



**MINISTRY OF SOCIAL
DEVELOPMENT**

TE MANATŪ WHAKAHIATO ORA

Male Survivors of Sexual Abuse Service Guidelines: F21

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1. About these Guidelines

What are these Guidelines for?

These Male Survivors of Sexual Abuse Service Guidelines (“Guidelines”) are for the Providers that the Ministry of Social Development (“the Ministry”) contracts with to provide services to male survivors of sexual abuse (“MSSA Services”).¹

Outcome Agreements with providers for these services require that they are delivered in accordance with these Guidelines. The Guidelines form part of the Outcome Agreement.

What is the purpose of these Guidelines?

These Guidelines provide:

- a set of practice principles to guide the delivery of peer-to-peer support services for male survivors of sexual abuse
- a resource tool to help providers deliver services consistently
- a resource tool to assist providers in meeting the desired service outcomes
- a way for the Ministry to improve its responsiveness to feedback regarding changes to the Service Delivery component of the Outcome Agreement.

How should these Guidelines be used?

The Guidelines set the minimum standard for Service Delivery, from which each provider can develop a service that reflects their philosophical base, incorporating local need and the culture within which they work.

Will these Guidelines be revised?

This is a living document and will be updated over time to consider provider feedback.

Ministry staff will keep providers informed of any editions, updates or changes. Feedback on the Guidelines is welcome at any time and can be sent to the Ministry national office using the attached Feedback Form (See [Appendix 2](#)).

Where can you go for more information?

For further information on these Guidelines please contact your Relationship Manager as identified in your Outcome Agreement.

¹ Providers of MSSA Services may offer **information** to young males under the age of 18 and their families/whānau/support network but will not provide peer-to-peer support services to children or young people. Services for children or young people who have experienced sexual abuse are funded by Oranga Tamariki—Ministry for Children (Oranga Tamariki), and the Accident Compensation Corporation (ACC).

2. Relationships

Relationship principles

All parties to the Outcome Agreement shall collaborate to ensure the services are available, effective and accessible.

All parties recognise that the service is a joint endeavour, in which all parties have a shared goal to achieve positive outcomes for men affected by sexual abuse.

The parties agree to:

- act honestly and in good faith
- communicate openly and in a timely manner
- work in a collaborative and constructive manner and recognise each other's responsibilities
- encourage quality and innovation to achieve positive outcomes.

Each party shall appoint relationship managers who will be responsible for effectively managing the contract relationship. Details of the relationship manager nominated by both parties are set out in the Outcome Agreement.

Inclusive practice

All parties recognise the needs of all people, and that services are to operate from an indigenous worldview and be culturally effective. All support services are to be provided in a way that is consistent with people's social, economic, political, cultural and spiritual values.

Service development principles

MSSA Services fall under the Ministry's investment into specialist sexual violence services. All design and delivery approaches for MSSA Services must include "enabling the long-term recovery and wellbeing of male survivors of sexual abuse" as an ultimate objective.

All parties support the development of good practice in the delivery of the service. This includes, but is not limited to, the following:

- being client focused, involving clients in decisions about the delivery of support they receive, and recognising the importance of cultural responsiveness in service delivery
- designing services and physical facilities in a way that supports accessibility to services for clients
- using a collaborative approach across services and agencies where possible
- regularly reviewing and monitoring the effectiveness of the service (e.g., through client, staff and external feedback) and changing and modifying practice in response
- using formal feedback processes for reporting purposes and ensuring that clients are aware of how information they provide will be used
- providing relevant training, professional development and (where appropriate) supervision, and utilising appropriate resources and support
- engaging with a 'community of practice' to share ideas, information and build professional practice knowledge.

3. About male survivor services

What is male sexual abuse?

Sexual abuse is a descriptor for a number of sexual behaviours that are engaged in without consent and involve elements of force, coercion and/or power by one person over another for the purpose of sexual gratification and/or control. This can include both contact and non-contact behaviour, including 'online' computer-assisted sexual harm.

While the term sexual abuse is used throughout these Guidelines, it is acknowledged that many male survivors experience sexual harm that may not be perceived as violent or abusive.

Prevalence

Sexual abuse, although significantly under-reported, is prevalent. Internationally, it has long been estimated that up to 1 in 3 women and up to 1 in 6 men experience some form of sexual victimisation in their lifetime, often before the age of 16.² In the United States, 2011 statistics report that 23.4 percent of men had experienced sexual violence in their lifetime, including unwanted contact.

In New Zealand, about 1 in 16 men and 1 in 6 boys will report experiencing at least one episode of sexual victimisation in their life.³ This figure is based on what is reported only and it is recognised that men under-report and have longer periods of non-disclosure.

Dynamics and impact

Men who have been sexually abused in childhood are overrepresented in mental health and other clinical populations.⁴ Long-term effects include anxiety, depression, increased feelings of anger and vulnerability, loss of self-image, emotional distancing, self-blame and self-harming behaviours. The reality of disclosing child sexual abuse is a complex one for male survivors; research shows that the majority of the men wait until adulthood to disclose their abuse, with negative stereotypes contributing to their delayed disclosures.⁵

Men, unlike women, are almost as likely to be sexually abused by women as by men. And, once abused, men are only half as likely as women to report incidents to the police or other authorities. This is often due to feelings of embarrassment and shame.⁶ Men often feel embarrassed by their experiences and ashamed to report their incidents to the authorities.

What is the history of male survivor services?

MSSA Services developed to fill a gap for male survivors of sexual abuse who were not accessing support from mainstream sexual violence providers (who primarily focus on female victims).

² Krug, E. G., Dahlberg, L.L., Mercy, J.A., Zwi, A. B., & Lozano, R. (2002), *Chapter 6: Sexual Violence*. In World Report on Violence and Health. Geneva.

³ New Zealand Crime and Safety Survey, 2014.

⁴ O'Leary, P. J., & Gould, N. (2010), *Exploring coping factors amongst men who were sexually abused in childhood*. British Journal of Social Work, 40(8), 2669-2686.

⁵ Gagniers, C., & Collin-Vezina, D. (2016), *The Disclosure Experiences of Male Child Sexual Abuse Survivors*. Journal of Child Sexual Abuse, 25(2), 221-241.

⁶ Weiss, K.G. (2010), *Male sexual victimisation*. Men and Masculinities, 12(3), 275-298.

Since the early 1990s, the number of specialist sexual violence providers supporting male survivors of sexual abuse in New Zealand has increased. There are now a number of MSSA Services providing peer support and advocacy services to male survivors across the country.

Through [Budget 2016](#), it was announced that \$46 million over four years would be provided to support specialist sexual violence services to better support victims and prevent sexual harm. Of this, \$1.9m was made available for MSSA Services over three years. The funding for MSSA Services through Budget 2016 was time limited and expired 30 June 2019.

To support the delivery of MSSA Services, the Ministry worked with existing MSSA providers to co-develop these service guidelines.

Through [Budget 2019](#), \$90.3m will be invested in sexual violence services. Of this, \$11.560 million has been made available for MSSA Services over four years. This is funding replaces the time limited funding provided through Budget 2016.

Peer support

For the purposes of these Guidelines, the following definition of peer support is adopted:⁷

"Peer support is person-centred and underpinned by strength-based philosophies. The life experience of the worker creates common ground from which the trust relationship with the person is formed. Empowerment, empathy, hope and choice along with mutuality are the main drivers in purposeful peer support work. There is a great deal of strength gained from knowing someone who has walked where you are walking and now has a life of their choosing. In this way it is different from support work, it comes from a profoundly different philosophical base."

Peer support is grounded in the values of hope, respect, empathy and self-determination.⁸ It is based on the belief that "significant interpersonal relationships and a shared sense of community lay the foundation for the process of healing."⁹ Peer support is person-centred and utilises recovery and strength-based philosophies, rather than clinical or therapeutic models.

The activities undertaken by peer support workers vary depending on the needs of the individual being supported, but generally include identification of strengths, skill building and goal setting. Peer support workers can also provide information and connections to other social services, as well as social and logistical support.

Peer support workers can also provide support to the peer's family/whānau or support network (see [Section 6](#) for service descriptions). Within the sexual violence context, the peer support worker can provide information about how to support a family member who is a survivor of sexual abuse, offer hope and encouragement and provide information about the dynamics of sexual abuse.

⁷ Te Pou (2009), *Position Paper: The role of supervision in the mental health and addiction support workforce*

⁸ Mental Health Commission of Canada (2013), *Guidelines for the Practice and Training of Peer Support*, Calgary

⁹ Adame, A.L., & Leitner, L.M. (2008), *Breaking out of the mainstream: The evolution of peer support alternatives to the mental health system*. *Ethical Human Psychology and Psychiatry*, 10, 146-162

Evidence base

While there is limited research examining the effectiveness of peer support services for male survivors of sexual abuse, there is extensive research demonstrating the effectiveness of peer support services in the health, disability and addiction sectors.

A review of peer support in mental health services found that peer support services are uniquely qualified to enhance several aspects of recovery, including hope, empowerment, self-esteem, self-efficacy, social inclusion and engagement.¹⁰ Peer support services have also been found to reduce internalised stigma and promote empowerment and inclusion through the development of person identity with peers.¹¹

Research also notes that peer support is a reciprocal relationship, with benefits arising from working both with, and as, a peer support worker.¹²

¹⁰ Repper, J. & Carter, T. (2011), *A review of the literature on peer support in mental health services*. Journal of Mental Health, 20, 392-411

¹¹ Corrigan, P. et al (2009), *Self-stigma and the "why try" effect: Impact on life goals and evidence-based practices*. World Psychiatry, 8, 75-81.

¹² Morris, C.W et al (2015), *The DIMENSIONS: Peer Support Program Toolkit*. University of Colorado Anschutz Medical Campus, School of Medicine

4. Service results and outcomes

Specialist sexual violence service objectives

The Ministry is committed to invest in services that are known to be effective – that is, services that can demonstrate their success at contributing towards agreed results.

Within the sexual violence service sector, the Ministry has identified the following intermediate outcomes that specialist sexual violence services contribute to:

- New Zealander’s beliefs, attitudes, awareness and knowledge about family violence and sexual violence is improved.
- Perpetrators of family violence or sexual violence access and engage with services that meet their needs.
- Victims of family violence or sexual violence access and engage with services that meet their needs.
- Victims of family violence or sexual violence are supported to lead safe and healthy lives.
- Perpetrators of family violence or sexual violence are held accountable for their behaviour.
- New Zealanders are motivated and supported to act on concerns about family violence or sexual violence.

These intermediate outcomes support the Ministry’s ultimate goal of supporting adult victims/survivors, addressing perpetrator’s behaviour and reducing violent crime.

What are the outcomes we want to achieve?

MSSA Services support the recovery¹³ of male survivors of sexual abuse through the provision of case planning and peer-to-peer support services (“the Services”). Services are delivered to male survivors of sexual abuse and their family/whānau.

The below *High-level intervention logic* was co-developed with the MSSA sector and outlines what outcomes the Ministry would like to see from these services.

As well as enabling the wellbeing of male survivors of sexual abuse, the Ministry would also like to see the continued building of capability and capacity within the MSSA sector. This could include (but not be limited to) the increase of trained peer support workers, culturally responsive services and greater geographical coverage.

¹³ Recovery has been described as “a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness.” (*Recovery from mental illness: the guiding vision of the mental health system in the 1990s*, Psychosocial Rehabilitation Journal, April 1993)

High level intervention logic

If we	We will help improve	Which will contribute to	For the ultimate goal of
<p>Deliver client-centric peer support and peer group support services that are:</p> <ul style="list-style-type: none"> • Culturally responsive • Age relevant • Sexual orientation, and gender sensitive • Available nationally • Easy to access • Sustainable • Competently delivered 	<p>Male survivors of sexual abuse to:</p> <ul style="list-style-type: none"> • Feel listened to, understood and respected • Make sense of what has happened to them • Be more confident and able to cope • Recognise their needs; and • Know where to get the support they may need 	<p>Enabling male survivors of sexual abuse to enjoy:</p> <ul style="list-style-type: none"> • Greater independence and autonomy • A greater sense of self-worth • Healthier relationships • Increased understanding and support from family/whānau and community • Increased connection and belonging • An enhanced capacity and sense of hope • Improved access to the range and level of services they need. 	<p>Enabling the well-being of male survivors of sexual abuse.</p>

Providers measure client outcomes to support the above intervention logic. This is done through measures aligned with the Results Measurement Framework (See [Appendix 1](#)) which was co-developed with the MSSA sector.

5. Service overview

What is the scope of the Services?

MSSA Services are a specialist sexual violence service aimed at enabling the long-term recovery and wellbeing of male survivors of sexual abuse. This is done through the provision of:

- case planning and information to male survivors of sexual abuse and their families/whānau/support network, and
- peer support services to adult male survivors of sexual abuse.

The service description is set out in more detail in [Section 6 – Service Delivery](#).

Who are the services targeted to?

The target client group for MSSA Services is adult men (18 and over) affected by sexual abuse (and their family/whānau/support network). Clients accessing MSSA Services can include adult survivors of childhood sexual abuse and adult survivors of more recent sexual abuse.

Survivor/perpetrators

Among the target client group, some survivors may present as both survivors and perpetrators of sexual abuse.

The Provider may choose to offer services to survivor/perpetrators and their family/whānau/support network, provided they comply with the following limitations:

- the survivor/perpetrator has addressed or received treatment for their offending and is now willing and able to focus on their journey of recovery as a survivor
- the survivor/perpetrator only receives one-on-one peer support and does not participate in group peer support sessions
- the Provider has a written survivor/perpetrator policy that covers (but is not limited to):
 - initial assessment and referrals
 - safety for the peer support worker and participant(s)
 - risk management and escalation
 - supervision and support for the peer support worker, including around making ethical decisions.

Children/young people

Services for children and young people (both male and female) that have been affected by sexual abuse are funded through Oranga Tamariki and ACC.

Providers of MSSA Services may offer **information** to young males under the age of 18 and their families/whānau/support network but will not provide peer-to-peer support services to children or young people.

Who can deliver MSSA Services?

MSSA Services may be delivered by providers that can demonstrate the following:

- The Provider is a recognised legal entity and has clearly defined and effective governance and management structures.

- The Provider holds (or is working towards) Level Two Accreditation, Ministry of Social Development Accreditation Standards.¹⁴
- The Provider’s policies and procedures align with those set out by the national body, Male Survivors Aotearoa (“MSA”), in particular the Peer Support Practice Guidelines including Organisational Quality Standards¹⁵
- The Provider can demonstrate or has a plan in place to develop well-established connections with other specialist sexual violence services and social services.
- The Provider has sufficient trained and experienced staff to deliver the MSSA Services. This might include (but is not limited to):
 - Peer support team leader/manager – oversees organisation, facilitates training and supervision for peer support workers
 - Case worker (to undertake case planning, administration, awareness raising)
 - Facilitator to oversee peer group sessions
 - Professional peer support worker(s) – deliver peer-to-peer support services
- The Provider has employed, or can engage on a fee-for-service basis, a professional supervisor to provide supervision and training to the peer support worker(s)/people involved in peer support.

Who is involved?

There are a number of people and organisations involved in the delivery of MSSA Services. The following table summarises the key roles and responsibilities for some of the people/organisations involved in MSSA Services.

Name	Descriptor
Survivor	<p>The survivor is the primary client who has been referred to, or who has accessed, the service for support.</p> <p>The Provider will ensure the survivor is at the centre of all services and is actively involved in the development of their support and recovery goals.</p>
Family/whānau/support network	<p>The Provider will work with the survivor to identify who from their family/whānau or social group is able to support the Survivor in a positive way during the service.</p> <p>The Provider will provide information and advice to the Survivor’s family/whānau/support network if requested, including links to other services and information about the dynamics of male sexual abuse.</p>
Provider	<p>The Provider supports the survivor and their family/whānau/support network through the delivery of MSSA Services and by helping them to access additional help they might need.</p> <p>The Provider is responsible for recruitment and/or engagement of personnel, including but not limited to team leader/manager, peer support workers and a professional supervisor</p>

¹⁴ If the Provider does not have Level Two Accreditation already, they must have obtained it by the end of their Outcome Agreement.

¹⁵ MSA (2018), [Peer Support Practice Guidelines](#)

Name	Descriptor
	The Provider also contributes to the desired Intermediate and Longer-term Outcomes by working with the Ministry, Government agencies and other social sector/health services in a collaborative and integrated way.
Peer Support Worker (Facilitator/Navigator)	<p>The Peer Support Worker is the person who engages, on behalf of the Provider, in the peer support relationship with the Survivor, either individually (one-on-one) or within a peer support group.</p> <p>Peer Support Workers are Survivors who have recovered, or are in recovery, and who have achieved a level of personal wellbeing that enables them to act appropriately and competently in a support role</p> <p>Peer Support Workers will have appropriate supervision to assure their ongoing competency and wellbeing</p> <p>Peer Support Workers should be appropriately qualified through the completion of recognised training¹⁶ and peer-support experience (for the delivery of individual support and/or group facilitation as appropriate).</p>
The Ministry of Social Development	<p>The role of the Ministry is to approve providers, monitor the performance and contractual management of the Provider, seek and support continuous improvement of service delivery, lead the development of outcomes and service guidelines, and ensure national coverage and quality through a fair and equitable funding allocation process.</p> <p>The Ministry will work collaboratively with the Provider throughout the term of the Outcome Agreement to further co-develop these Guidelines and refine the performance and reporting measures.</p>

National Sexual Violence Helpline

A National Sexual Violence Helpline (Safe to talk) was launched in April 2018 following a pilot in Canterbury. The helpline provides free, confidential information and support to those impacted by sexual harm, wherever, and whenever, they might need it. Information and support can be accessed via phone, text message, email and website, which includes webchat¹⁷.

The Ministry expects that providers will interact with the helpline, which will include:

- receiving referrals from the helpline
- making referrals through the helpline to access and align with other available services
- providing information to clients, family and whānau about the helpline
- using the helpline for information and/or support.

The helpline is not intended to inhibit a client's ability to connect with regional services via current local numbers already in operation. A client's trust and relationship with the Provider is vital and should not be compromised by Safe to talk.

¹⁶ This could include, but is not limited to, courses and training programmes in Intentional Peer Support.

¹⁷ Safe to talk can be accessed by calling 0800 044 334, or by going to the website: www.safetotalk.nz

The Joint Venture

The Government formed a Joint Venture for Family Violence and Sexual Violence (the Joint Venture) in September 2018. The Ministry is part of the Joint Venture along with nine other government agencies¹⁸ The Joint Venture will set the future direction for cross agency work to address family violence, sexual violence and violence within whanau.

Partnerships

Providers of MSSA Services should work closely with government agencies and other community services to increase awareness of male victimisation and to ensure male survivors get the support they need.

The Provider will build connections, collaborate and maintain effective relationships with other relevant agencies and service providers that are able to provide complementary support to survivors. This may include relationships with iwi services, victims' support services, ACC Sensitive Claims providers, Sexual Harm Crisis providers and health services.

The Provider must not enter into sub-contracting arrangements for delivery of MSSA Services.

¹⁸ Department of Prime Minister and Cabinet, Oranga Tamariki, Ministry of Health, Te Puni Kōkiri, Ministry of Social Development, Ministry of Education, Ministry of Justice, Police, ACC and the Department of Corrections

6. Service delivery

Where do Providers fit in the big picture?

MSSA Providers play a key role in effectively addressing and responding to sexual violence.

In order to achieve positive outcomes for male survivors and their families/whānau, the Provider must:

- comply with the standards in the national practice framework (see [Section 8 – Core Competencies](#))
- ensure the Services are delivered by people appropriately qualified as defined by the Workforce Capability Framework¹⁹
- are delivered to or for survivors who have been deemed eligible by an agreed process to receive those services
- work collaboratively with the wider specialist sexual violence and social services sector to ensure men who have suffered trauma receive the support that is right for them.

Access to services

The Provider will endeavour to reduce any barriers to access services, including but not limited to geographic locations, cultural identity and beliefs, language, age, gender, socio-economic status, disability and sexual orientation.

The Services will be delivered in premises and/or locations that best support the needs of the survivor and their family/whānau, whilst also ensuring the safety of the participants and confidentiality of the relationship.

Delivery of services may also utilise different channels, including via phone, Skype/FaceTime and in person as appropriate, provided there are policies in place to ensure the on-going safety of the survivor and peer support worker.

Referrals

Referrals to MSSA Services can come from a range of sources, including from (but not limited to):

- survivors and/or their families/whānau (self-referrals)
- community and health agencies working with survivors
- government agencies (including Department of Corrections and Ministry of Justice).

The Provider will ensure referral pathways into the MSSA Services are visible within their delivery area.

The Provider will collect information about the survivor in order to determine their needs and recovery goals, and to match them to a Peer Support Worker.

¹⁹ [The Family Violence, Sexual Violence and Violence within Whānau Workforce Capability Framework](#) (2017)

The Provider will be able to provide information about other social service/health service providers that can help, if the survivor does not want to access the MSSA Services or is deemed inappropriate for the MSSA Services²⁰.

If waiting lists are used to prioritise access to service, the criteria applied must be transparent and ensure those with greatest need are seen as a priority, and referrals to other services made where appropriate.

Service description

The service descriptions of MSSA Services, as described and funded in the Ministry's Outcome Agreement with the Provider, can be summarised briefly as follows.

Component	Description
Initial engagement and case planning	<p>The purpose of initial engagement is to:</p> <ul style="list-style-type: none"> • be involved in the community and/or education services to promote and support the recovery of male survivors • understand the survivor's needs and confirm recovery goals • explain how peer support works and match the survivor with an appropriate peer support worker or peer group facilitator • identify any presenting and/or immediate issues that present safety concerns and/or may prevent the survivor from participating effectively in peer support (e.g. homelessness, drug and alcohol issues) • provide the survivor and/or their family/whānau with information about male sexual abuse and other services that might be able to assist • Determine whether it is appropriate, with the survivor's agreement, to refer the survivor to another recovery support service (e.g. counsellor, social worker). <p>Initial engagement may be undertaken by the team leader or a peer support worker as applicable.</p>
Peer support	<p>As noted above, the goal of peer-to-peer support is to support the survivor in their journey of recovery, facilitate social connection, build resilience, and model self-management.²¹</p> <p>The Ministry funds group peer support and individual peer-to-peer support. Internet peer support (like chat rooms or online forums) is currently out of scope of funded MSSA Services.</p> <p>Peer support can be provided on an individual (one-on-one) basis or within group sessions</p> <ul style="list-style-type: none"> • A trained peer support worker delivers individual peer support. The needs of the survivor will direct the duration and type of support. • Group peer support must be led by a peer support worker who is trained and experienced in facilitating peer support groups. The groups can be of fixed or open duration.

²⁰ For example: If a client had mental health needs or drug and alcohol issues that need to be addressed first.

²¹ Morris, C.W et al (2015), *The DIMENSIONS: Peer Support Program Toolkit*. University of Colorado Anschutz Medical Campus, School of Medicine

Component	Description
	In both cases, professional supervision will be available to the individual peer support worker and leader of the peer support group.
Family, whānau support	<p>These are typically group meetings involving members of the survivor’s family/whānau.</p> <p>They seek to increase the family’s understanding of the impacts of sexual abuse and to enable family members to provide appropriate support to the survivor.</p>
Service effectiveness and monitoring	<p>Clear systems must be in place to measure and monitor effectiveness and evaluation of MSSA Services, including through the development of, and response to, formal feedback and complaints processes.</p> <p>See the result measurement framework and outcome measures in Section 9</p>

Training and supervision

Services will be delivered by an appropriately trained, experienced and supported workforce that understand the dynamics and high-level impacts from sexual harm.

Providers will have processes that govern training, supervision, professional development and support for staff. Further information can be found in [Section 8 – Core competencies](#).

Supervision involves regular, protected time for facilitated, in-depth reflection on peer support practice that is focused on developing peer-worker (supervisee) skills, understanding, abilities and ethical requirements of providing an effective support service to male survivors.

Service exit

Clients exit the service when they feel their needs have been met and they no longer require on-going peer support²². On exiting the service, the Provider will provide the survivors/service users with information to any other services that can assist (if applicable).

²² For reporting purposes clients would be recorded as having ‘exited’ the service when a) they have had their needs met and they end support, or b) if the client has disengaged from peer support and has not been in contact with the service provider for an extended period of time (for further information see Section 9).

7. Good practice principles

Core guidelines

The following core guidelines have been adapted from the National Practice Guidelines for Peer Supporters, issued by the International Association of Peer Supporters (iNAPS).²³

- Peer support is voluntary, mutual and reciprocal, equally shared power, strengths-focused, transparent and person driven.
- Peer supporters are open-minded, empathetic, respectful, honest and direct.
- Peer supporters facilitate change.

Peer support is not therapeutic or clinical support. If the survivor wants to access these types of services, the Provider will provide them with information about appropriate services that can assist.

Guiding principles

Building on the above guidelines, there are six core principles that guide the practice of peer support.²⁴

- Mutuality – the authentic two-way relationships between people through the ‘kinship of common experience’
- Recovery and hope – the belief that there is always hope and that resilience and meaningful recovery is possible for everyone
- Experiential knowledge – the learning, knowledge and wisdom that comes from personal lived experience of male sexual abuse
- Self-determination – the right for people to make free choices about their life and to be free from coercion on the basis of their experience or circumstances
- Participation – the right for people to participate and lead in sexual abuse recovery services including in the development or running of services as well as in their own treatment and recovery
- Equality – the right of people who experience sexual abuse to have equal opportunities to other citizens and to be free of discrimination.

These guiding principles are reflected in the core competencies required of peer support workers ([Section 8 – Core competencies](#)).

²⁴ Morris, C.W et al (2015), *The DIMENSIONS: Peer Support Program Toolkit*. University of Colorado Anschutz Medical Campus, School of Medicine;
Te Pou o Te Whakaaro Nui (2014), *Competencies for the mental health and addiction service user, consumer and peer workforce*;
MSA [Operational Policies](#)

8. Core competencies

This section outlines the core components and competencies required for effective delivery of MSSA Services. It is divided into two sections (see tables over the page):

1. Core competencies for the male survivors of sexual abuse peer support workforce
2. Organisational requirements to support effective peer support for male survivors of sexual abuse.

This section has been informed by MSA Operational Policies as well as Intentional Peer Support core competencies²⁵.

This section should be read together with the Social Sector Accreditation Standards – Level 2 and the Family Violence, Sexual Violence, and Violence within Whānau Workforce Capability Framework²⁶.

These competencies are the minimum requirements that should be demonstrated by the MSSA peer support workforce. The Provider should refer to the Intentional Peer Support competencies and MSA Peer Support Practice Guidelines²⁷ for further guidance around the desired competencies of its peer manager/leaders and peer support workers.

The competencies should also be read with reference to the guiding principles and values of MSSA peer support.

²⁵ [Intentional Peer Support - Core Competencies](#)

²⁶ Ministry of Justice (June 2017), [Family Violence, Sexual Violence and Violence within Whānau Workforce Capability Framework](#)

²⁷ [MSA Peer Support Practice Guidelines](#)

Table 1: Core competencies for the male survivors of sexual abuse peer workforce

Competency	Description
Connection	<p>Nurtures and cultivates connection with others:</p> <ul style="list-style-type: none"> • Demonstrates warmth, openness, curiosity and interest in others’ experiences, stories and perspectives • Practices empathetic listening to encourage openness and understanding • Pays attention to where we connect and what we have in common, versus getting side-tracked by differences or dislikes. • Is aware of disconnection • Reconnects with authenticity, owning one’s own part.
Co-learning	<p>Shifting the focus from Helping to Learning Together:</p> <ul style="list-style-type: none"> • Sees others as capable co-learners and responsible adults; does not take an advising or problem-solving role • Approaches relationship with curiosity and interest (vs. set ideas, assumptions and predictions) • Hears what can be learned from someone else’s way of looking at things rather than imposing own viewpoint • Is open to new ideas and ways of seeing things.
Worldview	<p>Awareness of Own and Other’s Worldview</p> <ul style="list-style-type: none"> • Understands that “worldview” is the way we see the world based on our own experiences • Is aware of own worldview and readily explores own assumptions • Is aware of responsibilities in relation to the Treaty of Waitangi when working with Māori and their whānau • Is comfortable with exploring and affirming others’ worldview, listening with curiosity for the untold story • Understands that trauma-awareness means listening for “what happened” rather than for “what’s wrong” • Uses language that explores meaning rather than diagnosis or symptom language.
Relationship	<p>Shifting the focus from the Individual to the Relationship</p> <ul style="list-style-type: none"> • Works to co-create relationships that work well for all concerned • Understands the importance of authenticity and confidentiality in building open, trust-based relationships • Demonstrates cultural sensitivity in dealing with people of different ethnicity and/or from different cultural backgrounds • Understands the role of family, whānau and community in people’s lives and works actively to include them • Notices disconnections, and is prepared to explore assumptions, patterns, power/privilege, and meaning • Invites and encourages feedback about how the relationship is working for all parties concerned.
Mutuality	<ul style="list-style-type: none"> • Actively invites and makes space for everyone’s perspectives without either ignoring others or imposing

	<ul style="list-style-type: none"> • Negotiates relational needs and interests in ways that work everyone (self as well as others) • Seeks to negotiate power and privilege in ways that work for everyone • Is aware of and able to own power and privilege held by self and others • Invites mutual exploration of impact on relationship • Sets appropriate limits (boundaries) to ensure the safety of self and others and to nurture and protect the relationship • Works to share risk and responsibility rather than taking control.
Hope	<p>Forms hope-based relationships focused on:</p> <ul style="list-style-type: none"> • What is possible • Where we are going • How we can co-create something new.
Co-creation	<p>Moving Towards versus Moving Away From</p> <ul style="list-style-type: none"> • Invites mutual sharing around values, hopes, dreams, possibilities and aspirations for living • Focuses on what is possible rather than what is bad, wrong, or isn't wanted • Co-creating the future together rather than focusing on goals or problem-solving • Focuses on strengths, offers optional recovery pathways, empowers self-choice and encourages self-determination.
Self-Reflection	<ul style="list-style-type: none"> • Actively reflects on the experience of self in relationship – able to 'own one's own part' • Is aware of own worldview and how it developed, including personal feelings, thoughts, attitudes, assumptions, judgments, agendas, power, privilege, defaults and patterns • Welcomes differences in experiences/ perspectives/ beliefs/ judgments as opportunities to learn and grow • Resists the tendency to blame others for uncomfortable feelings • Uses relational differences or discomfort proactively to notice and examine personal agendas, patterns, default responses and worldview assumptions • Asks and explores with curiosity and interest: "What is my part?" • Invites and encourages others to share alternate perspectives and experiences that challenge personal agendas and worldview assumptions • Uses self-awareness to build connection by being transparent, approachable and authentic.
Feedback	<p>Able to Give and Receive Feedback:</p> <ul style="list-style-type: none"> • Ensures connection • Acknowledges and appreciates others' positive contributions • Looks at the situation through the lens of the other person's life experience, in addition to one's own • Considers whether own worldview reflects privilege or bias

	<ul style="list-style-type: none"> • Frames feedback around observation rather than judgment • Keeps the focus on moving towards what is wanted for the relationship (closeness, connection, trust), rather than away from what isn't wanted (dishonesty, dirty dishes) • Invites and gives honest responses • Validates other's response and demonstrates willingness to learn and be changed by what they have.
Co-Reflection	<ul style="list-style-type: none"> • Attends co-supervision regularly • Shows up prepared and on time • Readily identifies areas for personal learning and growth • Expresses curiosity about others' intentions and aspirations for co-learning • Maintains connection, mutuality and actively cares for relationships with co-participants • Listens for worldview and explores power and privilege and their impact • Maintains attitudes of hope, possibility, co-learning, co-creation and moving toward during co-reflection period.
Capability & Capacity	<ul style="list-style-type: none"> • Understands what peer-support is, develops and maintains peer support competencies and uses appropriate tools and practices in their work • Understands the importance of the Treaty of Waitangi in working with Maori, embraces difference and diversity and values people of different ethnicity and/or with different cultural values • Embraces a human rights approach to peer- support, work actively to eliminate discrimination, honour and protect survivors' human rights including equitable access to advocacy and promotes social justice. Able to describe the provider's complaints process • Confidently shares their lived experience to inform their work, and uses the peer-support values to guide their peer-support practice • Understands the concepts of connection, worldview, mutuality and learning together (moving towards) and the importance of using them to build effective peer-support relationships • Actively practices self-care strategies and use self-reflection, co-reflection and feedback to inform and assure their peer-support competencies and practices • Understands recovery and resilience practices, embraces a strengths-based hope and possibility approach to co-creating recovery pathways • Appreciates the facilitative nature of the peer-support-worker role and encourages engagement with other people and expertise as appropriate to enable and support an effective recovery pathway • Understands the relevant legislation, policies, standards and protocols they operate within and works to align their peer-support activities.

Table 2: Organisational requirements to support effective peer support for male survivors of sexual abuse²⁸

Competency	Description
Service accountability	<p>The Provider supports the delivery of MSSA Services through its operational procedures, facilities and workforce</p> <ul style="list-style-type: none"> • Providers have documented procedures covering (but not limited to) informed consent, ethical codes, confidentiality, conflicts of interest – Code of Ethics, Code of Conduct etc. • Providers have appropriate and suitable facilities for conducting interviews and running group peer support • Information to survivors and their family/whānau • Develop collaborative relationships with other providers and agencies, including iwi services and organisations • Proper case records and records management systems capable of recording client data, and outcomes measures (as required in the Outcome Agreement) • The Provider must have policies governing the collection of, storage and access to personal information • The Provider must have a documented and available complaints policy. Clients will be told how they can make a complaint and what to expect if they do make a complaint.
Service improvement	<p>MSSA Providers engage in service improvement and quality improvement processes, education of staff and service users, and promote the use of recovery-based measures that are meaningful for people who use those services. This includes the ability to:</p> <ul style="list-style-type: none"> • draw on organisational change principles in service development and quality improvement work • supports staff to actively engage and participate in service development and quality improvement processes within the service • supports peer staff to deliver education to colleagues and/or people who use the service • ensures the organisation includes peer staff in recruitment, mentoring and performance appraisal processes.
Service effectiveness	<p>Providers have systems in place for monitoring the effectiveness of the service:</p> <ul style="list-style-type: none"> • Measurement tools • Structured times for measuring progress against goals • Will also complete if survivor/peer exists the service (if applicable) • Cross reference to result measures • The Provider will seek feedback for evaluating the performance of the MSSA Services, and for informing on-going improvements in service delivery.

²⁸ This section should be read together with the Social Sector Accreditation Standards – Level 3 (staffing requirements)

Support and training	<p>Providers will have structured support and training systems</p> <ul style="list-style-type: none"> • Basic peer support training, to provide an overview of the role and responsibilities of a peer support worker • Systems for managing burnout, promoting self-care etc. • Formal supervision for peer support workers, group and/or individual • Maintaining boundaries • Cultural supervision, particularly for kaupapa Maori services • Debriefing following critical incidents • Informal support by managers and team leaders • Managing own wellness • Ensure all peer support workers have received training and have access to training²⁹.
Professional supervision	<p>Providers have access to professional supervision (and have a written supervision policy)</p> <ul style="list-style-type: none"> • Have employed or can engage of a fee for service a professional supervisor • Must be external to the MMO, must have sufficient expertise and experience – align with the goals and values of peer support • Have documented procedures specifying who delivers clinical supervision and the frequency, tailored to the needs of the peer but at minimum 2 hours every month • Access to cultural supervision where peer-workers are providing peer support to Māori male survivors.
Health and safety at work	<p>Providers have health and safety policies and are familiar with legislative and reporting requirements</p> <ul style="list-style-type: none"> • Risk assessment by manager/team leader (provided it does not interfere with the relationship) • Have documented health and safety policies and procedures in place which align with the Health and Safety at Work Act 2015 and which detail the Provider’s statutory and/or regulatory obligations in respect to essential notification reporting • Policy should cover meeting protocols, carrying of mobile phones, having two peer support workers meeting a survivor • Suicide policy and risk of self-harm, clear policies around when to breach confidentiality (having regard to relevant professional codes, ethics etc.) • Providers comply with all required notification reporting, particularly in respect to safety • Have a documented complaints and escalation policy

²⁹ Such as an NZQA Qualification, Intentional Peer Support or other mental health training programs

	<ul style="list-style-type: none">• The Provider must advise the Ministry of any changes, problems, significant risks or issues that may, or are likely to, materially reduce or affect its ability to deliver the MSSA Services• The Provider must understand and fulfil its obligations in respect to child protection policies / statutory notification reporting, including as required under the Vulnerable Children Act 2014• The Provider will perform its obligations regarding health and safety matters in accordance with the Health and Safety at Work Act 2015.
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9. Measuring Results and Reporting

How do we know if the services we fund are working?

We need to understand who's using the services we fund and demonstrate they achieve results for people, families and whānau. This will be done by collecting client results data (CRD) that is based on a Results Measurement Framework (RMF).

Reporting measures

MSSA providers will use a client self-report tool to measure client progress through their peer support. Alongside this, MSSA providers will collect service result measures that report on the volume of services accessed by clients. These measures were developed to help both the Ministry and the MSSA sector further understand the effectiveness, demand and issues that face MSSA Services – as well as build the capability and capacity of the sector. Data collected is then aggregated and reported to the Ministry through an outcome measures template.

It is acknowledged that peer support is person-centred rather than based on clinical or therapeutic models, and that measuring client progress is new ground for this workforce.

What data needs to be collected for reporting

Providers are required to collect data in order to contribute to an evidence base for the effectiveness of MSSA Services. The Ministry's contractual requirements require providers to collect both aggregated client level data and service results measures.

Results measurement framework

We have co-developed a results measurement framework (RMF) for MSSA Services (see [Appendix 1](#)). The RMF is a Results-Based Accountability measurement system that links performance measures in Provider Outcome Agreements to the bigger results we are seeking.

The RMF has two levels – the population level (which covers high level government priorities) and the performance level (which looks at client results). The data is backed up by a narrative report, which forms part of the Outcome Agreement.

More information on RBA can be found at <http://www.business.govt.nz/procurement/for-agencies/buying-social-services/results-based-accountabilitytm-rba/>

Service Result Measures

The provider will report on the following service results measures, in line with the MSSA RMF. Quantitative reports must be **submitted quarterly**, and narrative reports **submitted bi-annually** to the provider's relationship manager, as outlined in the Outcome Agreement.

Type of measure	Measures (during the reporting period)	Information collected through
Service detail	Programme/service name start date and end date, source of referral	Service detail reporting
Quantity (how much)	<ul style="list-style-type: none"> • Total number of clients receiving the service • Total number of peer-to-peer support sessions • Total number of Group Peer Sessions <p>Of the total clients reported:</p> <ul style="list-style-type: none"> • Number of new clients that have accessed the service during the reporting period • Number of clients that 'closed' during the reporting period. 	Service result measure reporting
Quality (how well)	<p>Of the clients who accessed the service during the reporting period, how many:</p> <ul style="list-style-type: none"> • Provided feedback (either formal 'client satisfaction' feedback or directly to the Provider) <p>Of the clients who provided feedback:</p> <ul style="list-style-type: none"> • Number of clients who reported they were helped by the service. 	
Result Measures (is anyone better off?)	<p>Of the client who accessed services and provided feedback, how many:</p> <ul style="list-style-type: none"> • Reported they could easily access the service • Reported they felt listened to, understood and respected • Reported they were able to work on and/or talk about what they wanted/needed to. 	

Narrative reporting (to support the data)	
<ol style="list-style-type: none"> 1. What is the 'story behind the data'? (e.g., environmental factors that could affect client results including issues, gaps, overlaps and trends). 2. What are your areas for improvement towards achieving better results for clients, their family and whānau (continuous improvement)? 3. Who are your partners that help you achieve results, and what joint activities have you participated in? 4. What combination of services do you think is most effective for your clients? 5. Provide examples of strategies or practices used to encourage 'hard to reach' clients to engage. 6. Provider narrative on how they have used the client self-report tool, the impact on mentoring relationships, and feedback received by clients/staff on the tool. 	<p>Service result measure reporting</p>

Definition of a client

A client is defined as an individual male client aged 18 and over (and/or their family/whānau/support person) who agrees to participate in peer support with the provider.

Units of measure

The contracted volume of measure for male survivors of sexual abuse services is 'one available service'.

The service will deliver peer-to-peer and group support for male survivors of sexual abuse (and support/information to their family and whānau where appropriate).

In this model, the 'available service' can be quantified using an estimated number of Full Time Equivalent (FTE).

This means that the contract volume will be for one service, but guidelines are provided that will form the basis for monitoring and reporting.

FTE Rate

The FTE rate for MSSA Services has been developed through the use of the Oranga Tamariki Fair Funding Framework (the Framework). The Framework outlines the components of costs associated with providing a service. It aims to ensure that funding easily reflects costs relative to today's cost of operating a service; provides flexibility in order to apply to different service models, different commissioning arrangements and the ability to respond in an agile way when circumstances change; allows openness and transparency between us and our key partners, to help provide clarity and accountability; creates consistency between different service models, across different organisations and commissioning arrangements.

The rate of \$136,409.26 per FTE has been used to estimate the expected number of peer support workers and group facilitators employed.

This FTE rate considers:

- direct labour costs (e.g. a peer support worker, group facilitator, team leader, administration)
- direct best practice costs (e.g. professional development and training)
- external best practice costs (e.g. external supervision and mentoring)
- client related costs (e.g. costs associated with integrating a client back in to the community)
- overhead costs

'Closed' clients

For reporting purposes, a client should be recorded as 'closed' when:

- they have decided to end their peer support
- there has been no contact from the client for a period of no less than four (4) months

Family Services Directory

Through the term of the Outcome Agreement with the Ministry, Providers must ensure their organisation is listed on the Ministry's Family Services Directory (<https://www.familyservices.govt.nz/directory/>), and that necessary information is updated when required.

Health Point

Through the term of the Outcome Agreement, providers must ensure their organisation's details are listed and up to date on Health Point.
<https://www.healthpoint.co.nz/>

Evaluation

The provider agrees to participate in any evaluation of the MSSA Services that is undertaken by the Ministry. The provider will take any necessary and reasonable steps and co-operate with the Ministry or third parties appointed by the Ministry to facilitate such evaluations.

10. Definitions

In these Guidelines, unless the context specifies otherwise, the following definitions apply:

Accreditation

The Social Services Accreditation team ensures that providers have the capability and capacity to deliver quality social services to communities. This is achieved by ensuring providers meet a consistent set of standards that meet legislative and policy requirements. 'Accreditation' and 'Approval' (as stipulated under the Oranga Tamariki Act 1989) are synonymous and may be used interchangeably.

Client

A client is an adult male victim/survivor (18 and over) who agrees to engage with the Provider for peer-to-peer support to help them with issues related to a sexual abuse event(s). Alongside the primary client, support may also be required for their family and whānau.

Clients seeking help may have been the victim of recent or historic sexual abuse, seeking information and support concerning the impact of that on their life.

Client-centred

Client-centred practice refers to the principle of finding and empowering the client's own efficacy and autonomy and acknowledging the person's expert knowledge of themselves. Client outcomes are not directed by the peer support worker but rather the client themselves and support is paced in a way that allows maximum engagement, challenge and growth.

Cultural responsiveness

Cultural responsiveness refers to the workforce's ability to deliver support and interventions that are grounded in shared understanding of the cultural context that the person comes from.

For New Zealand this specifically refers to the kaupapa and tikanga of Mauri Ora and Whānau Ora and responses that are embedded within these principals. Culturally responsiveness is more than an organisations acknowledgement of a person's culture. They are a full response from the culture for the culture (kaupapa).

Peer Support

Peer support is client-centred support underpinned by strength-based philosophies. The life experience of the peer support worker creates common ground from which the trust relationship with the client is formed.

The activities undertaken by peer support workers vary depending on the needs of the individual being supported, but generally include identification of strengths, skill building and goal setting. Peer support workers can also provide information and connections to other social services, as well as social and logistical support.

Empowerment, empathy, hope and choice along with mutuality are the main drivers in purposeful peer support work.

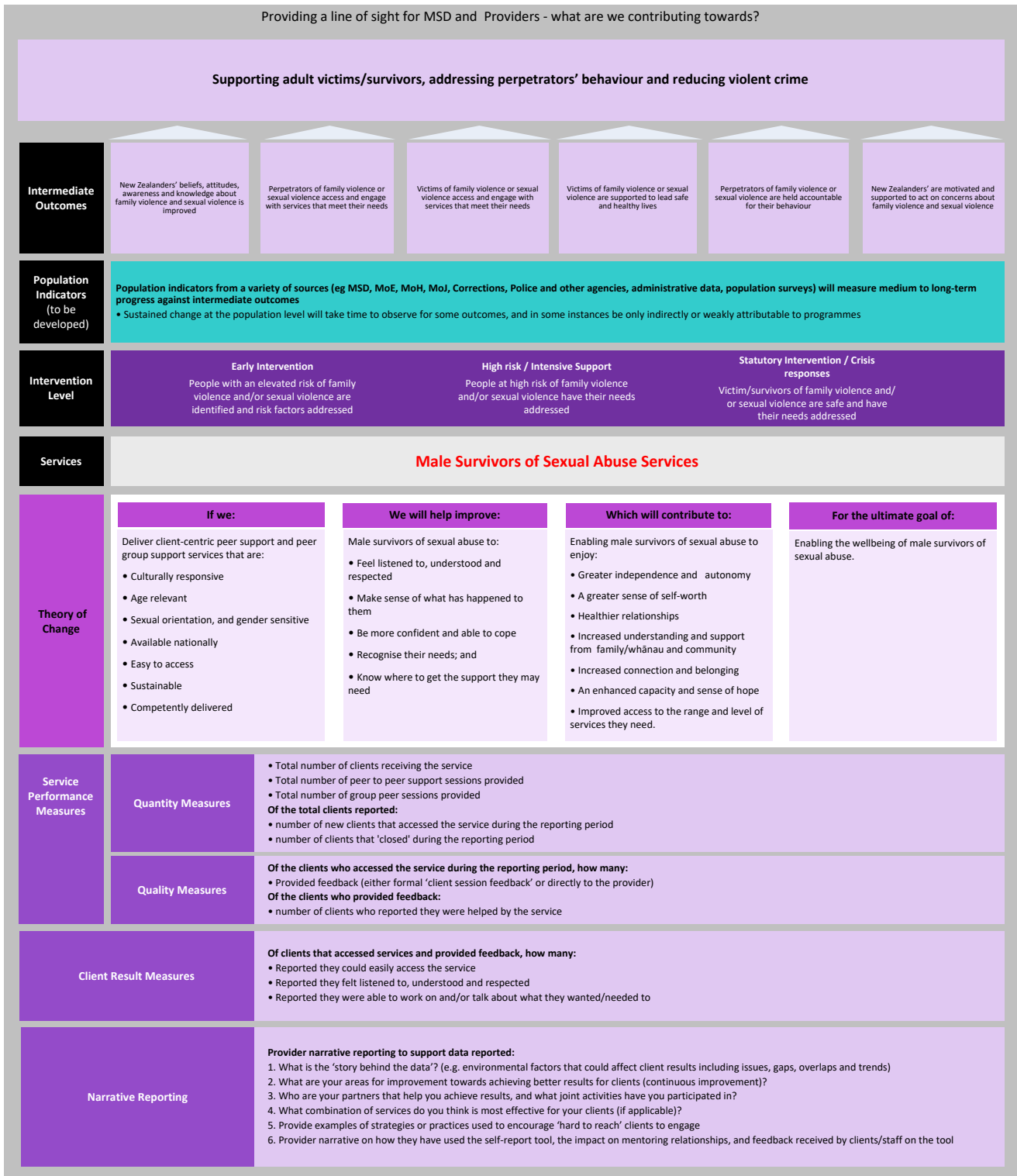
Sexual abuse

Sexual abuse is a descriptor for a number of sexual behaviours that are engaged in without consent and involve elements of force, coercion and/or power by one person over another for the purpose of sexual gratification and control. These behaviours can

include both contact and non-contact behaviour inclusive of 'online' computer-assisted sexual abuse.

Appendix 1 – Results Measurement Framework

INTERVENTION LOGIC, RESULTS AND MEASURES MALE SURVIVORS OF SEXUAL ABUSE



Appendix 2 – Provider Feedback Form

Provider Feedback Form		
Please email to your Contract Manager or your Community Investment Advisor.		
Name of service		
Summary of, and reasons, for Suggested change		
Topic	Reference (section/page)	Suggested change/description
Contact Name:		Position:
Provider name:		
Provider email:		
Provider phone:		Date submitted: