediation.</i> A court may direct either or both the defendant and the complainant to participate in either counselling, or mediation, or both counselling and mediation.</p>
<p>Samoa <i>Family Safety Act 2013</i></p>	<p><i>S2 – Interpretations.</i> 'authorised counselling agency' means any organisation, association, incorporated body, person or group of persons or agency with qualified counsellors providing counselling to victims and perpetrators of domestic violence approved by the Minister of Justice and Courts Administration; 'qualified counsellor' means any person: (a) providing counselling services and has undertaken specific and recognised training in counselling approved by the Minister; or (b) who has obtained a recognised qualification in providing counselling services from any institution or training service provider approved by the Minister. <i>S4 – an application for a protection order may be made by a ..., counsellor,...</i></p>

Country and Legislation	Relevant Clauses
	<p>S15 – duties of a police officer include making arrangement for a complainant and the complainant's dependents ... shelter, counselling service...</p> <p>Where a report of domestic violence involves any other form not being physical or sexual, the Police Officer may where ...appropriate to do so and in accordance with applicable guidelines:</p> <p>(a) have the matter referred to an authorised counselling agency and from there monitor progress of such an arrangement; ...</p> <p>Sentencing</p> <p>S7 In sentencing offenders for an offence involving domestic violence, a court must also have regard to: ...</p> <p>(g) whether the offender has sought and received counselling.</p>
<p>Solomon Islands <i>Family Protection Act 2014</i></p>	<p>S28 (2) If the affected person elects to seek mediation—</p> <p>(a) a court officer must assist the affected person to arrange mediation facilitated by a registered counsellor;</p> <p>s46. If a patient notifies a health care provider that they have been a victim of domestic violence, the health care provider must...</p> <p>(b) ... refer them for counselling or further medical treatment, as appropriate; ...</p> <p>S54 (1) On application by a person, the Minister, in consultation with the Council, may register the person to be a domestic violence counsellor.</p> <p>(2) The Minister must not register a person unless the person—</p> <p>(a) is trained in counselling methodology approved by the Minister; and</p> <p>(b) has at least 2 years of experience in domestic violence counselling.</p> <p>(3) The Minister may, following consultation with the Council, deregister a person as a registered counsellor if the Minister believes on reasonable grounds that the person has contravened a code of ethics or practice standards approved by the Minister.</p>
<p>Tonga <i>Family Protection Act 2013</i></p>	<p>S6 Registered counsellors ...</p> <p>(1) the Minister in consultation with the Family Protection Advisory Council shall appoint a panel of counsellors consisting of persons approved by the Minister as —</p> <p>(a) qualified counsellors;</p> <p>(b) community workers experienced in family and domestic violence counselling;</p> <p>(c) counsellors in voluntary organisations,</p> <p>to be registered on a panel of counsellors and who shall carry out the duties of family and anti-domestic violence counselling and addressing the causes of domestic violence under this Act.</p> <p>(2) Subsection (1) does not limit the right of any complainant or respondent to obtain counselling from any person other than those on the counselling panel.</p> <p>(3) A registered counsellor shall have the following functions —</p> <p>(a) counselling and advising on the problems in personal relationships that are likely or have led to the use of domestic violence;</p> <p>(b) carrying out, upon the directions of a Court, any counselling, assessment or investigation relating to the children and the family of the parties and providing reports accordingly;</p> <p>(c) facilitating arrangements for accommodation of the complainant and other persons at risk, as necessary;</p> <p>(d) facilitating immediate arrangements for medical or other examination of a child of the household;</p> <p>(e) performing any other function which the Minister may assign for the purposes of this Act.</p>
<p>Tuvalu <i>Family Protection and Domestic Violence Act 2014</i></p>	<p>S34 – <i>Registration of counsellors</i></p> <p>(1) A person may apply to the Minister for registration as a domestic violence counsellor.</p> <p>(2) The Minister ... may approve an application under subsection (1) if satisfied that –</p> <p>(a) the person engages in domestic violence counselling, mediation or marriage education and counselling or is concerned with the welfare of children; and</p> <p>(b) the person is a qualified counsellor with appropriate qualifications; or</p> <p>(c) the person has appropriate experience in counselling or mediation in relation to domestic violence.</p>

Country and Legislation	Relevant Clauses
	<p>(4) A domestic violence counsellor must... provide a report on domestic violence, including the number of cases dealt with during the year to the Chairperson of the CEDAW National Coordinating Committee</p> <p><i>S35 Counselling and rehabilitation orders</i></p> <p>In deciding to make a protection order, the Court may direct either the complainant or defendant or both to participate in –</p> <p>(a) counselling; or</p> <p>(b) anger management; or</p> <p>(c) mediation; ...</p> <p><i>Part 10 Family Protection Fund</i></p> <p>S60 – Fund is for... training and capacity building of members of the Judiciary, the Police, counsellors and persons managing support centres and shelters.</p>
<p>Vanuatu</p> <p><i>Family Protection Act 2008</i></p>	<p><i>8 Registered counsellors</i></p> <p>(1) The Minister may declare persons to be registered counsellors for the purposes of this Act.</p> <p>(2) The Minister may declare a person to be a registered counsellor only if he or she has appropriate qualifications or experience in counselling or mediation in relation to domestic violence.</p> <p>(3) A person who in accordance with the rules of custom conducts counselling or mediation in relation to domestic violence may be considered to have appropriate experience.</p> <p>(4) In making declarations, the Minister must ... (b) ensure so far as practicable that there are registered counsellors in each local government region.</p> <p><i>S51 Regulations</i></p> <p>(1) The Minister may, by Order in writing, make regulations...</p> <p>(d) prescribing training programs forregistered counsellors and persons wanting to become authorised persons or registered counsellors;</p>

Annex 9 Review Terms of Reference

Review of Ending Violence against Women (EVAW) Counselling Services in the Pacific

Terms of Reference

Reports to:	<i>Pacific Women</i> Team Leader via Gender Specialist
Location:	Fiji (Regional)
Duration:	35 days
ARF Classification:	Discipline Group C, Job Level 4

Background

Pacific Women Shaping Pacific Development (*Pacific Women*) was announced by the Australian Government at the Pacific Island Leaders' Forum meeting in August 2012. It commits up to \$320 million over 10 years in the 14 Pacific Islands Forum members.

Pacific Women aims to improve opportunities for the political, economic and social advancement of Pacific women. The outcomes sought by *Pacific Women* include:

- Women, and women's interests, are increasingly and effectively represented and visible through leadership at all levels of decision-making;
- Women have expanded economic opportunities to earn an income and accumulate economic assets;
- Violence against Women (VAW) is reduced and survivors of violence have access to support services and to justice; and
- Women in the Pacific will have a stronger sense of their own agency, supported by a changing legal and social environment and through increased access to the services they need.

This Terms of Reference (TOR) will contribute to the development of *Pacific Women's* programs and support in the thematic area of violence against women and access to support services, of which counselling services for survivors of violence are a critical component.

Counselling services for victims of violence are in their nascent stages in the Pacific, with the exception of some more established services such as the Fiji Women's Crisis Centre. It is globally acknowledged that survivors of violence require counselling support tailored to the nature of gender-based violence. Counsellors providing these services require the requisite qualifications, approach, practical experience and institutional support in order to be effective. Currently there exists a great diversity of services in the region through both national level and multi-sectoral service providers, which include formal counselling services, for example nurses and police, as well as more informal smaller faith-based and community organisations that provide counselling services. Similarly diverse is the range of counselling qualifications, which range from recognised and accredited trained counsellors to those who have received little or no formal training.

In the last five years, almost all Pacific Island countries have passed some form of domestic violence legislation. Most of the legislation requires the services of registered counsellors. Countries are now

beginning to implement their new legislation and many are requesting assistance in the provision of counselling services and care as well as development of registration processes that are based on agreed standards and criteria.

Given the diversity in the region, and the significant need for good-quality counselling services for survivors of violence, *Pacific Women* will undertake an overview of counselling services in the Pacific in order to assess:

- the range of counselling services currently operating or planned in the region;
- what models of counselling have been evaluated as effective;
- which approaches are based on rights and gender equality frameworks;
- what education and training providers and qualifications are, or could be, available and being utilised;
- what quality assurance/ counsellor monitoring and support models are available and being utilised; and
- what good practices are in existence that could be replicated or scaled up, to strategically address gaps in quality, accessible counselling services for survivors of violence.

It is well established that the provision of quality, accessible counselling is a critical element of service response for survivors of violence. In addition, there is growing evidence of the efficacy of counselling services for male adult survivors and perpetrators of violence in reducing violence. Global good practice for provision of services is through co-ordinated multi-sectoral responses that have interconnected services: medical, legal (police and justice), social welfare and government, civil society including faith-based organisations and other service providers. Few Pacific Island countries have multi-sectoral approaches in place and/or are being implemented. Various models of multi-sectoral approaches are being implemented in the region, such as the 'one-stop shop' model of service delivery implemented by the Tonga Women and Children's Crisis Centre. For some counselling services, the quality, accessibility and reach is not known.

Currently in the region, there are no agreed standard or minimum guidelines for counselling services that are based on gender-normative and rights-based frameworks. Existing counselling services vary greatly in their approach, methodology and guiding values, some of which may contribute to the continued harm of women.

The results of this consultancy will be used to work towards the development of effective long-term solutions for women and children who are seeking to escape from violent situations. The recommendations from this overview will take into account the diversity and local context in the region and will ensure that services developed respect the rights of women to make the best possible decisions for themselves and their families. This review of counselling services for survivors of violence will inform the development of a thematic roadmap on ending violence against women.

Purpose of the Terms of Reference

The purpose of this review is to inform and guide DFAT investments that address violence against women and children in the Pacific specifically in the provision of counselling services for survivors of violence and perpetrators of violence. However, Australia will also use the findings of the study to advocate with Pacific regional organisations and governments on improving the quality and accessibility of counselling services.

The review will examine the counselling services with the objective of highlighting gaps both in quality and access in counselling service provision, and also showcase good practice in the Pacific. The review will also make recommendations on minimum standards required for counselling victims of

violence and recommend a process on how these standards could be developed based on global best practice guidelines. Finally, the review will provide recommendations on how to increase access to quality counselling support for survivors and perpetrators; including existing and potential education and training providers and qualifications as well as quality assurance/counsellor monitoring and support models. The review will also make recommendations on where existing quality services can be scaled up, replicated, leveraged off or where further support is required.

Objectives and Tasks

DFAT is preparing strategic guidance roadmaps in three thematic areas: Ending Violence against Women (EVAW); Women's Economic Empowerment; and Women in Leadership. This review of counselling services for survivors of violence will inform the development of a Thematic Roadmap on Ending Violence against Women.

Key questions on counselling services for survivors of violence in the Pacific that need to be considered in this review include:

- What are the legislative and policy frameworks and requirements for counselling services?
- What are the types and extent of counselling services, training and quality assurance approaches of counselling provision available in the region, including those supported through investments under *Pacific Women*? This question is inclusive of analysis as to the scope and type of counselling such as crisis counselling, case management, psychosocial support, advanced mental health counselling and family counselling.
- What is the range of counselling services and providers available and operating in the region? This question will examine the target group/s for all types of counselling services available including: children who are survivors of violence and abuse, younger women and girls, men and boys, persons with disabilities, elderly, family/general, crisis-related or longer term, as well as counselling services for advanced mental health.
- What are the factors that have contributed to the strengths of reviewed and documented successful counselling services?
- Are there counselling services available for male survivors of violence and men who wish to address their own or others' violent behaviours? What approaches are being used with men and boys?
- To what extent are standards and ethical guidelines in place already and/or required to support the delivery of quality counselling and how may these be developed, implemented and monitored?
- Are there counselling needs that are not being addressed, including for marginalised and vulnerable groups of women, including women with disabilities?
- What counselling education, training providers, and qualifications are available and being utilised? What 'quality assurance' and 'counsellor monitoring and support' models are available and being utilised? What are the gaps with existing counselling training providers and quality assurance? What support is provided for practising counsellors?
- How and where might successful models/approaches be replicated, leveraged off and scaled up, including counselling services per se; counselling training/education provision, and quality assurance/ counsellor monitoring and support?

Scope of Work

- Develop a consultancy plan inclusive of agreed methodology and approaches and agreement on selection of countries to undertake missions;
- Undertake a desk-based review and complete the overview matrix of existing and planned counselling service providers in the region (refer to Attachment 1 of this TORt);
- Undertake a desk-based review of existing evaluations, research, projects and strategies that examine counselling services for survivors of gender-based violence in the region;
- Conduct a review of the policy and legislative frameworks in the region that refer to the provision of registered or other counselling services in addressing violence against women, specifically recent legislation that addresses family and sexual violence;
- Review the presence and scope of coordinated multi-sectoral services for survivors of family and sexual violence that are inclusive of counselling services in the following sectors; social welfare, health, justice, women's affairs, civil society organisations (CSOs) and faith-based organisations (FBOs) operating in the region;
- Undertake an overview of counselling services that includes information such as the target population, geographical range of services, target population of the services (young women, men, families etc.), and the training level of the counsellors who are providing the service. Please see Attachment 1 of this TOR for a suggested structure of an Overview of Services matrix;
- Provide recommendations as to what might be considered minimum counselling practice guidelines for the Pacific, based on existing national and globally-recognised guidelines of good practice in counselling services in terms of the prevention and response to ending violence against women;
- Review existing training programs and providers of counselling training in order to determine availability, standards, costs and gaps in training provision for counselling services, and assess whether these meet minimum guidelines, are rights-based, and provide a gender equality lens suited for counselling survivors of violence; and
- Recommend strategies and approaches that will inform all stakeholders on how to respond strategically to the increased demand for counselling services, ensuring that these approaches build on good practice. Recommendations should also include how the activities and approaches can be replicated, leveraged off and scaled up.

Outputs and Timeframes

The Contractor will carry out and complete their respective services in accordance with, but not limited to, the proposal (Annex 4). A maximum of 35 days will be commissioned by DFAT for this assignment. This will include:

- Development of a consultancy plan with agreed methodology;
- Development of a draft literature, evaluation and report review;
- Consultations and interviews with key stakeholders;
- In-country field work in two countries agreed upon in the consultancy plan;
- Preparation of draft report;
- Consultations and feedback on the draft report and recommendations; and
- Finalisation of report that incorporates feedback from DFAT and other identified stakeholders.

Table 1 Outputs

Output	Inputs (Days)	Description	Due Date
1. Consultancy Plan for discussion and approval	Up to 3	<ul style="list-style-type: none"> Consultancy Plan to be inclusive of: schedule of individuals/organisation to be interviewed; proposed (2) countries to travel to for in-country missions (with justification for selection); the specific principles guideline to be used to assess the standards; any proposed survey/interview tools and methodology 	4 July 2016
2. Literature Review and in-country fieldwork	Up to 23	<ul style="list-style-type: none"> Conduct desk-based review and in-country stakeholder meetings, including with DFAT staff, counselling services providers and training providers Meet with experts and key stakeholders, including training organisations Develop presentation of initial findings to present to DFAT and stakeholders 	18 July 2016
3. Submission of draft report of review of Counselling Services for EAW in the Pacific	Up to 4	<ul style="list-style-type: none"> Write up and submit draft report Report to include the components listed 	19 August 2016
4. Finalised report incorporating comments and feedback from DFAT and other targeted stakeholders	Up to 5	<ul style="list-style-type: none"> Revise draft and submit final report within 5 days of receiving comments 	30 September 2016

Table 2 Milestone Deliverables

No.	Milestone Deliverable	Means of Verification	Due Date	Upper Limits Payable (AUD)
1	Consultancy Plan	Written acceptance by DFAT	4 Jul 2016	\$6,300
2	Literature review	Written acceptance by DFAT	18 Jul 2016	\$6,300
3	Draft report of review of Counselling Services for EAW in the Pacific	Written acceptance by DFAT	19 Aug 2016	\$6,300
4	Finalised report incorporating comments and feedback from DFAT and other targeted stakeholders	Written acceptance by DFAT	30 Sep 2016	\$12,600
TOTAL				\$31,500

Duration and Timing

The Consultant(s) will be engaged for a total of up to 35 days. There will be up to two country visits as part of the assignment with tentative dates of travel dependent on time and the research methodology agreed upon. Work will commence as soon as possible and the draft report is expected to be completed by the end of December 2016.

List of intended users of the work

- DFAT staff
- Stakeholders and partners implementing counselling services in the region
- The *Pacific Women* program
- Pacific counselling service providers
- Pacific governments implementing legislation on domestic violence

- Government service providers responsible for providing counselling services and support
- Pacific and other training institutions who are providing training in counselling for survivors of violence

References

These documents and other papers that are subsequently identified will be provided by DFAT as context for the development of the review:

- The Pacific Women Shaping Pacific Development (*Pacific Women*) Design Document;
- *Pacific Women* Monitoring and Evaluation Framework;
- *Pacific Women* Country Plans;
- DFAT Gender Equality Policy;
- Report of the Pacific Regional Meeting on VAW Nov 2012;
- Review of the Vanuatu Women's Crisis Centre;
- Review and evaluation of the Fiji Women's Crisis Centre;
- Global Guidelines for services in addressing VAWG Minimum standards (draft) for services for victims of VAWG;
- Family Health and Safety Surveys conducted in the Pacific;
- Review of Australian aid initiatives in the Pacific aimed at ending violence against women. 2014; and
- Concept Note on the process for developing the thematic roadmaps.

Suggested Format for the Review

The final document should be no more than twenty pages, exclusive of annexes and include:

- Executive Summary
- Methodology
- Lessons learned
- Findings for all key questions in the TOR
- Recommendations based on findings
- Recommendations for a process of developing minimum standards / guidelines for counselling services for survivors of violence in the Pacific
- Annexes which include:
 - Overview Matrix of counselling services (including trainings) for survivors of violence in the Pacific (refer to Attachment A of this TOR)
 - List of counselling training providers, both those that currently provide training and those that could potentially provide training in the Pacific
 - Literature and document review

All documents, inclusive of reports and publications reviewed, must be provided to *Pacific Women* in electronic format.

Annex 9 Attachment A

Family and Sexual Violence Counselling Services in the Pacific

Overview of services

***Note: points in italics are examples only**

Organisation / Service Provider	Type of Service provider	Target population (specific group)	Population reach (geographical reach)	Counsellor's qualifications	Counselling Training Providers	Monitoring of Counselling service
Regional						
Cook Islands						
<i>PTI</i>	<i>NGO</i>	<i>Women and families</i>	<i>Rarotonga only</i>	<i>FWCC RTP NZ Counselling Cert 2 weeks</i>	<i>FWCC</i>	<i>Nothing formal</i>
Fiji						
<i>FWCC</i>	<i>NGO</i>	<i>Women only</i>	<i>Viti Levu, Vanua Levu (not in Taveuni, Kadavu or outer islands)</i>	<i>NZ course for X weeks, mentored for X weeks</i>	<i>NZ list agency</i>	<i>NZ agency reviews 6 monthly</i>
<i>insert more countries as required</i>						

Type of Service provider

could be a 'pull down' of NGO, CBO, FBO, Government service, nurse, police, social welfare officers etc.

Target population

could be a pull down with several categories including: general public, specific target group such as youth, women only, LGBTIQ, men, family etc., and 'other'

Counsellors training received

would need to fill in the type of qualifications, level / length of training for counsellors

Training providers

name the providers of the counsellors training