Research report

Evaluation of PartnerSPEAK

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Acknowledgements

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Contents

1. Introduction

Child sexual abuse material (CSAM) is rapidly becoming more prevalent online (Bursztein et al., 2019) as the number of people accessing it is increasing. This problem has only escalated during the COVID-19 pandemic, which has prompted an unprecedented increase in reports of CSAM to authorities (NCMEC, 2021). Many of these men have partners or families whose lives are impacted by their loved one's CSAM use (Bouhours and Broadhurst 2011). These families experience negative health, mental health, and social outcomes as a result (Walker 2019). Despite this, there are limited services equipped to provide support to this cohort, and no prior evaluation of the support services operating in this space.

This report details an evaluation of PartnerSPEAK, a Victorian organisation that supports the non-offending partners, family and friends of CSAM offenders. PartnerSPEAK utilises a peer support model to provide support through the operation of the Peerline phone service, webchat, as well as a moderated online forum. The evaluation was conducted by an external team of researchers from UNSW and consisted of a survey of 53 PartnerSPEAK clients, interviews with seven clients, interviews with seven stakeholders and two interviews with peer support workers. The findings of the evaluation provide much needed insights into the support needs of non-offending partners of CSAM. In addition, the evaluation will help shape the strategic development of PartnerSPEAK, as well as their advocacy work.

2. Purpose of the evaluation

This evaluation aims to provide a rigorous and independent evaluation of PartnerSPEAK, the only support service in Australia or internationally for the non-offending partners of CSAM offenders. The evaluation will inform PartnerSPEAK's future directions and their relationship with funders and provide an evidence base for the development of support programs for partners and families impacted by CSAM offending.

Through the delivery of peer support, PartnerSPEAK aims to provide for the support needs of non-offending partners and family of people who have accessed CSAM (Walker 2019). However, the outcomes produced by PartnerSPEAK have not yet been evaluated so it is unknown whether the service is delivering support in a way that is responsive to the needs of its target group and whether it is achieving its desired outcomes. There is little information currently available regarding the needs of this group for services, in addition to peer-based support, that may be impacting on PartnerSPEAK outcomes. This evaluation assesses the outcomes being delivered by the service and provides an improved understanding of the support needs of partners and families affected by CSAM use. The evaluation adopts a mixed-methods design utilising both quantitative (survey) and qualitative (interviews) data collection and analysis.

3. Background and context

Prevalence of CSAM

Driven by technological progress, child sexual abuse material is rapidly becoming more prevalent online. The volume of CSAM reported to NCMEC has seen a median increase of 51% per year since 2008 (Bursztein et al. 2019: 2603). In Australia, reports to the eSafety Commissioner identified as CSAM have increased by an average of 31% per year since 2016 (eSafety Commissioner 2017: 118; 2018: 125; 2019: 207). The availability of CSAM increased substantially during the COVID-19 lockdown, with NCMEC receiving its largest recorded number of reports of suspected child sexual exploitation during 2020 (NCEMC, 2021). In Australia, public reports of online child sexual exploitation between April and June 2020 increased by 122% compared to the same period in 2019 (Australian Institute of Health and Welfare, 2021). This increase is also reflected in Australian Federal Police arrest data, with 144 arrests or summons and 1078 charges for Commonwealth child exploitation offences between July 2019 and May 2020, compared to 74 arrests or summons and 372 charges in the previous financial year (AFP 2020).

Partners and families of CSAM offenders

A significant proportion of people arrested or in treatment for CSAM offending have partners and families. US data suggests that between 31-38% of people arrested for CSAM offences are partnered or married (Wolak et al. 2011: 29). Collated arrest data for the 2010-11 financial year for CSAM offending in Australia, Italy, New Zealand and the US found that 42% were living with a partner or children, and 31% were living with parents or grandparents (Bouhours and Broadhurst 2011: 9). A recent review of CSAM offender treatment data found between 21-65% of offenders in treatment have an intimate partner and 25-47% have at least one child (Brown and Bricknell 2018: 5). Taken together, these research findings suggest that a substantial number of families are impacted as a result of CSAM offences.

The partners and families of CSAM offenders can be understood as their secondary victims. Secondary victimisation describes the experience of people who are not the primary victims of a crime, but who suffer vicarious trauma and other negative outcomes because of it (Fuller 2015: 3- 4). As PartnerSPEAK CEO, Walker (2019: 9) argues, the non-offending partners and families of people who have accessed CSAM should be considered secondary victims due to their exposure to traumatic and distressing revelations about their loved ones' offending. This group is understudied and their support and psychological needs have received little attention (Shannon et al. 2013). The available literature on the families of sex offenders has focused on contact offences such as child sexual assault, while the families of non-contact offenders (such as CSAM offenders) have been overlooked in research.

In the only Australian study on this topic, Liddell and Taylor (2015) interviewed nine women who accessed the PartnerSPEAK online forum after they discovered their partners' use of CSAM. Participants reported long term adverse mental health outcomes relating to the trauma of discovering their partner's CSAM, and ongoing concern for the children abused in the images. Strong feelings of alienation, judgement and stigmatisation were evident, as participants felt they were viewed by others in the community as complicit in or having caused their partner's offending, rather than being secondary victims. A lack of information or follow up from police, as well as unfamiliarity with court processes, exacerbated the feeling that their lives had

been upended. Experiences of isolation and trauma were compounded by a lack of available support, with many reporting that they would like to speak to someone who understood their particular circumstances. However, understanding alone was identified as insufficient. Participants articulated a desire for non-judgemental and practical assistance. The experiences of the women interviewed by Liddell and Taylor (2015) speak to the need for a greater understanding of the practical requirements of this cohort, including better identification and provision of support needs, as well as an emphasis on destigmatisation and reducing isolation.

About PartnerSPEAK

PartnerSPEAK was started by Natalie Walker in 2004 and began as a peer support online forum for partners and family members of CSAM offenders. In 2012, it was incorporated and the first committee of management was formed. However, it was not until 2017 that PartnerSPEAK began to receive annual funding and became a company limited by guarantee. The main services that PartnerSPEAK offer include:

- Peerline (telephone helpline)
- Attendance at police stations and courts to provide peer support (from direct referrals from Victorian Police)
- Face-to-face peer support groups
- Online peer support groups
- Themed peer support gatherings e.g. 'Talking to my kids'
- Advocacy (e.g. media interviews and discussion with law enforcement)
- Webchat
- Online (moderated) peer support forum
- Training community organisations
- Training law enforcement agencies
- National consultancy e.g. Australian Centre to Counter Child Exploitation (ACCCE) working groups, National Office Child Safety, and occasional international consultancy.

PartnerSPEAK receives funding from Family Safety Victoria, which is administered by the Victorian Department of Health and Human Services. They are not funded for

any support provided outside of Victoria. Their funding does not cover their live webchat (which was launched during Victoria's first COVID-19 lockdown in March 2020 and runs concurrently to the Peerline) nor are they funded for their online peer support forum which has approx 800 active users and posts most days. The consultancy they provide is also unfunded.

The organisation has a management structure, with the following diagram depicting the current organisational structure:

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                    │  Board of Directors │
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   │   EA to the CEO  │ │   Peer Support   │ │  Communications &│
   │    (Quality &    │ │     Manager      │ │   Media Manager  │
   │   Improvement)   │ │ (People & Culture)│ │                  │
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   │ Office & Volunteer│ │   Peer Support  │
   │   Coordinator     │ │   Worker Team   │
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   │  Volunteer Team  │
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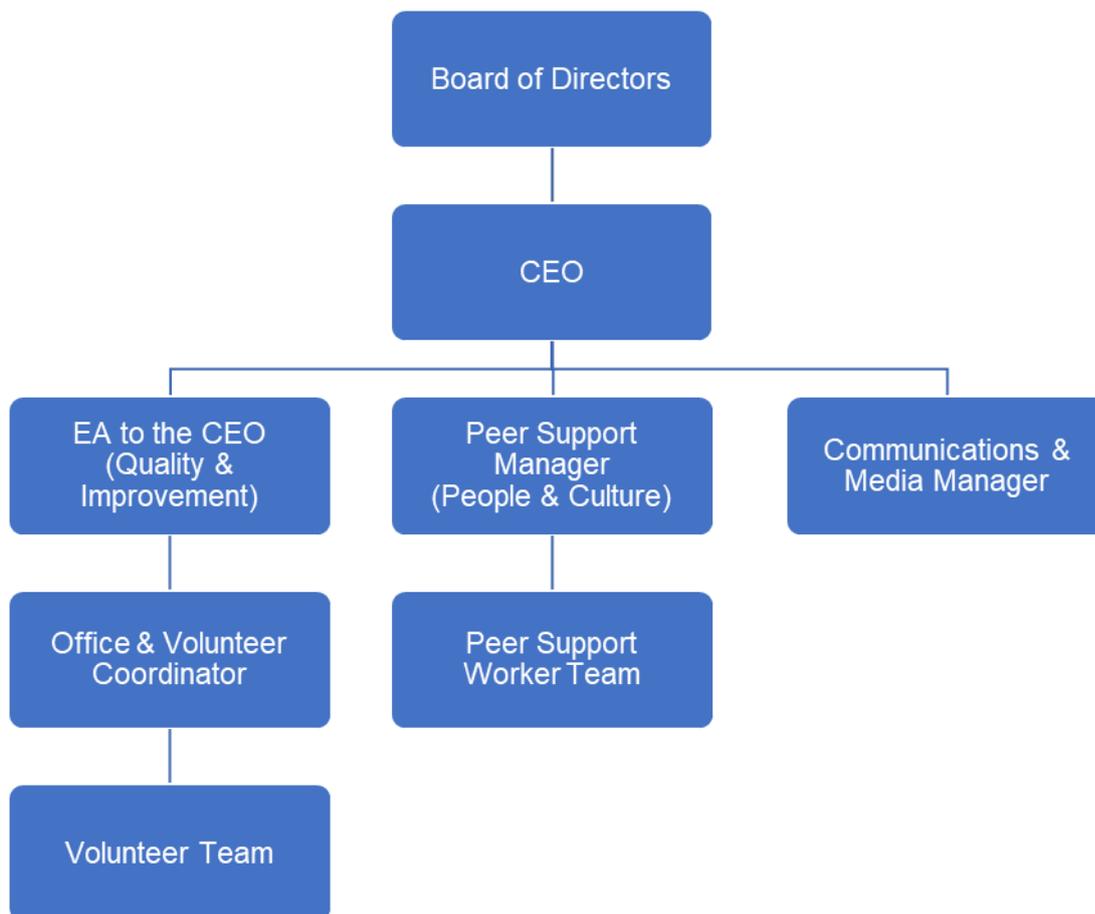
Figure 1. Organisational structure

Peer support

One of the key methods of support provided by PartnerSPEAK to secondary victims of CSAM is peer support. Peer support is a system for developing interpersonal relationships and a sense of community that facilitates personal growth, based on

shared experiences (Mead et al. 2001). Typologies of peer support groups typically identify four primary outcomes of peer support models, although there are significant crossovers between the outcomes. These include behaviour change (e.g. Alcoholics Anonymous), coping (e,g, parenting groups), anti-discrimination (e.g. rights groups), or personal growth (e.g. Gestalt peer groups) (Levy 1976). Of relevance here are anti-discrimination groups – also known as survivor groups – that provide a forum for consciousness-raising, in which individual experiences are shared and common social forces identified to develop an understanding of the group's collective identity (Whittier 2017). Peer support groups will often provide a number of these activities simultaneously, providing at once a forum for consciousness-raising and advocacy, and the development of emotional coping skills and supportive relationships.

Historically, evaluations of self-help groups that aim to improve mental health have not established a clear relationship with symptom reduction but have instead found important secondary objectives related to life satisfaction, dependence on professionals, self-esteem, attitude and the length of hospital stays (Kurtz 1990: 110-111). More recently in Australia, an evaluation was conducted on the peer support services delivered by the New South Wales Users and AIDS Association (NUAA) at integrated opiate substitution treatment (OST) and Hepatitis C centres. The evaluation found that the peer support workers facilitated better client engagement in the clinics and had an additional impact of reducing tension between staff and people receiving court-mandated OST (Treloar et al. 2015). Alternative peer support models include the online SANE peer support forum for people living with mental health and carers. An evaluation of this support model found that the forum was effective in providing a safe and destigmatised online environment that facilitated a sense of connection and the development of insights and skills to cope with the symptoms of mental illness (Baylosis and Bell 2015). The outcomes of both evaluations support the utility of peer support in providing for the needs of vulnerable populations.

Model of intentional peer support used by PartnerSPEAK

PartnerSPEAK uses a model of peer support known as Intentional Peer Support (IPS) (Walker 2017). There has been a growth in the use of IPS over the past two decades, which has been driven by mental health policies with a focus on recovery and survivor-led practices (Penney et al. 2021). IPS is an approach to peer support where both parties are learning and supporting each other, grounded in partnership and power equivalence rather than the power differential between "professional" and "client" (Mead and Macneil 2004). This partnership is based on the assumption that people who have similar experiences are better able to connect with each other and can offer authentic validation and empathy (Mead and Macneil 2004).

IPS is differentiated from other forms of grassroots peer support through its focus on skill-building to support purposeful engagement. IPS provides a clear structure through which people can examine and address self-narratives with a focus on relationship-based mutual learning. IPS was developed as a trauma-informed practice, acknowledging the impact of trauma on all aspects of peer interactions (Penney et al. 2021)

IPS utilises four principles or tasks: 1) connection, 2) worldview, 3) mutuality, and 4) moving towards (Ley et al. 2010). "Connection" refers to recognition and authentic attunement with another person. "Worldview" emphasises the need for self-reflection on our own attitudes and assumptions, and differences in the ways that people think about things. "Mutuality" centres on a redefinition of help as a co-learning and growth process. "Moving towards" is focused on helping each other move towards what we want, rather than away from what we don't want (Ley et al. 2010).

Peer support workers at PartnerSPEAK are given five days of training in IPS. They also are required to participate in an induction process, which covers mandatory reporting, occupational health and safety, procedures around unreported CSAM, and policies and practices. Workers are also trained around boundaries and when to refer clients onto other agencies. All peer support workers are required to participate in monthly group co-reflections, as well as an individual co-reflection after each shift. Co-reflection is a form of mutual supervision which is seen as a process to help each

individual reflect on their practice and create expertise together. It is designed to model the peer support relationship (Simmons et al. 2020).

Within Victoria, there have been significant reforms in the violence against women and children sectors, and more broadly throughout the community, since the 2015 Royal Commission into Family Violence. The next section situates the work of PartnerSPEAK within this context.

State of Victoria's Royal Commission into Family Violence

The work of PartnerSPEAK does not neatly fit within the sectors that are focused on violence against women and children, although there are significant overlaps between their client groups. There have been concerted efforts in Victoria to examine the siloing of services such as PartnerSPEAK, including recognition that responsive and flexible services are needed to adequately meet the needs of victims. After the establishment of the State of Victoria's Royal Commission into Family Violence in 2015, the Royal Commission published its Summary and Recommendations in March 2016. The Royal Commission acknowledged the serious problem of domestic and family violence and made 227 practical recommendations to address its causes and to implement reforms to create a more responsive system to protect all Australians (State of Victoria, 2016). The Victorian Government committed to implementing all 227 of the recommendations. The improvement of pathways between the sexual assault and domestic violence sectors was a key area of reform recommended by the Royal Commission, who recognised that the siloing of services was retraumatising and inefficient.

There are two Royal Commission recommendations that relate to the services provided by PartnerSPEAK: Recommendations 31 and 32. Recommendation 31 is focused on promoting and resourcing the collaboration between domestic and family violence services and sexual assault services, including the establishment of secondary consultation pathways, information sharing, education and training. Recommendation 32 detailed a need for a review of domestic and family violence services, and sexual assault services, to determine if and how responses should be unified. These recommendations provide a key context to the work of PartnerSPEAK

within Victoria. This evaluation, while primarily concerned with the outcomes of the peer support model used by PartnerSPEAK, will also note if, and how, the organisation can contribute to the implementation of Recommendations 31 and 32 of the Royal Commission.

4. Evaluation methodology

The main purpose of this evaluation was to assess the effectiveness and appropriateness of the services currently provided by PartnerSPEAK. The evaluation was guided by several key questions that related to how the effectiveness of PartnerSPEAK in their work with partners, stakeholders and their approaches with their staff. There were two main questions related to the services that PartnerSPEAK deliver to their clients, and then specific evaluation questions regarding stakeholder relationships and staff wellbeing. A program logic was developed to guide the evaluation, see Appendix 1.

Overall evaluation questions:

1. How effective and appropriate is the peer support model in meeting the needs of PartnerSPEAK clients?
2. What services and support needs of PartnerSPEAK clients are not addressed through the PartnerSPEAK service model?

Stakeholder

3. What is the extent of awareness and confidence in the service amongst key sector stakeholders?
4. To what extent has PartnerSPEAK increased sector awareness of the challenges faced by partners and families of CSAM offenders?

Peer support team

5. To what extent have practices and procedures been effective in supporting staff and volunteers and preventing vicarious trauma?

The external evaluation team employed participatory methods in the evaluation process and worked with PartnerSPEAK throughout the process to ensure that the evaluation was in line with the guiding principles of the organisation. A participatory action research methodology enabled a flexible and collaborative process in the ongoing development of the evaluation project. The evaluation design centred on an *impact evaluation* approach. This approach involved assessing the broader impact and outcomes of the activities and services provided by PartnerSPEAK, and their effects, intended or unintended.

Quantitative and qualitative data was collected and was drawn from a survey with 53 respondents, seven semi-structured interviews with clients, seven semi-structured interviews with stakeholders and two semi-structured interviews with peer support workers. This mixed-methods approach to the evaluation allowed for the breadth and representation of survey data to be combined with the depth and contextual relevance of interview data (Caracelli and Greene 1997).

The evaluation design and implementation were collaborative, characterised by ongoing communication between evaluators and stakeholders, to produce greater stakeholder engagement with the evaluation and implementation of recommendations (Rodríguez-Campos 2017). An initial consultation with the CEO and the Operations Manager of PartnerSPEAK informed the development of the research design. Drafts of the survey and semi-structured interview schedule were provided to the PartnerSPEAK Operations Manager and peer support workers with a further meeting to discuss their feedback. The finalised survey and interview questions were provided to PartnerSPEAK with feedback incorporated via email before the commencement of data gathering. This approach ensured that the survey and interview schedule questions were appropriate for the participant groups and that the in-depth understanding of the client group held by practitioners and peers working in this space was incorporated into the design and implementation of the study.

Recruitment and data collection

Recommended participant recruitment materials were provided to PartnerSPEAK and a recruitment strategy was agreed upon as part of the consultation. PartnerSPEAK circulated the survey on their online forum, Facebook page, mailing list, and callers to their phone line. The survey was online for ten weeks from late June to early September 2020, during which the recruitment materials were regularly recirculated by PartnerSPEAK. As part of the survey, respondents were asked if they would like to provide their email address to take part in an interview for more in-depth feedback. During the data collection period, regular updates were provided to PartnerSPEAK regarding engagement in the survey and interviews from service users.

Stakeholders were recruited via an email by the CEO, which asked if they would speak to the external evaluators about their experiences with PartnerSPEAK. Peer support workers were also asked via email by the CEO if they would take part in the evaluation.

Participants

To be eligible to take part in the study, participants were required to be over 18 years old and have accessed PartnerSPEAK services. All participants had the opportunity to take part in both the survey and the interviews. The only existing study specifically targeting families affected by CSAM was conducted via interviews (Liddell and Taylor 2015). As such, this survey provided the first opportunity for anonymous engagement from PartnerSPEAK clients. For the stakeholder interviews, participants were required to be over 18 years old and be part of the network of services and organisations that interact with PartnerSPEAK. Peer support workers also needed to be over 18 years old and be a member of the peer support team.

Survey of PartnerSPEAK clients

A survey of PartnerSPEAK clients was conducted to examine their experience of PartnerSPEAK services and their support needs related to their partner or family member's CSAM offending (see Appendix 2).

The survey was divided into four sections:

a) Thirteen multiple-choice questions asking participants for demographic information. Where possible, questions included a text box for answers that were not listed.

b) Eleven multiple-choice questions asking participants about their involvement with PartnerSPEAK, including referral details, frequency and duration of contact, the services accessed, and satisfaction with services. Where possible, questions included a text box for answers that were not listed.

c) Six multiple-choice questions asking participants about their support needs resulting from their partner or family member accessing CSAM, and one open text question about areas in which PartnerSPEAK might provide more support.

d) Two open text questions in which participants were invited to write anything else they wished to share and to provide details if they wish to take part in an interview.

Sample

The survey received 53 responses. 38 participants completed the survey in its entirety, whilst a further 3 completed 95% of the survey and 4 completed 51-55% of the survey. 8 participants completed 30% or less and were excluded from the study. 38.6% of participants were aged 35-44, 27.3% were 45-54, 18.2% were 55-64, 6.8% were 25-34, 4.5% were 18-24 and 4.5% were over 65. 47.1% of participants lived in

Victoria, 20.6% each were from New South Wales and Queensland, 5.9% were from South Australia, and 2.9% were from Western Australia. 1 (2.9%) participant lived in the US. 95.6% of participants were women, whilst 1 participant was a man and 1 did not disclose their gender. 88.9% identified as heterosexual and 11.1% identified as bisexual. Most participants worked full time (44.4%), or part-time or casual hours (37.8%). The rest were retired (8.9%), unemployed (4.4%), students (2.2%) or self-employed (2.2%). 55.6% of participants were separated or divorced from their partners, 26.7% were married or in a de facto relationship, 13.3% were single and 4.4% were widowed. 44.4% had completed a university degree as their highest level of education, 20% had completed a technical trade, 20% had completed Year 12, and 15.6% had completed Year 10. 4 participants (8.9%) identified as Aboriginal or Torres Strait Islander. 25 participants (55.6%) had children under 18 living at home. 5 participants (11.1%) identified as having a disability or impairment. 44 participants (97.8%) spoke English at home.

Data analysis

Survey responses were analysed in Qualtrics. A descriptive statistical analysis of quantitative data was conducted to generate frequencies. Given the small sample size, this approach was appropriate to provide a broad understanding of the sample group. A thematic analysis of qualitative data from open text boxes was conducted to code and organise responses into themes.

Interviews with PartnerSPEAK clients

Semi-structured interviews with PartnerSPEAK clients provided a deeper understanding of their support needs and the effectiveness of PartnerSPEAK services. Participants were able to opt-in for a follow-up interview at the end of the online survey. The interview schedule was tailored to capture participant's experience of peer support, including the areas in which PartnerSPEAK have been most beneficial in their support, and any barriers to accessing PartnerSPEAK services (see Appendix 3). Participants were also asked about the challenges they faced after learning that their partner or family member accessed CSAM, how their

support needs had changed over time, and areas in which they could use more support.

Sample

Seven PartnerSPEAK clients volunteered for the semi-structured interview. Interviews were conducted online via Zoom teleconferencing software and ranged from 18-46 minutes. One interview participant was in the 25-34 age bracket, and two each were in the 35- 44, 45-54, and 55-64 age brackets. All interview participants were employed and 6 had children. Interview participants described themselves as Australians with a European background. Interviews were conducted from July to August 2020.

Data analysis

Interviews were digitally recorded and transcribed by a professional transcription service. They were then provided to me for anonymisation and coding. A thematic analysis was conducted using Nvivo software in which transcripts were coded to identify and develop themes. This method was chosen due to its accessibility and broad acceptance within qualitative research for processing the rich data of in-depth interviews (Braun and Clarke 2006; 2012). The thematic analysis followed the process presented in Nowell et al. (2017) to ensure rigorous and trustworthy findings.

Interviews with stakeholders

There were seven interviews with stakeholders, ranging from federal law enforcement agents to domestic and family violence sector representatives. Interviews were conducted either via telephone or online using teleconferencing software. Coding and analysis of the interviews followed the same process as the interviews with clients. Interviews were conducted from October to November 2020.

Interviews with peer support workers

There were two interviews conducted with peer support workers using Zoom teleconferencing software. Coding and analysis of the interviews followed the same process as the interviews with clients. Interviews were conducted in November 2020.

Ethical considerations

The project was submitted for review by the UNSW Human Research Ethics Committee. Approval was granted in June 2020 (Ref. HC No. 200295). Participation in the survey was anonymous. However, participants had the option to provide their email address if they would like to take part in an interview. Once provided, email addresses were sent to the interviewer, who did not have access to survey responses. Responses to the request for emails were not included in the data analysis, which precluded the identification of individual participants' responses. Participants who did not wish to provide their email address as part of their survey response were advised that they could contact the research team directly via email using the details available on the recruitment invitation. Participation in the interviews was confidential and the identities of the participants were unknown to PartnerSPEAK. Interview transcripts did not include personal details outside of demographic data. To preserve anonymity, interview excerpts were amended to remove identifying information.

The study involved questions about difficult personal experiences. Previous research demonstrates that people with trauma histories can predict the likelihood of distress as a result of taking part in research, and consequently, can make informed choices about their participation (Salter 2013). The potential for re-traumatisation may be mediated through ensuring that interviewers are trained to provide empowering and compassionate responses (Becker-Blease and Freyd 2006). To minimise the risk of harm to participants in this study, survey and interview questions were designed to focus on participants' experiences of PartnerSPEAK, rather than their trauma history. In addition, interviews were conducted by a research officer with experience

interviewing vulnerable people and trained in supporting victims of domestic and family violence and sexual abuse.

5. Findings

These findings cover the client survey and interviews, as well as interviews with stakeholders and peer support workers. The findings are framed around the evaluation questions and examine the effectiveness of the peer support model, from the perspectives of clients as well as stakeholders and peer support workers. The findings also explore what the support and services needs are of clients and if these are adequately provided by PartnerSPEAK. The interviews with stakeholders will specifically address their awareness and confidence in PartnerSPEAK as well as assess the extent to which PartnerSPEAK has increased sector awareness of the challenges faced by partners and families of CSAM offenders. The findings of the interviews with peer support workers address how the intentional peer support model implemented by PartnerSPEAK has a mutual benefit for both workers and clients. The peer support workers also discuss the impact of the work on them as victims and the extent that PartnerSPEAK practices and procedures have been effective in preventing vicarious trauma.

Service users

This section of the findings explores service users' experiences of the PartnerSPEAK peer support model, focusing on its efficacy and appropriateness in responding to their support needs. It first examines the impact of learning about a partner or family member's use of CSAM and the consequent need for support. It then explores how support is accessed through engagement with PartnerSPEAK services.

Impact of learning about a partner or family member's use of CSAM

The majority of survey and interview participants reported that the person in their life who accessed CSAM was a partner or ex-partner (82.9%), although 9.8% of survey

participants reported it was a parent, and 2.4% each reported it was a child, sibling, and son-in-law (see Figure 2). The criminal activity that the partner or family member was engaged in was primarily CSAM use (71.1%), sexual abuse of children (37.8%), and CSAM production (20.0%) (see Figure 3). 11.1% of participants indicated that their partner or family member was also engaged in other criminal activity, including grooming children online, and CSAM distribution. 87.8% of participants were aware that the criminal activity had been reported to the police, whilst 9.8% were aware that it had not been reported, and 2.4% were unsure.
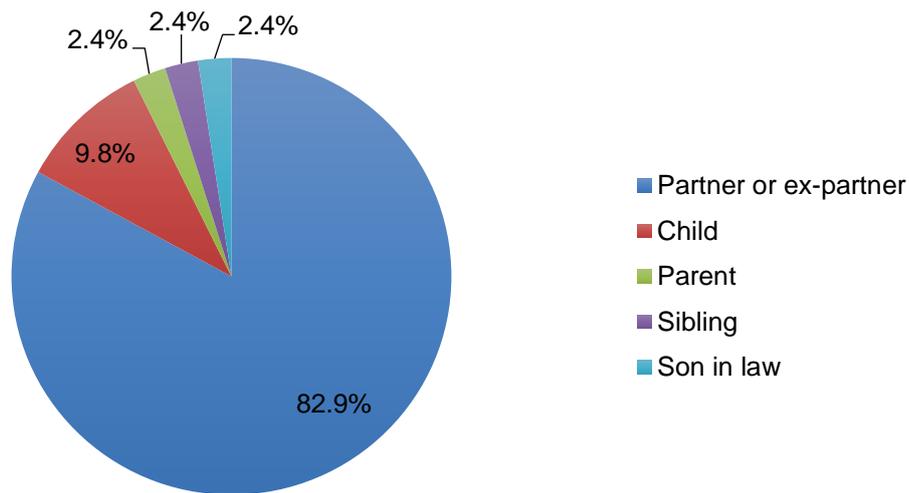

Figure 2. Participants' relationship to the person who accessed CSAM
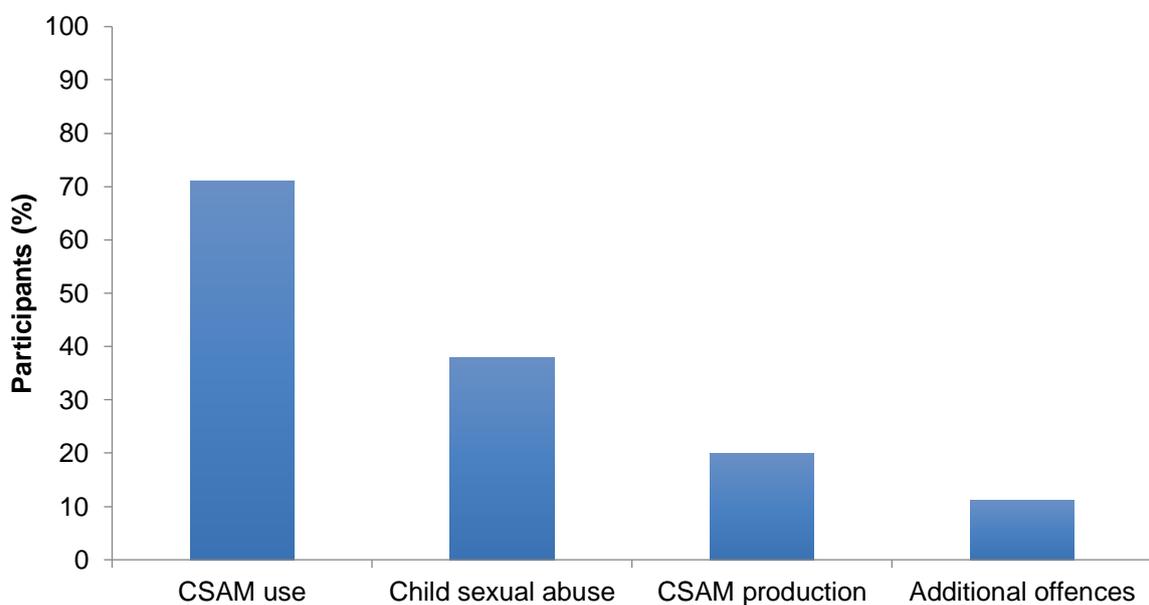
Figure 3. Criminal activity of the partner or family member

While almost half of the survey participants (48.9%) were no longer in contact with the person in their life who accessed CSAM, 20% indicated some contact. 6.7% were currently in a relationship with the person and a further 6.7% were sharing the parenting of their children. 4.4% reported court-ordered contact with their children and 4.4% of participants currently share assets or a business with the person. 6.7% indicated that the person was now deceased. In interviews, PartnerSPEAK clients provided extensive descriptions of the impact of learning about their partner or family member's use of CSAM. They all described this revelation as traumatic, characterised by intense feelings of shock, disbelief and isolation. For instance, three out of seven interviewees discovered their partner's CSAM use during a police search of the house. Interviewee 2 described this incident in the following way:

> *"When they came to the house – and that's something you're never going to forget or put out of your mind, is the knock on the door. And the trauma of actually having people knock on the door out of the blue is something that just raises all of a sudden that anxiety. The way they [the police] presented and when they spoke to me initially, I had no idea. And then when they said the warrant was for – I thought it was for fraud, initially, I just couldn't put the two together. And the fear was that they would label me the same, as colluding with him."*

This quote highlights the intersecting crises catalysed through the discovery of a partner's CSAM offending, including the shock of investigation, the suspicion of the police, and the potentially ruinous implication that she may also be a co-offender. Uniformly, interviewees described this revelation as a life-changing event, something that completely disoriented and overwhelmed them.

Support needs and use of PartnerSPEAK services

In the survey, 15.6% of participants indicated that they were referred to PartnerSPEAK by police, and the remainder were either self-referred or encouraged to contact PartnerSPEAK by friends or family. When asked about the supports they

were seeking when approaching PartnerSPEAK, most participants indicated they were seeking emotional support (60.0%) and information (22.2%), whilst 24.4% did not know anything about PartnerSPEAK when they first accessed the service. A sense of isolation was apparent in open-ended survey responses when participants were asked about their reasons for contacting PartnerSPEAK:

> *"Trying to find a support group, people who could understand the situation. Friends were there to support us but had no frame of reference."*

The most popular service provided by PartnerSPEAK is the online forum, which was accessed by 71.1% of participants (see Figure 4). The other services accessed by participants included the phone service (17.8%), PartnerSPEAK events such as webinars and symposiums (13.3%), face-to-face support in a group (8.9%), face-to-face support individually (6.7%), and peer support during contact with police (4.4%). Survey participants were diverse in the regularity and duration of their use of PartnerSPEAK services, however, 65.9% had been in contact with PartnerSPEAK for at least a year, indicating long-term use of the service. Half of the service users surveyed (43.9%) had irregular or infrequent contact with PartnerSPEAK, accessing services only when they needed support, or when contact was initiated by PartnerSPEAK.
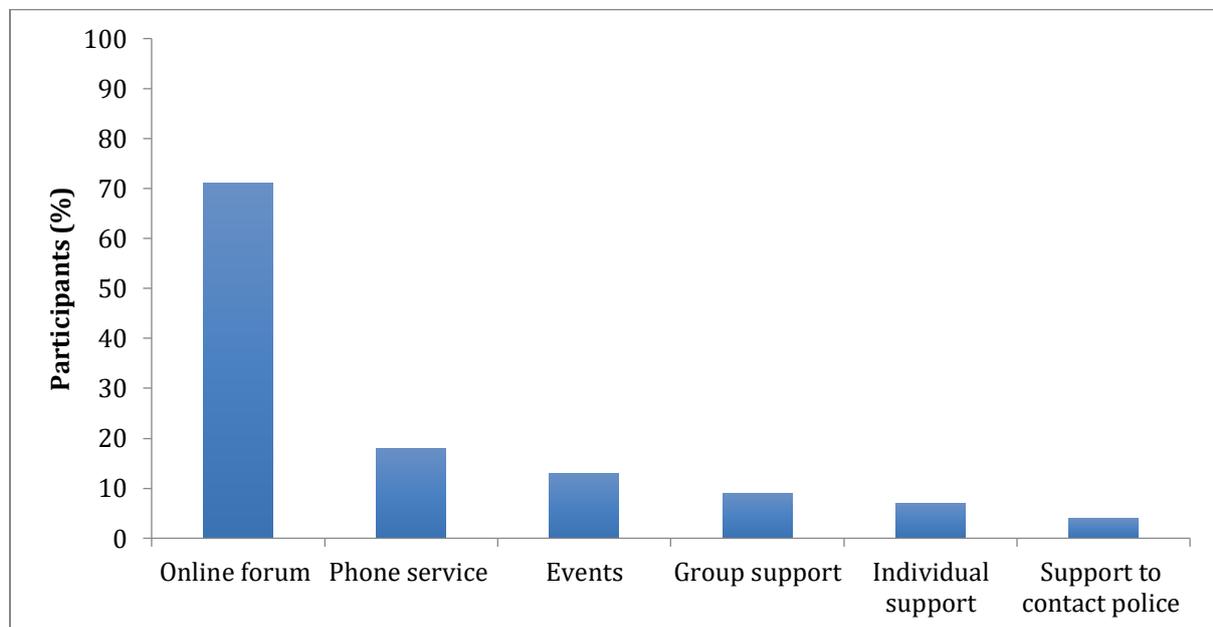

Figure 4. Primary PartnerSPEAK services accessed by participants

Participant's experiences of PartnerSPEAK peer support model in addressing their support needs

A majority of participants (80.5%) indicated they were satisfied with PartnerSPEAK services. Over two-thirds (68.3%) provided additional feedback, praising PartnerSPEAK for the opportunity to connect with peers, tell their stories to a non-judgemental audience, share information, and receive emotional support. The following quotes from open-ended survey responses are indicative of the overall views of the group regarding the peer support model in particular:

> "They have changed my life, the women at Partner Speak are the only women I have been able to speak to who actually understand the trauma and pain I live with daily."

> "Yes, it has been brilliant to contact other women in the same situation. It felt like I was the only person in the world going through this when it first happened and I also couldn't talk to anyone about it. PartnerSPEAK is a blessing - thank you!"

> "It has been amazing to have support from someone who has been in my shoes. Someone who truly understands the struggles in my head and all the emotions and police processes I am going through."

Interview participants provided detailed accounts of their engagement with PartnerSPEAK support options, with some accessing the forum or phone services only, and others engaging with the phone, forum and group services. Key themes for forum users included the benefit of reading other's stories, receiving feedback and help, and the opportunity for cathartic release at times of stress.

Other participants reflected on the benefit of the phone line and the more in-depth engagement with PartnerSPEAK via Zoom meetings initiated in response to Covid-19 lockdowns.

Interview 5: "It's being able to talk with someone... I prefer to speak to someone, it humanises the experience for me a lot more. But it's also very good that that's available, and I know it's an invaluable thing. So if I didn't want to talk to someone or couldn't speak to someone, it's always good to know you've got that other option where you can go online and say I'm feeling like this, how long does this last?"

Interview 7: "They started the Zoom meetings. I attended one of those. That was really good – It was really good to see real people. It's like 'a real person in real life has gone through what you've gone through'. I think the Zoom meeting was fantastic."

One fifth (19.5%) of survey participants indicated they were not satisfied with PartnerSPEAK services. Of these, half did not have negative feedback about PartnerSPEAK but rather wanted more services, including more information sharing, access to PartnerSPEAK in other locations, increased social media presence, and measures to protect families from the offender. The remaining half provided critical feedback, with the primary concerns being the need for more moderation of responses to forum posts, and acceptance of partners and family members that choose to maintain a relationship with the person who accessed CSAM.

Key outcomes of the peer support model

This section draws out three key themes from interview and survey responses regarding participant experiences and outcomes linked to PartnerSPEAK's peer support model. These key themes clustered around a) the reduction of isolation, b) acceptance and judgement, and c) lived experience information.

a. Reducing isolation

Each interview participant praised the PartnerSPEAK peer support model directly by referring to the role of PartnerSPEAK services in reducing isolation. They particularly valued being able to share experiences with people who have undergone similar ordeals; not only the trauma of uncovering CSAM offending by a loved one, but also subsequent maltreatment or rejection by professionals. Emerging out of these

processes of experience sharing was a desire for public advocacy that the peer support model is well placed to foster and enable.

Experiences of shame and stigma were prevalent throughout the interviews. PartnerSPEAK services, via the peer support model, facilitated the validation of their experiences as traumatic and normalised their feelings and responses. Participants felt validated when accessing support, either through discussing their experiences with peers or reading about the experiences of others on the forum. Interviewees described feeling misunderstood by friends and family and stressed that PartnerSPEAK offered a group of like-minded people who could provide assurance and help them with problem-solving.

> Interview 2: *"We would meet in the city at night and I looked forward to connecting with those other women. It was just a phenomenal experience because they weren't your friends, in terms of you didn't feel like you were burdening them. Because my friends had not experienced it, they asked a thousand questions."*

> Interview 3: "*A lot of my friends – because it's uncharted territory for many of my peer group – just didn't get what I was going through. And I was really looking... I didn't want a pity party, but I wanted to talk to other people that have had similar experiences to me."*

> Interview 7: *"They just give you different ideas. With the police or someone you can be "I'm going crazy, I'm going crazy, I can't relax". Then you'll read up on PartnerSPEAK about it and listen to someone else's story and go "oh, my God – I'm the same as them!"*

A pronounced outcome of sharing experiences and information was the development, for some clients, of a sense of outrage and the need for social and political change. These participants derived benefit from PartnerSPEAK's advocacy role and the organisation's aim of raising community awareness of the issues they face and representing their collective voice.

Interview 5: *"I'm just very grateful and I hope that they [PartnerSPEAK] continue to have the impact they do, not just on individual lives but making a difference throughout the whole process in terms of representing all of us. Because it's a very shameful area and for the people who have been through this experience it's very important to have someone there as our voice, basically. Because otherwise, we don't really have that."*

This quote demonstrates the benefits of advocacy for PartnerSPEAK clients. By providing an outlet for their needs and experiences to be articulated, PartnerSPEAK empowers its clients with a collective voice. Through their involvement in the process of peer support, PartnerSPEAK clients can contribute to broader advocacy efforts to raise community awareness of CSAM offending and its impact on partners and families.

b. Acceptance and judgement

Interview participants identified the need to feel safe when discussing their experiences and concerns. For most participants, PartnerSPEAK provided the ideal space for this. However, there are considerable differences in life circumstances and experiences between PartnerSPEAK clients, which can pose a challenge in the maintenance of an accepting, non-judgmental space. The overall success of PartnerSPEAK peer support services in fostering an accepting and empathetic environment was clear throughout the interviews and survey. Participants described feeling like they were heard, feeling safe, and supported to talk about their experiences.

Interview 2: *"Wherever you were on the journey, that is where they meet you at."*

Interview 3: "*But it was looking at old posts and recent histories that was helpful. And it really is a process before you even work out that you need help yourself. You're looking for feedback and then one day I just went "I need to vent what's going on in my life". Some of the responses back were so beautiful."*

Interview 5: "*And family wanting to know what was happening and not being able to talk about anything with anyone. It was incredibly useful and helpful to have someone to be able to speak to that was also confidential, it was private so you felt safe at a time when you just didn't feel safe.*"

The broad experiences of PartnerSPEAK clients presented a challenge for the peer support model. The majority of PartnerSPEAK clients were partners or ex-partners of the person who accessed CSAM. However, due to the relative lack of other support options available to non-offending families of CSAM offenders or sex offenders more broadly, some clients belong to discrete subgroups with different support requirements. Two groups stood out amongst survey and interview participants as facing additional challenges: adult children of offenders, and partners who choose to remain with the person who accessed CSAM. The following quote from a free text survey response demonstrates the tension felt by an adult daughter of someone who accessed CSAM who intends to maintain a relationship with her father and support his rehabilitation.

"It is good to be able to see a number of people in a similar situation, however support for children of offenders is lacking. I mainly find this evident through the often-expressed view that people's ex-partners or current partners are "monsters" and "evil", with no hope or option for rehabilitation or forgiveness of any kind. This is difficult for an adult child of an offending parent (like me), because I can't separate from or divorce my father and have very complicated feelings about this."

The following interview excerpt details a similar tension faced by a PartnerSPEAK client who intended to remain with her partner.

Interview 6: "*I guess I felt a little bit different to some of the women in the forums because at that point I had chosen to stay. I didn't feel that was not being respected, just that me knowing that the majority of the people there had left made it feel a little bit uncomfortable for me.*"

These quotes highlight a key complexity of peer support that is unique to the model in that not everyone is a 'peer'. Whilst all clients have an element of similarity in their experiences, those who differ more substantially from the majority may feel like their own experiences, feelings and decisions are invalidated. Notably, one interview participant was the ex-partner of a contact-only child sexual abuse offender who had not accessed CSAM. This participant had turned to PartnerSPEAK due to the absence of other similar peer support programs available to her. Due to the substantial crossover between contact-offending and CSAM use identified in the PartnerSPEAK clients surveyed, the participant still benefited from the peer support services provided but noted that she was not aware of services specifically for her peer group.

> Interview 3: *"It seems to be mainly for women whose partners have been charged with child exploitation material, but there is no site for people like me whose partners are charged with incest and sexual abuse... It's a different conversation. It's no less disgusting or confronting... it's hell. But it's different."*

c. Lived experience information

Interview participants emphasised the importance of reading or hearing their peers' stories not only for validation and camaraderie but to gain important information about how other people were responding and managing in the aftermath of the uncovering the CSAM use of a loved one. This was a practical as well as psychological crisis, leaving partners in particular uncertain about how to manage their finances, child-care and other day-to-day issues. This interviewee emphasised the practical aspects of the crisis:

> Interview 3: "*We all have that confusion and hurt and dire need to look after our children. And where to from here, what do I do next?... There are lots of things that initially you don't even think of for yourself because you're so worried about your children and where you're going to live and what you're going to do.*"

These information needs were addressed by PartnerSPEAK in several ways. In the following quote, an interviewee reflected on the benefits of reading about others' lived experience on the forum.

> Interview 6: "*I participated in those forums a little bit, but probably over time I maybe just looked back at what people were talking about and how they dealt with things. That practical advice from reading those... And also being able to just jump on and have a look through what advice people are getting and that sort of thing.*"

In this interview, the participant valued the way in which a PartnerSPEAK peer support worker normalised her psychological responses and gave her advice on managing hyper-vigilance and insomnia.

> Interview 5: "*The initial person I spoke with, and I spoke with her quite a long time – six months or so – and she made it really clear to me that "Right now, you're really hypervigilant, right now, you're expecting things to go wrong constantly. But while he's away use the time to address that". She was very good with helping me to map and to know that I won't always be unable to sleep, being up all night just thinking "What do I do? What do I do?". Just that whole things will get easier, it's part of recovery mentally. And what she did, how she coped with – the initial person had older children, so those different lived experiences were good to know about.*"

For some PartnerSPEAK clients, the CSAM offending of partners and loved ones sparked a natural interest in trying to understand the nature and origin of this offending. Three out of seven interview participants identified that they were seeking more information to understand child sexual abuse and CSAM offences. These participants were interested in the current state of evidence around these offences, including offending rate, typology, risk factors, and recidivism. Participants felt that the lack of information available reflected a lack of attention directed from academia and dearth of understanding of the offences by mental health professionals.

Interview 4: "*I think it could be useful to have more discussion on evidence around these types of crimes contributing factors, sentencing outcomes, as a phenomenon as a whole... I don't think there's much exploration or coverage of academia or any kind of investigation of the overall world of this kind of crime.*"

Interview 7: "*That's another thing. So PartnerSPEAK doesn't give me the information on what's wrong with their brains. I don't have any answers. You go to a psychologist and they say "it's chemically imbalanced, what was his childhood like?" I'm going "What's a childhood got to do with it? Why would you want to look that up?"... I think even psychologists are mind-boggled. They don't know.*"

Complex impacts of a loved one's CSAM offending

Surveys and interviews with PartnerSPEAK clients indicated that they had complex support needs, often linked to their specific circumstances surrounding their relationship with the CSAM offender, and their subsequent and substantial involvement in multiple services and systems. Survey and interview participants detailed widespread impacts on their life upon finding out about their partner or family member's criminal activity. Almost all survey participants reported impacts on their mental health (91.1%), whilst almost half had commenced or increased anxiety or depression medication as a result (46.7%) and almost a quarter developed an increased reliance on alcohol, nicotine or other drugs (22.2%) (see Figure 5).
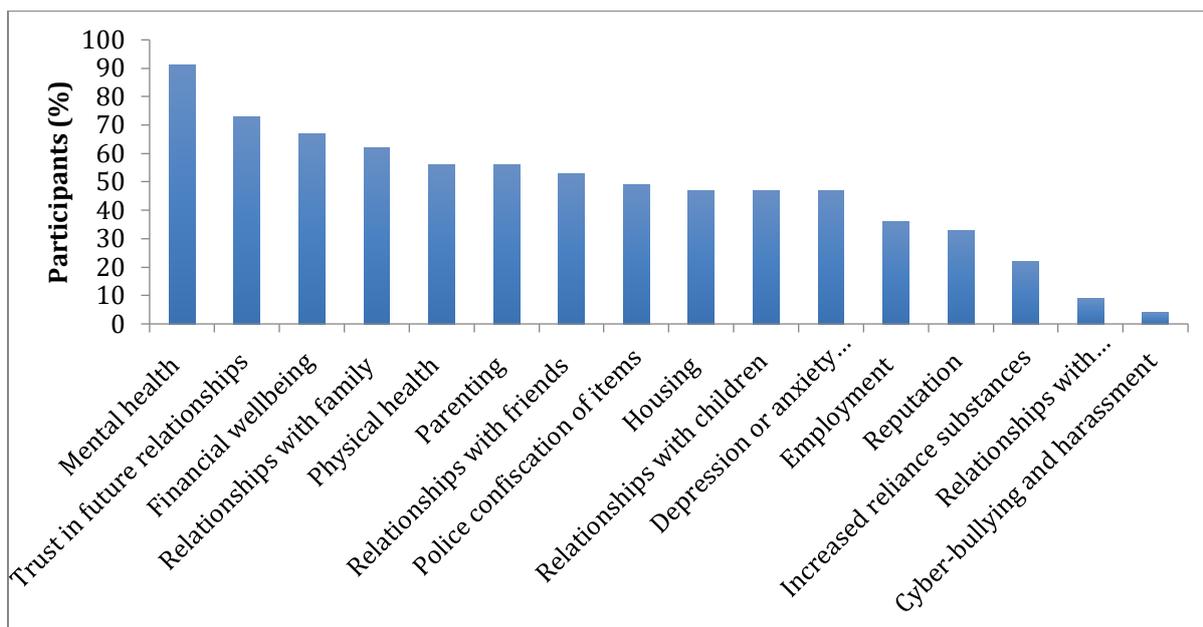
Figure 5. Impact on participants of a partner or family member's CSAM use

The majority of participants experienced changes to their relationships, including trust in future relationships (73.3%), their relationships with family (62.2%), and their relationships with friends (53.3%). Over half (55.6%) indicated that their parenting had been affected, whilst 46.7% experienced changes to their relationship with their children and 8.9% experienced changes to their relationships with their grandchildren. A substantial proportion of participants reported impacts to their physical health (55.6%), financial wellbeing (66.7%), housing (46.7%), employment (35.6%), along with police confiscation of household items and electronics (48.9%). One-third (33.3%) reported their reputation had been impacted whilst 4.4% experienced bullying and harassment as a result.

As a result of these impacts, participants are involved in extensive networks of services (see Figure 6). Most survey participants had been in contact with counselling or therapy services (82.2%). Participants had contact with the police in 75.6% of cases and lawyers in 62.2% of cases. 26.7% had contact with the prison system, 20% with public prosecutors, and 8.9% with advocacy services. Participants also reported contact with doctors (71.1%), banks and financial services (44.4%), and real estate agents (31.1%) as a result of their partner's criminal activity. In open text responses, participants provided additional information about services they had

been in contact with, including offender resettlement programs and welfare programs.
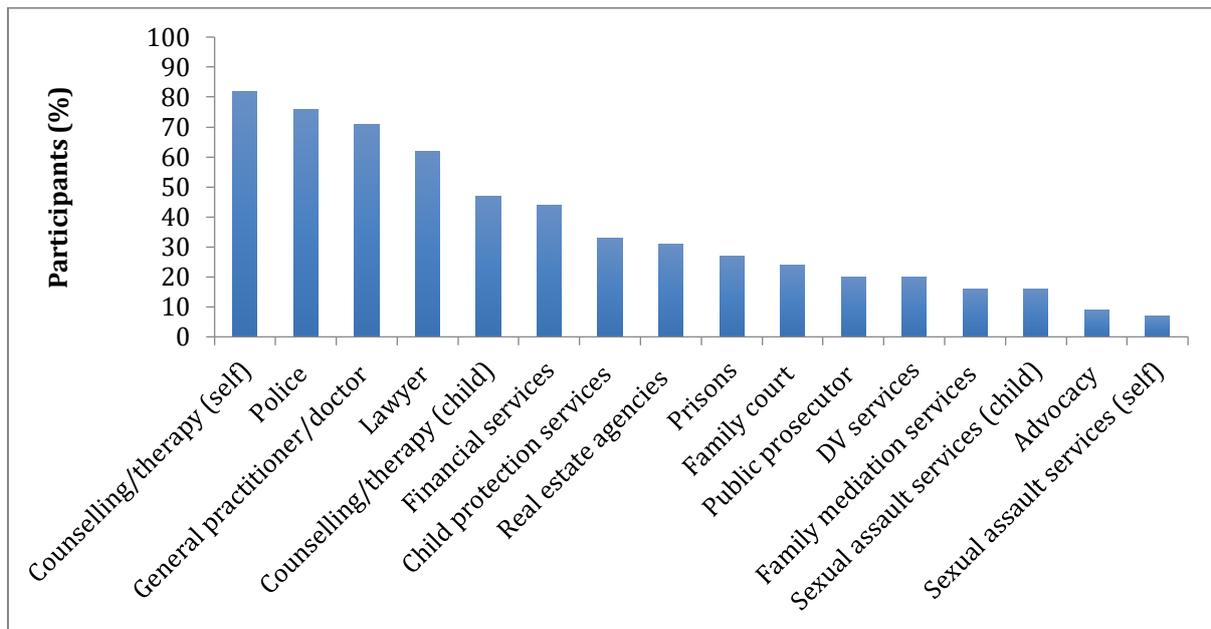
Figure 6. Participants' contact with services due to finding out about a partner or family member's use of CSAM

Engagement with mental health services and other professionals

PartnerSPEAK clients consistently expressed concern about their mental health and were very high consumers of mental health care. More than half of the survey participants indicate they were currently accessing psychology, counselling or therapy services (56.1%), whilst 41.5% had accessed these services in the past (41.5%) and only 2.4% had never accessed them. In addition, survey participants identified mental health as the primary area in which they could use additional support (57.8%) (See Figure 7).
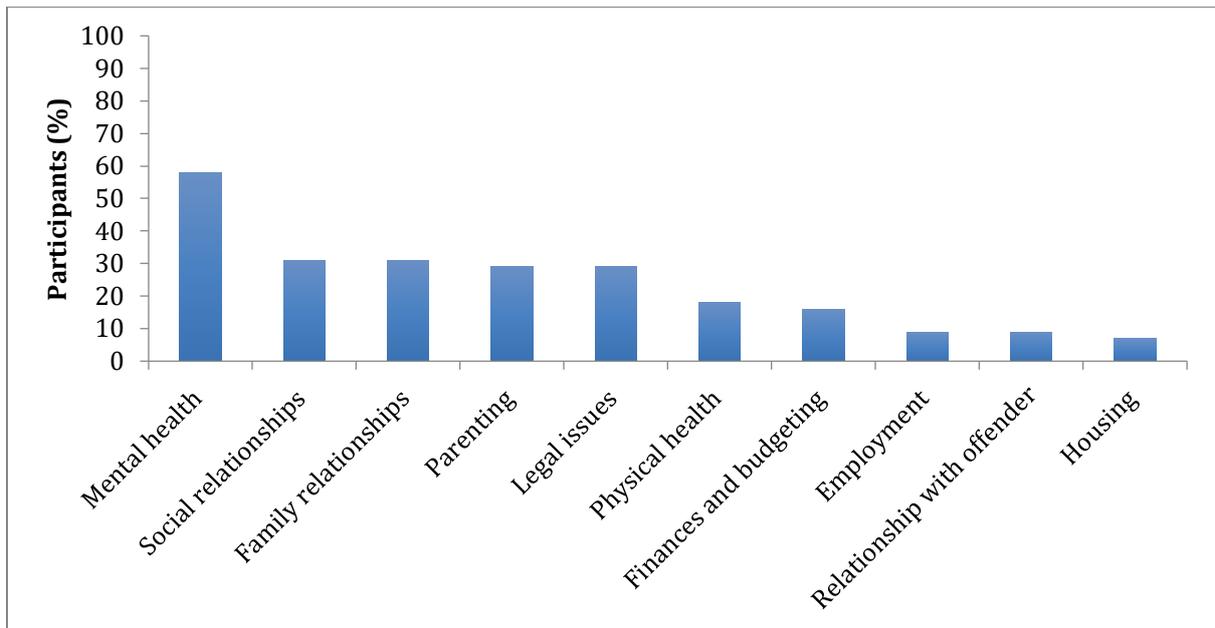
Figure 7. Areas identified by participants in which they require additional support

Parallels and overlaps with domestic and family violence

The experience of PartnerSPEAK clients had significant parallels and overlaps with victims of domestic and family violence and people leaving an abusive partner. A quarter of survey participants had been in contact with the family courts (24.5%), 20% with domestic and family violence services, 15.6% had been in contact with family mediation services, and 6.7% with sexual assault services (6.7%). Child protection services were involved in 33.3% of participants' cases. 46.7% of participants' children received counselling or therapy, whilst 15.6% of their children were in contact with sexual assault services. Their involvement in the family courts, domestic and family violence response system, family mediation and child protection services, as well as therapeutic supports for themselves and their children, highlight that many PartnerSPEAK clients have experienced domestic and family violence and coercive control and/or face very similar challenges in leaving their relationship with the CSAM offender.

PartnerSPEAK clients have a wide range of practical support needs relating to their experience of learning about their partner or family member's CSAM use. Almost a third indicated they could use additional support in building and maintaining social relationships (31.1%), and family relationships (31.1%), as well as parenting

(28.9%), and dealing with legal issues (28.9%). 17.8% of participants needed support to improve their physical health, 15.6% needed financial and budgeting support, 8.9% needed support to access or maintain employment, 8.9% needed support in their ongoing relationship with the person who accessed CSAM and 6.7% needed support to obtain or maintain accommodation.

In interviews, participants described their relationships with the CSAM offender as characterised by control, secrecy and domestic abuse. Participants were often financially dependent on the person and were under considerable financial hardship after the revelations of CSAM offending and subsequent arrest or separation. Three out of seven interview participants described losing income when their partner went to prison and taking time off work to attend court, or due to health or mental health issues. The following participant described the financial and practical challenges of leaving her partner due to his CSAM offending as well as escalating aggressive behaviour:

> Interview 6: "*I wanted to separate. But there was a bit of a shift so I went back to work full-time and he stayed at home with our youngest. And a lot of me deciding to do that was because before I didn't have financially the means to leave. So we separated in late-November, but I was due to go on secondment for work which would have had me away from the house a lot of the time during the week, so we agreed I would stay. But then his behaviour became more and more aggressive.*"

In interviews, women often described patterns of economic abuse and financial control that were difficult to extract themselves from once their partner's CSAM offending was revealed. In the following two excerpts, interviewees described how women partnered to CSAM offenders are financially de-skilled by their partners in a manner that makes it very difficult to leave the relationship.

> Interview 1: *"I did not know how controlling a marriage I was in until I went to try and open a bank account. The fear and the terror of opening a – I was hysterical. I was in the car just screaming in fear. And you go, where is this fear coming from? I don't understand."*

Interview 3: "*If there were resources available that some of these women can get their hands on. Because I really think they've been controlled emotionally, financially – on every level. And so a lot of those skills they don't have. They don't know how to run a budget, they don't know how to get their electricity changed into their own name, they don't know how to get his name off the lease. Practical, operational things.*"

Five out of seven interviewees described a lack of practical support services. While a number of women described controlling, abusive partners, they often did not identify themselves as victims of domestic violence and did not seek assistance from domestic and family violence services. This is exemplified in the following quote, where the participant reflected on the services available to victims of domestic and family violence compared to families impacted by CSAM. Despite her experiences in a coercive and controlling relationship, the participant did not access the domestic and family violence service system:

Interview 7: "*You have days off work or you suffer migraines now, and because I'm casual I don't get paid if I have a migraine. If I had to go to court, sort all my court stuff out, I don't get paid for my days off to go to court to deal with his stuff... There's nothing for the victims. Only a forum you can go on. Domestic violence, those sorts of people, they might get help, they might get cheaper housing, they might get put in a safe home or might get given some food voucher.*"

In the following excerpt, Interviewee 3 emphasised that many women trying to leave a CSAM offending partner are unaware of relevant services. This interviewee described a friend who acted, effectively, as an "advocate" and case manager to help her with the practicalities of extracting herself from her relationship.

Interview 3: *"I think some people don't know what is available to them financially... Not someone who's going to give them money, but tell them this is who you need to speak to for child support or housing support, or someone to help you with a budget or contacts for schools and things like that. I had an*

advocate, which is one of my dearest friends, that basically stepped in when it all happened and said "okay, we need to contact the schools, we need to contact these people". Just like a checklist of when it happens, who to turn to, those sorts of things. Practical things where you can't see the wood for the trees, and you don't have people there to help you."

The challenges facing families impacted by CSAM offending closely mirror the service requirements of families impacted by domestic and family violence and may represent an area in which current domestic and family violence services could expand their current offerings, including by clearly identifying themselves as points of care and service for impacted partners. At present, CSAM offending is not articulated as a form of violence against the non-offending partner despite associated patterns of coercive control as well as physical violence.

Impact on children

Survey and interview participants described extensive impacts on their children's lives as a direct result of the revelation that their father had accessed CSAM, and secondary to the challenges faced by their mothers (see Figure 8). Furthermore, 22.2% of participants' children were sexually abused by the offender. Almost two-thirds of participants reported their children's mental health had been impacted (71.1%) whilst 42.2% reported impacts from the disruption to their family, such as the separation of their parents. Participants' children suffered financial impacts (35.6%), physical health impacts (20%), impacts on their education (28.9%), and bullying online and at school (11.1%). 35.6% reported their children were confused by what was happening. Only 2.2% of participants indicated that their children were unaware of CSAM use. In a short open text response, one participant described her child being ostracised at school after being sexually abused and requiring testing for sexually transmitted infections ("STD testing at a young age; ostracised after the disclosure was made in a school setting"). Another disclosed that one of her children had committed suicide as a result, whilst the other two children experienced significant mental health issues ("one of my sons suicided and my other two children have significant mental health issues").
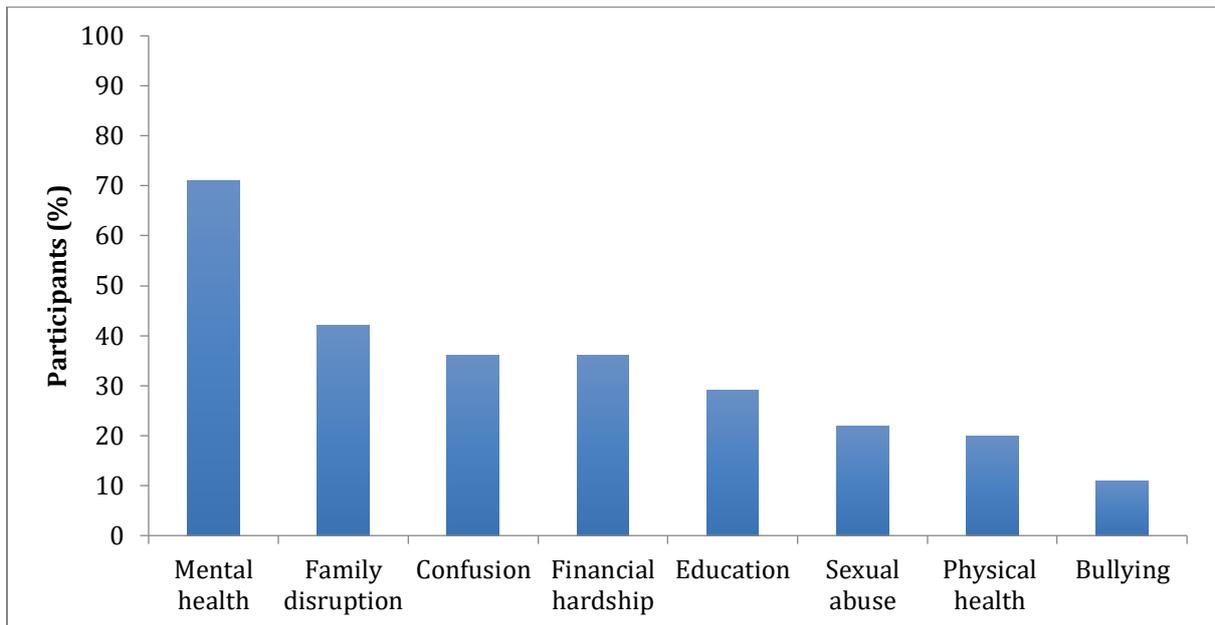
Figure 8. Impact on participants' children of revelation that a partner or family member accessed CSAM.

In the interviews, the impact on the mental health of participants' children continued to be the dominant theme. In the following quote, the participant describes the impact on her daughter's mental health of the revelation of her father's CSAM offences and subsequent disconnection from her family.

> Interview 1: "*My daughter can't see how her life is ahead of her. I nearly lost her three times. She's not looking to commit suicide, she's looking for a reason to live. Her entire family has rejected her. We've lost every blood relative. And that's because this is not seen as a normal situation.*"

Interviewee 6 described ongoing feelings of concern for her children around their relationship with their father. As above, the impact of exposure to domestic and family violence and CSAM on the children is evident, with the child accessing psychological services.

> "*I've since left the relationship and he's still a major concern for me, especially with my children... My eldest is getting support through a child psychologist. They aren't aware of the whole situation, but they are aware that he's witnessed domestic violence.*"

In the following quote, a participant described her daughter's disclosure of sexual abuse from her husband. The confusing and confronting impact on the participant's daughter is evident through her making the disclosure before claiming it was a dream, and finally reporting it to a counsellor.

> Interview 3: "*My ex-husband 12 months ago had been arrested for sexually abusing my middle child... My daughter revealed to me that this had been going on, and then she took it back and said it was a dream. I confronted him straight away and it became very obvious that – I mean, it's not unusual for kids to disclose in that way – and then as it became more and more difficult for her to handle that burden it eventually came out. She was able to self-report to a counsellor, that counsellor was then able to start an investigation and then consequently he was arrested and charged.*"

In summary, PartnerSPEAK clients are a complex group with substantial needs that are not appropriately addressed within mainstream support systems. Mental health challenges are central to their experience, but participants found mental health professionals to lack understanding of their support needs. The experience of PartnerSPEAK clients of the service system, and in their support needs, closely resemble those of families impacted by domestic and family violence. Subsequently, it is likely that many of the supports provided by domestic and family violence services would also be appropriate for families impacted by CSAM. Participants' children were identified as a particularly vulnerable group, experiencing both the impact of revelations that a family member was accessing CSAM and secondary impacts from their parents' unmet support needs. These findings make evident that PartnerSPEAK clients and their families require support across a broader network of services, including domestic and family violence services, and that these services must have a good understanding of their complexity and experiences.

6. Stakeholders

PartnerSPEAK has a number of relationships with a diverse group of stakeholders. This is due to the nature of child sexual abuse and use of CSAM which crosses over into multiple sectors, such as law enforcement, domestic and family violence, sexual assault and child protection. Stakeholders also include philanthropic and government organisations that provide funding to PartnerSPEAK. Seven semi-structured interviews were conducted by the evaluation team with a cross-section of stakeholders including state and federal police, government agencies, domestic and family violence and sexual abuse organisations and funding bodies. Stakeholders were asked about their relationship with PartnerSPEAK, the effectiveness of their services, any concerns they have, and the view of PartnerSPEAK in their sectors (see Appendix 4 for questions).

Relationship with stakeholders

Most of the stakeholders we spoke with had a close working relationship with PartnerSPEAK which indicates the importance of PartnerSPEAK in the various sectors in which they work. A representative from a leading national child exploitation organisation said of their relationship:

> *"We work with PartnerSPEAK quite regularly, they're one of our top stakeholders. We have quite a close relationship with them."*

Others spoke of their reliance on PartnerSPEAK in their law enforcement work in child exploitation. PartnerSPEAK is seen as one of the key organisations that they utilise in preparation for arresting offending partners. A law enforcement agent said:

> *"Whenever we go on mainly search warrants, if there are partners that we know are either living with the partner – mainly if they're living together – we always bring our welfare brochure and always bring a PartnerSPEAK*

brochure with us with the search warrant, and we provide and explain the
organisation to them then."

Similarly, another law enforcement agent discussed their close working relationship with PartnerSPEAK and how essential they are for their considerations of the impacts of arresting offending partners:

"When we're coming to that point in an investigation where we're making an
arrest or an interview or search warrant, that's when PartnerSPEAK features
pretty heavily in our welfare considerations for family members. It really fits in
because we know what's about to happen in the days, weeks leading up to an
arrest. We've done our investigation and say we're going to take action, but
obviously, the non-offending partner has no idea what is about to happen, and
we wouldn't be doing our job properly if we didn't care about what happens to
the partner."

The breadth of PartnerSPEAK work is evident in the relationships they have within the broader domestic and family violence and sexual assault sectors. These relationships involve advocacy, as well as referral and support. A domestic and family violence sector representative said:

"I work for a family violence agency and a couple of years ago we developed
a partnership with PartnerSPEAK, recognising that accessing child
exploitation material is a form of family violence in itself, and is inextricably
linked with other forms of family violence."

Likewise, a representative from Sexual Assault Services Victoria (formally CASA forum) and Gatehouse Centre (a sexual assault service for children at the Children's Hospital in Melbourne) discussed the reciprocal relationship they have with PartnerSPEAK:

"The sexual assault services across Victoria work with PartnerSPEAK, we
send referrals both ways. Some regions and some staff are better than others
in that all flowing freely. But obviously, we deal with similar clients, but

PartnerSPEAK's is quite specific and often people find it difficult to 1) know where to go – so hopefully the services in our network know all that, but 2) seeing it as abuse and what we can do about it."

This advocacy work extends beyond Victoria, with PartnerSPEAK involved in numerous working groups at a national level. A national governmental representative said:

"I first started working with PartnerSPEAK in my previous role as the director of the child abuse and family violence section of a government department. We started to develop a professional working relationship with her given the nexus between the work I was doing and with PartnerSPEAK. We would find ourselves quite regularly at the same working group meetings and conferences and would speak outside of those times as well about service delivery gaps and various government initiatives related to child sexual abuse to make sure we tied up with what PartnerSPEAK was doing."

It is evident that for these stakeholders PartnerSPEAK plays an essential role in supporting their work around child sex abuse and the use of CSAM. PartnerSPEAK is relied upon for advocacy, guidance, expert advice and as a trusted organisation in a specialised area. This confidence in PartnerSPEAK extended to the services they provide to clients, which is discussed next.

Confidence in referring people to PartnerSPEAK

While not all the stakeholder's worked with those affected by CSAM, those that did felt that the services that PartnerSPEAK provide are unique and highly effective. A law enforcement agent said:

"We have a lot of confidence in them. And when I say 'we' I mean our joint anti-child exploitation teams – so the actual people who go in and arrest the offenders. We have a lot of confidence in referring people to them and we have a lot of trust that they are going to do a good job with that."

Similarly, another law enforcement agent expressed feeling very confident in the services that PartnerSPEAK provide, and has been able to follow-up with several non-offending partners who have utilised the services to hear more about their outcomes. They said:

> *"I've only had good experiences with PartnerSPEAK. Recently we asked PartnerSPEAK to support the mother of an offender. We arranged for a PartnerSPEAK counsellor to be at the police station as we were interviewing her son. So it was really good that they could arrange for a worker to be at the police station after hours, at 7pm. And when I checked in on the mother about a month ago, I was just talking generally "how's everything going with child protection involved?" etc and all these other agencies and she commented that PartnerSPEAK was supportive of her the whole time. You hear six weeks on that she'd still been getting that support, which was really good."*

This agent also had the opportunity to speak with another client of PartnerSPEAK. They said:

> *"I know of another investigation I had a few years ago where the marriage fell apart as soon as we knocked on the door and I still speak to her – not regularly, but every now and then I've had reasons to contact her and she's still getting ongoing support which is helpful to her getting over it. Because she was in a position where she had really young kids, under three or four, when he was arrested and now he's in jail, so she's had a massive adjustment to her life. She's only had good things to say about PartnerSPEAK."*

There are several strengths to highlight in this law enforcement agent's quotes about the services that PartnerSPEAK provides. The victim-centred services that they offer, such as meeting the client when most needed, and being flexible in their delivery of that service (supporting a client in a police station after hours) is an example of an adaptive and responsive provision of support. PartnerSPEAK also

seems to be able to cater to the spectrum of needs of clients, from short-term, immediate support to longer-term recovery.

For the organisations that did not directly refer people to PartnerSPEAK they felt that due to the reputation of the organisation, they were confident that the services they provided were effective. A representative from a national child exploitation organisation said:

> *"Even though I don't have direct experience with using their service, I have to assume that on the basis of that certainly, law enforcement is quite comfortable with having PartnerSPEAK as a more formal partner that they'll refer victims and secondary victims to when they're conducting a warrant. And I'd like to think that speaks quite highly of the way the service is viewed by law enforcement and criminal justice colleagues."*

Peer-support model

One of the key strengths mentioned by stakeholders was the peer support model used by PartnerSPEAK in their work with clients. In particular, the way that this model can assist in normalising clients experiences to a stigmatised crime was highly valued and appreciated. A family violence sector representative said:

> *"It has been very effective, I think, even for people to recognise that they've got this huge problem or this huge secret, and there's someone that absolutely understands them. Because so many people in our community don't, so the innocent are sort of tarred with the abuser's abuse and shame, and everything that goes along with that."*

Likewise, a law enforcement agent said that the main strength of PartnerSPEAK was the lived experience of the peer support workers:

"The fact that the members who work for that organisation have lived experience. I think that's really important because the crime type we're dealing with is quite specific. Being a victim, as in the partner, and knowing that you're actually speaking to someone at the other end who also knows what it's like to be the partner of an offender involved with this crime type. So you're not speaking to some generic person. You're speaking with someone who's gone through it and gone through a similar process: police coming into your home, having a look at your stuff, going through the court process, maybe DHHS involvement as well."

This specialised insight and knowledge of the impacts of CSAM on non-offending family and friends were seen as particularly impactful due to the nature of the crime, and the way that it affects secondary victims. The fact that peer support workers had not only been through a similar experience but had also survived it, was seen as highly valuable. A law enforcement agent said:

"I know that they all come from a background where they've been in the same position as these people find themselves in. You can't teach that sort of experience and empathy and compassion and stuff when there's a counsellor who can actually say I know what you're feeling because I've been through it. That's got to be the strength, someone who's lived that experience and seen that there's a way out on the other side."

Similarly, a representative from a national child exploitation organisation said that the main strength of PartnerSPEAK is the peer support model and that it is this framework which brings a genuine value to the organisation, and to their clients. They said:

"I would probably say the greatest strength of PartnerSPEAK is the incredibly thoughtful and dedicated approach they have via the peer support framework, and that's the framework that underpins the service. Some other services might not have done things from an evidence base or have tangential or arms of their service that are related to peer support, but the fact that's the

framework that underpins PartnerSPEAK's model is probably its greatest strength and the reason that people are able to find genuine value in using it."

While the peer support model was seen by all stakeholders as the main strength of the organisation, there were some that felt that it was not always appropriate for some clients. A representative from the family violence sector said:

"There are definite times when the peer support model might not be the best model. But when it is identified that it's going to be a good model for someone then I think PartnerSPEAK is one of the best peer support models I've ever come across.

When asked what other models would be appropriate they responded:

"I think the knowledge and experience they have would be an amazing mix with a professionalised model as well. They could do absolutely amazing things with that. But that being said, there aren't to my knowledge any specific professionalised child exploitation material services out there, but there is general sexual abuse. It's not my call to make, but if they did do it, it would be amazing."

Similarly, a law enforcement agent felt that the peer support model could be enhanced with a mix of external experts that could support the work of PartnerSPEAK as well as their clients:

"I think they have a really good personal experience. I would love to see a little bit more structure and external counselling and psychologists services through their organisation. I find you need a good mix of both external specialists and dedicated people who are invested in the subject matter – these people are really dedicated due to their trauma, and also the people who are really dedicated because of their work as clinical psychologists and stuff like that. I think that it should be a good mix."

Advocacy and awareness

Throughout the stakeholder's interviews about the work of PartnerSPEAK, they consistently mentioned how instrumental the organisation is in raising awareness of the issue of CSAM and the impacts on non-offending family and friends. This was not only to the general community but also to specialised organisations such as family and sexual violence agencies, who had come to see how interconnected CSAM is with broader concepts of men's violence against women and children due to the work of PartnerSPEAK. A representative from a family violence organisation said:

> "In family violence in general it was new knowledge for us a couple of years ago to be considered child exploitation material as a form of family violence. But the second you start explaining it to someone everyone goes 'oh, my god, of course, it is!' The view is, it's something essential that we hadn't been covering before and there's a wealth of knowledge that none of us had before. I know that within my agency it's very highly regarded."

Likewise, a representative from a sexual assault organisation said that PartnerSPEAK had contributed to their understanding of the issue:

> "I think as more and more online sexual assault is occurring, and bullying, harassment and abuse, people have more of an understanding of what it is. Initially, when Natalie introduced the concept and set up PartnerSPEAK there was quite a bit of confusion, but hopefully, that's improved over the years."

Across all the interviews, stakeholders mentioned the high regard of PartnerSPEAK within their respective sectors, such as family violence, sexual abuse, child abuse and law enforcement. This was due in most part to the advocacy of PartnerSPEAK CEO Natalie Walker, and her involvement in raising awareness across the sectors. A national child exploitation organisation representative said:

> "The people in my direct sphere are very impressed with PartnerSPEAK and incredibly impressed with Natalie and her seemingly endless dedication. I

don't want to say seemingly endless, because she genuinely needs to stop and have a break. We must all remember that. But from my perspective, any time I've gone anywhere with her she has either impressed people with her contributions or justifiably discomforted people by what she has to say. Which, again, speaks quite highly of her because she will say things even when no-one wants to say them or no-one wants to hear them."

Need for PartnerSPEAK services nationally

When asked about any concerns they have about PartnerSPEAK, stakeholders mainly said that they felt that the service needed to be funded to be a national organisation. This was due to the fact that this is a growing area and one which has increased substantially during COVID-19. A law enforcement agent said:

"I know that through the PartnerSPEAK helpline and a few other things they can take on national enquiries, but I know there are a lot of resourcing issues from that perspective. We would really love it if it was something funded nationally that we could refer people to."

Another law enforcement agent said that due to the growth in this crime that there was a need for PartnerSPEAK throughout Australia:

"I think it's a good idea to try and get funding nationally as well. I think it's a really good thing, a really good resource. It's definitely needed, there's an increase in this crime type, worldwide, really. Because it's so specific and because of the nature of it, it is quite hard for partners to come to terms with it and comprehend it. There's going to be a need for qualified people to be doing this work in every suburb and every city."

This demand for PartnerSPEAK services led to some organisations feeling that they needed to be mindful of asking too much from them. A law enforcement agent said:

"I know they have some funding issues at the moment and they're understaffed, so we're very aware of referring too much just because I know they're already overworked. We don't have any say over the funding but we're very supportive of anything they put in for government funding and that sort of stuff ".

Sustainability of PartnerSPEAK

Alongside concerns about the lack of PartnerSPEAK services nationally was also the sustainability of the organisation. The concern of the sustainability was due to two main areas; their funding and the nature of the work. In terms of funding, there were concerns that PartnerSPEAK needs a comprehensive plan to ensure they can be sustainable if they broadened their service nationally. A law enforcement agent said:

"I would love to see how they're going to plan for the future, if they have a three-to-five-year plan, what they're going to do from there. Like looking at a national scope, but also how do they plan to be the market leader, and also probably really one of the only ones doing that sort of service. They're really filling a gap, but how are they going to – with the growth of the unfortunate area – fill that gap over the long term."

This concern over the structure and sustainability of the organisation, as well as maintaining the quality of services was echoed by a representative from a sexual assault service. She also highlighted how important it is for a structure to be at the centre of an organisation, not a person who brings it all together. She said:

"I think one of the most important things we can do is develop a structure so we're not so people-dependent, and the structure holds the service together. And I suppose with volunteers and with not a whole lot of money to develop that structure in PartnerSPEAK – so to maintain the high level of service delivery and quality, and to keep it on the front foot, and maintain getting some funding and all those other things, it's a really hard thing to do."

The dependency on people with personal experience to sustain the organisation was also mentioned by a philanthropic stakeholder, as both a strength as well as a possible liability:

"They're so driven, so passionate. They certainly know exactly what they want to be doing and why they're doing it. It's really powerful and very personal for them. Which is also a potential vulnerability for the organisation, as well as an opportunity."

However, this stakeholder emphasised that they felt that PartnerSPEAK had frameworks in place to support their staff with the impacts this work may have on them:

"We're very impressed with the work they do and how dedicated they are, and we're confident they'll continue to expand and grow. I've been impressed as well with their approach and flexibility and management of the impact this type of work has on their staff. They've handled that very sensitively and appropriately. And as I mentioned earlier, it's their strength and their weakness, and I'm glad to see that they've been able to manage that."

The way that the issues of sustainability and the impact of this work are interconnected was explained by a government agency representative:

"I suppose my overarching concern about PartnerSPEAK is that I do worry about how thinly they are stretched, and therefore about the wellbeing of the people who work there and their ongoing ability to provide this service. I'm also very aware that, related to that, they provide services outside what I believe they're currently funded for. And I know they wouldn't turn people away who make calls nationally, even though they're only funded for Victoria. And this isn't a concern, but I have a lot of sympathy for the fact that they're the only type of their service in Australia, and one of the only types internationally. And that might put a lot of pressure on them in terms of wanting to learn from others on best practice and having a supportive

community around them. Someone always has to be the starter, I suppose, but I assume it's probably a lonely and difficult path."

This quote illustrates a number of issues that result from a lack of comprehensive funding. The demand for PartnerSPEAK is national and even international. This goes beyond what they are funded for, but due to their dedication and commitment to the issue, they are stretching themselves to respond to this need. The organisation is effective due to this dedication, but in turn, this can destabilise their work, as it can put pressure on all involved to attempt to work under these constrained conditions.

While stakeholders were encouraging of PartnerSPEAK to grow and develop their services nationally, some highlighted that being a unique organisation was also part of their main strengths. A representative from a family violence service said:

> *"Because so many of us, women's services, do a whole lot that's unpaid and all of those other things because we're committed to the cause. But in the long run that probably doesn't help things to be sustainable. But the niche area that PartnerSPEAK is looking at and managing and recognised is amazing. There would never be this service in larger organisations. So its uniqueness and its different structure is also its strength."*

In summary, it is evident that PartnerSPEAK is held in high esteem across many sectors, such as domestic and family violence, sexual assault, and law enforcement as an organisation that fulfils a distinct yet vital role in the area of child sexual abuse. Stakeholders clearly expressed confidence in the work that PartnerSPEAK does, both their advocacy and awareness-raising, as well as their direct client support work. This confidence was expressed through the trust and respect that police and federal organisations have in utilising their peer support program. The responsiveness of PartnerSPEAK in working with clients with diverse needs, such as mothers of CSAM offenders, partners and other members of the public was evident in the experiences of stakeholders with the organisation. In particular, when law enforcement followed-up with PartnerSPEAK clients, they found that PartnerSPEAK had been an essential source of support for non-offending family members at various stages in the aftermath of the arrest of the CSAM offender. This capacity to be

present at multiple stages of their client's journeys reflects the strengths of the PartnerSPEAK model of service delivery, in particular their responsiveness and flexibility to the needs of their clients.

Stakeholders felt that one of the important functions of PartnerSPEAK was the way they have raised awareness of CSAM and advocated on behalf of their clients for greater recognition of the impacts of CSAM on non-offending family and friends. The relationships forged by PartnerSPEAK with the domestic and family violence and sexual assault sectors has resulted in a broadening of understanding about how CSAM offenders are situated within these contexts. Markedly, the work of PartnerSPEAK has led to an awareness of how non-offending partners often need support from both domestic and family violence services as well as sexual assault services, as the abuse that they have been subjected to crosses over sector boundaries and challenges conceptions of abuse perpetration as well as victimisation.

One of the key challenges that PartnerSPEAK faces, as noted by stakeholders, is their lack of funding and as a consequence, the state-based nature of their work. The emerging growth of CSAM means that there is an urgent need for the work of PartnerSPEAK throughout Australia. This resulted in some services feeling that they needed to be mindful to not exert too much pressure on PartnerSPEAK and were sometimes reluctant to contact them due to concerns about their capacity. While most stakeholders were encouraging of PartnerSPEAK expanding and broadening their services, they also felt that there could be issues of how to sustain the uniqueness and flexibility of the organisation, which is what they felt was a key part of their success.

7. Peer support team

There were two interviews conducted with members of the peer support team (see Appendix 5 for questions). The workers reflected on their knowledge as both support workers and as women who had similar experiences to those seeking their support. This duality of lived experience and of providing support was interwoven throughout the interviews and is an explicit part of the intentional peer support model. That is, that intentional peer support is driven by the central aim of helping both people reflect on their stories as a co-learning and growth process. This was clearly seen in workers responses to the effectiveness of PartnerSPEAK, which is explored next.

Effectiveness of peer support

Co-healing

Both women interviewed felt their work with PartnerSPEAK was rewarding and meaningful. They both mentioned that drawing on their own experiences helped them transform the negative meanings of having been the partner of a CSAM offender. Peer support worker 1 said:

> *"It's actually really empowering, to be really honest. I really love to be able to turn this experience that altered my life and the way I was living forever into something that is a gift."*

Similarly, peer support worker 2 said:

> *"It can be rewarding. It can be emotional. Sometimes I can be really happy that I've been able to be there to support others going through the difficult time that I can remember."*

The benefits of PartnerSPEAK can be clearly seen in these responses, where the work that they are doing is transformative, and a move towards healing, for both the workers and those they support. Through listening to other people, and providing them with support, the workers in turn felt heard and found meaning in their life. This

was expressed in peer support worker 1's feelings about the most important outcome of peer support work. She said:

> "What I see is that people are able to keep living. But healthy. I know a lot of people like to use the words survivor, victim, I prefer… I started thriving. My children thrived. It wasn't about surviving after a while. And it was about living, really living. Living almost in the same way a person who's had an illness has a different perspective on life … That's where I'm at with it. To me, everything that's negative has some gold, you know?"

Normalising

Alongside the mutuality of healing and growth, workers spoke of the benefits of being able to normalise the experiences of those seeking support, and that there was a clear desire of PartnerSPEAK clients to be understood. Peer support worker 1 said:

> "The most important thing is that people feel heard … being able to tell their story – their side of it – so someone listens and understands what they're feeling and thinking … To be heard and validated and listened to and understood. This may be abnormal, but it is some people's normal."

This was echoed by peer support worker 2, who felt that the main thing that clients needed was to be heard and their shame alleviated. For mothers, this concern about shame also extended to their children, and worries about how the use of CSAM by their fathers may, in turn, stigmatise them. She said:

> "Some of the main things are being heard, getting over the shame, being treated like they're guilty, feeling powerless. One of the main things; especially if they've got children; is the worry that somehow things are going to impact their children. Especially around, are they going to be targeted, what's going to happen to them, what's their future going to look like?"

Through the normalisation process of peer support, clients were able to move from their initial shock, shame and guilt, to take steps towards a life that was less

burdened by the actions of the offending family member. This came not only through the process of talking to someone who could reassure them in a non-judgemental manner but also through the example of the peer support worker herself. Peer support worker 2 explained:

> "You see people come initially and, like myself, you're in shock, you're like what's happening and what's going to happen. Then by having PartnerSPEAK you connect with someone who's a bit further down the line, so that gives them hope, which then keeps them going on a track for them, thinking I'm not stuck here, this person's a little bit further ahead, so they can keep moving."

This connection meant that peer support workers were able to mirror the process of releasing guilt and shame about the actions of their offending family member and alleviate the self-blame that many clients feel. Peer support worker 1 said:

> "I know you can send yourself crazy wondering if you've missed something, the self-chatter … you're always judging yourself as wrong, as bad, that you've got to make up for something. You've got to measure up, you've got to make up for what he did, you owe society in some way. You owe everybody else but taking care of yourself. Removing that out of the equation allows a lot more healing of people who are hurting in a different way and are victims of the system, of perpetrating, of all of that."

Peer support worker 2 explained that through support and validation, clients were often able to move through their initial shock and grief and that the continuity of care by PartnerSPEAK enabled clients to also reflect on their own growth and progress:

> "To hear some of them from that first time when they called you and you can hear the anguish and the stress and the shock and confusion in their voice, to hear them relay how they progressed. And to hear the voice isn't shaking anymore, it's a bit more controlled. And they may not have their end result, but they've come through that journey and taken that little step up the big hill and they're slowly getting up that step. And they can look back and go okay I'm not back where I was. By PartnerSPEAK being there they sort of help

people by supporting them along their step, being next to them. Not guiding but just being supportive and listening and hearing and validating what they're saying, that people have been through it."

Challenges with peer support work

Vicarious trauma

The peer support model is deliberate in its drawing on the personal experiences of the worker to facilitate mutual healing, but in doing this there is a risk of re-traumatisation and vicarious trauma. When asked about the benefits of the peer support model, peer support worker 2 mentioned how there were also costs to putting yourself in the client's position:

> *"Sometimes it can bring up emotions, flashbacks and things like that where you can put yourself back in that space. I think it's just a natural thing that happens when you're talking about emotional things and you're connecting through mutuality with people. I suppose it brings up those emotions, it's almost triggering when you can imagine yourself being there. I think you have to learn to detach yourself from their story and your story, but still connect on the feelings and the experience. So not taking it on as your current trauma..."*

The established trauma-informed process embedded in the peer support model enabled this worker to feel supported through these experiences. She said:

> *"That's the whole premise of intentional peer support. You've got these four tasks and the last task is co-reflection. That's where you can reflect with your line manager, team manager or whoever it is that is able to and understands the premise of co-reflection. That can occur every shift, or not, it's up to you. The co-reflections at the end of the shift with your shift supervisor helps to go through the feelings on what you felt, what you thought, and that helps. Maybe not removing you, but helping you step away from that call. Because when you're in the call you're feeling that emotion, but at the end when you're co-reflecting you're actually analysing it so it actually takes away a bit of that*

emotion… you sort of dissect it to the point where you've been able to compartmentalise different things and finish your shift."

Alongside the peer support processes, workers also mentioned being able to access other forms of support and external supervision. Peer support worker 2 said:

"I'm allowed to access the peer line if I'd like to, for starters. We've also got in place that if we need to go and have some kind of other therapy we can access that, and there are no questions asked about it."

Impacts due to funding constraints

One of the main barriers to support for clients mentioned by the workers was the limitations in hours the service was available. While acknowledging this was due to funding constraints, they felt that it was particularly hard for women with children to access the service. Peer support worker 2 explained:

"As a working mother, I find it could be difficult with restricted time frames on access to our peer support line. So during the day, you're at work, you get home and you're putting kids to bed, sometimes that could be a bit difficult for people to access due to the time restriction."

Similarly, peer support worker 1 felt that the lack of hours the service was open was limiting clients access, but also felt that there was not necessarily a demand for the service to be running full time:

"I think the lack of funding [is a barrier], the lack of hours that the peer line can be run. I know that sounds silly, but people's needs vary a lot and the times they can access or when they feel like accessing us and things like that, they're probably some of the limitations. But don't forget that there isn't as yet a justification for running full time, we have very busy periods and then quiet times; it comes in ebbs and flow and in the lulls, we catch up on other tasks, like preparation for online groups and admin things that need to be done. But I think those things are a real limitation."

Overall, the peer support workers interviewed were passionate and dedicated in their support for their clients, but also in their own healing journeys. The reflective practices embedded in the peer support model enabled them to connect in a genuine way with those needing support, working in mutuality to learn together. PartnerSPEAK peer support workers felt that through their work with the organisation they were able to transform their painful experiences into something useful and helpful for others, which in turn could serve as an example for clients in their own healing. However, peer support workers noted that there were risks of drawing on their own experiences, that it could be triggering and re-traumatising, and that they often needed to debrief and work through some of the issues brought up during their shifts. Both workers felt that the various supports provided by PartnerSPEAK regarding vicarious trauma were sufficient and that there was a significant emphasis in the organisation of normalising this impact, and destigmatising the need for support around this.

8. Summary and recommendations

In this section we reflect on the evaluation questions and draw on responses from the survey and interviews with clients, as well as the interviews with stakeholders and peer support workers to inform our understanding of the support needs of non-offending family and friends of CSAM offenders.

Effectiveness and appropriateness of the PartnerSPEAK peer support model

PartnerSPEAK clients, stakeholders and peer support workers provided positive feedback about their experience with the PartnerSPEAK peer support model. The evaluation findings show that the model was appropriate for the target group, with clients accessing support on an as-needed basis, with some engaging daily and others engaging irregularly when they felt overwhelmed or isolated. A key success factor was the establishment of an accepting and non-judgemental space. PartnerSPEAK clients felt heard when sharing their experiences, which allowed them to develop supportive relationships and seek emotional support. As a result of this support, PartnerSPEAK clients were better able to cope with their feelings of shame, reducing the overall impact it has on their lives. PartnerSPEAK clients also identified a key advantage of the peer support model in the opportunity for clients to hear about the lived experiences of people who had been through a similar crisis. It was not only clients that experienced the benefit of sharing lived experiences, but the peer support workers themselves. In the interviews with the peer support team, they reflected that alongside their clients, the peer support model enabled them to transform their painful experiences into unique knowledge that could serve others, and themselves, in their shared recovery and healing journeys.

In addition to validating their feelings of shame after learning of a partner or family members' CSAM offending, peers' stories offer information about how others responded and what they might expect. This was essential to their ability to cope with the crisis, both on a practical and a psychological level. Clients were better able

to manage practical concerns such as interactions with police or services, handling finances, and dealing with day-to-day issues. On a psychological level, they knew what others had experienced, and were better able to identify and manage their own psychological responses. Understanding the peers' experiences provides a cognitive framework by which similar experiences can be recognised and identified coping strategies can be implemented (Phoenix 2007). Thus, through gaining an understanding of their peers' lived experiences, PartnerSPEAK clients are better equipped to cope with the stigma and shame related to a loved ones' CSAM offending as their own experiences are normalised and responses validated. For some clients, this desire to understand their trauma extended to a need to understand CSAM offending. These participants noted that very little information was available to them, reflective of the lack of scholarly attention directed at CSAM and CSAM impacted families.

One key challenge to the appropriateness of the peer support model was the diverse cohorts that comprise PartnerSPEAK clients. Support needs may differ across these cohorts and those with different experiences may not feel accepted by the broader peer group. This was exemplified through the experience of clients who chose to maintain a relationship with the person who accessed CSAM, often including the adult children of offenders, or partners who did not wish to separate. Most PartnerSPEAK clients benefitted from solidarity with those who cut ties with the person who accessed CSAM and felt validated by peers' responses to their actions. However, those who maintained the relationship could find this content invalidating. Rather than finding acceptance in sharing their experiences, members of this group may feel judged for their decision. This could serve to reinforce their feelings of shame or limit their engagement with supports to cope with their emotions.

Given the relatively small size of the broader peer group, and the lack of support available, it may not be effective to split resources into separate streams that account for these differences within the group. Specific recommendations to assist PartnerSPEAK in addressing this challenge are presented below. However, dissatisfaction with PartnerSPEAK was generally related to the need for more services rather than critical feedback on the peer support model. In part, this reflects the lack of services for people located geographically away from PartnerSPEAKs

base in Melbourne. Almost 40% of the clients surveyed were from outside Victoria, including one client who accessed services from outside Australia. This speaks to the discrepancy between the services PartnerSPEAK are funded to provide by the Victorian Government and need for these services across Australia and overseas.

Many of the benefits of PartnerSPEAK identified by service users were related to the amelioration of their experiences of stigma and shame, often compounded through their treatment by authorities and services. The partners or family members of CSAM offenders are stigmatised for their association with a CSAM offender, often being viewed either as complicit in the offending, or as bad partners and family members for denouncing the offender (Liddell and Taylor 2015). They then experience shame as a social and emotional response to the stigmatisation. Without intervention, shame is associated with negative health, mental health and social outcomes (Dickerson et al. 2004; Salter and Hall forthcoming).

The findings of the evaluation support the argument that peer support offers a means to reduce stigma and shame and thereby decrease the longer-term negative outcomes associated with them. PartnerSPEAK clients described feeling isolated and alone as a result of their loved one's CSAM use. The stigma of their association with CSAM marked them as different and separated them from the community, leading to changes in relationships, and a sense of feeling misunderstood by family and friends. The peer support model implemented by PartnerSPEAK reduces these feelings of isolation by connecting their clients with people who have similar experiences. Within the PartnerSPEAK community, a person is not discredited due to their association with a CSAM offender. Rather, the association is expected and validated as a shared experience. In providing access to a community in which they are not stigmatised, PartnerSPEAK reduces their client's feelings of isolation. This lessens the overall burden of stigma on them and subsequently provides less occasion for feelings of shame.

In addition to reducing isolation, providing a destigmatising community of peers also provided a medium for consciousness-raising and advocacy. Some clients highlighted the lack of representation outside of PartnerSPEAK and the importance of increasing community awareness of the impact of CSAM. Engagement with the

peer support process empowered them to contribute to this. Through the sharing of personal experiences and the discussion of common needs and issues, PartnerSPEAK clients contribute to the development of a collective voice. As part of their broader advocacy efforts, PartnerSPEAK represents this voice, facilitating the transition of their experiences from the personal to the political sphere (Salter 2020). Through taking part in the peer support model and developing their collective voice, PartnerSPEAK clients contribute to efforts to raise awareness of CSAM offending and its impact on partners and families.

Broader service and support needs of partners and families affected by CSAM use

PartnerSPEAK clients presented as a complex group with wide-ranging service and support requirements. They are typically engaged in multiple networks of mainstream supports that do not have a good understanding of their situation or of CSAM use. Mental health challenges were ubiquitous in their accounts of their support needs. However, mainstream support services and mental health professionals did not have an adequate understanding of their needs and were able to provide only limited support. Clients identified the need for more practical information and assistance with support such as dealing with legal issues, finding alternate accommodation, financial support, and looking after their children. The impact on children was pronounced, both due to the offences of their fathers, or secondary to the challenges faced by their mothers, often with inadequate support to do so. PartnerSPEAK clients and their families require support across a broader network of services that are equipped with a good understanding of their complexity and experiences. Whilst it is important that PartnerSPEAK play a role in ensuring these supports are in place, efforts to address these challenges must come from the wider sector. Existing mainstream services must engage more with the client group to ensure that their needs are adequately met. Further recommendations for the support sector are provided below.

A crucial finding of this evaluation was the parallel between families impacted by CSAM use and those affected by domestic and family violence. Like CSAM, negative

consequences of domestic and family violence predominantly affect women and their children (Phillips and Vandenbroek 2014). PartnerSPEAK clients described domestic and family violence against them and their children, including sexual violence, physical violence, and financial control. However, only a fifth of those surveyed indicated they were in contact with domestic and family violence services. Some clients also described patterns of coercive control by the CSAM offender, particularly financial abuse and other efforts to restrict their autonomy. Despite their experiences of coercive and controlling relationships, most PartnerSPEAK clients did not identify as victims of domestic violence and did not access domestic and family violence services, resulting in a substantial gap in their support.

Like secondary victims of CSAM, victims of domestic and family violence have critical service needs relating to their finances, accommodation, legal situation, health, mental health employment and support for their children (Braaf and Meyering 2011). The case management functions of domestic and family violence services provide support to people in crisis to ensure that these areas are addressed. PartnerSPEAK clients identified a requirement for similar functions (case management and individual-level advocacy) to facilitate their recovery from their traumatic experiences. In interviews with stakeholders, particularly those in the domestic and family violence sectors, there was a clear acknowledgement of the connections between CSAM offenders and domestic and family violence perpetrators, and a recognition that there needs to be greater awareness within the sector of the specific needs of secondary victims of CSAM.

Awareness and confidence in PartnerSPEAK amongst key sector stakeholders

It was evident throughout the interviews with stakeholders that PartnerSPEAK that there is a high level of confidence in their work. Across the diverse sectors, including domestic and family violence, sexual assault, and law enforcement, PartnerSPEAK was seen as an organisation that fills an essential role in meeting the needs of an underserved community of victims. Stakeholders expressed trust and respect for the

peer support program, which was seen as crucial in the planning and procedures of police investigations into CSAM offenders.

Sector awareness of the challenges faced by partners and families of CSAM offenders

Stakeholders were clear in their praise for the effective way that PartnerSPEAK has raised awareness of CSAM and how they channel the voices of their clients to advocate on their behalf for increased awareness of the impacts of CSAM on non-offending family and friends. PartnerSPEAK has strong relationships with the domestic and family violence and sexual assault sectors which have resulted in an increased understanding of how CSAM offenders are situated within these contexts. In particular, the work of PartnerSPEAK has indicated key response gaps in domestic and family violence services as well as sexual assault services. Through doing this, PartnerSPEAK has contributed to challenging understandings of domestic and family violence and broadening the conceptions of perpetrator and victims.

Preventing vicarious trauma for staff and volunteers

One of the key benefits of the peer support model noted throughout the findings was that it was provided by people who had been through the same experience as those being supported. However, drawing on their own experiences to support others can put the peer support workers at risk of being re-traumatised as well as experiencing vicarious trauma. The peer support workers interviewed felt that while their work was often upsetting and triggering, that there was a strong emphasis within the organisation on providing support and normalising the impacts of their work. This resulted in them feeling that there was a culture of support within PartnerSPEAK which mitigated the development of vicarious trauma.

Recommendations

The following recommendations aim to address the challenges highlighted in this evaluation in order to better support the partners and families affected by CSAM use. The recommendations are divided into a) those aimed at PartnerSPEAK services in implementing the peer support model, and b) those aimed at improving the broader service environment that impacts PartnerSPEAK clients.

a. Recommendations for PartnerSPEAK

Whilst the peer support model was found to be effective and appropriate, the evaluation identified key areas where outcomes could be improved. Recognising that the implementation of these recommendations is contingent on service resources, the below list represents potential future directions for PartnerSPEAK to explore and consider in future funding requests.

- **Expand training offerings to build the capacity of adjacent services and agencies to support and refer the PartnerSPEAK client group**: Participants described mixed experiences with other services due to their lack of awareness of CSAM and understanding of the experience of non-offending partners and families. Accreditation to provide professional development or conduct training for professionals such as police, mental health, child protection, family law would develop the capacity of the system to identify and respond to the needs of PartnerSPEAK clients. Alongside this external training, PartnerSPEAK could also seek internal training for their staff in responding to domestic and family violence, as well as sexual assault.

- **Diversify forms of peer support:** Due to the diverse cohorts within the PartnerSPEAK peer group, additional supports could be provided for discrete subgroups with support needs that differ from the majority, such as women remaining in relationships with the person who accessed CSAM or their offenders' adult children. PartnerSPEAK could also provide a suite of support options for clients, including counselling from trauma-informed mental health professionals.

- **Explore opportunities for national peer support opportunities:** Located in Victoria, PartnerSPEAK is currently the only service in Australia that offers support specifically for partners and families impacted by CSAM use. Through exploring opportunities for peer support nationally, PartnerSPEAK could increase its reach and impact to more clients in other states.

- **Services and clinical support to assist mothers in their parenting:** Participants identified the need for more support in parenting their children and in reducing the impact of CSAM on their lives. Given their understanding of the challenges faced by mothers following revelations of their partners' CSAM offending, PartnerSPEAK is ideally placed to offer these supports. PartnerSPEAK could also ensure the availability of the peer support phone line caters to the needs of clients who have children and may need access to the service outside of normal working hours.

- **Psychoeducation around trauma related to CSAM offending and activities to increase understanding of CSAM and CSA offenders:** Participants identified a benefit from reading about the trauma that they were experiencing and understanding it. Offering psychoeducation in this area will provide additional coping strategies for PartnerSPEAK clients. Some participants wished to understand more about the CSAM offending and offenders, to assist them in making sense of the trauma they experienced.

- **Maintain and build online service models for geographically isolated clients:** Almost 40% of participants were from outside Victoria and do not have access to in-person support. Increasing resources for online supports such as the forum or peer group meetings via video conferencing could facilitate access to supports for these clients.

- **Embed sustainability of the organisation into PartnerSPEAK policies and practices:** One of the key themes of the interviews with stakeholders was the need for PartnerSPEAK to expand their services, yet also retain the flexibility and responsiveness of their service model. In order to sustain the

organisation through these changes, there could be the development of a strategic plan that ensures the growth of PartnerSPEAK in a way that adheres to the core values and objectives of the organisation while building a structure that is future-focused.

b. Recommendations for policy and practice

Across the broader support system, services and professionals were unprepared for the complexities of the issues posed by the partners and family members of CSAM offenders and were not equipped to meet their support needs. The following recommendations offer a starting point for system-wide improvements in service outcomes for this cohort.

- **Capacity building across the response system to understand CSAM and its impacts:** Incorporation of CSAM related issues into social services and welfare training and professional development.

- **Case management responses for families impacted by CSAM**: A clear need emerged for support to assist partners in crisis following the revelation of CSAM use from a loved one. The crisis was both practical and psychological, with partners requiring assistance to deal with finances, childcare, and day-to-day issues. Case management type supports would ensure that the person's needs are met whilst in trauma.

- **Expansion of domestic and family violence and coercive control policy and practice frameworks to include women and children impacted by CSAM offending:** Significant parallels were identified between families impacted by CSAM and those impacted by domestic and family violence. Despite this, only a small number of participants were accessing domestic and family violence services. Domestic and family violence policy and practice frameworks should be expanded to specifically include this cohort. In particular, PartnerSPEAK could be involved in the responses to the Royal Commission into Family Violence Recommendations 31 and 32, as they have

unique insights into the impacts of the siloing of service responses on victims of domestic and family violence and sexual assault.

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Appendix A: Program logic

Objectives: To provide advocacy and support for the non-offending partner and family of a perpetrator of child sexual abuse and child exploitation material.
Target group: Non-offending partners and families of CSAM users

Program Need	Inputs	Outputs	Immediate Outcomes	Intermediate Outcomes	Longer Term Objectives

The use of child sex abuse material (CSAM) is an emerging issue worldwide, and is one of the fastest-growing markets on the internet, with an estimated value of up to US$30 billion dollars annually (Binford 2015). However, due to the hidden nature of this issue, these figures may only represent a small portion of the material available (Anti-Slavery Australia 2017).
 	
Many of the people, predominantly men, arrested for accessing CSAM have families that experience considerable impacts as a result. Non-offending partners and families are an undersupported group and their service and psychological support needs often receive little attention.
	Funding
	
	Volunteer time
	
	Experienced staff
	
	Partner organisations:
	• Victorian Government
	• Ross Trust
	• Australian Federal Police
	• University of NSW
	• Victorian Legal Services Board Grants Program
		Activities:
		• Peer support:
		  • Peerline
		  • Webchat
		  • Online Forums
		  • Staff Support
		• Advocacy
		
		Participation:
		• Peerline
		• Non-offending partners of CSAM offenders (usually women),
		• Family and friends of CSAM offenders
		• Peer support team
		• Volunteers
			Effective and appropriate peer support.
			
			Support and advocacy for the broader service and support needs of partners and families affected by CSAM use.
			
			Improved community and service sector awareness of CSAM and the issues faced by the partners and family members of CSAM offenders.
				Alleviation of clients' trauma and distress, normalisation of their feelings and lessening of stigma and shame.
				
				Broader client support and service needs are met.
				
				Client mental health needs are recognised and prioritised by the wider support sector.
				
				Australian governments, community agencies, private practitioners, the media and the community, stand alongside families affected and respond in a way that recognises secondary victims and helps them heal.
					That we live in a world free from child sexual abuse and child exploitation material.

External Factors:	• Level of CSAM offending • Community capacity to recognise CSAM	• Service system capacity to recognise and respond to CSAM • Trends in reporting

Appendix B: PartnerSPEAK survey

Demographics

1.   What is your age?
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- Over 65

2.   Do you live in Australia or overseas?
- Australia
- Overseas
- Prefer not to say

3.   Can you tell us which state? [Question displayed if answer to "Do you live in Australia or overseas?" = Australia]
- New South Wales
- Victoria
- Queensland
- South Australia
- Western Australia
- Northern Territory
- Tasmania
- Prefer not to say

4.   Can you tell us which country? [Question displayed if answer to "Do you live in Australia or overseas?" = Overseas]
- Yes
  - [text box]

- Prefer not to say

5. What is your gender?
- Man
- Woman
- Non-binary
- Other, please specify
  - [text box]
- Prefer not to say

6. What is your sexual orientation?
- Heterosexual
- Gay/Lesbian
- Bisexual
- Other, please specify
  - [text box]
- Prefer not to say

7. What is your employment status?
- Full time
- Part time/casual
- Self-employed
- Not currently in paid work
- Student
- Retired

8. What is your relationship status?
- Single
- De facto/married
- Separated/divorced
- Widowed

9. Which of the following best describes the highest level of education you have obtained?

- Year 10/School Certificate
- Year 12/Higher School Certificate
- Technical trade
- University degree

10. Do you identify as Aboriginal or Torres Strait Islander?

- Yes
- No
- Prefer not to say

11. Do you speak a language other than English at home?

- No
- Yes, please specify
  - [text box]

12. Do you have children under 18 in the home?

- No
- Yes, please specify
  - [text box]

13. Do you have a disability or impairment?

- No
- Yes, please specify
  - [text box]

Involvement with PartnerSPEAK

14. How did you hear about PartnerSPEAK?

- Through a friend
- Police referral
- From the media (articles, interviews, TV and newspaper)

- Internet search)
- Social media
- From another agency, please tell us which one
  - [text box]
- Other, please specify
  - [text box]

15. Do you currently or have you ever worked or volunteered for PartnerSPEAK?
- No
- Yes, I currently work or volunteer for PartnerSPEAK
- Yes, I previously worked or volunteered for PartnerSPEAK

16. What is your relationship to the person in your life who used child sexual abuse material (CSAM)?
- Partner or ex-partner
- Sibling
- Parent
- Child
- Friend
- Co-worker
- Other, please specify
  - [textbox]

17. Can you tell us why you reached out to PartnerSPEAK? Please select all that apply.
- I was concerned that someone in my life was using CSAM
- I knew that someone in my life was using CSAM
- I was told by family or friends to call PartnerSPEAK
- Police gave me the number for PartnerSPEAK
- Other, please specify
  - [textbox]

18. Can you tell us the criminal activity that this person is known/suspected to have engaged in? Please select all that apply.

- They looked at CSAM
- They made or produced CSAM
- They sexually abused a child
- Other, please specify
  - [textbox]

19. Do you know if this offence has been reported to police?

- Yes
- No
- Unsure

20. When you first contacted PartnerSPEAK, what were you hoping for? Please select all that apply.

- I didn't know anything about PartnerSPEAK
- I wanted emotional support
- I wanted information about the law
- Other, please specify
  - [textbox]

21. How long have you been in contact with PartnerSPEAK?

- Less than 1 month
- For 1 – 6 months
- For 1 year
- For 2 years
- More than 2 years.

22. What PartnerSPEAK services do you use? Please select all that apply.

- Online forum
- Phone service
- Face to face support in a group
- Face to face support individually

- Court support by a peer support worker
- Peer support while in contact with police
- Home visits by a peer support worker
- Events such as webinars and symposiums
- Other, please specify
  - [textbox]

23. How often are you in contact with PartnerSPEAK at the moment?
- Daily
- Weekly
- Fortnightly
- Monthly
- Other, please specify
  - [textbox]

24. Are you satisfied with the service you receive from PartnerSPEAK?
- Yes, please specify why
  - [textbox]
- Not, please specify why not
  - [textbox]

Support needs

25. Are you currently, or have you ever, seen a psychologist, counsellor or therapist?
- Never
- Yes, in the past, but not at the moment
- I am currently seeing a psychologist/counsellor/therapist

26. What services/agencies have you been in contact with as a result of your partner or family member accessing CSAM? Please select all that apply.
- Police
- Lawyer

- Public prosecutor
- Counsellor or therapist for your child
- Counsellor or therapist for yourself
- Child protection services
- Family mediation services
- Family court
- Banks, financial services, accountants
- Real estate agencies
- Prison system
- Domestic violence services
- Sexual assault services for your child
- Sexual assault services for yourself
- General practitioner/doctor
- Advocacy services
- Other, please specify
  - [text box]

27. How has your life been impacted by finding out that your partner or family member was accessing CSAM? Please select all that apply.
- Mental health
- Physical health
- Parenting
- Financial wellbeing
- Housing
- Employment
- Relationships with children
- Relationships with grandchildren
- Relationships with family
- Relationships with friends
- Reputation
- Trust in future relationships
- Increased reliance on alcohol or other substances, including nicotine/smoking
- Beginning or increasing anti-anxiety or antidepressant medication

- Police confiscation of household items and electronics
- Cyber-bullying and harassment
- Other, please specify
  - [text box]

28. What is the nature of your current contact with your partner or family member who accessed CSAM? Please select all that apply.
- No contact
- Some contact
- We are currently in a relationship
- We are currently sharing parenting of children
- Court-ordered contact with children
- We currently share assets or a business
- Other, please specify
  - [text box]

29. Are there areas in your life where you would like more support? Please select all that apply.
- Mental health
- Physical health
- Parenting
- Finances and budgeting
- Housing
- Employment
- Social relationships and friendships
- Family relationships
- Relationship with partner/ex-partner or family member
- Legal issues
- Other, please specify
  - [text box]

30. Are there things that PartnerSPEAK could do to support you better?
- [text box]

Further contact

31.   Is there anything else you would like to share with us?

•   [text box]

32.   Would you like to speak to us about your experiences with PartnerSPEAK? If so, please leave your email address and we will contact you to arrange a one hour online interview at a convenient time.

•   [text box]

Appendix C: Interview schedule - Clients

Demographic questions: What is your age? Cultural background? Employment? Do you have children?

1. What has been your experience of PartnerSPEAK peer support?

2. What were the primary challenges that you faced after finding out that your partner or family member accessed child sexual abuse material?

3. What prompted you to seek support from PartnerSPEAK?

4. Have your support needs changed over the time in which you have been accessing PartnerSPEAK services?

5. What areas do you feel that PartnerSPEAK have been most beneficial in their support?

6. Are there any areas that you feel that you could use more support in?

7. Have there been any barriers to you accessing PartnerSPEAK services?

8. How do you think PartnerSPEAK is different from other agencies that you've been in touch with?

9. What is like being in contact with other people who have been through the same experience?

Appendix D: Interview schedule - PartnerSPEAK stakeholders

1. In what capacity do you or your agency work with PartnerSPEAK?

2. Are you confident in referring people to PartnerSPEAK or working with them?

3. What do you see as PartnerSPEAK's greatest strength or asset?

4. Do you have any concerns in your work with PartnerSPEAK?

5. In your view, how effective is PartnerSPEAK in their work with affected partners, family members and friends?

6. What do you think is the view of PartnerSPEAK in the sector?

Appendix E: Interview schedule - PartnerSPEAK Peer Support Team

1. What is like providing peer support to women who have been through a similar experience to yourself?

2. What are the primary challenges facing people who access PartnerSPEAK services?

3. Have there been any barriers that have prevented people from effectively accessing PartnerSPEAK services?

4. What are the key support needs that you see for the people who access PartnerSPEAK services?

5. What changes do you notice in people who access PartnerSPEAK services regularly?

6. What do you see as the most important outcome for people who receive peer support from PartnerSPEAK?

7. How does this work impact on you? What supports are in place at PartnerSPEAK to support you and prevent vicarious trauma? What other sources of support do you draw on?

8. How well supported do you feel in managing the administrative work in this role?

9. Can you think of other possible ways of supporting partners of people impacted by CSAM? What else could PartnerSPEAK do?