



samsn
SURVIVORS & MATES SUPPORT NETWORK

Peer Support Line Social Impact Report

The impact of the SAMSN Peer Support Line project on the wellbeing of male survivors of child sexual abuse

December 2022

Prepared by



**HUBER
SOCIAL**





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Acknowledgement of Country

Huber Social acknowledges the Traditional Owners and Custodians of Country throughout Australia and their continuing connection to land, waters and community. We pay our respects to the people, the cultures and the Elders past, present and future.

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Executive Summary

The Royal Commission into Institutional Responses to Child Sexual Abuse Report made extensive recommendations for increasing and improving support services for the estimated 1.4 million child sexual abuse (CSA) survivors across Australia.

Survivors & Mates Network (SAMSN) is one of few specialist organisations working to address this unmet national need. Founded by a small group of male survivors, SAMSN offers free support services to male CSA survivors, their families, and supporters. Male survivors face unique challenges, often taking longer to disclose their abuse and facing greater difficulties in being believed when they do take this difficult step.

A negative disclosure experience risks delaying a survivors' recovery process, while a positive experience can be life-changing. SAMSN has identified that for male CSA survivors, positive disclosure is best achieved through connecting with a fellow survivor.

The SAMSN Peer Support Line offers callers the opportunity to connect with a fellow survivor and have a conversation which will hopefully enable survivors to pursue the next step in their healing journey, either through seeking additional support services or even just by feeling better knowing they are not alone.

SAMSN has partnered with Huber Social to measure the social impact of this service. This report presents the findings of the six-month pilot study. To assess the social impact of the Peer Support Line, Huber Social measured the change in caller and Peers' overall wellbeing, mental wellness and other key outcomes.

Measurement Approach

The majority of pilot data was collected through self-report surveys, created by Huber Social and developed and tested with SAMSN staff.

Secondary data related to call scheduling timelines and service use for each caller was also provided by SAMSN.

Surveys were distributed by SAMSN via SMS and email; reminders were shared via text message and in follow up contact with existing clients. All participants were issued a unique ID to link pre- and post-survey results anonymously.

For existing SAMSN clients, baseline surveys were distributed prior to the call. New callers were asked to complete the baseline survey shortly after their Peer Support Line call, in recognition of the potential trauma risk posed by completing a survey prior to the call. Follow-up surveys were distributed six-weeks post-call for all callers. All six Peer Support Line Peers were asked to complete a baseline two-weeks prior to beginning their work on the call line, and at the end of the pilot period.

Of the 90 available appointments, 94.4% were booked, and of which 80% were completed (calls answered).

To measure overall impact, three metrics were used: (1) the Satisfaction with Life Scale (SWLS), used by Huber Social to measure subjective wellbeing; (2) the Warwick-Edinburgh Mental Well-being Scale (WEMWBS), used by SAMSN in existing research; and (3) percentage of follow up requests for further support.

Limitations and Analysis

100% of Peer Support Line Peers completed both the baseline and follow-up surveys. Of the 68 callers who participated in the pilot, 28% completed a baseline and 25% completed a follow-up survey; about one-eighth completed both. This is consistent with similar work using self-report surveys among populations who have experienced severe trauma, however, given the small sample size, findings from this report should be considered indicative only.



Executive Summary

Analysis compared the eight paired pre- and post-call responses from callers and six paired responses from Peers to assess overall impact and changes in program outcomes. However, in identifying the wellbeing needs of Peer Support Line callers, data from all follow up surveys was used to establish a more robust dataset. Qualitative feedback from all callers has also been utilised in analysis

Findings

- **Peer Support Line has a positive impact on callers and Peers**

Among Peer Support Line callers, WEMWBS scores increased by 30% between baseline and follow-up surveys, and while there was an observed positive increase in callers' scores on the SWLS between baseline and follow up measurements, this was not statistically significant. Overall, SAMSN Peers reported increases of 21% and 7% on their ratings on the SWLS and WEMWBS, respectively. These cumulative results suggest that the Peer Support Line has an overall positive social impact for both callers and Peers.

- **New callers are getting connected to additional support**

Among callers who had not previously utilised SAMSN's service, 77% went on to request additional support which confirms that the service is meeting its goal of being a positive and catalytic first interaction for survivors.

- **Callers value the Peer Support Line's unique service**

100% of callers who gave open feedback as part of their follow-up survey were positive about the peer support line. The strongest theme amongst the feedback was that the service is unique in offering survivors the chance to speak with another survivor, often for the first time in their lives (that they know of). That allowed them to be more open and at ease in the conversation as well giving them a sense that they are not alone in their struggles.

- **Maintaining cheerfulness is a priority need for callers and Peers**

The factor 'I've been feeling cheerful' was identified as a predictor of wellbeing, but it was also one of the lowest scored factors for both callers and Peers at their follow-up measurement. This factor can therefore be identified as a priority need, and represents an opportunity to potentially address overall wellbeing among callers and Peers if it is improved upon.

Recommendations

The findings also offer SAMSN some key points to consider in moving beyond the pilot period.

- **Ensuring access and uptake among new callers**, who made up only 18% of callers during the measurement period due to a staggered rollout, will be critical.
- **Increasing the diversity of peers** could be beneficial given key demographic differences were found between callers and Peers.
- **Protecting the emotional wellness of Peers and callers** should continue to be prioritised, with 'feeling cheerful' a factor that was found to be both important to wellbeing and low-scoring among both cohorts.
- **Evaluation of the project** is particularly valuable as there is very little research into similar programs and evaluation should therefore continue alongside the project.

Conclusion

In its first six months of operation, the SAMSN Peer Support Line is already proving to be a successful service that is highly valued by both users and staff. Both quantitative and qualitative findings offer evidence for the Peer Support Line's effectiveness in providing immediate mental wellness support as well as the potential for long-term wellbeing benefits as a means for connecting callers with additional recovery services.



SAMSN Peer Support Line: **Pilot Results**



Creating Community to Support Survivors' Wellbeing

In Australia, an estimated 1.4 million adults have experienced childhood sexual abuse (CSA) (ABS, 2019). However, in recognising the barriers to disclosure of CSA, that is likely a severe underestimation; best estimates put CSA prevalence at about 8% for men and 20% for women (Gilmore, 2017). Survivors of CSA are significantly more likely to struggle with long-term mental health challenges, including guilt, extreme anger, withdrawal, suppression (often through substance use) and PTSD (O'Leary, 2008).

While disclosure is often the start of one's healing journey, it can also be a painful and confronting process, unique to the experiences of each individual. For men, disclosure tends to happen later in life (average time following abuse is 25.6 years, compared to 20.6 years for female survivors) (Royal Commission, 2017), in part because they are less likely to be believed when disclosing and are more likely to experience feelings of shame and identity confusion fuelled by perceptions of traditional masculinity (O'Leary & Gould, 2009). A negative disclosure experience risks creating delays in a survivors' recovery process and may prevent them from pursuing further support; however, a positive disclosure experience can be life-changing.

The Royal Commission into Institutional Responses to Child Sexual Abuse Report makes extensive recommendations for increasing and improving support services for CSA survivors. Survivors & Mates Network (SAMSN) is one of few specialist organisations working to address this unmet national need. Founded by a small group of male survivors, SAMSN offers free support services to male CSA survivors, their families, and supporters.

SAMSN has identified that for male CSA survivors, positive disclosure is best achieved through connecting with someone who has the shared lived experience of CSA - a fellow survivor.

The SAMSN Peer Support Line offers callers the opportunity to connect with a fellow survivor and simply have a conversation; a conversation which will hopefully enable survivors to pursue the next step in their healing journey, either through seeking additional support services or even just by feeling a bit better knowing that they are not alone. SAMSN finds that speaking with a peer often sets survivors at ease and reassures them that SAMSN is a service they can trust; a service, as they so often put it, who 'gets it'.

SAMSN has partnered with Huber Social to measure the social impact of this critical service. This report presents the findings of the six-month pilot study, and provides evidence for the overwhelmingly positive impact of the Peer Support Line for male CSA survivors, both callers and peer support staff. Not only does the Peer Support Line lead to improved mental wellness outcomes for callers, it also empowers them to pursue additional support services which have the potential to help survivors heal and strengthen their overall wellbeing.

Given the national prevalence of CSA and the shortage of services like SAMSN, there is a clear need for not only the continued funding and operation of the Peer Support Line but for expansion of this service and others offered to male CSA survivors.



SAMSN'S PURPOSE

To build a support network that gives voice and agency to male survivors and their supporters.



About SAMS and the Peer Support Line

Since 2010, SAMS has been providing much needed and severely lacking support services for male CSA survivors. The SAMS model, developed over a decade by clinical professionals in collaboration with survivors, provides counselling and psychological care support. Services include Individual Planned Support, Eight-Week Support Groups, Monthly Drop-In Meetings and assistance to navigate and access the National Redress Scheme as a Redress Support Service.

SAMS's Peer Support Line provides its users with the opportunity to speak to a SAMS survivor with lived experience, who understands the common issues male survivors face in dealing with the impacts of CSA within a society that has limited understanding of the effects of CSA and often inhibits disclosure, especially for men.

As opposed to a standard helpline, this peer-to-peer support service gives callers a unique opportunity to connect with another male CSA survivor, something they may have never

knowingly done before. Peer Support Line staff (Peers) are able to speak directly to their own experiences with SAMS services and other relevant areas such as the National Redress Scheme or criminal justice system. Speaking with a fellow survivor who can relate reduces feelings of isolation, shame, and stigma and focuses on the way forward to healing and recovery.

The service is a free, confidential 30–45-minute phone call with a SAMS Peer, booked either through the SAMS website or Planned Support team. Appointments are offered in two, three-hour service windows available during weekday evenings, and can be booked up to 30 days in advance.

The six Peers manning the phone line were recruited from men who have participated in at least one SAMS Support Group and attend monthly drop-in meetings. They received training and support throughout the process, with supervision and mentoring provided by SAMS staff.





Why Measure Social Impact?

To provide SAMSN with a holistic understanding of its social impact, Huber Social has been engaged to evaluate the Peer Support Line pilot program. Huber Social's unique approach will not only demonstrate the impact of the program, but also identify opportunities for new and continued resource investments that will maximise the positive impact of SAMSN's services to the male CSA community.

1. Measure

To measure the impact of the Peer Support Line, Huber Social measures the shift in overall wellbeing and outcomes for those who benefit - in this case, both the Peer Support Line callers and Peers.

Measurement provides a data driven approach for SAMSN to articulate their social impact to internal and external stakeholders.

Why Wellbeing?

Measures overall progress and supports the systematic solving of social issues

Ultimately, the goal of all social impact is to put people in the best position to fulfil their potential and achieve wellbeing. It is therefore important to measure wellbeing to ensure that overall, programmes are having a positive impact. To measure social impact, Huber Social therefore measures a shift in overall wellbeing and the specific programme outcomes that contribute to it.¹

Taking a wellbeing approach also provides a whole-of-life understanding of a person's needs. Instead of starting with the issue at hand, which tends to focus on the crisis end of a problem and place artificial limitations on the needs of people, strengthening wellbeing supports building a person's capability and opportunity to fulfil their potential, thus working to systematically address social issues.

2. Maximise

Beyond a focus on outcomes, Huber Social's approach considers the holistic needs of a person to be in the best position to fulfil their potential.

Through this measurement approach, opportunities are identified for improved resource allocation to maximise the potential impact that SAMSN can create for their community's wellbeing.



[1] For details of how Huber Social measures wellbeing, please refer to Appendix 1, the Huber Social Wellbeing Measurement Framework.



SAMSUN's Peer Support Line **Impact Thesis**

The Impact Thesis outlines how the Peer Support Line impacts those who benefit from the program. Through measuring each level of impact, SAMSUN can use a data-driven approach to demonstrate what works and what is needed to maximise impact and outcomes. The following model considers outcomes only for the Peer Support Line, and does not include all of SAMSUN's services.

1. Impact

The overall impact of the Peer Support Line is to positively contribute to the wellbeing of CSA survivors by offering an opportunity to hear a fellow survivor's lived experience and share their own story.



2. Outcomes

SAMSUN achieves this impact by building capabilities in and providing access to opportunities across the following areas to Peer Support Line callers and Peers:

- **Belonging and Connection** - Community and personal relationships
 - **Mental Wellness** - Factors that work together to support one's holistic wellness
 - **Life Skills** - General knowledge and skills for a happy and healthy life
 - **Self-belief and Resilience** - Ability to handle setbacks and believe in oneself
-



3. Outputs

The Peer Support Line delivers the following outputs:

- Calls completed
 - Callers reached
 - Peers engaged
 - Connection to other SAMSUN services
-



4. Activities

These outputs are achieved with the following activities:

- Sessions scheduled
 - Peer recruitment
 - Peer training
 - Peer support and supervision
-



5. Resources

The above impact requires the following inputs:

- Funding
 - Staff
 - Peers
 - Training materials
 - Facilities
-



Measurement Approach

Design Approach

To assess the social impact of the Peer Support Line, Huber Social measured the change in caller and Peers' overall wellbeing, mental wellness and other key outcomes achieved through engagement with the service. A co-design workshop was first held to identify outcomes critical for inclusion in the pilot's measurement framework and survey tools. The pilot study was granted ethical approval on 20 April 2022 by the Huber Social Ethical Review Board (Committee No. EC00473).

Measurement Tools

The majority of pilot data was collected through self-report surveys, created by Huber Social and developed and tested with SAMSN staff. Secondary data related to call scheduling timelines and service use for each caller was also provided by SAMSN.

To measure overall impact, three metrics were used: (1) the Satisfaction with Life Scale (SWLS), used by Huber Social to measure subjective wellbeing; (2) the Warwick-Edinburgh Mental Well-being Scale (WEMWBS), used by SAMSN across existing research of their service models; and (3) percentage of follow up requests for further support.

Satisfaction with Life Scale

The SWLS is a five-item instrument designed to measure global cognitive judgments of satisfaction with one's life across all of time (Diener, 1985). Items are scored on a bipolar Likert scale from 1 (strongly disagree) to 5 (strongly agree). Scores are averaged across all five items for a single Overall Wellbeing Score. The SWLS was shown to have favorable psychometric properties, including high internal consistency and high temporal reliability. Scores on the SWLS correlated moderately to highly with other measures of subjective well-being.

In this study, an abbreviated version of the scale has been used (3 items only) to reduce survey fatigue and increase item acceptability among this specific population (Kjell & Diener, 2021).

Warwick-Edinburgh Mental Well-being Scale

The WEMWBS measures mental wellness across 14 items scored on a unipolar Likert scale from 1 (none of the time) to 5 (all of the time) (Tennant et al., 2007). Scores are summed across all items measured, for a total score ranging from 14 to 70. WEMWBS has good content validity and high correlation with other measures of mental health and wellbeing, with high test-retest reliability. A key feature of the WEMWBS is that it uses a strengths-based approach, in that all items are worded positively to address positive aspects of mental health.

Four additional items were included to measure caller and Peers' sense of validation, self-worth, and help-seeking behaviour. These questions were developed by the team and tested with SAMSN staff for acceptability. A full list of survey items can be found in the report appendix.

A note on wellbeing vs wellness

This report will refer to two distinct concepts: wellbeing and wellness. The following definitions are used to distinguish between the two:

Wellbeing: a state of being, as measured by one's satisfaction with life. Wellbeing requires both capabilities and access to opportunities to be in the best position for one to live a life that they value. For the purposes of analysis, the SWLS measures overall wellbeing.

Wellness: a reflection of one's physical, mental, emotional and spiritual health. Wellness focuses on one's internal capabilities, and does not include the external opportunities present (or absent) in one's environment. It is one component of person's overall wellbeing. For



Measurement Approach

the purposes of analysis, the WEMWBS measures mental wellness.

Data Collection

The pilot ran from May - October 2022. Surveys were distributed by SAMSN via SMS and email; reminders were shared via text message and in follow up contact with existing clients. All participants were issued a unique ID to link pre- and post-survey results anonymously.

For existing SAMSN clients connecting with the Peer Support Line, baseline surveys were distributed at call schedule. In recognition of the potential trauma risk posed by completing a baseline survey prior to being connected to adequate support services, new callers were asked to complete the baseline survey shortly after their Peer Support Line call, once contact with SAMSN services has been established. Follow-up surveys were distributed six-weeks post-call for all callers. All six Peer Support Line Peers were asked to complete a baseline two-weeks prior to beginning their work on the call line, and at the end of the pilot period (Figure 1).

Caller Participation and Demographics

Of the 90 available appointments, 94.4% were booked, and of which 80% were completed (calls answered), this being a strong indication of the existing need for services like the Peer Support Line. The majority (83%) were booked by existing SAMSN clients through their Planned Support service, in part because the pilot was exclusively opened to existing clients until July. The average time between booking made and call completed was 17 days, although this increased to 23.5 days once the Peer Support Line was publicly available.

In addition to data collected in the Peer Support Line Survey, additional caller demographic data was collected by SAMSN at the time of booking,

Figure 1. Survey timings

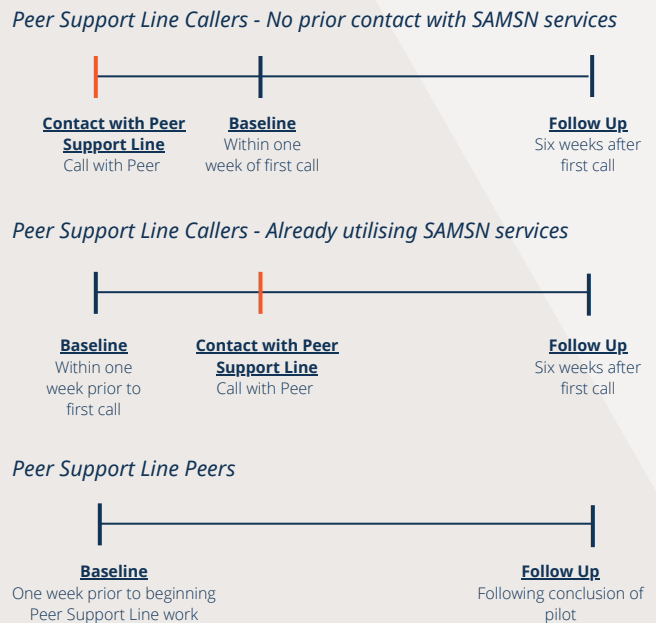


Table 1. Demographic Data of All Callers (n=68)

Demographics	
Average Age (Range)	49 years old (18-79)
Lives with a Disability	33%
First Nations	8%
Cultural and Linguistically Diverse	15%
State/Territory	
NSW	74%
SA	8%
VIC	9.7%
QLD	7%
TAS	1.3%

(Table 1) and has been included to provide insights into total service usage. Statistics are representative of all callers; page 14 provides insights into the specific characteristics of those who participated in the Peer Support Line study (i.e., completed a survey).

Survey Response Rates

While a 100% response rate for both surveys was achieved among the Peer Support Line Peers sample, samples sizes of callers fell short



Measurement Approach

of achieving a 95% confidence rate (Table 2). Of the 68 callers who participated in the pilot, 28% completed a baseline and 25% completed a follow-up survey; about one-eighth completed both. However, in similar studies using self-report surveys among populations who have experienced severe trauma, response rates ranged between 16% to 27%. This suggests that relatively strong response rate levels were achieved for this evaluation²(Gibbs et. al., 2018, Hawkins et. al., 2020).

Analysis

Despite a lower response rate, analysis continued as planned using the eight paired pre- and post-call responses from callers and six paired responses from Peers to assess overall impact and changes in program outcomes. However, in identifying the wellbeing needs of Peer Support Line callers, data from all follow up surveys was used to establish a more robust dataset.

Qualitative feedback from all callers has also been taken into account in the results interpretation, as this data source provides important contextual information for understanding the impact of this peer support service and offers deeper insights into specific elements of the service's impact.

To determine impact, each scale was analysed separately according to its respective protocols, with independent t-tests performed to verify statistical significance of results. Statistical analysis was also used across each individual item in the survey to determine any significant shifts across these factors pre- and post-intervention. One-way ANOVA testing was used to identify any significant differences in overall wellbeing amongst key demographic subgroups.

Table 2. Peer Support Line Pilot Participation and Response Rates, per Participant Type

Participant Type	New User	Existing User	Total Callers	PSL Peers
# of Calls Booked	15	70	85	-
# of Calls Completed	13	55	68	-
% Calls Completed	87%	79%	80%	-
# of Baseline Surveys Completed	2	17	19	6
% Baseline Response Rate	15%	31%	28%	1
# Follow Up Surveys Completed	1	16	17	6
% Follow Up Response Rate	8%	29%	25%	1
# of Paired Responses	0	8	8	6
% of Paired Responses	0%	15%	12%	1

Pearson and Spearman correlation analyses was used to assess relationships between Overall Wellbeing Score and all other ordinal factors (WEMWBS items and five additional questions). This allows the authors to identify which factors measured have a significant positive relationship with overall wellbeing; these are referred to as 'predictors of wellbeing.' Current and future CSA survivors involved with the Peer Support Line who have higher scores across these predictors are more likely to also have higher wellbeing.

For additional information regarding predictors of wellbeing for callers and Peers, see page 32 in the report appendix.

[2] It should be noted that there is a significant gap in the literature regarding strategies for increasing response rates and the optimal point to measure amongst this population or those who have experienced severe trauma.



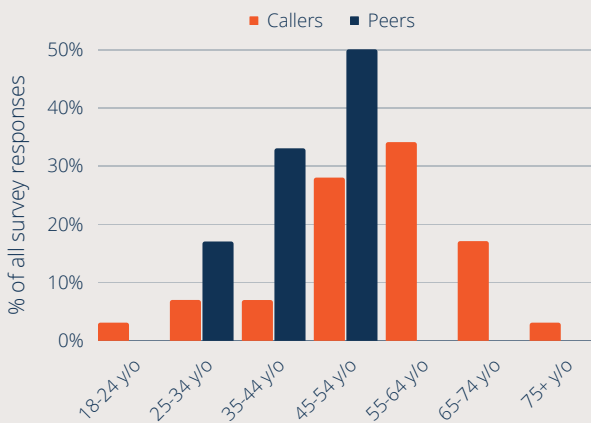
About the Peer Support Line Survey Participants

The Peer Support Line Survey was completed by 28 callers - including three new callers - and six Peers. The following highlights some key demographic differences between callers and Peers; see page 12 for further discussion.

Age

While the average age of surveyed Peer Support Line callers is approximately 54 years old, the average age of Peers is lower at 43 years old.

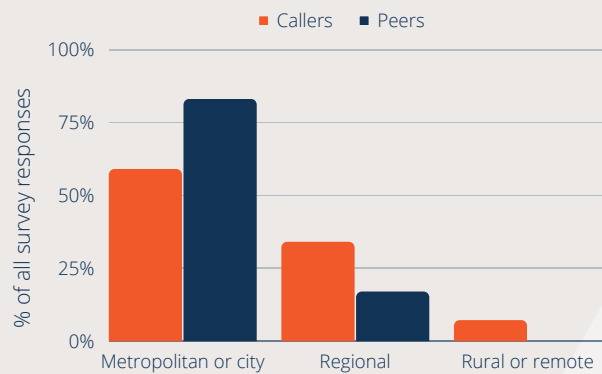
All responses, by age



Location

The majority of of both Peer Support Line callers (59%) and Peers (89%) are located in metropolitan areas; however, there is a greater percentage of callers from regional and rural locations.

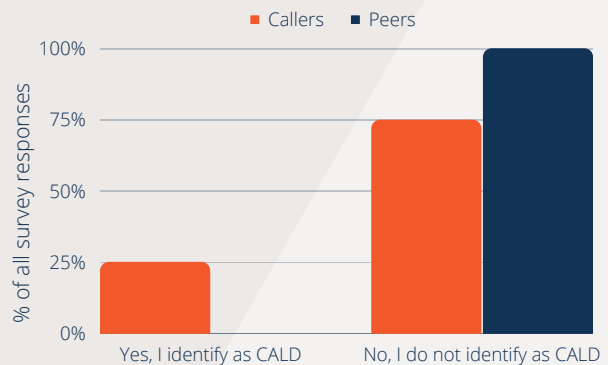
All responses, by location



Cultural and Linguistic Diversity

While one quarter of Peer Support Line callers report that they identify as culturally or linguistically diverse, there were no Peers who identify as such, nor were there any Peers who identified as First Nations.

All responses, by cultural and linguistic diversity





Key Findings of the Peer Support Line Pilot

1. Peer Support Line has a positive impact on callers and Peers

Among Peer Support Line callers, WEMWBS scores increased by 30% between baseline and follow-up surveys, but no significant shift in their overall wellbeing. SAMSN Peers reported a 21% increase in their overall wellbeing. Overall mental wellness also increased among by Peers by 7%. These cumulative results suggest that the Peer Support Line has an overall positive social impact for both callers and Peers.

2. New callers are getting connected to additional support

Among callers who had not previously utilised SAMSN's service, 77% went on to request additional support which confirms that the service is meeting its goal of being a positive first interaction for survivors that can begin their healing journey.

3. Callers value the Peer Support Line's unique service

100% of callers who gave open feedback as part of their follow-up survey were positive about the peer support line. The strongest theme amongst the feedback was that the service is unique in offering survivors the chance to speak with another survivor, often for the first time in their lives (that they know of). That allowed them to be more open and at ease in the conversation as well as giving them a sense that they are not alone in their struggles.

4. Maintaining cheerfulness is a priority need for callers and Peers

The factor 'I've been feeling cheerful' was identified as a predictor of wellbeing, but it was also one of the lowest scored factors for both callers and Peers at their follow-up measurement. This factor can therefore be identified as a priority need, and represents an opportunity to potentially address overall wellbeing among callers and Peers if it is improved upon.



Impact of the Peer Support Line on Callers

The measurement used three indicators to measure the overall impact of the Peer Support Line: change in overall wellbeing (SWLS), change in mental wellness (WEMWBS) and percentage of follow up request for further support.

Encouragingly, **77% of new callers went on to request additional support services** such as attending a SAMSN group, assistance accessing the NSW Victims Services Support Scheme or the National Redress Scheme, counselling at SAMSN or other resources.³ This is a clear indication of success for the Peer Support Line service.

With respect to the other two metrics, the following results consider the paired responses from the eight participants who had completed both a baseline and follow up survey.

Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

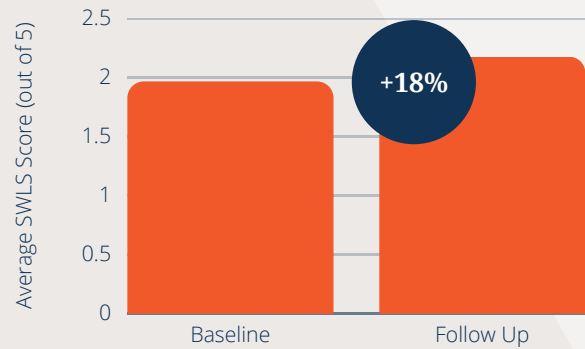
Callers saw a 30% increase in their WEMWBS score between their baseline and follow-up measurements. This improvement was statistically significant ($p < 0.05$). While this result should not yet be considered conclusive given the small sample size, it is clear that the Peer Support Line Service had a positive impact on the mental wellness of these callers.

Analysis also found that satisfaction with life and mental wellbeing have strong correlation (beta co-efficient, 0.751, $p < 0.01$) meaning that mental wellbeing has a strong relationship with a CSA survivor's overall satisfaction with life. This should be taken into account when designing future interventions to support this community, as addressing mental wellness may support higher wellbeing among participants.

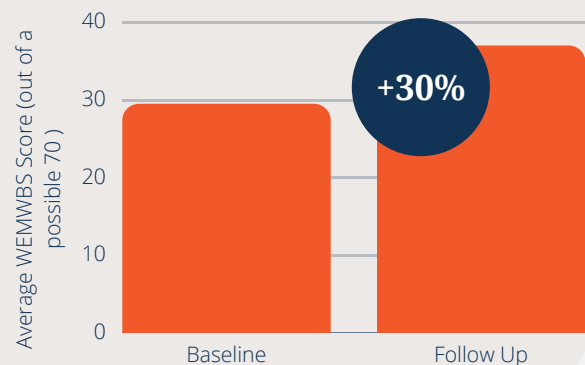
Satisfaction With Life Scale (SWLS)

While there was an observed positive increase in callers' overall satisfaction with life between the baseline and follow up measurements, this increase was not statistically significant ($p > 0.1$).

Average SWLS Score, pre and post-call



Average WEMWBS Score, pre and post-call



There is limited research which explores changes in mental wellness as a result of one-time peer support services for CSA survivors. The majority of available literature covers long-term peer support services (i.e., peer support groups). However, of these studies the majority report generally positive outcomes for service users with respect to their coping skills, help-seeking behaviours, and sense of connection and community. Given that the Peer Support Line is a brief intervention meant to serve as a positive first interaction that lays the groundwork for connection to further support services (rather than provide long-term, therapeutic relief), significant changes in satisfaction with life may not be a realistic outcome of such a service.

[3] 10 out of 13 new callers who completed a Peer Support Line call.



Callers Value the Unique Service the Peer Support Line Provides

The qualitative feedback from Peer Support Line callers further supports the positive quantitative findings. Callers to the Peer Support Line were both forthright and effusive in their praise and gratitude for the service.

In addition to the Likert scale questions, callers who completed a shift survey were given the opportunity to respond to open text questions asking them about their overall experiences with the service.

Of the 17 callers who completed a shift survey, 15 left open feedback and 100% of those respondents gave positive feedback.⁴ In addition to providing feedback in the survey itself, two participants provided further feedback directly to SAMSN.*

Across all feedback provided, it is clear that it is the unique sense of validation - the ability to feel heard and understood by another who has shared a similar albeit traumatic experience - which leads to callers valuing the Peer Support Line so highly.

Callers feel that, often for the first time in their entire life, they are speaking with someone who won't judge them for what they've experienced, someone who understands and it reassures them they are not alone in their experience.

A number of callers mentioned that this sense of relatability led to other positive outcomes of the call, including feeling more at ease to share their story and feeling less embarrassment, which in turn made it easier to reflect on a path forward for their own lives. Callers overwhelmingly felt understood and that the call helped them.

[4] Two callers did suggest that they would appreciate more regular support, but this was the only feedback that approached criticism, with the experience itself receiving universal praise and appreciation.

*Permission was granted to use this feedback in the report.

"[It's a] sheer relief to actually know you're not the only one - sometimes you feel like you were."

"Most people, just tell me to man up [and] never acknowledge my pain and suffering. I felt alone and was never able to talk about my sexual abuse before."

"Talking to [the peer] was to my surprise, far more powerful and beneficial than I expected, however I am slowly getting in my head how beneficial this whole process of talking is, after my 46 years of suppression and silence."

"I felt less alone and that I was building some new steps to a healthier and more sustainable life."

-Peer Support Line Callers



The Impact of the Peer Support Line on Peers

As with the Peer Support Line callers, overall impact of the service for participating Peers was assessed using the SWLS (overall wellbeing) and WEMWBS (mental wellness).

Over the course of the pilot, overall wellbeing among Peer Support Line Peers improved by 21%, and mental wellness also improved by 7%, although neither of these shifts were found to be statistically significant ($p>0.1$). There was no significant difference in overall wellbeing or mental wellness by demographic factors such as age, location or ethnicity. However, given the small sample size and 100% response rate the results may still be representative of the service's impact on the Peers.

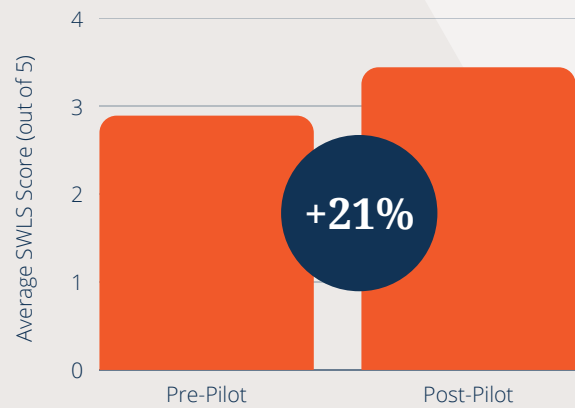
Qualitative feedback provides further evidence for the positive impact of the Peer Support Line. When reflecting on the impact of their experience, Peers most often cited the sense of connection they experienced with their callers, their sense of achievement and purpose in being able to give back to the CSA survivors community, and the joy of being able to offer hope to others. Some examples of such feedback from Peers include the following:

"An honour and a privilege , in every sense of the term. The sense of achievement and service to community and others is amazing."

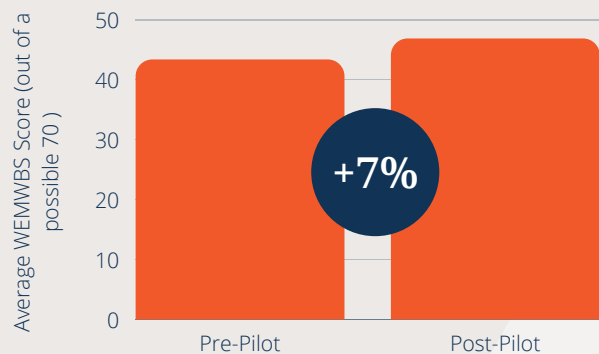
"I felt good talking to other survivors, being able to give them a sense of hope about the steps they are taking. I always felt positive at the end of each call."

"...it is such a joy to be able to tell them a little about my story and that they are not alone and they are not the only ones..."

Average SWLS Score, pre and post-Peer Support Line participation



Average WEMWBS Score, pre and post-Peer Support Line participation



"Being able to be a beacon of hope for others has been quite meaningful and purposeful in my own life."

Cumulatively, the indicative quantitative and qualitative results suggest that involvement with the Peers Support Line does have a positive impact on the mental wellness and overall wellbeing of those involved directly with the service's delivery.



Greatest Shifts for Callers and Peers

To understand how the Peer Support Lines program achieves its impact for callers and Peers, each individual item included in the survey was assessed individually for any significant changes between pre- and post-intervention responses.

Peer Support Line Callers

Of all factors measured, callers reported significant improvements across the following four items.⁵



+65%

'I've been feeling good about myself'



+44%

'I've been feeling confident'



+44%

'I've been feeling useful'



+29%

'I've been feeling optimistic about the future'

In interpreting these findings, it should be noted that the majority of these callers (87.5%) were also in contact with SAMSN services between surveys, and that callers reported being in a significantly more positive emotional state when completing their follow-up survey. Improvements across these factors may be due in part to the effects of their involvement with other SAMSN services rather than the Peer Support Line alone.

Peer Support Line Peers

No items were found to have experienced a significant shift over the course of the pilot among Peers. The percentages below represent the four largest positive - but statistically insignificant - changes observed in Peers over the course of their work with the Peer Support Line.⁶



+21%

'I've been feeling close to other people'



+21%

'I've been feeling confident'



+19%

'I've been feeling optimistic about the future'



+16%

'I've been interested in new things'

[5] Results are based on paired survey responses from eight callers who are already connected with other SAMSN services. All shifts reported are statistically significant (p>0.1).

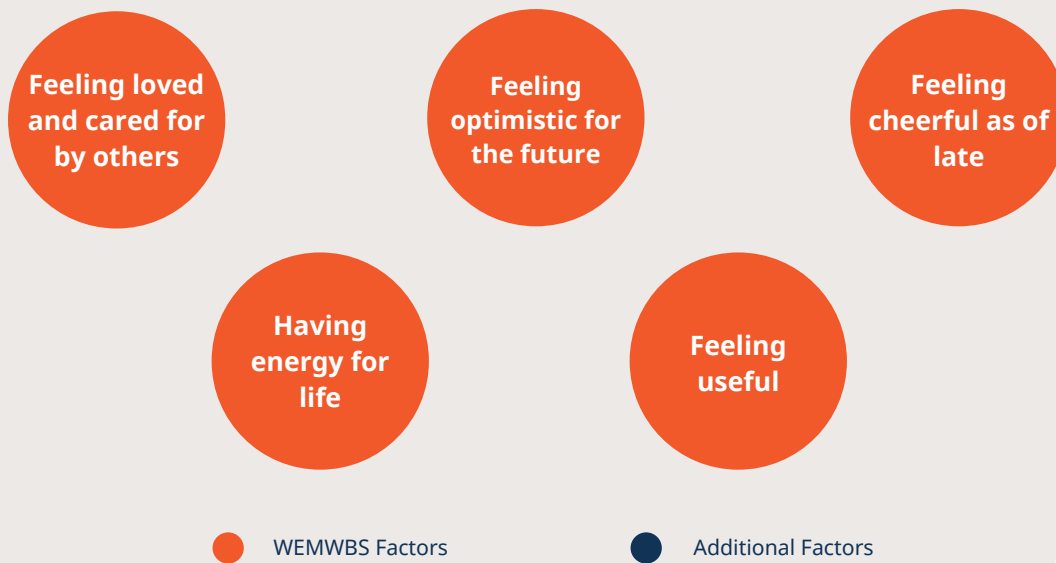
[6] Data includes pre- and post-pilot responses from six Peer Support Line peers. Note that no shifts reported for this group were found to be statistically significant (p>0.1).



Predictive Factors of Wellbeing for Peer Support Line Callers

Identifying what matters most to the overall wellbeing and mental wellness of male CSA survivors is critical to the successful design and delivery of any SAMSN intervention. This information not only informs SAMSN on the priority needs for recipients of services like the Peer Support Line, but also reaffirms that the service is actually addressing what matters most to the people it supports.

In order to better understand the needs of callers, correlation analysis was used to identify which factors measured have a significant, positive relationship with overall wellbeing. CSA survivors who score higher across these factors are also more likely to have higher wellbeing. Analysis found there were 15 factors that had a positive association with wellbeing. See Table 4.1 in Appendix 4 for the full list of factors. Below are the five strongest factors significantly associated with high wellbeing among Peer Support Line callers:



On average, callers who feel loved and cared for by others, optimistic about their future, cheerful, useful and that they have energy for life, are more likely to have higher wellbeing than other callers. Similarly, if a caller were to see an increase in any of these factors, it may meaningful contribute to a positive shift in their overall wellbeing. All of these factors are items from the WEMWBS, indicating the positive relationship between mental wellness and overall wellbeing for callers.⁷

As noted earlier, two of the factors that saw significant positive increases among callers were their sense of hope and purpose. This is evidence that not only is SAMSN contributing to positive shifts in key program outcomes, but also that these outcomes truly matter to their clients. Positive increases were also observed in access to relationships, cheerfulness and physical wellness although these shifts were not statistically significant.

[7] Callers' Overall Wellbeing Score was found to be strongly correlated with their WEMWBS score ($b=0.751, p<0.01$), indicative of the positive relationship between mental wellness and overall wellbeing for callers. All predictors of overall wellbeing were found to be statistically significant ($p<0.01$). For more information, see the Report Appendix.



Predictive Factors of Wellbeing for Peer Support Line Peers

To better understand the wellbeing needs of those working on the frontlines of the Peer Support Line, correlation analysis was also used to identify which factors have a strong relationship with the overall wellbeing of Peers. In total, seven factors were identified as being positively associated with Peers' satisfaction with life:



When Peers are feeling good about themselves and their future, have confidence in their decision-making skills and have someone they can turn to for advice, they are more likely to feel more satisfied in life and have higher overall wellbeing.

As with callers, mental wellness was found to be highly correlated with overall wellbeing, indicating the positive relationship between these two concepts.⁸ That five out of the seven individual factors identified as predictors of wellbeing are items from the WEMWBS further illustrates this relationship, suggesting that the better a Peer's mental wellness is, the more likely they are to also have higher wellbeing.

On average, Peers experienced improvements across many of the predictors of wellbeing above; this both supports the evidence for the positive impact of the Peer Support Line on Peers overall wellbeing and mental wellness, as well as confirms that the Peer Support Line is a successful means for addressing those things which matter most to the wellbeing of male CSA survivors who feel ready to give back to this community.

[8] Peers' Overall Wellbeing Score was also found to be strongly correlated with their WEMWBS score ($b=0.832, p<0.05$), indicative of the positive relationship between mental wellness and overall wellbeing for Peers. All predictors of overall wellbeing were found to be statistically significant ($p<0.01$). For more information, see the Report Appendix.



Feeling Cheerful is a Priority Need for Callers and Peers

A priority need is a factor that has a statistically strong correlation with high overall wellbeing (see previous page), but which scored low among the Peer Support Line callers and Peers. This need is therefore not being satisfied, and can be considered a priority need that, when improved upon, is more likely to accompany an increase in overall wellbeing.

Of all factors measured, 'I've been feeling cheerful' was identified as a predictor of wellbeing, but was one of the lowest scored factors among callers and Peers.



In response to WEMWBS item:
I've been feeling cheerful

Callers

Despite the low score, Peer Support Line callers reported feeling 17% more cheerful between baseline and follow-up measurements ($p>0.1$). This suggests that while this score is low, the Peer Support Line is not likely to be negatively contributing to callers' feelings of cheerfulness, and therefore may already be supporting their overall wellbeing.

Peers

Peers reported feeling 14% less cheerful between baseline and follow-up measurements

($p>0.1$). These findings suggest that while participating in the Peer Support Line can be an incredibly rewarding and fulfilling experience, it can also understandably present some challenges to Peers emotional resilience.

This is not an unexpected effect of the Peer Support Line, as other studies of peer support services have noted that peers often face challenges in maintaining their emotional and physical wellness.⁹

That being said, it is important that SAMSN be aware of this risk and take specific measures to mitigate potential unintended consequences of peer-led support services, in particular any negative impacts on service deliverers' sense of cheerfulness.

"[The call] was refreshing and gave me lots of hope."

-Peer Support Line Callers

"At first I had a wall but it was broken down and I just loved the time I had"

-Peer Support Line Peer

"Sometimes it is hard - those times when they share too much of the abuse that occurred - but mostly it is a great feeling to be able to talk to guys who are in need of someone to talk to."

[9] Other challenges identified in successful implementation of peer support services in mental health settings include: low wages and poor benefits, stigma and discrimination from other staff, lack of clinical and professional services to support job skills development, lack of role models/supportive supervision in the work environment, and the emotional stress of helping others (Shalaby & Agyapong, 2020).



Strengths and Challenges for Callers

Following participation in the Peer Support Line, callers reported feeling strongest in areas of help-seeking behaviour, self-worth and feeling that their voice has been heard - these can be considered callers' strengths.

Despite the positive achievements of the Peer Support Line, callers continue to face some ongoing challenges following their involvement with the service. These challenges have been identified by assessing the lowest scoring factors for callers.

Strengths reported by Peer Support Line Callers

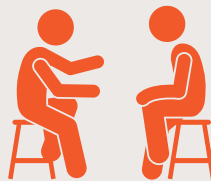
The following three factors scored highest among SAMSN callers:



3.59

out of 5

'I am able to ask for help'



3.47

out of 5

'My life is important'



3.47

out of 5

'There is someone in my life who understands the challenges I am experiencing'

Challenges experienced by Peer Support Line Callers

The following three factors scored lowest among SAMSN callers:



2.65

out of 5

'I've been interested in new things'



2.71

out of 5

'I've been feeling cheerful'



2.76

out of 5

'I've had energy to spare'



Strengths and Challenges for Peers

Following participation in the Peer Support Line, Peers reported feeling strongest in areas of generosity, validation and mentorship - these can be considered Peers' strengths.

Despite the positive outcomes achieved by the Peer Support Line, Peers continue to face some ongoing challenges following their involvement with the service. These challenges have been identified by assessing the lowest scoring factors for Peers; however it's important to note that while stress was identified as a challenge, it also was an area of greatest improvement among Peers indicating that progress is being made.

Strengths reported by Peer Support Line Peers

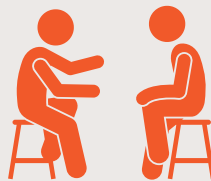
The following three factors scored highest among SAMSN Peers:



4.83

out of 5

'I believe I can help others by drawing on my own (lived) experiences'



4.17

out of 5

'There is someone in their life who understands their challenges'



4.00

out of 5

'There is someone I could talk to about important decisions in my life'

Challenges experienced by Peer Support Line Peers

The following three factors scored lowest among SAMSN Peers:



2.83

out of 5

'I've had energy to spare'



2.83

out of 5

'I've been feeling cheerful'



3.00

out of 5

'I've been feeling relaxed'



Limitations and Recommendations

Limitations

Given the small sample size and reduced analysis capabilities, particularly with respect to significance testing, findings from this report should be considered indicative only. It is recommended that, should the Peer Support Line continue operations, the service should be regularly monitored both to ensure the safety of those involved with service delivery as well as to continue building an evidence base for its social impact. It is also recommended that modifications are made to the modes used for collecting data from service recipients to ensure a comfortable experience for those providing insights as well as to increase the quantity and quality of data collected.

Further Recommendations

The findings also offer some points of consideration for SAMSIN in moving beyond the pilot period for the Peer Support Line:

- **Diversity of Peers:** It was noted that there were key demographic differences between the Peers and callers, specifically in relation to age and cultural and linguistic diversity, including First Nations status. While there was no difference found in the overall experiences of callers by these factors, it may still be beneficial for callers' experience if they are able to speak with someone who they identify with across other shared experiences beyond their trauma and recovery.
- **Protecting emotional wellness:** This report provides evidence for a high correlation between mental wellness and overall wellbeing among Peer Support Line callers and Peers. Moreover, 'feeling cheerful' was found to be a factor highly-correlated with overall wellbeing but which

received a low score among Peers and callers, suggesting that persons involved with the Peer Support Line who do have stronger emotional mental wellness may be more likely to also have higher wellbeing. This presents an opportunity for SAMSIN to confirm that it is taking adequate steps to ensure protection of the emotional aspects of mental wellness for all persons involved with the Peer Support Line as the service continues, and consider ways to address emotional wellness for CSA survivors through its wider programming.

- **Ensuring access for new callers:** As a service that is intended to provide a positive first experience for survivors, it is also important to note that calls during the pilot period largely consisted of clients previously connected with SAMSIN. While this was in part the result of a staggered launch to ensure the service's safe and functional operations, it will be important to ensure that adequate space is allocated to new callers in the future. If SAMSIN does not see significant uptake among new callers, it may also wish to investigate further options for marketing the service to ensure that survivors know how to access the service.
- **Service evaluation:** Finally, while data collection approaches should be revised for caller-centred, routine service monitoring, there is a significant gap in the literature with respect to introductory support services to which continued assessment of the Peer Support Line's social impact could contribute. It is recommended that future evaluations should be undertaken to provide important insights into the value of these services, and strengthen the evidence base for ideal resource allocation to support the wellbeing needs of male CSA survivors.



Conclusion

In its first six months of operation, the SAMSN Peer Support Line is already proving to be a successful service that is highly valued by both users and staff. Both quantitative and qualitative findings offer evidence for the Peer Support Line's effectiveness in providing immediate mental wellness support as well as the potential for long-term wellbeing benefits as a means for connecting callers with additional recovery services.

This report echoes the recommendation of the Royal Commission, that the Australian national, state and territory governments should fund dedicated community support services for survivors of CSA, in particular services specifically dedicated to supporting male CSA survivors. It is clear that existing services are not currently meeting the demand; over the course of the pilot, SAMSN Peer Support Line bookings neared 100% and the average wait time between booking and completing a call grew from 17 to 23.5 days over the pilot period. Over three-quarters of new callers requested connection to follow-up services, an indication of both the service's success as a means of initiating disclosure and healing as well as the potential increase in demand for long-term therapeutic interventions. As over 80% of the callers were existing SAMSN clients, there is also interest for such a service even among survivors who are already connected with support services. The need for these services is clear and adequate resourcing should be provided to ensure they can continue and expand to meet the demand.

"I think this is a very valuable and beneficial supportive program that has made lives better. It would be crucial and important to keep the program running."

-Peer Support Line Callers



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Appendices:

- The Huber Social Wellbeing Measurement Framework
- Data Transparency Page
- Peer Support Line Survey
- Predictors of Wellbeing
- Significance Tables
- References



Huber Social Wellbeing Measurement Framework

To be able to fulfil their potential and achieve wellbeing, each individual needs to have the capability and the opportunity to do so. Everyone has different needs within these categories depending on their context.

When it comes to measuring the social impact of a service, Huber Social measures the 'shift' the service creates in terms of wellbeing and the specific outcomes achieved to create this. Results are then consolidated at a sector, community and global level.

Longitudinal measurement monitors effectiveness of programs, projects or initiatives to meet these needs; ensuring resources are directed to have the greatest impact. The vision is a wellbeing measurement system that delivers the whole picture, to put each of us in the best position to achieve wellbeing and leave no one behind.

The goal for each of us is the same; wellbeing. That which differs are our individual needs.

The Huber Social Wellbeing Measurement Framework

IMPACT

Wellbeing

To be in the best position to fulfil your potential and live a life of value. The overall goal for all services working with people.

OUTCOMES

Through building Capability

- Resilience
- Life skills
- Wellness - mental, physical and spiritual

OUTCOMES

and providing Opportunity

- Resources
- Self development
- Societal structures
- Relationships



Data Transparency Page

To support understanding of the findings and informed decision-making, Huber Social includes a data transparency page for every measurement project. This makes clear the rigour of evidence and analysis across every stage of the data lifecycle for the measurement project.



Phase	Questions on the Treatment of the Data	Points allocated	Yes or No
Design	Everyone in the intervention included in the measurement	2	Y
	OR Survey sample population designed to be representative of group	1	N
	SAMPLE Sample description: <i>Peer Support Line Caller 29 survey participants out of 68 callers (43%) over the pilot period, including 19 baseline responses out of 85 calls booked (22%), responses of 68 calls completed (25%) and 8 paired responses (12%).</i> <i>Peer Support Line Peer All six Peers participated in both baseline and shift surveys (100%).</i>	N/A	N/A
	CONTROL GROUP Control group (independent of the intervention)	3	N
	BASELINE Group baseline measured (pre-intervention)	2	Y
		Baseline inferred from time in intervention (e.g. 1 vs. 3 years)	1
	EXCLUSIONS Details of people specifically excluded from the measurement: N/A	N/A	N/A
Data Collection	DISTRIBUTION Online surveys		Y
	OR hardcopy surveys		N
	Data collection supervised by Huber Social consultant	1	N
	Translation or guidance provided	N/A	N/A
	Data mining of other sources	1	Y
	DATA SOURCES Data included from previous years/measurements	1	N
Cleaning	CLEANING Details of additional data sources: <i>Service performance data provided by SAMSN; secondary literature source consulted to inform response rates and interpretation of results.</i>		
	Partial responses removed or no partial responses	1	Y
Analysis	SHIFT MEASUREMENT Details of any responses removed: <i>Partial responses removed if missing >50% Satisfaction with Life Scale data >50% of outcomes data.</i>	N/A	N/A
	Calculated on time in intervention		Y
	Calculated on group average	1	N
	Calculated based on individual scores	2	Y
	TEST APPLIED Basic analysis		Y
Reporting	STATISTICAL TESTS Statistical Correlation Test	2	Y
	Multiple Regression or Lasso Regression Test	3	N
	REPORTING Client published Outcomes Report (prove)	1	N
Reporting	Client received Social Performance Report (improve)	2	N
	Client published full Social Impact Report	3	Y
RIGOUR SCORE : 1-9; MED 10/14; HIGH 15/19		HIGH	17



Peer Support Line

Survey Items

The following items were used to measure each outcome identified in the Peer Support Line Social Impact Model:

Outcome	Item
Overall Wellbeing (Satisfaction with Life Scale)	In most ways, my life is close to the way I would want it to be
	The conditions of my life are excellent
	I am satisfied with my life
Mental Wellness (Warwick Edinburgh Mental Well-being Scale)	I've been feeling optimistic about the future
	I've been feeling useful
	I've been feeling relaxed
	I've been feeling interested in other people
	I've had energy to spare
	I've been dealing with problems well
	I've been thinking clearly
	I've been feeling good about myself
	I've been feeling close to other people
	I've been feeling confident
	I've been able to make up my own mind about things
	I've been feeling loved
	I've been interested in new things
I've been feeling cheerful	
Additional items	
Being listened to	There is someone I could talk to about important decisions in my life
Self-worth	My life is important
Validation	There is someone in my life who understands the challenges I am experiencing
Help-seeking behaviour	I am able to ask for help
Ability to help others	I believe I can help others by drawing on my own (lived) experiences*

**Indicates a item only included for Peer Support Line Peers*

Note that this list does not include demographic factors included in measurement



Predictors of Wellbeing

To inform SAMSN on how best to support the wellbeing of both deliverers and recipients of peer-to-peer support services such as the Peer Support Line, correlation analysis was used to identify which items (factors) measured have a significant relationship with Peer Support Line callers' and Peers' overall wellbeing; these are known as 'predictors of wellbeing'.

The predictors of wellbeing can be found listed in the following tables in order of statistical strength. The stronger the relationship between a factor and overall wellbeing, the more confidence there is that a change in the factor will correspond with a change in wellbeing.

Relationship strength is based on both the statistical significance (p-value) and beta coefficient value (r). All predictors listed are statistically significant to $p < 0.001$ (unless otherwise noted), meaning there is 99% confidence that the relationship identified

between the predictive factor and wellbeing is true, rather than produced due to sampling error or chance. The beta coefficient (r) describes how closely each factor and wellbeing are likely to move together in relation to each other.

For the purposes of this study, a strong relationship between an factor and overall wellbeing is defined as any factor with a beta coefficient value greater than 0.7; a moderate relationship is between 0.699 and 0.4; a weak relationship less than 0.4. Even though a relationship may be weak, there is still a significant association between the factor and overall wellbeing.

The following pages present all predictors of wellbeing that have a significant relationship with overall wellbeing, for both Peer Support Line callers as well as the Peers delivering the service.





4. Significance Tables

Table 4.1. All Predictors of Overall Wellbeing for Peer Support Line Callers

Item	Outcome	R	Magnitude	Score
Access to Relationships	Mental Wellness	0.837	Strong	3.33
Self-love	Mental Wellness	0.746	Strong	3.50
Connection	Mental Wellness	0.733	Strong	3.17
Happiness	Mental Wellness	0.722	Strong	2.83
Sense of Purpose	Mental Wellness	0.71	Strong	3.67
Hope	Mental Wellness	0.685	Moderate	3.50
Decisiveness	Mental Wellness	0.677	Moderate	3.67
Interests and Passions	Mental Wellness	0.656	Moderate	3.67
Physical Wellness	Mental Wellness	0.652	Moderate	2.83
Clarity	Mental Wellness	0.623	Moderate	3.33
Self-confidence	Mental Wellness	0.6	Moderate	3.50
Self-worth	Additional Factors	0.573	Moderate	3.67
Coping Skills	Mental Wellness	0.552	Moderate	3.50
Desire to Connect	Mental Wellness	0.48	Moderate	3.33
Stress	Mental Wellness	0.294	Moderate	3.00

Table 4.2. All Predictors of Overall Wellbeing for Peer Support Line Peers

Item	Outcome	R	Magnitude	Score
Hope	Mental Wellness	0.91	Strong	3.50
Self-confidence	Mental Wellness	0.91	Strong	3.50
Self-worth	Additional Factors	0.861	Strong	3.67
Self-love	Mental Wellness	0.857	Strong	3.50
Happiness	Mental Wellness	0.84	Strong	2.83
Decisiveness	Mental Wellness	0.783	Strong	3.67
Mentorship	Additional Factors	0.783	Strong	4.00



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info@hubersocial.com.au
www.hubersocial.com.au