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# “Someone Who Has Been in My Shoes”: The Effectiveness of a Peer Support Model for Providing Support to Partners, Family and Friends of Child Sexual Abuse Material Offenders

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## ABSTRACT

Reports of child sexual abuse material (CSAM) on the internet are rapidly increasing and the number of people accessing it is substantial. Many of these men have partners or families who are impacted by their CSAM use. These families experience negative mental health and social outcomes as a result. Despite this, there are limited services that provide support to this population. In this article, we examine the findings of an evaluation of PartnerSPEAK, a service in Victoria, Australia, that supports the non-offending partners and families of CSAM offenders. The evaluation included a survey of 53 clients as well as seven in-depth interviews. The findings showed that the peer support model utilized by PartnerSPEAK offered effective support for this underserved client group including the reduction of shame and isolation.

## KEYWORDS

Child sexual abuse material; shame; stigma; secondary victims

## Introduction

Reports of child sexual abuse material (CSAM) on the internet are increasing at a rapid rate (Bursztein et al., 2019, p. 2603) with a record 21.7 million notifications of suspected CSAM made to authorities in the United States in 2020 (NCMEC, 2021). In this paper, CSAM refers to images or videos of child sexual exploitation that are shared via the internet. Large online surveys of men finding that between 2.2–4.4% have intentionally viewed CSAM of pre-pubescent children (Dombert et al., 2016; Seto et al., 2015), with CSAM consumption increasing further during the covid-19 epidemic (Taddei, 2020). Men are the main group of CSAM offenders (Brown & Bricknell, 2018), and a large number of these men have partners and families who are impacted by their CSAM use (Wolak et al., 2011, p. 29). This impact can include mental health issues, physical effects and negative social outcomes (Walker, 2019). However, in spite of these life-changing impacts, there is little focus on the support needs, and subsequently services for, these non-offending partners and families.

This article details an evaluation of PartnerSPEAK, an organization in Victoria, Australia, that supports the non-offending partners, family and friends of CSAM offenders. PartnerSPEAK is the only support service of its kind in Australia, and one of only a few internationally. PartnerSPEAK utilizes a peer support model in which previous clients of PartnerSPEAK, who have lived experience of a loved one's CSAM offending, provide support to others through the operation of a peerline phone service, webchat, as well as

a moderated online forum. The evaluation consisted of a survey of 53 PartnerSPEAK clients, interviews with seven clients, interviews with seven stakeholders and two interviews with peer support workers. This article will focus on the survey and interview findings with clients. The findings of the evaluation provided details of the complex support needs of non-offending partners of CSAM. The peer support model offered by PartnerSPEAK provided a non-stigmatizing space for non-offending partners where they found comfort and acceptance. The paper concludes that peer support is an important intervention for the growing population of people impacted by the CSAM offending of partners and family members.

### **Partners, family and friends as “secondary victims” of CSAM perpetrators**

CSAM offenders known to police are predominantly male and white, with an average age of between 35 and 45 (Brown & Bricknell, 2018), and the available research indicates that a significant proportion of men arrested or in treatment for CSAM offending have partners and families. For example, arrest data for CSAM offending collated for the 2010–11 financial year in Australia, New Zealand, Italy and the US found that 42% were living with a partner or children, and 31% were living with their parents or grandparents (Bouhours & Broadhurst, 2011, p. 9). A review of CSAM offender treatment data found between 21% to 65% of offenders in treatment have an intimate partner and 25 to 47% have at least one child (Brown & Bricknell, 2018, p. 5). These findings indicate that a large number of partners and families are impacted as a result of CSAM offenses.

The non-offending partners and families of people who have accessed CSAM are described by Walker (2019) as “secondary victims,” due to the substantive impacts of their loved one’s CSAM offending on their lives. 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 offenses such as child sexual assault (Levenson & Tewksbury, 2009; Shannon et al., 2013). However, the experiences of families of perpetrators of non-contact sexual offenses, such as CSAM offenders, have been subject to minimal research attention.

In one of the few studies on this topic, Liddell and Taylor (2015) interviewed nine Australian women who had discovered that their partners were using CSAM. Participants spoke of significant life disruptions in the aftermath of discovering the offending, including intense feelings of alienation and stigmatization. Participants felt judged by others in the community, alongside suspicions that they may have been complicit in their partner’s offending. A lack of information or support, and unfamiliarity with police and court processes, compounded their shock and confusion. Women in the study expressed a need to speak to someone who understood their specific experiences, and articulated a need for practical assistance with the range of challenges that emerged once their partner’s CSAM offending had been uncovered.

### **CSAM offending, stigma and shame**

In the available research on the impacts of CSAM use on non-offending family members, stigmatization has been identified as being central to their experiences (Liddell & Taylor, 2015; Walker, 2019). A five-step theorization of the concept of stigma is proposed by Link and Phelan (2001, p. 367), in which (1) a point of difference between people is identified and

labeled and (2) certain labels are associated with negative stereotypes, prompting (3) social differentiation from people associated with the pejorative label who are subject to (4) discrimination and the diminishment of social status, such that (5) people with the stigmatized label are socially, economically and politically disempowered. As such, stigmatization is a social process that impacts particular people or groups at different times, according to the prevailing social and cultural considerations of difference (Monaghan, 2017). Stigma has been associated with poor self-esteem and negative health and life outcomes (Corrigan et al., 2014).

Writing from personal experience as the former partner of a CSAM offender, Walker (2019) considers stigmatization to be the primary response of others to the loved ones of CSAM offenders. This experience dovetails with research on the experience of the families of sex offenders more broadly, which finds that the stigma of sex offending contributes to economic hardship by making it more difficult to find a job and accommodation, and social isolation through alienating families from their community (Farkas & Miller, 2007; Kilmer & Leon, 2017). However, unlike the families of sex offenders, the families of CSAM offenders also face stigma from those who minimize the harms entailed by CSAM and criticize the response of the family members as being duplicitous or hysterical. This is evident in the study by Liddell and Taylor (2015) in which two participants commented that, for some people, the stigma of divorce was seen as worse than the stigma of abusing children. Thus, not only are the affected families stigmatized for their association with a CSAM offender, but also for their actions in denouncing their family member's use of CSAM.

Shame is a core emotional component of trauma and stigma, and a key driver of negative health and social inequality amongst the stigmatized (Salter & Hall, 2020). Within the psychological literature, shame is situated in a family of emotions including humiliation, embarrassment and guilt (Elshout et al., 2017). For the families of CSAM offenders, stigmatization from the community due to their association with CSAM which leads to the internalization of the stigma and feelings of shame (Walker, 2019). Reducing the impact of shame, whether through increasing resilience, or through activities that reduce stigma, provides for better mental health outcomes, and improved quality of life. As those who are most disadvantaged are at risk of worse outcomes related to shame, the impacts on marginalized groups are likely to be more significant.

### **The politics of stigma and the role of peer support**

Political mobilization, organized around the shared experiences of injury and trauma, offers a means by which the stigma experienced by marginalized groups may be alleviated (Whittier, 2009). In her history of social movements of adult survivors of child sexual abuse in the United States, Whittier (2009) argues that the mobilization of survivors challenged the stigma associated with sexual victimization and promoted a systemic critique of systems with inadequate provision for children's safety or recovery from sexual abuse. Such political mobilization can incorporate therapeutic aspects to support traumatized people to speak publicly in a manner that creates a "bridge" or liminal space between private experiences of abuse and public understanding (Salter, 2020). The therapeutic element of this political mode lies in opportunities for disclosure and storytelling, generating shared recognition of previously individualized experiences, which are thematized as

legitimate matters of public concern and action. Such active political engagement may serve to alter the social determinants of shame and lead to normative identities in which the experience of injury or trauma is less stigmatizing (Dillon, 1997).

Peer support activities, in which people with shared experience offer support and advice to each other, offer a potential means by which shame and stigma may be reduced, and targets for political action and change may be identified. In peer support contexts, interpersonal relationships and a sense of community are fostered based on specific shared experiences with the aim of facilitating personal growth (Mead et al., 2001). Typologies of peer support groups typically identify four primary aims of peer support models, including 1) behavior change (for example, Alcoholics Anonymous promotes abstinence from alcohol), 2) improved coping (for example, parenting groups in which parents share child-rearing strategies), 3) anti-discrimination (for example, civil rights groups in which people from oppressed groups organized and mobilize), or 4) personal growth (for example, therapeutically-focused peer groups; Levy, 1976). Of particular relevance to the loved ones of CSAM offenders are the peer support aims of improved coping and anti-discrimination, in which individual suffering is shared and common social forces identified to develop a shared understanding of the group's collective experience.

Certain elements of peer-support models have been incorporated into health service delivery via self-help groups, albeit with professional rather than peer facilitation (Ostrow & Adams, 2012). As an adjunct to existing modes of professionalized care, these groups are characterized as a means of increasing client engagement and promoting self-care activities, and are unlikely to critique, challenge or transform the services and systems they are offered within (Ostrow & Adams, 2012). Such approaches correlate with understandings of group work as forms of "mutual aid," in which social workers and helping professionals support participants to respond to the needs of others in helpful ways, facilitating the development of mutually supportive connections (Steinberg, 2010). In contrast, peer support groups have often evolved from within grassroots movements for people who find themselves excluded or mistreated by existing systems and responses and can provide a more conducive space for consciousness-raising and advocacy.

Existing evaluations of self-help groups suggest that they can offer improvements in life satisfaction, self-esteem and healthcare seeking and utilization (Kurtz, 1990). Peer support models have been found to offer similar benefits. In Australia, an evaluation of the peer support services offered by the New South Wales Users and AIDS Association (NUAA) at integrated opiate substitution treatment (OST) and Hepatitis C centers found that peer support workers improved client engagement and reduced tension between staff and court-mandated clients (Treloar et al., 2015). Evaluations of online peer support models, such as an online peer support forum for people living with mental health and carers, suggests that they can provide a safe and destigmatising environment in which users can develop a sense of community, self-efficacy and insight into the symptoms of mental illness (Bayliss & Bell, 2015).

Research with the families of sex offenders find that self-help and peer support approaches can provide important opportunities for family members to share common experiences of stigma and loss, and develop more effective coping skills (Kavanagh & Levenson, 2021; Sample et al., 2018). The programs studied to date involve registered sex offenders in the United States, their intact relationships with partners and family, and the arduous requirements of sex offender registration regimes. To date, no research has been

undertaken into the potential of the peer support model for the family members, partners and ex-partners of CSAM offenders, particularly where the discovery of the CSAM offending results in the breakdown of the relationship and family. This study aims to address this gap in knowledge.

## **Methodology**

This paper draws on survey and interview data with clients collected as part of an evaluation of PartnerSPEAK. The evaluation aimed to assess the effectiveness and appropriateness of the peer support model in meeting the needs of PartnerSPEAK clients and to document the broader needs of PartnerSPEAK clients beyond those addressed through the PartnerSPEAK service model. The external evaluation team employed a participatory, strengths-based and capacity building methodology, recognizing that PartnerSPEAK is a small and unique organization with limited funding and that evaluation can have an important role to play in strengthening the familiarity of organizations with research, evaluation and self-reflective practice (Cousins & Whitmore, 1998). This participatory approach included co-design of the evaluation methods with the CEO and key staff, and the workshopping of the survey instrument and interview schedule with PartnerSPEAK managers and peer support workers to ensure that it adequately reflected the needs and experiences of the organization and their clients.

### ***Recruitment and data collection***

The survey was available online for 10 weeks from late June 2020 and was circulated to PartnerSPEAK clients via the PartnerSPEAK online forum, social media sites and e-mail list. At the close of the survey, respondents could opt-in to an online interview by providing their e-mail address so that the research team could contact them to set up an interview time.

### ***Participants***

To meet inclusion criteria for the study, participants had to be current or former PartnerSPEAK clients over 18 years of age. Prior research with the loved ones of CSAM offenders was conducted using interviews (Liddell & Taylor, 2015). This evaluation was the first opportunity for anonymous engagement from this cohort using an online survey.

### ***Survey of PartnerSPEAK clients***

Survey questions focused on participant experiences of PartnerSPEAK services and their broader support needs relating to their partner's or family member's offending. The survey included four sections:

- (1) Thirteen multiple choice demographic questions,
- (2) Eleven multiple choice questions about the use of PartnerSPEAK services,
- (3) Six multiple choice questions about support needs, and an open text question about where PartnerSPEAK could offer additional support,
- (4) One open text question in which participants could make any additional observation or comment that they felt was necessary.

## **Data analysis of survey responses**

Survey responses were analyzed in Qualtrics. Due to the small sample size, statistical analysis was limited to frequencies. Open text responses were analyzed thematically in a Microsoft Word document.

## **Survey sample**

The paper is based on a sample of 45 responses. The survey received 53 responses, including 38 who completed the entire survey, 4 who completed 95% of the survey and 3 who completed 51–55% of the survey. Eight participants answered less than one-third of the questions and were excluded from the analysis. All participants identified as women with the exception of one male respondent, and one response did not disclose gender. Forty four participants (97.8%) spoke English at home. 88.9% identified as heterosexual and 5 (11.1%) identified as bisexual. The number of bisexual women participating in this research is higher than average for the Australian population, which is 3.8% for women (Richters et al., 2014). Four participants (8.9%) identified as Aboriginal or Torres Strait Islander; a larger percentage than the 3.3% of Australia's population who identify as Aboriginal or Torres Strait Islander (ABS, 2018). Just under half (16, 47.1%) of participants lived in Victoria, reflecting PartnerSPEAK's geographic location as a Victorian service, with 7 (20.6%) in New South Wales and another 7 (20.6%) in Queensland. The remainder of the participants lived in South Australia (2, 5.9%), Western Australia (1, 2.9%), and the US (1, 2.9%). Participant age range was as follows: 18–24 years old (2, 4.5%), 25–34 years old (3, 6.8%), 35–44 years old (17, 38.6%), 45–54 years old (12, 27.3%), 55–64 years old (8, 18.2%), over 65 (2, 4.5%). Over half of participants (25, 55.6%) were separated or divorced, one quarter (12, 26.7%) were married or in a de facto relationship, 6 (13.3%) were single and 2 (4.4%) were widowed. Over half of the participants (25, 55.6%) had minor children living at home. 5 participants (11.1%) identified as having a disability or impairment.

## **Interviews with PartnerSPEAK clients**

Survey participants were given the option of nominating for an online interview. The interviews were semi-structured and designed to gather in-depth information about participant's views and experiences of the peer support model, including perceived benefits, drawbacks and recommended improvements to PartnerSPEAK's services. The interview also provided participants with the opportunity to discuss the life impacts of discovering that a partner or family member had accessed CSAM, reflect on how their support needs had changed over time, and where they would benefit from more support.

## **Interview sample**

Seven interviews were conducted with PartnerSPEAK clients via Zoom teleconferencing software from July to August 2020. One interview participant was aged 25–43, and two participants respectively were in the 35–44, 45–54 and 55–64 age brackets. All interview participants identified as Anglo-Australians and were employed. Six were currently raising children. Interviews ranged in length from 18–46 minutes.

### ***Data analysis of interviews***

Interviews were digitally recorded, transcribed by a transcription service, and provided to the first author for anonymization and analysis. Interview transcripts were subject to a thematic analysis with the aim of identifying similarities and differences in experiences and reflections (Braun & Clarke, 2012). The analysis was informed by the evaluation questions and was sensitized to issues of stigma and shame, which had emerged strongly from the literature review of research into the families of sex offenders. Accordingly, interview transcripts were coded within the NVivo qualitative software programs. Qualitative data analysis followed the phases presented in Nowell et al. (2017) to promote rigor and robust findings, including the process of familiarizing oneself with the data, generating initial codes through discussion within the research team, further development, refining and review of codes, reaching consensus on key themes and the production of the final research output.

### ***Ethical considerations***

The project was approved by the UNSW Human Research Ethics Committee (HC No. 200,295). The identities of all survey and interview participants were unknown to PartnerSPEAK. Survey participation was anonymous, and the confidentiality of the interviews was assured through the de-identification of transcripts, in which direct identifiers (such as names) and indirect identifiers (such as other information that, when combined, could identify the participant) were removed. While the study involved questions about difficult personal experiences, all participants were in contact with PartnerSPEAK and thus had access to a specialist support service, although they were also provided with contact information about other support services as an alternative. To minimize the risk of distress, survey and interview questions did not focus on the trauma history of participants but rather their experiences of PartnerSPEAK and their support needs.

### ***Findings***

This section explores the effectiveness and appropriateness of the PartnerSPEAK peer support model based on service user responses in survey and interview. It begins by examining the impact of learning about a loved one's CSAM offending before going on to discuss user engagement with PartnerSPEAK services. The analysis draws out the key outcomes of the PartnerSPEAK support model identified in participant responses.

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

For four-fifths of survey and interview participants (34, 84.6%), the person in their life who accessed CSAM was a male partner or ex-partner. Four (9.6%) survey participants reported that the CSAM offender was a parent, and 3 (7.3%) reported that the offender was their child, sibling or son-in-law. Survey participants could nominate the known criminal activity of the offending loved one, with multiple options available. Thirty two (71.1%) nominated CSAM use, 17 (37.8%) nominated sexual abuse of children, 9 (20%) nominated CSAM production, and 5 (11.1%) participants nominated other criminal activity, such as online child grooming and CSAM distribution. In the majority of cases (41, 87.8%), participants reported that the



criminal activity was known to police, and (1, 2.4%) were unsure. Four (9.8%) indicated that the criminal activity had not been reported. Almost half of the survey participants (22, 48.9%) were not in contact with the CSAM offender however one fifth (9, 20%) reported some contact. Three (6.7%) were currently in a romantic relationship with the CSAM offender, and a further 3 (6.7%) were in a shared parenting arrangement with the offender. 2 (4.4%) participants indicated they were required to provide the offender with court-ordered contact with their children, and 2 (4.4%) participants indicated that they currently share assets or a business with the person. For 3 (6.7%) survey participants, the CSAM offender was now deceased.

In the interviews, women spoke at length about their shock, disbelief and trauma in the advent of learning about their partner's CSAM use. Three women became aware of their partner's offending when police attended their homes with a search warrant. 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.

For this participant, an innocuous knock on her front door set in train an unprecedented crisis. She had “no idea” about her partner's CSAM use. He was out of the house at the time and the search was undertaken by five police officers who could not be certain, at the time, that she was not colluding in her partner's offenses. She was suddenly confronted not only with her partner's secrets and betrayal, but also the end of that relationship, and her obligated involvement with child protection services and the criminal justice system. Throughout this process, she said, “I wouldn't tell people.” It was many years later that she connected with PartnerSPEAK and was able to discuss these experiences with other women and could provide advice to women who had only been recently confronted with these challenges. All interviewees described the discovery of their partner's CSAM offending as a profoundly traumatic event with consequences that reverberated across all aspects of their life and for many years afterward.

### ***Support needs and use of PartnerSPEAK services***

The majority (38, 84.4%) of survey participants either self-referred to PartnerSPEAK or were encouraged to contact PartnerSPEAK by family and friends, with the remaining participants (7, 15.6%) referred by police. When asked how she found PartnerSPEAK, interviewee 7 said:

I just searched online. Psychologists, no-one was helping me – the police didn't know about PartnerSPEAK, nobody knew about PartnerSPEAK. I just went online looking for help. “Wives who've experienced this”, I just Googled it. I might have just Googled: “Help out there for partner's whose husbands have looked up that sort of material.”

In the survey, participants indicated that they approached PartnerSPEAK seeking emotional support (27, 60.0%) and more information (10, 22.2%). A quarter (11, 24.4%) did not know anything about PartnerSPEAK when they first contacted the service. Isolation

was a common theme in open text 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 online peer support forum was the most popular service provided by PartnerSPEAK, with 32 (71.1%) survey respondents using the forum, followed by the phone service (8, 17.8%), PartnerSPEAK events such as webinars and symposiums (6, 13.3%), face-to-face support in a group (4, 8.9%), face-to-face support individually (2, 6.7%), and peer support during contact with police (2, 4.4%). The regularity and duration of engagement with PartnerSPEAK varied considerably. One-third of survey respondents (14, 34.1%) had been in contact with PartnerSPEAK for under a year, and two-thirds (27, 56.9%) had been in contact with PartnerSPEAK for a year or longer. Just under half of the respondents (18, 43.9%) reported irregular or infrequent contact with PartnerSPEAK (in which they accessed the service when they needed support, or when PartnerSPEAK proactively contacted them) with most participants (23, 56.1%) reporting more frequent contact with the service.

Satisfaction with PartnerSPEAK services was high, with 33 (80.5%) survey respondents indicating satisfaction with PartnerSPEAK. This satisfaction was further evident in open-text responses, with over two-thirds of participants (28, 68.3%) taking the opportunity to provide additional information about the benefits they received from PartnerSPEAK, including the opportunity to connect with people who had been through similar experiences, and the sharing of information, experiences and support within a non-judgmental context. This quote is indicative of the overall tone of survey responses regarding the experience of peer support:

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.

In the interviews, participants described their engagement with PartnerSPEAK, with some interviewees accessing select options such as the forum or phone services, and others engaging more broadly across phone, forum and group contexts. Key themes for forum users included the benefit of reading similar stories and receiving informed feedback and help and the reduction of loneliness and tension. Interviewee 6 commented:

Unfortunately, it's a relief to know other people are going through it. I find that I can only use it [the online forum] at particular times, other times it's too triggering. But I just pick when I think is a good time for me to look at it or engage in it.

One fifth (8, 19.5%) of survey participants registered some level of dissatisfaction with PartnerSPEAK, however, of these, half did not have negative feedback about PartnerSPEAK's current service offering and approach. Rather, they expressed a desire for more services and information, the expansion of PartnerSPEAK to other geographic locations, increased social media presence and activity, and measures to protect clients from the CSAM offender. The remaining half did provide critical feedback, with their primary concerns focused on the need for moderation of responses to forum posts, and a perceived lack of acceptance of those PartnerSPEAK clients who did not sever their relationship with the person who accessed CSAM.

### **Key outcomes of the peer support model**

The study identified three key themes in survey and interview responses to questions about PartnerSPEAK's peer support model, which addressed: (a) the reduction of isolation; (b) acceptance and judgment; and (c) the value of lived experience information.

#### **Reducing isolation**

Interviewees were unanimous in their view that the PartnerSPEAK peer support model reduced their feelings of isolation and shame. They valued the opportunity to share their experiences with other people who had found themselves in similar situations. Importantly, these shared experiences were not limited to the discovery of a loved one's CSAM offending but including maltreatment, rejection and inadequate support by professionals and the various agencies and systems that intervened once the offending had been revealed. The work of Freyd and colleagues (Freyd, 1996; Smith & Freyd, 2013) have documented how trivializing or humiliating responses to traumatic experiences, at the personal and institutional level, can further compound and exacerbate that trauma, and the dynamic of betrayal trauma was clearly evident amongst interviewees. Interviewee 7 recalled:

[Y]ou don't have anybody to talk to. You can speak to a psychologist who's just out of uni and never been married or had a boyfriend – [they have no] life experiences. You can speak to your doctor but you can't speak to family and friends because they will judge you.

Feelings of isolation, stigma and shame were evident throughout the interviews, and they described how the PartnerSPEAK peer support model validated and normalized these experiences and responses. The range of peer support options, including group and phone support and the online peer forum, allowed interviewees to choose the depth of their engagement with their peers, whether discussing their experiences directly or in writing or reading previous posts on the support forum. Interviewees often felt misunderstood, even by family and friends, which was not only very upsetting but could inhibit problem-solving. Interviewees felt that they could access a group of like-minded people through PartnerSPEAK which gave them access to new strategies and ways of coping with their particular challenges. For example, interviewee 7 said:

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!"

For some clients, discussion with peers led to the thematization of common concerns, in which they began to identify the broader social and systematic problems that shaped their individual experiences, including the widespread availability of CSAM and inadequate responses to impacted family, friends and children. Interviewees nominated PartnerSPEAK's advocacy role as an important mechanism for representing their voices and concerns in public dialogue and policy-making processes. Interviewee 5 said:

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 illustrates the interlinked benefits of the therapeutic, practical and political dimensions of the peer support model, in which the provision of a space for the articulation of shared experience and mutual problem-solving can also generate new political and social awareness. PartnerSPEAK's service model could directly address the needs of clients through facilitated dialogue within the organization, however, its external role as a public advocate and voice for impacted family and friends was also considered empowering and destigmatising. PartnerSPEAK clients generally valued their opportunity to contribute to social and policy change efforts through their involvement in the process of peer support.

### ***Acceptance and judgment***

Against a backdrop of stigma and misunderstanding, interview participants emphasized the importance of being able to discuss their experiences and concerns in an accepting and non-judgmental environment. PartnerSPEAK was able to facilitate this experience for the majority of interviewees and survey participants, who described the relief of feeling safe and supported to talk about their complex circumstances. Interview 1 said, "People get on there [the peer support forum] and vent. They just go, 'My whole world has just fallen apart.' People say that every day. I know what that fuckin' feels like."

The diverse experiences of PartnerSPEAK clients could present a challenge for the peer support model. The PartnerSPEAK peer support environment is dominated by the ex-partners of men who have accessed CSAM, however, clients include partners who have remained in the relationship with the CSAM offender, as well as the adult children of offenders. These clients had different support requirements since they maintained an ongoing connection with the offender. In an open text survey response, the adult daughter of a man who accessed CSAM described how pejorative references to CSAM offenders in the peer support environment did not accommodate her complex relationship with her father:

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.

In this interview, a PartnerSPEAK client indicates that she intends to remain with her partner, and she felt that this choice was not well understood or respected in the peer support context:

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 emphasize the divergent as well as shared experiences and needs within the cohort of people impacted by a loved one's CSAM offending. For most PartnerSPEAK clients, the discovery of a loved one's CSAM offending led to a permanent rupture in the relationship (if not immediately then in the short-to-medium term), alongside a black-and-white view of offenders that was alienating to clients who remained in the relationship or had ongoing familial ties.

The diversity of experiences in the peer support environment was further illustrated by an interview participant who was the ex-partner of a contact child sexual abuse offender who had not been charged with CSAM-related offenses. She found PartnerSPEAK in the absence of any support services for women in her particular situation, however, she found solace in the peer support forum, which included other women whose partners had also been charged with contact offenses. She described a range of benefits through her participation in the forum, including being able to read about how other women navigated divorce and the criminal justice system. However, she said:

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.

### *Lived experience information*

In the interviews, participants repeatedly emphasized the practical benefit of reading or hearing about similar experiences. Uncovering the CSAM use of a loved one often catalyses practical as well as emotional crises, with the breakdown of a relationship and/or arrest of a partner throwing financial, child-care, housing and other day-to-day arrangements into turmoil. Interviewee 3 emphasized the practical aspects of the crisis:

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.

While they valued the shared stories of peers for their normalizing and cathartic qualities, PartnerSPEAK clients also drew on these stories in order to address their informational needs, including gathering information about likely impacts and challenges for themselves and their children, the details of investigation processes and criminal justice systems, and possible coping and problem-solving strategies. Interviewee 6 valued reading about how other people coped or dealt with problems and the advice that was shared on the forum, without necessarily needing to offer her own experience or ask a question:

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.

Interviewee 5 described her ongoing contact with a peer support worker who was able to help her identify symptoms of trauma and anxiety, including insomnia and hyper-vigilance. These conversations normalized her responses and supported her to constructively address them, within discussions in which they are able to share commonalities in their experience. She said:

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.

The informational needs of PartnerSPEAK clients extended beyond their personal circumstances to include the nature of child sexual abuse and CSAM offending. Three out of seven interviewees indicated that they would benefit from further information about the offenses committed by their ex-partners. They were curious about the prevalence of CSA and CSAM, typologies of offenders, the origins of pedophilia and child sex offending, and the likelihood of recidivism. For interviewee 7, this information was important in understanding the potential risk that her ex-partner posed to their children. She said:

There’s no explanation why they’re [CSAM offenders] like this. 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 “[His brain is] chemically imbalanced, what was his childhood like?” I’m going, “What’s a childhood got to do with why would you want to look that up [CSAM]?”

## Discussion

Survey and interview data underscores the seriousness of the child sexual abuse and CSAM offending known to research participants, who were contending with partners and family members who had not only accessed CSAM, but who had, in some cases, groomed children online, produced CSAM, and engaged in contact offending. While the majority of participants had ended their relationship with the offender, some had not and others were obliged to remain in ongoing contact due to family ties, financial arrangements or shared parenting. Maintaining or ending such connections came with a multitude of challenges that participants would face alone in the absence of PartnerSPEAK, who provided a unique and valued service from the perspective of clients. The evaluation found that the PartnerSPEAK peer support model was appropriate for the client group, enabling clients to access support on an as-needs basis, within a service environment that the majority of clients indicated was accepting and non-judgmental. A small cohort of survey participants (4, 9.8%) had not reported the offending behavior to the authorities at the time of the survey, which suggests that the ongoing connection with PartnerSPEAK may be important not only in reducing the secondary impacts of reported offenses but in facilitating the reporting of previously undetected offenses.

The PartnerSPEAK peer support model offered both therapeutic and practical benefits. From a therapeutic point of view, PartnerSPEAK clients indicated that sharing experiences with peers enabled them to identify, understand and manage the emotional and psychological impacts of a loved one’s CSAM offending. These impacts were often compounded by their treatment by agencies, including the criminal justice system and child protection services, that clients had little-to-no familiarity with. Participating in peer discussion or reading forum posts provided a cognitive framework within which clients could draw similarities to their own experience while learning and implementing coping strategies (Phoenix, 2007). Practically, peer narratives and discussion offered PartnerSPEAK clients a unique source of information on what they might expect in the wake of relationship breakdown, police investigation, and the intervention of criminal justice, child protection and family law systems. PartnerSPEAK also offered more intensive support such as

attending police court appointments with clients. Research participants indicated that they were better able to manage practical challenges such as working with police and other agencies while managing financial and other fall-outs.

While survey and interview responses were generally complementary in their descriptions of PartnerSPEAK, the diverse experiences that comprise the PartnerSPEAK client cohort is a key challenge to the peer support model. Support options for people impacted by CSA and CSAM offending are negligible, which places pressure on PartnerSPEAK to accommodate people with varied circumstances and support needs. It was clear that the majority of PartnerSPEAK clients benefitted from their feelings of solidarity with others who also ended the relationship upon discovering that a partner had accessed CSAM. However, clients who chose to remain in a relationship with the CSAM offender, or who had family ties to an offender, may not feel wholly comfortable within a peer environment in which the majority of participants are ex-partners. Acceptance and a lack of judgment were repeatedly named as core features of successful peer support engagement however these experiences could be truncated or qualified for some PartnerSPEAK clients, with potential impacts upon ongoing experiences of shame and willingness to engage with available support. The relative homogeneity of the survey and interview samples, characterized predominantly by English-speaking Anglo-Australian heterosexual women, also points to a potential weakness in the peer support model. Non-offending partners and family from identified as culturally and linguistically diverse were minimally evident in the evaluation and as such may not be well accommodated within a generalist peer support approach that does not take into account their specific contexts and experiences.

## Implications

The project has a number of policy and practice implications. Firstly, the positive outcomes of the evaluation suggest that the peer support model should be more widely available to the loved ones of CSAM offenders. Interview participants described their frustration as their own family and friends were unable or unwilling to provide support through an unprecedented crisis in their lives. The peer support model implemented by PartnerSPEAK offered a new sense of belonging and community in which they were not discredited due to their unwanted proximity to CSAM. In the process, PartnerSPEAK clients could receive and offer invaluable insight and advice, transforming a bewildering and traumatizing experience into a point of shared connection and mutual support. They described a reduction in their sense of isolation and humiliation and a greater capacity for emotional and practical coping. At the time of the evaluation, PartnerSPEAK had relatively limited coverage in Australia, with a focus on the state of Victoria. However, the Australian government has recently committed to an expanded national support service for the family of child sexual offenders (NOCS, 2021).

Secondly, such support services should encompass the diverse circumstances faced by the loved ones of offenders, including those who remain in a relationship with the offender as well as those who seek to sever contact. In response to the evaluation, PartnerSPEAK hired additional peer support workers, including those who lived experience of remaining in a relationship with an offender after the discovery of the offending. This is an important step in ensuring that all “secondary victims” (Walker, 2019) of CSAM offenders receive appropriate support, since the evidence suggests that some partners of sex offenders choose to remain in the relationship (Duncan et al., 2020). Third, the findings of the study point to the

need for sensitive and trauma-informed investigations of CSAM cases, recognizing the serious impacts on the families of offenders. Survey and interview respondents indicated a high level of confusion and disruption during and following the revelation of the offending. Respondents found it difficult to access support from mainstream services. As CSAM prosecutions increase each year, it is important for mental health, social work and child protection workers to develop their competency to work effectively and compassionately with impacted families.

Finally, the study suggests that there is a lack of community awareness and understanding of CSAM offenses. Some clients highlighted the absence of adequate public understanding of the prevalence of CSAM and its impacts across the community, including on partners and family members. They recognized that their engagement with the peer support process empowered them to contribute to PartnerSPEAK's public advocacy on their behalf. PartnerSPEAK's voice in the media and participation in policy-making processes amplified the identification of common needs and issues through peer dialogue, facilitating the transition of otherwise personal and private experiences into the public sphere. The voices of the partners, ex-partners and children of CSAM offenses could offer a powerful educational tool to address current levels of public ignorance and stigma of CSAM offenses.

## Limitations

This paper draws on evaluation data gleaned from a small, purposeful sample of PartnerSPEAK clients, which limits the generalizability of the findings to all partners and family of CSAM offenders. While this evaluation identified a range of support needs amongst this cohort and suggests strategies for addressing those needs, this sample may not be representative of all partners and families of CSAM offenders. There is the possibility of a selection bias, in which some groups of PartnerSPEAK clients may have been motivated to participate in the evaluation than others. As noted in the discussion, the majority of participants were English-speaking heterosexual females who had left the relationship with the CSAM offender. Non-offending partners and family from non-English speaking backgrounds were minimally represented, while the study included few partners who chose to remain with the offender. There is a need for large-scale research into the experiences and needs of non-offending partners and family of CSAM offenders, with a focus on the diversity of "secondary victims."

## Disclosure statement

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## References

- ABS. (2018). *Estimates of Aboriginal and Torres Strait Islander Australians*, June 2016. ABS cat. no. 3238.0.55.001, Canberra.
- Baylous, C., & Bell, J. (2015). *SANE forums: Online peer support for people living with mental illness and for carers*. SANE Australia.
- Bouhours, B., & Broadhurst, R. (2011). *Virtual global taskforce P2P online offender sample July 2010 – June 2011*. Australian National University.



- Braun, V., & Clarke, V. (2012). Thematic analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbook of research methods in psychology, quantitative, qualitative, neuropsychological, and biological* (2nd ed., pp. 57–71). American Psychological Association.
- Brown, R., & Bricknell, S. (2018). *What is the profile of child exploitation material offenders?* Australian Institute of Criminology.
- Bursztein, E., Bright, T., Clarke, E., DeLaune, D., Eliff, M., Hsu, N., Olson, L., & Thomas, K. (2019). *Rethinking the detection of child sexual abuse imagery on the internet*. World Wide Web Conference (WWW'19). San Francisco, CA, Association for Computing Machinery.
- Corrigan, P. W., Michaels, P. J., Vega, E., Gause, M., Larson, J., Krzyzanowski, R., & Botcheva, L. (2014). Key ingredients to contact-based stigma change: A cross-validation. *Psychiatric Rehabilitation Journal*, 37(1), 62. <https://doi.org/10.1037/prj0000038>
- Cousins, J. B., & Whitmore, E. (1998). Framing participatory evaluation. *New Directions for Evaluation*, 1998(80), 5–23. <https://doi.org/10.1002/ev.1114>
- Dillon, R. S. (1997). Self-respect: Moral, emotional, political. *Ethics*, 107(2), 226–249. <https://doi.org/10.1086/233719>
- Dombert, B., Schmidt, A. F., Banse, R., Briken, P., Hoyer, J., Neutze, J., & Osterheider, M. (2016). How common is men's self-reported sexual interest in prepubescent children? *The Journal of Sex Research*, 53(2), 214–223. <https://doi.org/10.1080/00224499.2015.1020108>
- Duncan, K., Wakeham, A., Winder, B., Armitage, R., Roberts, L., & Blagden, N. (2020). *The experiences of non-offending partners of individuals who have committed sexual offences: Recommendations for practitioners and stakeholders*. Nottingham Trent University & University of Huddersfield. <https://huddersfield.app.box.com/s/1sumdnyq9yjkghw0axzvgt7e2rfgcih>
- Elshout, M., Nelissen, R. M., & van Beest, I. (2017). Conceptualising humiliation. *Cognition and Emotion*, 31(8), 1581–1594. <https://doi.org/10.1080/02699931.2016.1249462>
- Farkas, M. A., & Miller, G. (2007). Reentry and reintegration: Challenges faced by the families of convicted sex offenders. *Federal Sentencing Reporter*, 20(1), 88–92. <https://doi.org/10.1525/fsr.2007.20.2.88>
- Freyd, J. J. (1996). *Betrayal Trauma: The logic of forgetting child abuse*. Harvard University Press.
- Kavanagh, S., & Levenson, J. (2021). Supporting those who love the loathed: Trauma-informed support groups for family members of registered sex offenders. *Families in Society*, 10443894211008846. <https://doi.org/10.1177/10443894211008846>
- Kilmer, A., & Leon, C. S. (2017). 'Nobody worries about our children': Unseen impacts of sex offender registration on families with school-age children and implications for desistance. *Criminal Justice Studies*, 30(2), 181–201. <https://doi.org/10.1080/1478601X.2017.1299852>
- Kurtz, L. F. (1990). The self-help movement. *Social Work with Groups*, 13(3), 101–115. [https://doi.org/10.1300/J009v13n03\\_11](https://doi.org/10.1300/J009v13n03_11)
- Levenson, J., & Tewksbury, R. (2009). Collateral damage: Family members of registered sex offenders. *American Journal of Criminal Justice*, 34(1–2), 54–68. <https://doi.org/10.1007/s12103-008-9055-x>
- Levy, L. H. (1976). Self-help groups: Types and psychological processes. *The Journal of Applied Behavioral Science*, 12(3), 310–322. <https://doi.org/10.1177/002188637601200305>
- Liddell, M., & Taylor, S. C. (2015). *Women's experiences of learning about the involvement of a partner possessing child abuse material in Australia*. RMIT University.
- Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology*, 27(1), 363–385. <https://doi.org/10.1146/annurev.soc.27.1.363>
- Mead, S., Hilton, D., & Curtis, L. (2001). Peer support: A theoretical perspective. *Psychiatric Rehabilitation Journal*, 25(2), 134–141. <https://doi.org/10.1037/h0095032>
- Monaghan, L. F. (2017). Re-framing weight-related stigma: From spoiled identity to macro-social structures. *Social Theory & Health*, 15(2), 182–205. <https://doi.org/10.1057/s41285-016-0022-1>
- NCMEC. (2021). *2020 reports by electronic service providers*. <https://www.missingkids.org/content/dam/missingkids/gethelp/2020-reports-by-esp.pdf>
- NOCS. (2021). *National strategy to prevent and respond to child sexual abuse*. <https://childsafety.pmc.gov.au/sites/default/files/2021-10/national-strategy-2021-30.pdf>

- Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 16(1), 1609406917733847. <https://doi.org/10.1177/1609406917733847>
- Ostrow, L., & Adams, N. (2012). Recovery in the USA: From politics to peer support. *International Review of Psychiatry*, 24(1), 70–78. <https://doi.org/10.3109/09540261.2012.659659>
- Phoenix, B. J. (2007). Psychoeducation for survivors of trauma. *Perspectives in Psychiatric Care*, 43(3), 123–131. <https://doi.org/10.1111/j.1744-6163.2007.00121.x>
- Richters, J., Altman, D., Badcock, P. B., Smith, A. M., de Visser, R. O., & Grulich, A. E. (2014). Sexual identity, sexual attraction and sexual experience: The second Australian study of health and relationships. *Sexual Health*, 11(5), 451–460. <https://doi.org/10.1071/SH14117>
- Salter, M. (2020). The transitional space of public inquiries: The case of the Australian royal commission into institutional responses to child sexual abuse. *Australian & New Zealand Journal of Criminology*, 53(2), 213–230. <https://doi.org/10.1177/0004865819886634>
- Salter, M., & Hall, H. (2020). Reducing shame, promoting dignity: A model for the primary prevention of complex post-traumatic stress disorder. *Trauma, Violence, & Abuse*, 1524838020979667. doi:10.1177/1524838020979667
- Sample, L., Cooley, B., & ten Bensele, T. (2018). Beyond circles of support: “Fearless” – An open peer-to-peer mutual support group for sex offence registered sex offenders and their family members. *International Journal of Offender Therapy and Comparative Criminology*, 62(13), 4257–4277. <https://doi.org/10.1177/0306624X18758895>
- Seto, M. C., Hermann, C. A., Kjellgren, C., Priebe, G., Svedin, C. G., & Långström, N. (2015). Viewing child pornography: Prevalence and correlates in a representative community sample of young Swedish men. *Archives of Sexual Behavior*, 44(1), 67–79. <https://doi.org/10.1007/s10508-013-0244-4>
- Shannon, K. L., Pearce, P., & Swarbrick, P. (2013). Factors influencing the development of an innovative service for women non-offending partners (NOPs) of male sexual offenders. *Journal of Sexual Aggression*, 19(3), 357–368. <https://doi.org/10.1080/13552600.2012.729092>
- Smith, C. P., & Freyd, J. J. (2013). Dangerous safe havens: Institutional betrayal exacerbates sexual Trauma. *Journal of Traumatic Stress*, 26(1), 119–124. <https://doi.org/10.1002/jts.21778>
- Steinberg, D. M. (2010). Mutual aid: A contribution to best-practice social work. *Social Work with Groups*, 33(1), 53–68. <https://doi.org/10.1080/01609510903316389>
- Taddei, L. (2020). *Impact of COVID-19 on online child sexual exploitation*. WePROTECT Global Alliance. <https://alliancecpha.org/en/child-protection-online-library/weprotect-global-alliance-intelligence-brief-impact-covid-19-online>
- Treloar, C., Rance, J., Bath, N., Everingham, H., Micallef, M., Day, D., Hazelwood, S., Grebely, J., & Dore, G. J. (2015). Evaluation of two community-controlled peer support services for assessment and treatment of hepatitis C virus infection in opioid substitution treatment clinics: The ETHOS study, Australia. *International Journal of Drug Policy*, 26(10), 992–998. <https://doi.org/10.1016/j.drugpo.2015.01.005>
- Walker, N. (2019). *Intentional peer support as a trauma informed response to the partners of perpetrators of child sexual abuse material*. The Winston Churchill Memorial Trust of Australia.
- Whittier, N. (2009). *The politics of child sexual abuse: Emotion, social movements, and the state*. Oxford University Press.
- Wolak, J., Finkelhor, D., & Mitchell, K. (2011). Child pornography possessors: Trends in offender and case characteristics. *Sexual Abuse*, 23(1), 22–42. <https://doi.org/10.1177/1079063210372143>