

**MINISTRY OF SOCIAL DEVELOPMENT
FUNDED RESEARCH ACTIVITY:
REPORT ON THE ACHIEVEMENT OF
KEY MILESTONES.**

**EXAMINING THE JOURNEYS OF ADULT MALE
SURVIVORS OF SEXUAL ABUSE AND THE
SERVICES THEY NEED: IDENTIFYING
EFFECTIVE PRACTICE AND GAPS FROM A
READY MODEL OF PEER SUPPORT IN NEW
ZEALAND**

Louise Dixon, Chris Bowden, Philip
Chapman & David Mitchell, 1 September
2018

Table of Contents

Report Overview	2
Research Team	2
Research Aims and Phases	3
Research Outcomes	4
Research Activity Rationale	5
Research Methodology (phases 1-3)	6
Phase 1: Literature Review	6
Phase 2 & 3: Primary Research Investigation	7
<i>Sample</i>	7
<i>Recruitment</i>	7
<i>Design/Procedure</i>	8
<i>Data Analysis</i>	11
<i>Ethics</i>	13
Time line	14
References	14

Report Overview

This report aims to provide a description of the research activity and its proposed key milestones that the Ministry of Social Development (MSD) have funded Male Survivors Aotearoa (MSA) to achieve, as agreed in the letter to the MSA Chair dated 29 June 2018. MSA are responsible for the delivery of the research activity and will work in conjunction with academics employed by Victoria University of Wellington to achieve the intended goals.

This report provides details of the research team, the research activity aims, outcomes, rationale, design, methodology and timeline of events.

Research Team

Principal Investigator/Lead Researcher

Associate Professor Louise Dixon (BSc, MSc, PhD) – Director, Forensic Programme, School of Psychology, Victoria University of Wellington. Expertise in: a gender inclusive approach to the aetiology, prevention and intervention of interpersonal and family aggression and violence, quantitative and qualitative research methodology.

Louise.dixon@vuw.ac.nz

<https://www.victoria.ac.nz/psyc/about/staff/louise-dixon>

Co-Investigator

Dr. Chris Bowden (BA HonsI, MA, PhD) – Victoria University of Wellington. Expertise in: men's mental health, trauma, qualitative research and thematic analysis, programme evaluation, peer support programmes.

Chris.bowden@vuw.ac.nz

<https://www.victoria.ac.nz/education/about/staff/chris-bowden>

Co-Investigator

Philip Chapman - health promoter with Public Health, Nelson Marlborough District Health Board, manager of Male Room, Nelson (a men's support and advocacy service) and Chairman of Male Survivors Aotearoa New Zealand. Expertise in: supporting men in distress and organisational governance.

pchapman@ts.co.nz

Co-Investigator

David Mitchell (BA, MA) – lecturer, School of Health, Nelson Marlborough Institute of Technology and an independent researcher. Expertise in applying critical research methods aimed at equity, understanding and social change.

David.Mitchell@nmit.ac.nz

Research Aims and Phases

The research activity is comprised of four phases that collectively address six primary research questions and disseminate the findings. The first phase will entail a review of the literature that will explore the questions at an international level, it will consider literature within and outside of the focus of peer support to achieve a comprehensive account of the needs of male survivors of sexual abuse. The second and third phases will provide a primary research investigation of male survivors attending peer support within New Zealand (using survey, interview and photo methodology). The fourth stage will involve the dissemination of the research.

The research activity will aim to explore the journeys of adult men who have experienced sexual abuse and the services they need using peer support services in New Zealand as a ready model to understand how PSWs work with men to achieve effective outcomes, and to identify any gaps evident in meeting men's needs. Specifically, the following key research questions will be examined:

- a) What are the experiences of sexual abuse, and wider effects associated with this, for adult male survivors?
- b) What are the specific needs of adult male survivors of sexual abuse who present to services/peer support that could be addressed to achieve better health and wellbeing?
- c) What is the helpseeking experience and needs of adult male survivors presenting to services/peer support?
- d) How do peer support workers (PSWs) work with male survivors to attempt to achieve effective outcomes?
- e) What are considered to be effective outcomes for male survivors presenting to services/peer support?
- f) Are we delivering what is needed in an effective way New Zealand for male survivors? What are the gaps?

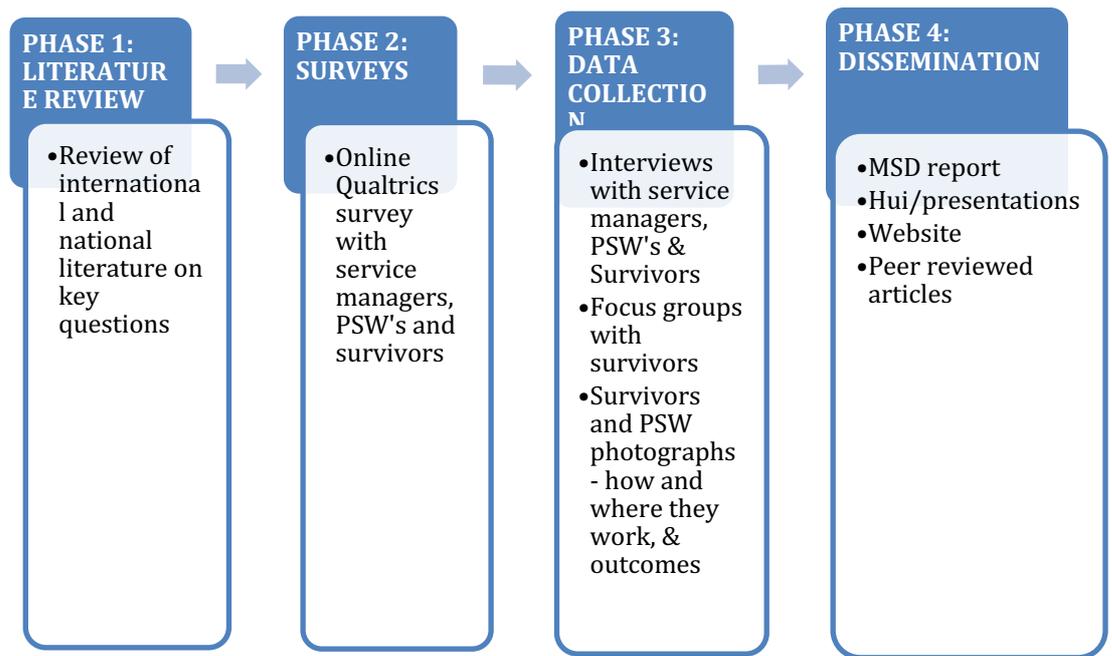


FIGURE 1: SUMMARY OF THE FOUR RESEARCH ACTIVITY PHASES

Research Outcomes

Phases 1 to 3 of the research activity will collectively determine the following from the perspective of both male survivors and peer support workers and managers:

- a) The range and scope of the harm experienced and associated effects/issues arising for male survivors.
- b) The specific needs that should be addressed to achieve better health and wellbeing for male survivors.
- c) The barriers and facilitators to helpseeking for male survivors.
- d) How PSWs work to meet the needs of male survivors to provide support.
- e) What male survivors and PSWs consider effective outcomes for men.
- f) What do effective services that address male survivors' needs look like? Is New Zealand providing this via peer support or other services? What are identifiable gaps?

It is intended that this information will offer guidance to the MSD in their decision making related to the funding and provision of support services for male survivors of sexual abuse in New Zealand. It will highlight the journey that male survivors go through and the type of services they need and how peer support may be meeting these needs in addition to any gaps evident in service.

Phase 4 will involve dissemination of findings and will include:

- A final report to the MSD, including case studies and photographic imagery to represent lived experiences of men and PSWs.

- A one-day event/hui where we can provide feedback to participants, the MSD and the wider community.
- Recording of select presentations uploaded to MSA website for others to view.
- Post project completion research will be written up for publication in peer review journals/books/ conferences.

Research Activity Rationale

A growing body of international research and literature is showing that support and help, as traditionally provided, serves men poorly (Englar-Carlson & Stevens, 2006). At best, these approaches neglect the specific needs of men. At worst they reinforce the stereotypes surrounding men, both with professionals and with the men themselves (Mitchell, 2006). We now know that men require a gender responsive and male-friendly approach to make health and wellbeing services work for men. Men require a specific approach to intervention that acknowledges and respects masculinities (Englar-Carlson & Stevens, 2006) in which support is provided in safe settings. Programmes and services need to focus on men's strengths, willingness to serve, creativity, humour, courage, and provide men with opportunities to work side-by-side and shoulder-to-shoulder with their peers as mentors, teachers and guides where they can share wisdom, knowledge, and skills (Kiselca, 2006). We also know that services and support should avoid detailed technocratic language about health and mental health; reduce the stigma of help-seeking and remove barriers to men accessing support; take a practical activity-oriented and solution-focused approach; as well as encourage connections between men where they can build relationships, share skills, give and receive advice (Men's Health Forum, 2015). This type of strengths-based engagement and responsivity is essential for positive change (Robertson et al. 2015).

However, what gender-responsive and male-friendly support looks like in New Zealand, and *how* it is achieved in practice, remains poorly understood. There are few male-specific support providers and services in New Zealand. However, peer support groups for male survivors of sexual abuse do exist, and they provide a ready model to explore part of the puzzle of 'What are the support needs of New Zealand men?', 'What is needed to help male survivors achieve health and wellbeing' and 'How do men's services address men's unique needs'. Indeed, an exploration of this group is fitting in New Zealand considering Government Ministers have identified a particular interest in understanding the design and delivery of effective support services to adult male victims of sexual abuse. In particular the '*how*' remains poorly understood in regards to the New Zealand cultural context. It is this question that offers the greatest opportunity to help improve understanding of how best to improve service engagement, delivery, and outcomes for men. The *how* is the main focus of our research question, which proposes an in-depth examination of these issues with service users and service providers in six New Zealand based services that offer peer support with adult male survivors of sexual abuse.

This study focuses on exploring male survivors' experiences of peer support using a gendered lens. Whilst we recognise there is diversity amongst men (e.g., cultural, religion, class) this study does not focus on any one group's experience. This project is a first step in understanding the needs and experiences of adult male survivors in New Zealand and as such needs to adopt an inductive approach to data collection and analysis to allow themes to be constructed from the men's accounts of their experience, rather than using pre-determined ideas to structure the investigation. Further investigation into subgroups of men is beyond the scope of this funded project. This inductive approach is used to ensure the research empowers men and re-presents their lived experiences. We do however anticipate a culturally diverse sample and will therefore seek advice from culturally competent researchers about all aspects of the research (design, process, analysis and dissemination) to ensure its inclusivity and appropriateness. Where strong cultural themes are evident in the results we will seek advice about their construction. Considering New Zealand's bicultural status and over representation of Māori in the male survivor statistics, we recommend a separate kaupapa Māori project be conducted to ensure adequate investigation into the cultural experiences of Māori men.

Research Methodology (phases 1-3)

Phase 1: Literature Review

A review of the international literature will be conducted to ascertain the context for the project and to inform the design of phases 2-3. The search methodology will strive to identify key sources in the area, rather than an exhaustive list of sources, due to time restraints. Published and grey literature will be searched using key electronic databases to identify sources, as well as liaison with MSD and key professionals in the related areas of study that are relevant to the review. Search criteria and Boolean logic will be used to search for literature.

The review will aim to examine how existing evidence accounts for the journeys of men who survive sexual abuse, their needs, and how these can be met, or are being met, by services. Specifically, literature that addresses the following questions will be the focus of the review:

- a) Knowledge about the prevalence and incidence rates of male sexual abuse.
- b) The nature of the experiences of male sexual abuse and their effects in, or into, adulthood.
 - a) The psychological, trauma focused, and general needs of male survivors.
- c) The help-seeking experience and needs of adult male survivors.
- d) How the needs of male survivors' can be addressed to achieve better outcomes for men.
 - a) What do better outcomes for men look like?

- b) What should gender responsive and effective services, or wrap around services, look like for men, and in particular male survivors.
- c) What is the role and structure of male peer support in male survivors' journeys and its efficacy. How does this model match with the evidence of what is needed for male survivors?
- e) Do gender responsive and effective services exist in New Zealand?
 - a) What are the identifiable gaps?

Phase 2 & 3: Primary Research Investigation

Sample

Adult men who have experienced sexual harm and accessed peer support services, managers who have led peer support services, and PSWs who have worked specifically with these men will be recruited to take part in this study from six sites. Services that provide peer support to such men in Auckland, Wellington, Christchurch, Hamilton, Nelson, and Dunedin will be invited to take part in the study. These locations have been chosen because they represent the few services in New Zealand who provide this work and are members of the national body Male Survivors Aotearoa. Thus, the sample is an opportunity/convenience sample.

Purposeful sampling is used in mixed method research to ensure identification and selection of information-rich cases related to the phenomenon of interest (Palinkas, Horowitz, Green et al., 2013). The study involves purposeful sampling because it involves selecting sites where we can find individuals or groups of individuals that are especially knowledgeable about, or experienced with, a phenomenon of interest. Those who volunteer to take part will include service managers, PSWs and male survivors who are knowledgeable but also willing and able to communicate about their experiences. These strategies will maximise both efficiency and validity of the findings (Palinkas et al., 2013).

In Phase 2 we will survey all consenting managers, PSWs, and male survivors on service databases (estimated in extent of a hundred). In phase 3 we will aim to interview the six service managers and at least one peer support worker at each site. Up to four men from each area will be invited to take part in an individual interview, in addition up to six men in a focus group at each area. Therefore, in total the study will comprise interviews with a maximum of 6 managers, 6 PSWs, 24 male survivor individual interviews, and 36 people engaging with one of the six focus groups (42 interview events in total).

Recruitment

Service Managers and Peer Support Workers

The research team will approach service managers with whom they have an existing relationship. Considering this relationship, we will ensure that managers understand the optional nature of this research to eliminate any perceived

coercion or pressure to take part. Consenting managers will be asked to take part in a survey *and* individual interview. Managers will also be asked to invite PSWs to take part in the survey.

Male Survivors

Service Managers will also be asked to invite male survivors on their existing service databases to take part in the survey. This will avoid researchers being giving confidential contact details of potential participants. We will invite the entire population of men on existing client databases, the managers, and workers at the six sites who offer peer support services across New Zealand to take part in an online survey. Men who take part in the survey will be invited to opt in to an interview.

In the event we receive more uptake to the interview phase of the study than this project allows, the demographic characteristics of the participants (age, ethnicity, social demographic status) will be considered in an attempt to interview a diverse range of men.

All male survivors will receive the chance to enter a draw to win one of five prizes for taking part in the survey (\$50 vouchers), and a koha for participating in the interview (\$25 voucher). All will be debriefed at the end of each phase of study and provided with contact details of services that can assist in the event of any distress resulting from their involvement. Interviews will take place at the services so that men can be in contact with PSWs at any point during or after the interview.

Design/Procedure

This study will utilise a mixed method design blending both quantitative and qualitative research methods (Pole, 2007). Survey (phase 2) and interview (phase 3) methods will be used to capture the perspectives of both the male survivors accessing peer support services, managers who have led peer support services, and PSWs. The survey will provide breadth of understanding (and a degree of generalisability about the characteristics, needs, and journeys of survivors), while the interviews will provide depth (and saturation, given the men share common characteristics and are representative of the sample population). We will develop bespoke surveys and interviews for managers, PSWs, and male survivors to elicit their perspectives to the research questions posed.

Phase 2: Survey

The survey will provide a wide range of responses to capture the experiences, needs, and support received/given to meet those needs. Those PSWs and male survivors who consent to take part in the project will be provided with an online link to a Qualtrics survey. Phase one of this research activity will inform the type and nature of questions used, however, it is anticipated that the survey will elicit information on the following example areas:

- Age, ethnicity, religious affiliation, sexual orientation?
- What were their experiences of harm?
- What were/are their support needs?
- What services have they approached/used?
- Prior experiences with support providers
- How long did they wait before seeking help?
- Who did they tell?
- When they sought help or were offered support?
- Barriers and facilitators to helpseeking?
- Process and pathways?
- Choices – why they choose peer support?
- What have been the positive outcomes for men?
- How has peer support has met their needs?
- What needs has peer support not met?
- How could gaps in support be addressed?

At the end of the survey PSWs will be invited to take part in an individual interview and male survivors to opt into either an individual interview *or* focus group at their local service with a member of our research team. Participation in the survey will be anonymous, although those men consenting to be interviewed will be required to share contact information with the research team. Data confidentiality will always be guaranteed.

Phase 3: Individual and Focus Group Interviews, Photos

Phase 3 will capture a more detailed account of the lived experience of support and providing support. The primary data collection method in this phase will be face-to-face semi-structured interviews (Laverty, 2003, p. 18) which will be used to explore and gather experiential narratives and lived experience descriptions (van Manen, 2014, p. 314). Open-ended and semi-structured interviews allow researchers to use questions as prompts and provide flexibility for the researchers to adapt their line of questioning to fit with the participant's account (Smith, Joseph & Das Nair, 2011). These types of interviews can allow participants to define, describe, and focus on the aspects of phenomenon that are important to them. They allow the participant to freely talk, and to talk in conversation with the interviewer (Rapley, 2001). The interviews will be carried out as an informal conversational interview (Moustakas, 1990) and will be recorded.

Individual interviews

Interview questions will be used to elicit information, perceptions about how services meet the needs of male survivors, how peer support is offered, the male survivors experiences of peer support, and the meaning and effectiveness of that support. Interview questions will explore some of the following:

- How are male survivors supported?
- What is it about peer support that is effective? (e.g., open-door experience, voice and choice, power dynamics, support workers with lived experience of abuse, working 1:1, group work, support workers are non-judgemental, collaborative, work with rather than on, turn up, are tuned in)
- What do PSWs do, say that helps?

- What difference does it make?
- What is special/unique about peer support?
- Don't just describe factors, what support was provided
- Focus on HOW it was provided
- Interactions and process between men and support workers – how they co-construct support, negotiate, collaborate, compromise and work together

Focus group interviews

In addition to the individual interviews, six focus groups will be conducted (one in each area). Focus groups comprise of face-to-face in-depth group interviews and which are controlled discussions with relatively homogenous groups to explore topics specified by researchers (Smithson, 2000). They work particularly well when researchers want to explore needs, processes, and thoughts and feelings about service delivery and programmes (e.g., what works well and what doesn't?) so that they can be improved (Krueger & Casey, 2015). They are best used when looking for a range of opinions, perceptions, ideas, or feelings about a specific programme, practice, or policy (Krueger & Casey, 2015). The researcher needs to listen for content, emotions, contradictions, and tensions (Grudens-Schuk, Allen & Larson, 2004).

Questions to seek understanding:

- Tell me about your experiences of peer support?
- What are the barriers people face accessing/finding peer support?

Questions to seek evaluation:

- Here are some examples of how peer support workers work with men. Take a moment and place them in order of importance for you.
- Here are some examples of PSW qualities. Which do you think are most important?
- Tell me about situations when peer support has really helped.
- What do you find most helpful? Frustrating?
- What have been some of the benefits of peer support?
- What difference has peer support made for you or to others?
- How could peer support be improved?
- How would you describe this programme to others?

Focus groups use group interaction as part of the method, and members interact, share perceptions, and produce a joint account. A moderator usually guides and moderates the discussion in a controlled way (Smithson, 2000). Focus groups have a focused discussion, the open-ended questions are predetermined, phrased, and sequenced. There is no pressure from the moderator to reach consensus, rather attention is given to understanding multiple points of view, feelings and comments (Krueger & Casey, 2015).

Most focus groups involve 6-12 people of similar backgrounds (Grudens-Schuk, Allen & Larson, 2004) although some have fewer and can be made up of single-sex or mixed individuals (Smithson, 2000). Multiple focus groups are often used to ensure a more reliable set of data (Grudens-Schuk, Allen & Larson, 2004). The

proposed focus groups will be made up of up to six male survivors and a moderator and will be used to discuss key themes that are constructed from individual interviews. Focus group interviews will be offered in all six sites, they will be recorded and the data analysed.

Photo-voice

Photography and other visual methods are fast becoming a part of participatory action research (PAR) strategies (Haines-Saah & Oliffe, 2012). They are another way of “getting gender in research” (Haines-Saah & Oliffe, 2012, p.140). We will use participant-driven photography to encourage the males who are the “researched” to use cameras to document their reality and experiences. In doing so we will prioritise male participant’s ways of seeing and privilege their interpretations and experience. Participant-driven photography has been prominent in health research, including the use of photovoice (Wang et al., 2001), which is used to help marginalised groups document a shared health issue at an individual, community, or neighbourhood level. Photovoice uses photographs taken by participants to illustrate their ideas, concerns, and realities (Clements, 2012). Participant/photographers write explanatory, text-based captions for their images, and the resulting photographs are presented for group discussion where participants jointly select several images to publically display and bring forward their views to advocate for change (Haines-Saah & Oliffe, 2012). These images represent a temporal reality or one version of truth or reality (Harrison, 2002). Photovoice can be used as a form of transformative photography to raise awareness and motivate action on important social issues (Ozane, Moscato & Kunkel, 2013).

If participants organise the photos they take into meaningful themes (photo essays) or linear narratives (photo novellas) using words and text to create a story about what peer support means to them (Ozane, Moscato & Kunkel, 2013).

In this study, we will use participant-driven photography and photo-voice rather than photo-elicitation interviewing and offer:

- Male survivors the opportunity to take photos that re-present their experience of peer support (places, processes, objects) and write short brief statement about what these mean to them.
- PSWs will also be encouraged to take photos to illustrate key aspects of peer support from their point of view as a provider.
- Participants will select those images and issues they think are most critical to bring forward to the final report and public audience (Killion & Wang, 2000). A selection of photos will be uploaded to a closed website for managers, PSWs, and male survivors to choose those that best re-present their experiences.

We will ensure the images taken/produced and chosen protect the rights of participants at all times (Wang & Redwood-Jones, 2001).

Data Analysis

Data analysis will involve quantitative analysis of routine service data and questionnaires. Thematic analysis (Braun & Clarke, 2006) will be used to identify key themes in experiences of survivors and service providers from the interview data.

Data (recorded conversation, field notes on group discussion, and body language) from the focus groups will be coded and analysed using a similar thematic process to that used in the individual interviews except there will be greater emphasis on looking for patterns across focus groups (Krueger & Casey, 2015) and paying attention to individual as well as collective voices (Smithson, 2000). Findings are not reported as percentages, frequencies, or statistics, and findings are not generalizable to a wider population (Grudens-Schuk, Allen & Larson, 2004). Findings are reported as themes and supported with rich, detailed selected quotes (Grudens-Schuk, Allen & Larson, 2004).

Analysis of the participant-driven photography and transcripts of group discussion will utilise a constant comparative method where each is reviewed and compared (Creighton, Oliffe, Lohan et al., 2017). In photo voice images are typically not coded or analysed using any pre-existing theoretical framework. Instead the researchers will review and analyse the images and text from each participant as a whole to retain its integrity and cohesiveness to their respective narratives and photographs. Photographs are not analysed separately from interview data, but used as a way to augment, illustrate, and enrich the textual data and themes found. Photographs are used to provide visual metaphors and representations, or ways of expressing their descriptions and reality (Creighton, Oliffe, Lohan et al., 2017).

Analysis of participant-driven photography will also be done through group (participant and researcher) discussion. It is important that the collection and interpretation of images takes place within a context of a theoretical framework that accounts for the situated nature of gender and men's experiences (Haines-Saah & Oliffe, 2012) of support. Men's views are often marginalised or absent and their interpretations superseded by researchers and theorists. The group (participants and researchers) will discuss and decide together what the images mean and which are most critical to the audience for promoting understanding. How the images are produced, viewed, and interpreted is very much context dependent and subjectively experienced. The photographer (who chooses the type of image to portray), the researcher and group (who interprets the image), and the audience all bring their own analytical framework for interpreting gendered aspects of the photographs (Haines-Saah & Oliffe, 2012).

Verification Strategies

A number of strategies will be used to ensure reliability (dependability) and validity (truthfulness) and to ensure the trustworthiness, rigor, credibility, and authenticity, dependability, and confirmability (Denzin & Lincoln, 2008, Malteraud, 2001). Tracy (2010) outlines eight criteria for judging the quality of qualitative research which were useful for enhancing and evaluating the quality

of this study: a worthy topic, rich rigor, sincerity, credibility, resonance, significant contribution, ethical and meaningful coherence.

The study is worthy because it seeks to explore an under studied area of men's health and wellbeing to improve service delivery. The study will be conducted in a rigorous way, looking at a range of perspectives and experiences (triangulation of data) including male survivors, PSWs, and service managers. Sufficient time will be spent in the field to collect rich, varied, and reliable data, the sample is appropriate and the research methods and procedures (e.g., field notes, interviews, focus groups, photovoice, analysis procedures) carefully selected. The sincerity or genuineness of the study will be achieved through honest and transparent reporting (e.g., use of participant's quotes) and clear audit trails of decisions around development of themes and the research process.

The credibility of study (trustworthiness) and plausibility of the findings will be ensured through prolonged engagement with the collection and analysis of the data, thick description (concrete detailed examples of participant's accounts), multivocality (Ellingson, 2008), description of context (Elliot, Fischer & Rennie, 1999), and allowing the reader to see connections between raw data and description and interpretation (Morrow, 2005). Member reflections (Tracy, 2010, p.884) may also be used to ensure the researchers have "got it right" in terms of the overall descriptions, themes, and meaning are true and accurate. Resonance will be checked with participants and also audiences in the dissemination events. This is where people check that the findings reverberate and have empathic validity (Tracy, 2010). Transferability will be achieved by ensuring there is enough context, rich descriptions, demographics and background data provided that readers can generalise findings to other contexts where men may be supported or to peer support practice.

The research will also make a significant contribution, extend knowledge, improve practice, generate new research questions, liberate or empower and make visible the invisible, deepening understanding of both the male survivors experiences but also the effective practice and meaning of peer support. Thus, the study will have heuristic significance (Tracy, 2010). Adhering to procedural, situational and relational ethics (Tracy, 2010) the researchers will ensure the study is of high quality. Finally, by ensuring the research methods align with the research question/s we will ensure the study has meaningful coherence (Tracy, 2010) or methodological coherence (Morse et al., 2002). This will ensure the study "hangs together" well with the literature situating the focus and research questions and the discussion connecting the findings with relevant literature and research.

Ethics

The project will be approved by Victoria University of Wellington Human Ethics Committee before commencement.

There are some ethical considerations that come with focus groups (no anonymity) and the use of participant-driven photography (e.g., consent for use of

images, identification of participants and others, anonymising images through altering pixilation and dehumanising people, preventing others from copying and using images) (Creighton, Oliffe, Lohan et al., 2017) and these will be addressed in our HEC ethics application.

Time line

DATE	KEY MILESTONE	ACTIVITY
01/09/18	Key milestone report to MSD	Report on the achievement of key milestones submitted to MSD
01/10/18		Finalise study design and start narrative literature review
01/11/18		Submit ethical proposal to VUW HEC
15/12/18	Literature Review to MSD	Literature review submitted to MSD
01/01/19		Finalize and gain ethical approval
01/02/19		Data collection phase
01/03/19		Data collection phase & transcription, interim report writing
01/04/19	Interim report to MSD on achievements and summary of initial findings to date	Data collection phase & transcription
01/05/19		Transcription and analysis
01/06/19		Analysis
01/07/19		Analysis and report writing and event/hui planning
01/08/19		Report writing and group edits
30/09/19	Final report to MSD	Final report submitted
12/19		One day event/hui

References

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. doi:10.1191/1478088706qp063oa

- Clarke, V., & Braun, V. (2016). Thematic analysis. *The Journal of Positive Psychology*, 12(3), 297-298.
<http://dx.doi.org/10.1080/17439760.2016.1262613>
- Clements, K. (2012). Participatory action research and photovoice in a psychiatric nursing/clubhouse collaboration exploring recovery narrative. *Journal of Psychiatric and Mental Health Nursing*, 19: 785-791
 doi: 10.1111/j.1365-2850.2011.01853.x
- Creighton, G.M., Oliffe, J.L., Lohan, M., Ogradniczuk, J.S. & Palm, E. (2017). "Things I did not know": Retrospectives on a Canadian rural male youth suicide using an instrumental photovoice case study. *Health*, 21(6), 616-632. Doi: 10.1177/1363459316638542
- Denzin, N.K. & Lincoln, Y.S. (2008). *Collecting and interpreting qualitative materials*. Vol 3. London: Sage.
- Ellingson, L.L. (2008). *Engaging crystallization in qualitative research*. Thousand Oaks, CA: Sage.
- Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38, 215-229.
 doi:10.1348/014466599162782
- Englar-Carlson, M. & Stevens, M.A. (2006). *In the room with men: A casebook of therapeutic change*. Washington, DC: American Psychological Association.
- Grudens-Schuck, N., Allen, B.L & Larson, K. (2004). Methodology Brief: Focus Group Fundamentals. *Extension Community and Economic Development Publications*. 12.
http://lib.dr.iastate.edu/extension_communities_pubs/12
- Haines-Saah, R.J. & Oliffe, J.L. (2012). Visual methods in gender and health research, Chapter 7 (pp. 127-114) in J. Oliffe & L. Greaves (Eds.) *Designing and conducting gender, sex, health research*. Thousand Oaks, California: Sage Publishers.
- Harrison, B. (2002). Seeing health and illness worlds – Using visual methodologies in sociology of health and illness: A methodological review. *Sociology of Health and Illness*, 24(6), 856-872.
- Killion, C.M. & Wang, C.C. (2000). Linking African American mothers across life stage and station through Photovoice. *Journal of Health Care for the Poor and Underserved*, 11(3), 310-325.
- Kiselica, M.S., Englar-Carlson, M., Horne, A.M. & Fisher, M. (2008). A positive psychology perspective on helping boys. (pp.31-48) In M.S. Kiselica, M. Englar-Carlson & A.M. Horne (Eds.). *Counseling troubled boys: A guidebook for professionals*. NY: Taylor & Francis Group.
- Krueger, R.A. & Casey, M.A. (2015). *Focus groups: a practical guide for applied research*. (5th ed.). Singapore: Sage Publications.
- Kvale, S. & Brinkmann, S. (2009). *InterViews: Learning the craft of qualitative research interviewing* (2nd Ed.). Thousand Oaks, CA: Sage Publications.
- Laverty, S.M. (2003). Hermeneutic Phenomenology and Phenomenology: A comparison of historical and methodological considerations. *International Journal of Qualitative Methods*, 2(3), 21-5.
- Malteraud, K. (2001). Qualitative research: standards, challenges and guidelines. *The Lancet*, 358(9820), 483-489. [https://doi.org/10.1016/S0140-6736\(01\)05627-6](https://doi.org/10.1016/S0140-6736(01)05627-6)

- Men's Health Forum (2015). *How to Make Mental Health Services Work for Men*. London: Men's Health Forum;
2015.https://www.menshealthforum.org.uk/sites/default/files/pdf/how_to_mh_v4.1_lrweb_0.pdf
- Mitchell, D. (2006). Working with male survivors of sexual violence / Good
Morrow, S. (2005). Quality and trustworthiness in qualitative research in counselling psychology. *Journal of Counseling Psychology*, 52(2), 250-260.
<http://psycnet.apa.org/doi/10.1037/0022-0167.52.2.250>
- Morse, J.M., Barrett, M., Mayan, M., Olson, K. & Spiers, J. (2002). Verification strategies for establishing reliability and validity in qualitative research. *International Journal of Qualitative Methods*, 1(2), 1-19.
- Moustakas, C. (1990). *Heuristic research: Design, methodology, and applications*. Newbury Park, CA: Sage.
- Ozanne, J.L., Moscato, E.M. & Kunkel, D.R. (2013). Transformative photography: Evaluation and best practices for eliciting social and policy changes. *Journal of Public Policy & Marketing*, 32(1), 45-65.
- [Palinkas, L.A.](#), [Horwitz, S.M.](#), [Green, C.A.](#), [Wisdom, J.P.](#), [Duan, N.](#) et al. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research*; Vol. 42(5), 533-544. DOI:10.1007/s10488-013-0528-y
- Pole, K. (2007). Mixed method designs: A review of strategies for blending quantitative and qualitative methodologies. *Mid-Western Educational Researcher*, 20(4), 1-4.
- Practice Responding to Sexual Violence - Guidelines for mainstream crisis support services for survivors. Round Two. TOAH-NNEST 2016.
<http://toahnnestgoodpractice.org/>
- Rapley, T.J. (2001). The art(fullness) of open-ended interviewing: some considerations on analysing interviews. *Qualitative Research*, 1(3), 303-323. doi:10.1177/146879410100100303
- Robertson, S. White, A. Gough, B. Robinson, M. Seims, A. Raine, G. Hanna, E. (2015) *Promoting Mental Health and Wellbeing with Men and Boys: What Works?* Centre for Men's Health, Leeds Beckett University, Leeds. <https://www.vanderbilt.edu/crmh/MovemberPromotingMentalHealthandWellbeing.pdf> <https://www.menshealthforum.org.uk/key-data-mental-health>
- Smith, A., Joseph, S. & Das Nair, R. (2011). An interpretative phenomenological analysis of posttraumatic growth in adults bereaved by suicide. *Journal of Loss and Trauma*, 16(5), 413-430.
<http://dx.doi.org/10.1080/15325024.2011.572047>
- Smithson, J. (2000). Using and analysing focus groups: limitations and possibilities. *International Journal of Social Research Methodology*, 3(2), 103-119.
- Tracy, S.J. (2010). Qualitative quality: Eight "big-tent" criteria for excellent qualitative research. *Qualitative Inquiry*, 16(10) 837-851.
doi:10.1177/1077800410383121
- Wang, C.C. & Redwood-Jones, Y.A. (2001). Photovoice ethics: Perspectives from Flint Photovoice. *Health Education and Behaviour*, 28(5), 560-572.

Van Manen, M. (2014). *Phenomenology of practice: meaning-giving methods in phenomenological research and writing*. CA: Left Coast Press.