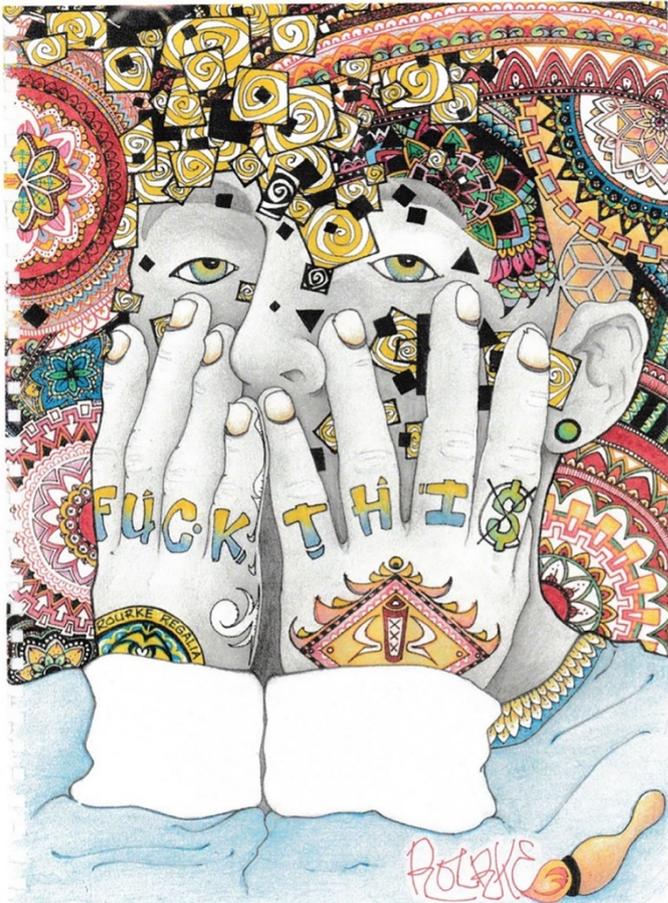


Thriving, just not just surviving: The experiences of male survivors of historical sexual abuse in Aotearoa / New Zealand

Part 2: Peer support as a pathway forward



This image has been chosen to front this document to give a clear indication of the extreme despair and turmoil most, if not all, survivors of historical sexual abuse experience for many years, perhaps throughout their lives. This turmoil is not only experienced by the survivors themselves but also by those around them, their family/whānau.

Research work, with its strong reliance on academic rigor, structure and process generally conveys little, if any, of this turmoil. This risks leaving the reader disconnected from the reality of life for survivors of sexual abuse. This point is true of this document as well hence this graphic attempt to ground the reader in the reality of life for many survivors.

*Image drawn by **Pierre O'Rourke**  
A survivor of sexual abuse*

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## Abstract

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The Ministry of Social Development commissioned Tautoko Tāne Aotearoa (Formerly Male Survivors Aotearoa) to conduct research into the experiences of male survivors of sexual abuse. Tautoko Tāne Aotearoa comprises 11 member organisations throughout Aotearoa/New Zealand. Tautoko Tāne Aotearoa is dedicated to supporting male survivors of, usually historical, sexual abuse.

Central to Tautoko Tāne Aotearoa's operations is the provision of peer support. Peer support is based on the belief that people who have faced, endured, and overcome adversity can offer useful support, encouragement and hope to others facing similar situations.

This report overviews the last in a suite of projects looking at the needs, experiences and support options for male survivors of sexual abuse, with an emphasis on peer support.

There were two phases to this project. The first involved 20 interviews with survivors via telephone, Zoom or face to face exploring the following three questions:

'Regarding peer support,

- what works well?
- what doesn't work well?
- how could/should peer support be further developed?'

Using the results of the interviews as a prompt for discussion, the second phase consisted of 4 focus groups of 30 survivors in total. This process was aimed at gaining more depth on the prompts as well as the participants weighting the various points in order of importance.

Five main themes emerged from the focus groups each referring to peer to peer group support:

- The overwhelmingly positive individual and shared experience of community based peer to peer support. The points of being heard and being believed by peers were central to the discussions. This experience was new to most of the men. These two areas were viewed as most important by the men, receiving 79% of a weighting exercise.
- The area of managing difficult conversations within the peer to peer groups received 14% of the weighting.
- The area of professional/clinical support received 6% of the weighting. Here the discussion (with only one or two exceptions) discussed negative experiences. These from not being believed or heard to experiencing a triggering of emotions.

## THE EXPERIENCES OF MALE SURVIVORS OF HISTORICAL SEXUAL ABUSE IN AOTEAROA

- While not weighted, a theme of sense of community pervaded the discussions. Here apart, from the group experience, the healing relationships were enjoyed outside the groups.

The project emphasised the Importance of a 'ground up' approach as being essential in appreciating the voice and insights of the people most concerned with the operation of Tautoko Tāne Aotearoa. This approach is often compromised by research design that limits the authenticity and spontaneity of the participants' narrative.

This project demonstrates the considerable value of community based peer to peer support as an intervention compared to continued professional/clinical approaches. Here, the healing in peer to peer groups was evident throughout group discussions. This was variously described as life changing, even lifesaving.

While this project utilised a small purposeful sample of men, the criticisms levelled at professional/clinical support cannot be ignored. The general view was that experiences with a wide range of professional/clinical supports were unhelpful at best and triggering at worst. The extensive work undertaken by Tautoko Tāne Aotearoa in developing community based peer to peer support practice, guidelines and policies is of considerable value here and supports the increasing number of men that seek support from Tautoko Tāne Aotearoa. With its emphasis on a Māori word view, this work would be applicable to other services that may be working with the vulnerable in community settings as it insists on moving the support away from professional/clinical approaches to wellness or recovery approaches. This approach, rather than clinical pathways, insists on recognising the insights, knowledge and experience of the people concerned as the most effective base for a pathway to recovery.

The two approaches, medical/psychological and wellness/recovery should not be seen as complementary as they are developed from different theoretical constructs. Applying these approaches inappropriately can be harmful as was indicated by the men in this project.

This project has supported the immense value of community based peer to peer group support with survivors of sexual abuse. Choice, being an important principle of peer support, leads to the benefit of survivors having multiple avenues towards healing. The presence and valuing of wider and more appropriate options will also have the benefit of reducing the pressure on other services.

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## Background

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In order to provide for effective services for male survivors of sexual abuse the Ministry of Social Development (MSD) is leading the funding and development of services to support male survivors of sexual abuse and their support networks to enable services that are:

## THE EXPERIENCES OF MALE SURVIVORS OF HISTORICAL SEXUAL ABUSE IN AOTEAROA

- accessible and more readily available
- responsive, evidence-based and in accordance with good practice
- delivered by an appropriately skilled workforce
- part of the wider service system responding to sexual violence
- best able to support survivors.

In order to provide a workable evidence base the Ministry also commissioned research into the experiences of male survivors of sexual abuse. Tautoko Tāne Aotearoa (Formerly Male Survivors Aotearoa) was tasked with coordinating the project overall.

### Tautoko Tāne Aotearoa

Tautoko Tāne Aotearoa comprises 11 member organisations throughout Aotearoa/New Zealand and was first established in 1997 as a group of charitable organisations to provide support for male survivors of sexual abuse. Today it provides a range of advocacy, policy, strategy, governance and development advice and support to its member organisations. This support includes providing national policies, protocols and practice guidelines, navigating funding options and solutions, developing and hosting educational programmes and hosting a national case management and operational information system.

Central to Tautoko Tāne Aotearoa's operations is the provision of peer support for male survivors of sexual violence.

### Peer Support

"Peer support is based on the belief that people who have faced, endured, and overcome adversity can offer useful support, encouragement, hope, and perhaps mentorship to others facing similar situations."

*(Davidson, Chinman, Sells & Rowe, 2006).*

"The notion that there is a great deal of strength gained from knowing someone who has walked where you are walking ..... It is different from support work; it comes from a profoundly different philosophical base. This philosophical base adheres to the key principles of enabling mutuality, strength, empathy and hope."

*(Davidson, Chinman, Sells & Rowe, 2006; Shalaby & Agyapong, 2020).*

Typical characteristics of peer support include the following:

- It is usually facilitated by a trained peer-support-worker not a professional therapist although counsellors and social workers may have some involvement with the agreement of the survivor.
- People engage with each other and others for support that is based on mutual learning from their shared (lived) experience.

## THE EXPERIENCES OF MALE SURVIVORS OF HISTORICAL SEXUAL ABUSE IN AOTEAROA

- The support may include a mix of self-help, mutual (one-on-one) support, group support and mentoring initiatives.

*Tautoko Tāne Aotearoa, 2023.*

Generally, peer support is considered to have developed within the mental health field dating back to the 1700's. Here, a group of mental health consumers worked together to advocate for support each other in a way only they [themselves] could truly understand. However, other commentators describe this approach as having developed in France in the 1800's (Spondre, 2021).

While there are differing perspectives of the timeline of the emergence of peer support the central point is that of a consumer movement that believed clinical systems were not effectively supporting consumers. In relation to mental ill health, 'Mental health consumers [themselves] felt that they could help each other with more compassion and more effectively' (Spondre, 2021). Success was felt to be due to the empathy and compassion that developed between peer and the other person. Proponents of peer support also emphasise that there is considerably more to recovery than medication and symptom management.

Today it can be said that peer support has been adopted in almost every sector of healthcare (such as mental and physical health) as well as areas as diverse as alcohol and other drug issues, forensic areas, issues with specific age groups (e.g. Youth and the elderly) and people with disabilities to name but a few areas (Shalaby & Apyapong, 2020). This list becomes considerably more extensive when support for people with issues such as cancer, diabetes, renal burns amputation, stroke and dementia is included (Ebrahimi, 2021).

From these beginnings, peer support continues to develop as a system which enables building relationships based on mutuality, shared power, and respect. However this development has evolved in different ways.

As Davidson et al (2006) state, 'along a theoretical continuum' with differing degrees of mutuality.' Peer support in a contemporary sense is where 'the relationships peers have with each other are .... reciprocal in nature; even though some peers may be viewed as more skilled or experienced than others, all participants are expected to benefit.' (Ibid, 2006).

Peer support is now a service offered around the world and is often considered an indispensable service. As the field continues to evolve and develop, peer support is emerging as a practice throughout various, diverse settings and shows potential to impact outcomes for service users throughout the globe. While these efforts have enhanced the professionalism of the peer workforce, hopefully this has enhanced the positive elements of these services and not diluted them (Fortuna et al, 2022).

Intentional Peer Support (IPS) is essentially a move from Informal support between peers to a more formal peer support relationship. Rather than a professional

strengthening, this move could be viewed as recognising the value of the involvement of peers as an approach with importance and relevance in additional pathways towards recovery that is based in a sound theoretical space.

In their literature review of intentional peer support, Repper and Carter (2010) conclude that there has been exponential growth in the employment of peer support workers (PSWs) in the USA, Australia, and New Zealand over the past decade, and more recently this expansion has spread to the UK.

However, despite the growth of peer support, most of what we know about the area, at least in the more formal and research based literature, is related to its use in mental health. Here the question of 'does it work?' has been explored through the 'gold standard' of randomized controlled trials to establish its effectiveness. The analyses of existing RCTs suggests that evidence for the effectiveness of peer support is uncertain at best (Pitt et al., 2013; Lloyd-Evans et al., 2014) and a waste of resources at worst (Shalaby & Agyapong, 2020).

The effectiveness of peer support approaches is further compromised by the suggestion that, as intentional peer support often involves training, supervision and possible employment requirements, the informal nature of peer support begins to be compromised. Effectively this means that professionalising peer support may compromise the intention of reciprocity, mutual learning from shared experiences (Shalaby & Agyapong, 2020; Faulkner & Basset, 2012). Nevertheless, the process of 'professionalising' peer support has occurred. Leading to what is described as 'peer drift' where peer workers moved to a more 'medical' role, with inherent dangers of triggering/relapse and the risk of burnout (Byrne et al, 2022).

It appears that the 'effectiveness' of IPS (at least in relation to mental health) is about illness management and peer workers 'operating in para-clinical roles, complementing, or enacting existing clinical functions' (Gillard, 2019, p1).

This point raises a fundamental question of whether peer support workers are an adjunct worker in clinical settings or are a service distinct to other forms of support, especially clinical support.

Overall, peer support has been subject to a wide range of commentary but little robust evaluative examination. Despite being offered in an extremely wide range of situations particularly in health and related social spheres, most robust examination has been through mental health and other health services, particularly in North America. Here, in general, the positioning of peer support has invariably been as an adjunct to professional service provision, not as an intervention in its own right. Further, assessment through approaches such as randomised clinical trials have not been particularly supportive.

## Community based peer support

Peer support approaches are well known in a wide range of community settings. However, on closer inspection, the literature describes a variety of differing methods of implementation. The two main differences are those approaches with the 'facilitator' as a professional, guiding the process of the group. Examples are in the areas of post-natal care (Pyles et al, 2021), support in mental ill-health (Butcher et al (2016), and diabetes after care (2015). The other approach being a peer, often with training, facilitating the group. An examples of this being with at risk youth (January et al, 2016). Hence the term 'community based peer to peer support'.

The principles of reciprocity, mutual learning through shared experiences, strength, empathy and hope suggested earlier, do not fit well with clinical approaches. The 'fit' as it were, is more in keeping with the principles of recovery, which emphasises gaining and retaining hope. This includes understanding one's abilities and limitations, engagement in an active life, strengthening personal autonomy, social identity and developing a positive sense of self (Shera & Ramon. 2013, Repper & Carter, 2010). It is from this perspective that the then Male Survivors Aotearoa (Now Tautoko Tāne Aotearoa) implemented peer to peer support as the preferred model to guide their work with male survivors of sexual abuse.

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## Tautoko Tāne Aotearoa and Peer Support

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Peer support was a practice central to the operations of Male Survivors Aotearoa from its inception in 1997. This was practised in a rather scattered manner, albeit with good intentions. There was no training and limited coordination, reporting and accountability across branches of the organisation.

### Intentional Peer Support (IPS)

Tautoko Tāne Aotearoa was aware that peer support was often considered and practised as an adjunct to professional support. described as 'complementary' to professional services. Tautoko Tāne Aotearoa was keen to develop the approach as central to the organisation, and as a practice in its own right. To enable this to happen Tautoko Tāne Aotearoa negotiated with Intentional Peer Support (IPS) a company based in New Hampshire, USA but with affiliates internationally, including Australasia. IPS were engaged to offer peer support training in Aotearoa/New Zealand, offering basic and advanced peer support workshops.

### Purposeful Peer Support Aotearoa (PPSA).

While implementing Intentional Peer Support moved a rather scattered approach to one more robust and coordinated, it became apparent that the American model was not appropriate for use within Tautoko Tāne Aotearoa.

The American model had been developed from a use mainly in mental health and was generic in its application with little to no consideration of gender or cultural awareness.

As Davidson & Tse (2014), Stratford et al., (2017) observe in referring to the USA, this point should be considered before peer support is exported to countries where cultural understandings of health and community might differ from that held in the country of origin.

These factors led to the development of a model relevant to Tautoko Tāne Aotearoa especially as a large percentage of survivors are being Māori<sup>1</sup>. This model is comprehensive, detailed and firmly entrenched in Aotearoa/New Zealand's bicultural environment.

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## The experiences of male survivors of historical sexual abuse in Aotearoa/New Zealand: Peer support as a pathway forward.

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### The research programme

The research project, titled 'What is known about effective recovery services for men who have been sexually abused? An evidence review' brought together current evidence on what supports adult male survivors of sexual abuse. The project was undertaken by Carswell Consultancy. This project looked at current evidence about effective approaches to support men who had been sexually abused as children and/or adults. Because of the limited evidence base the authors '[took] a broad exploratory approach to examine what is known about supporting men, and what are considered emerging good practices' (Carswell, Donovan & Kaiwai, 2019).<sup>2</sup>

The second research project focussed on the recommendation 'Conducting thorough research and evaluation of recovery approaches, considering various models that prove effective'. The project aimed to explore the journeys of adult men who have experienced sexual abuse and the services they accessed, with a focus on their use of peer support services provided by Tautoko Tāne Aotearoa.<sup>3</sup>

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<sup>1</sup> The Purposeful Peer Support model can be viewed at: <https://tautokotane.nz/wp-content/uploads/2023/06/TTA-Peer-Support-Guidelines-1.6-06.23.pdf>

<sup>2</sup> This report can be found here: <https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/research/effective-support-services/index.html>

<sup>3</sup> This report entitled 'Part 1: Living or merely existing?' can be found here: <https://tautokotane.nz/resources/information/publications/>

## THE EXPERIENCES OF MALE SURVIVORS OF HISTORICAL SEXUAL ABUSE IN AOTEAROA

This research activity was carried out in two parts. Part 1, entitled 'Living or Just Existing?'<sup>4</sup> and Part 2 entitled 'Peer Support as a Pathway Forward'. Part 1 used survey approaches to explore the life experiences of male survivors of sexual abuse in Aotearoa/New Zealand. The men were asked about:

- Their experiences of sexual abuse.
- Their help seeking experiences when presenting to support services.
- Whether Aotearoa/New Zealand is meeting the service needs of male survivors of sexual abuse.

The project found that survivors reported a mixed response overall. Responses to the survey questions told of positive experiences but this was often contrasted by less positive experiences. Positive experiences were the result of a sense of trust, the ability of the support person to relate and the presence of an empathetic response. All this leading to 'a sense of a safe place and the ability to move forward.'

Part 2 of the research, reported in this document, aimed to surface the help seeking experience of adult male survivors presenting to services/peer support with a particular emphasis on peer support.

### Methodology:

This project is a further step towards understanding the needs and experiences of adult male survivors of sexual abuse in New Zealand and as such adopts an inductive approach to data collection and analysis to allow themes to be constructed from the men's own accounts, rather than using pre-determined ideas to structure the investigation as with the previous project. A culturally diverse sample was expected and therefore advice was sought from three Māori cultural advisors with a mix of operational, governance and academic backgrounds.

There were two phases to the project. The first involved interviews via telephone, Zoom or face to face exploring the following three questions:

'Regarding peer support,

- what works well?
- what doesn't work well?
- how could/should peer support be further developed?'

These are the only questions asked. This approach was considered important in order to avoid unduly influencing the participants' narrative.

The data from transcription of the recordings was analysed for themes through line-by-line coding and these were structured as themes and subthemes.

The second phase consisted of 4 focus groups using the results of phase I as a prompt for discussion. This process was aimed at gaining more depth on the prompts as well as the participants weighting the various points in order of importance. Essentially, this approach was aimed at the participants reaching a consensus on what they viewed as the most important aspects of peer support.

### The Interviews (Phase 1)

Twenty male survivors were interviewed. Their ages ranged from 21 to 67.

- 20-30yrs 1
- 31-40yrs 2
- 41-50yrs 4
- 51-60yrs 10
- 61+ yrs. 3

This age range can be seen as typical of male survivors of sexual abuse and is largely due to the long period between the original abuse and subsequent disclosure, if disclosure occurs at all. The original abuse was almost exclusively experienced in childhood/adolescence.

### The Results of the Interviews

#### What works well?

##### 1. Collaborative learning.

Here collaborative learning is taken to mean a situation in which two or more people learn or attempt to learn something together. People engaged in collaborative learning build on one another's resources and skills. It was clear that the survivors viewed collaborative learning as one of the most important feature in their experience of purposeful peer support.

- a. **Mutuality**, a process that promotes connection and inspires hope between people (Mead & McNeil, 2006), was a key concept expressed in one form or another.

*"If you've come up with a problem you might be having and somebody else knows the way around it .... The sharing of ideas I suppose."*

*"I think it's a huge thing where men can have that space where they can share things, challenging things that they may not be able to regain their momentum and the balance of their lives quickly"*

*Survivors 2023*

### **b. Reciprocity**

While reciprocity can be considered a synonym to mutuality, here the concept is taken to mean a deeper experience of working together. For example, where mutuality can be considered a conscious experience, reciprocity is a process occurring at a deeper level.

*"You're just learning so much from other people as well. you're working beside them and not trying to fix them."*

*"It's getting the support from the other guys and unbeknownst to them they're actually making themselves a bit better."*

*Survivors, 2023*

### **c. A sense of community.**

Here, in contrast to both mutuality and reciprocity, the survivors described the development of a sense of community in the progression of the group as being of considerable benefit.

*"As a sense of community develops people can feel safe within the group context."*

*"Speaking at the same level as the survivor, being collegial and on the same level. As the sense of community develops, people can feel safe within the group context".*

*Survivors, 2023*

## **2. Equity, Fairness and Inclusion**

### **a. Being included**

This area was seen as extremely important in recovery.

*"For someone at the end of their tether, this is the place to go and get help. I don't suffer from anxiety and depression as bad as I used because somebody is taking care of a problem for me."*

*"The fact that you're not alone is very important."*

Survivors, 2023

#### b. Equity

The non-hierarchical nature of peer relationships was also a key feature of this area.

*"Peer support is without any expectations, opinions or hatreds compared with the other help I've been given (i.e.. Psychologists)"*

Survivor, 2023

### 3. Self-determination

Self-determination is understood here as being aware of and controlling how their individual life is managed including how the nature of how their recovery pathway progresses.

*"Finding my own space with others. How to take responsibility for your stuff and stop blaming others and be mindful and appreciative of what you've got instead of what you haven't got. Self-empowerment if you like."*

Survivor, 2023

### What doesn't work well?

The men were clear in their comments about 'what doesn't work well'. Two areas were of particular note, those of 'triggering' and 'poor structure and guidelines'.

#### 4. Triggering.

Triggering was an area mentioned frequently as a negative aspect of peer support processes and exhibits itself directly in several ways.

*I've got to watch myself as well as [he] might mention something and it sets me off so I gotta be careful as well.*

Survivor, 2023

Or indirectly, as a result of group dynamics.

*"I do find that group work can be hijacked by stronger personalities."*

*“New people not knowing the rules. It can be a bit of a soapbox for them to air their views (religious, political or whatever).”*

*Survivors, 2023*

## 5. Poor structure and guidelines.

Poor organisational structure and/or guidelines are said to frequently result in communication difficulties. Here this area took on several facets. These are outlined below.

In relation to the processes of the group and the guidance that need to be associated with this:

*“We go to group, and I don’t feel we are gaining much traction because new people come. Each week we tell a little bit but I don’t see where were going. I feel like we’re missing something and I don’t know what it is. ”*

*Survivor, 2023.*

In relation to attendance:

*“Weekly contact is a must until the person is in a better place and can hold that place, hold it comfortably. I want to find out why they don’t come back after 3 or 4 visits.”*

*Survivor, 2023*

In relation to training:

*“The need for more training in responding to emotions, to somebody’s grief. ”*

*“New people not knowing the rules. It can be a bit of a soapbox for them to air their views (religious, political or whatever. ”*

*Survivors, 2023.*

## Wider, more general areas.

### 6. Wrap around services

The need for wrap around services and peer support for survivors extended throughout the country.

*The wrap around service would include helping with ACC, WINZ. Whoever they are trying to get help from. From my experience they have multiple issues. The man's journey could be quite long, that's why I like wrap around services cause there's options for them.*

*Survivor, 2023*

## 7. Other professional services

Throughout the interviews there was frequent comment regarding a substantial difference between peer support and the support experienced through engagement with professionals particularly with counsellors.

*"Professionals [offices] don't feel like peer support. It kinda resembles something like a prison. "*

*"One aspect about peer support is having a conversation between two people. The [professionals] might be trying to solve that but in peer support it's the other person sharing about their self."*

*"For me the success of it is the ordinariness. It's not a professionals setting, it's just an ordinary guy warts and all."*

*"You feel like you're talking to mates rather than having a power imbalance between a client and a therapist. There's a mutuality in the relationships."*

*Survivors, 2023*

## The focus groups (Phase 2).

The participants were asked to discuss and prioritise the themes that arose from the interviews. The researcher's role was to facilitate group introductions, clarify the question(s) and refocus group discussion on the questions if discussion appeared to be moving off topic. Otherwise the facilitators did not take any active part in the discussions. The group discussions were recorded and later transcribed.

As well as being recorded, the main points arising from the group discussion were summarised on paper. When discussion ceased, each participant was given a number of graded tokens (differing coloured stickers worth 1, 2 or 3 points). Each participant was allocated 10 points; one token worth 3 points, two worth 2 points and three worth 1 point. They were then asked to allocate these tokens, without discussion, to the summarised points they considered most important. Silence during this exercise minimised the bias often present with group discussion, where the more vocal members

could control the nature and course of the discussion. Initial analysis involved looking at where the tokens were more concentrated, with those summarised points that received the most tokens leading to identification of the main priorities. It is important to note that the participants undertook this first stage of focus group data analysis themselves. Later analysis by the researchers involved collating the themes initially identified. These were then collapsed into more broadly defined themes and subthemes, supported by quotations from the group discussions.

### The Participants

The men were drawn from four survivor support centres in Auckland, Wellington, Lower Hutt and Nelson. The interviews involved thirty five participants.

There were four focus groups of 6 -12 participants again with the aim of a reasonably even spread of numbers between each organisation. Focus groups were held in each of the four areas above. The four organisations were chosen as they solely provide peer support services or they provide peer support as part of a wider service for male survivors.

Potential participants could contact the researchers directly or they could choose to do this through the organisation's manager. Participants could elect to participate in the interviews or the focus group or both.

A \$50 voucher was given to each participant. While many would view this as an inducement to be involved here it was viewed as payment in recognition of the time volunteered as well as a recognition of the insight held by the participants.

The project was assessed and approved by the New Zealand Ethics Committee.

### Results of the focus groups

Four key themes were identified from the weighting of the summaries of the groups.

1. The individual experience (60% weighting)
2. The sharing of experiences (19% weighting)
3. Difficult conversations (15% weighting)
4. Professional support (6% weighting)

In order to emphasise the voice of the men and to deemphasise the voice of the researchers quotations from the groups are presented first with a limited analysis following.

#### 1. The individual experience

*"We all come here to progress the monster and empty the dark."*

*"The years of guilt and shame chewed me up inside. I had a really bad addiction."*

*"If I didn't get the support I'm getting now I would probably be back on the streets. I was struggling to stay above water and things weren't happening for me. [All because of] the referral to this organisation."*

*"The first thing that peer support offers me is a safe environment. Generally the guys that are there are genuine guys."*

*"I just find it amazing sitting in the group. The honesty, the vulnerability means I have to look at myself. This is the place to start talking."*

*"I got the support and skills I needed to begin my recovery."*

*"We're all in different stages of our own journey. I realise that some people are further along the journey than I am."*

*"I'm not just surviving but thriving."*

*"When I found out about the real reason behind my addictions, that's when I started self-healing. Not self-harming, self-healing."*

*"I didn't actually feel whole as a person until I experienced peer support."*

*"There's something about being in an environment where you know your experiences are believed. I know all of us have had the experience of not being believed. Others don't engage because it's just too hard to confront. "*

*"You have to be believed first before you're completely understood. Nobody can understand you if they don't believe you. I think belief is a powerful word."*

*"[You] come here and everybody believes you. One service challenged me to prove that I had been abused. They come from a position where you're not believed. Here if you say you've been abuse you are believed."*

*"It's given me courage. I had no courage to face up to people. It gave me courage because I knew I was with friends. To be believed is uplifting. "*

*"When you go elsewhere and people say, 'I know what you're going through' and it is just words, falling flat. When you sit here, when people nod their heads without saying anything you know you're understood."*

*Survivors, 2024.*

At 60% weighting, this area was seen as central to the process of healing. While the discussions were almost entirely related to group support, this was viewed as essentially a new experience for the survivors. Moving from an environment of personal isolation and despair to that of finding a safe place where they could begin to talk openly and honestly about their experience.

Through this process they developed confidence in their own voice and a sense of hope for the future.

Hope is an essential element described in Recovery Principles, where people with traumatic backgrounds begin and sustain a belief in a better future (American Psychological Association (APA), 2012).

The second box above indicated the importance of being believed by peers. This leading to finding voice and the courage to do so. Tautoko Tāne Aotearoa believes that everybody has strengths, and 'the ability to build a meaningful life' (Tautoko Tāne Aotearoa, 2024). Here, group process was proving a platform to support this process.

## 2. The sharing of experience

*"Abuse takes us down pathways we wouldn't have chosen in life. When we are all together [in the group], we have that common ground and we can talk about our problems."*

*"I've been in several types of groups. Much of the other help available is the ambulance at the bottom of the cliff. When I mention my addiction issues I get shunted off to other agencies [whereas] groups like this really help as while the guys here may not have been what I've been through they share the same feelings that I feel, the uselessness, the hopelessness the downsides of life."*

*“Here it’s about acknowledging the person we’re sitting with as being expert in their own situation. There’s a sense of empowerment there as were walking alongside each other. This shared wisdom of experience as opposed to advice.”*

*“Sitting with likeminded people is a different dynamic, you’ve got the ability to speak the truth, your truth and have everyone else understand and believe you. ”*

*“My burden was shared, I was able to talk about things that I wouldn’t have been able to talk about elsewhere because of all the shame and guilt I was carrying. Having a room full of men who have been through the same stuff allowed me to open up. It’s about sharing.”*

*“There’s a sense that were in this together. Through this process the result is something more genuine. There’s no sense of shame. We’re talking amongst our brothers amount the things that we’ve been through and that’s really powerful. There’s no sense of [authority] or power.”*

*Survivors, 2024.*

At 19% weighting, the sharing of experiences added a further dimension to the individual experience. Here sharing the burden carried by the individual with others was not only seen as a genuine and honest openness but also assisted in reducing the shame felt by some if not all of the men. The sharing of experiential knowledge combined with collaborative learning are essential elements in peer support (Tautoko Tāne Aotearoa, 2024).

### 3. Difficult conversations

*“I find it uncomfortable with people with strong opinions. Of course they’re allowed to express themselves [but] how do you navigate with someone who maybe kind of muscling into the group time. That’s not to say that taking tangents is not OK, it’s great to be able to say what’s on your mind but on a couple of occasions we’ve had those experiences.”*

*"One of my triggers is the people who get sent here from the Courts, people like that. It compromises my trust because I come here for [genuine reasons]. My trigger issue is that if I speak, how far does he take that conversation. Where do they take my conversation, to whom. So trust is the issue. I end up shutting down."*

*"We've had a couple of bad ones, actually off their face on drugs and/or alcohol. You can't get a word in. You can't tell them to shut up because you know they need to get this shit out but they can just take up the whole night. You're exhausted from just the one person talking."*

*"Sometimes it's very personal and sometimes it becomes volatile. You want to be reasonably relaxed and not be triggered by their stress."*

*Survivors, 2024*

While there was considerable amount of discussion about the negative influences of men who compromise the group process, at a weighting of 14% this wasn't considered one of the more important area of the discussion, even when these situations risked triggering negative experiences. This situation is common in this approach to data and analysis. That is, experiences (especially experiences that prompt lively debate), are not considered the most important aspects of the discussion when considered after the group concludes.

This point raises questions about how discussions are framed, prioritized, and ultimately analysed. It suggests that while negative influences and challenges within group dynamics are acknowledged and discussed, they may not always receive the limited emphasis they deserve in the final evaluation.

*"There is a flip side because as much as this could trigger me you've still got to allow for hope. They've still got to know that this is a place to come to. That's always going to be here. I've got to do what I've got to do otherwise they're not going to come back."*

*"None of us like conflict, we try and avoid it if we can. Conflict opens up new vulnerabilities and stuff. It shows us as we are. It's something I struggle with, conflict, but its needed."*

*“For me it’s still evolving, a band of brothers, like the movie. When I first joined the group, there was sharing. In individual sessions we worked through really heavy stuff. I so wanted it. In the group it was being with people you can trust. This group has enabled me to share some of my hardest, deepest things in the most [valuable] way. ”*

*“I’ve only seen that soapbox experience once. My experience with it was that the person had the need to give, not what they were saying, but it’s just what they get on to when they want to be heard. Everybody sat and listened respectfully and the energy dipped enough for others to step in and ask a couple of questions. It showed to me that it was a very nice way of handling It [grandstanding in group].”*

*Survivors, 2024*

Conversely, under this theme, the men were clear that difficult conversations may well be a necessary pathway for somebody to move forward. This point is echoed by Tautoko Tāne Aotearoa’s Peer Support Essentials, where in relation to equity, fairness and inclusion it is recognised that, because of individual pathways towards healing, some will find it more challenging than others to reach the same goals and that ‘all individuals need to be provided with the opportunity to meet their potential’ (Tautoko Tāne Aotearoa, 2024).

By acknowledging the significance of difficult conversations and embracing the diversity of individual experiences and needs, support systems can better tailor their services to facilitate healing and empowerment for all individuals, regardless of their backgrounds or circumstances.

#### 4. Professional support

*“I’ve never, never felt comfortable with my psychiatrist because I felt that I was in the way. Whereas the group makes me feel right at home. Professionals have this way about them where they make you feel inferior and that you find it hard to open up. ”*

*“You’ve got compassion as well for what the other person is going through whereas a professional would be desensitised to it. ”*

*“Reciprocity is the opposite to counselling.”*

*"[Professionals] don't believe me anyway. They're still going to write in their own fancy words whatever they've come up with ... their theory of me."*

*"I have a lot of struggle in finding the right words for what I really mean. They use complicated, bigger words.. It's frustrating."*

*"The counsellor sharing [with you] can go both ways. If you've got to know them it can be a good thing. It can be appropriate. It is like their humanity, they've experienced a bit of the world. Because if they're successful A grade people, what have they got in common with you? "*

*"I've probably learnt more from peer support and these guys sitting around a table than I have from all the years I've done counselling. +*

*Survivors, 2024.*

Apart from a very limited number of positive experiences with professional support, the majority of the discussion was on negative experiences with a range of medical, psychiatric, social work and counselling support. Again, there was considerable discussion here but this resulted in only 6% of the overall weighting of what was important to the men. While not considered important in relation to other area, this finding was consistent and generally quite alarming. It emphasises the importance of listening to the voices of those who have experienced these challenges

## 5. A sense of community

*"We meet informally but a lot of good interaction happens with things like fishing or bowling. It changes the dynamic. People like me have done therapy to death. It's really nice to stop analysing myself to death and enjoy the company of other guys."*

*"The camaraderie, having a group of friends is where you'll have people coming back. Initially it's pretty bloody scary. I had acute anxiety initially but I'm now able to talk to people. That space is now provided. This began the healing journey. It's one of the best things that's happened for me. One point that really sticks with me is the wrap around services. In spite of everything, getting me referred to appropriate services providers."*

*I knew nothing of these services that were available to me. Work and Income don't give a shit whether you've been abused. Often people don't get the right help because they don't know where to go. Having an advocate with you. Traumatized men don't know how to talk about these things. Guiding these people into these services is so important. The system itself doesn't care. This has been one of the most important things to me."*

*Survivors, 2024.*

While not weighted as a theme the topic of extended support underpinned much of the discussion. Tautoko Tāne Aotearoa describes peer support as involving the development of authentic relationships. This can be viewed as relationships within the context of group and possibly individual peer support. Here the men were talking about the wider aspects of developing authentic relationships, beyond the more structured areas of individual and group. While not weighted the enthusiasm displayed in the groups for this extended nature of developing authentic relationships in a variety of environments was clear. This suggests the importance of recognising the impact that genuine connections can have across different environments beyond the confines of more traditional support frameworks.

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## Discussion

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While much of what was discussed was similar to information on peer support generally there were significant differences, especially in the focus groups. This was the result of the men weighting the summary of the discussion. While this is an unusual research approach it has proven very successful in previous projects of a similar design. Essentially the 'participants' are managing the first stage of analysis themselves.

Firstly, when the responses were weighted by the men, over 69% were related to positive experiences. Thirty three percent were related to managing difficult conversations but even here the discussion included managing these positively. 'Triggering' while mentioned, was only lightly touched on. Conversely when the men's experiences of professional support was discussed, the experiences were overwhelmingly negative.

Secondly, but in parallel with the above, each of the 4 groups entered into the discussion with interest, insight and positivity. It was palpable that these men found the experience of working and sharing with each other to be both enlightening and empowering.

## THE EXPERIENCES OF MALE SURVIVORS OF HISTORICAL SEXUAL ABUSE IN AOTEAROA

Reporting these results is usually carried out as themes and subthemes accompanied by supporting quotations as has been the practice in this report. While this approach gives an organised presentation it is essentially reductionist in nature.

That is, the process of defining and exploring the individual themes that make up the whole. Unfortunately it can detract from the 'whole', the totality of experience for those involved. Indeed, the experience talked about by the men was overwhelmingly positive with all parts interacting in combination, supporting each other, creating a pathway forward. The concept of 'life changing' was evident throughout the discussions.

In an effort to address this point and minimise the effect of reducing the findings to constituent parts the following images have been developed. The first image indicating the experience of many, if not all survivors of sexual abuse. The issues involved have been well documented internationally. The second image arises directly from the focus groups. The positivity portrayed by the image was palpable and consistent over each of the 4 groups.



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## Limitations

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Each of the 11 Tautoko Tāne Aotearoa Centres are guided by national policies and processes. However each Centre approaches their work individually, hence there are inevitably differences in operational elements of the individual services.

As this project involved a relatively small number of men (35 in the focus groups), the findings should be generalised to a wider population with caution. Having said this, confidence can be gained in the authenticity and validity of the perspectives shared by the men who participated.

The expected involvement of Māori was not evident. Tautoko Tāne Aotearoa Aotearoa's membership includes approximately 30% Māori with 24% of staff and volunteers being Māori. The reasons for this limited presence were not clear. It may be because of the choice of centres, caution around the process of both interviews and focus groups and the manner in which participants were recruited. Considering New Zealand's bicultural status, the over representation of Māori in the male survivor statistics, and the very limited number of Māori participating in this project, we would recommend a separate Kaupapa Māori project be conducted to ensure adequate investigation into the cultural experiences of Māori men.

There was very limited mention of individual peer support sessions in the focus groups. This may be because of the familiarity of people in the group setting. It may also be due to the format and process followed. It may be because of the profoundly positive effect the men experienced through involvement with the groups.

This project interviewed survivors still present in Tautoko Tāne Aotearoa. The voice of those who have removed themselves from the service would be not only valuable but essential in work evaluating the effectiveness (or otherwise) of the services provided.

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## Implications

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The Importance of a 'ground up' approach was essential in appreciating the voice and insights of the people most concerned with the operation of Tautoko Tāne Aotearoa. This approach is often compromised by research design that limits the authenticity of the participants' narrative. For example, research that requires that the participants respond to a series of predetermined questions.

This project demonstrates the value of community based peer to peer support as an intervention as compared to continued professional/clinical approaches. In this project the healing in peer to peer groups was evident throughout group discussions. This was variously described as life changing, even lifesaving.

## THE EXPERIENCES OF MALE SURVIVORS OF HISTORICAL SEXUAL ABUSE IN AOTEAROA

It is also important to appreciate that the healing was not just related to the group sessions but also the relationships that developed around these. These relationships included such areas as meeting outside the group for recreation as well as assistance in navigating supports external to Tautoko Tāne Aotearoa. These relationships proved meaningful and enduring.

While this project utilised a small purposeful sample of men, the criticisms levelled at professional/clinical support cannot be ignored. The general view was that experiences with a wide range of professional/clinical supports were unhelpful at best and triggering at worst. The extensive work undertaken by Tautoko Tāne Aotearoa in developing community based peer to peer support practice, guidelines and policies is of considerable value here and supports the increasing number of men that seek support from Tautoko Tāne Aotearoa. This development work is detailed, comprehensive and distinctly relevant to Aotearoa/New Zealand's cultural mix with its emphasis on a Māori word view. This work would certainly be applicable to other services that may be working with the vulnerable in community settings as it insists on moving the support away from professional/clinical approaches to wellness or recovery approaches. This approach, rather than clinical pathways, insists on recognising the insights, knowledge and experience of the people concerned as the most effective base for a pathway to recovery.

The two approaches, medical/psychological and wellness/recovery should not be seen as complementary as they are developed from different theoretical constructs. Applying these approaches inappropriately can be harmful as was indicated by the men in this project. The recent announcement of a mental health and addiction peer support service being introduced in hospital emergency departments while potentially an excellent move, considerable caution should be exercised to ensure that this service is not relegated role supporting clinical services.

This project has supported the immense value of peer to peer group support with survivors of historical sexual abuse in community settings. Choice being an important principle of peer support leads to the benefit of survivors having multiple avenues of healing. The presence and valuing of wider and more appropriate options will also have the benefit of reducing the pressure on other services.

Community based peer to peer support would also be enhanced by careful development of the peer support workforce and more in depth research, particularly work aimed at identifying and supporting a strong theoretical base.

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