

**CEVAW**ARC Centre of Excellence for the
Elimination of Violence Against Women**samsn**SURVIVORS & MATES **SUPPORT** NETWORK

Research & Action Project

Roundtable held in Canberra on Wednesday 17 September 2025

Intersections of Child Sexual Abuse, Suicidality & Violence

ROUNDTABLE REPORT

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Professor Patrick O'Leary Co-Director of the Griffith University Disrupting Violence Beacon and Chief Investigator of the Australian Research Council Centre of Excellence on the Elimination of Violence Against Women

Paul Wyles Research Fellow of the Griffith University Disrupting Violence Beacon

Tracy Wilde Senior Research Assistant of the Griffith University Disrupting Violence Beacon

Craig Hughes-Cashmore Co-founder and CEO of the Survivors & Mates Support Network

Dr Gary Foster Consultant to the Survivors & Mates Support Network

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We also acknowledge the Traditional Custodians of the lands across Australia on which we live and work. We pay our respects to Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples. We recognize their continuing connection to land, waters, culture, and community, and acknowledge that sovereignty was never ceded.

Contacts

Craig Hughes-Cashmore
Co-founder & CEO
Survivors & Mates Support Network
(SAMSNS)

craig@samsn.org.au

Professor Patrick O'Leary
Co-Director
Griffith University Disrupting Violence
Beacon

Chief Investigator
Australian Research Council Centre of
Excellence on the Elimination of Violence
Against Women (CEVAW)

p.oleary@griffith.edu.au

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Executive Summary

Background

The Roundtable on the Intersections of Child Sexual Abuse, Suicidality, and Violence was held in September 2025 as part of a joint project between Survivors & Mates Support Network (SAMSN), Griffith University's Disrupting Violence Beacon (DVB), and the ARC Centre of Excellence for the Elimination of Violence Against Women (CEVAW). The event aimed to address the ongoing national tragedy of child sexual abuse (CSA) and its intersections with suicidality, and violence, by bringing together survivors, advocates, academics, researchers, policymakers, and frontline workers. This summary provides an overview of the day's discussions and actions.

Roundtable Purpose and Collaboration

The Roundtable is part of the initial stage of a larger research and action project focusing on male survivors of CSA, suicidality, and violence. The first stage of this project, funded by SAMSN, seeks to develop a clearer understanding of the intersecting needs of over 2 million Australian male survivors, who are disproportionately represented among suicide victims. Survivors' needs are linked to addressing trauma, social isolation, substance use and domestic and family violence (DFV). The project aims to inform strategies to prevent suicide and address the impacts of trauma and violence in Australia. Further funding is required to complete this project.

Key Findings and Presentations

- **High Suicidality Among Male Survivors:** Research indicates that male survivors experience up to ten times higher rates of suicidality than the general population. This is associated with trauma, isolation, self-blame, shame, difficulties managing strong emotions, aggression, substance use, adherence to harmful masculinity norms and overall loss of hope.
- **Survivors' Experiences and Support:** SAMSN's consultation and work with male survivors revealed that a majority lived with suicidal thoughts or behaviours prior to participating in their professionally facilitated peer support groups: highlighting the importance of gender appropriate, trauma-informed, survivor-responsive services.
- **Policy Gaps and Need for Action:** An environmental scan identified inadequate policy and service recognition of the links between CSA, suicidality, and domestic violence. There remains a need for comprehensive, integrated service responses

to be fully implemented as recommended by Royal Commission Final Report, Volume 9. Advocacy, support and therapeutic treatment services.

- **Policy Recommendations:** Participants advocated for policies that include lived experience input, well-funded integrated services, and possibly a National Commissioner dedicated to addressing this issue.
- **Practice Improvements:** There is a need for flexible, gender appropriate, survivor-centred practice, workforce development, with support for informal networks, that value and incorporate lived experience wisdom.
- **Research Priorities:** Calls were made for greater inclusion of survivor voices, improved data integration with intersecting issues, longitudinal studies, and research on disclosure, online abuse, community responses, and the role of shame.

Panel Insights on Healing and Service Gaps

Panel experts emphasised the importance of healing, recovery, and hope, highlighting that service gaps that can lead to fatal outcomes. They called for robust research and evaluation, better justice responses, gender appropriate services and partnerships with those with lived experience.

Conclusion

The Roundtable underscored the critical need for ongoing attention to CSA and suicidality, with a focus on male survivors who are less likely to disclose or seek help but more likely to die by suicide. The Roundtable highlighted the importance of trauma-informed, gender appropriate survivor-responsive services, integrated policy approaches, and targeted research to address this pressing issue.

Prevention and Intervention responses to gender-based violence requires consideration of intersecting factors for survivors of CSA. While it is important to examine the relationship between surviving CSA and potential use and experience of violence, this relationship is not causal. Use of violence can be a result of many intersecting factors, of which CSA can be a factor. Understanding how the impacts of CSA and responses to the experience of it can intersect with other adversities, experiences and gender related factors that lead to violence is important in preventing and stemming the ongoing negative impacts for survivors, those close to them, and their communities.

Recommendations

1. **Urgently respond to the failure to recognise and address the intersecting issues of child sexual abuse, suicidality, and survivors' needs in key national plans and strategies,** to ensure this critical issue is acknowledged in policy, practice, and research agendas.
2. **Urgently implement Royal Commission recommendations 9.1 to fund specialist community-based services to ensure survivors can access specialist programs and services across the life course.** This requires national leadership to prevent more survivors dying by suicide in this ongoing national tragedy.
3. **Support focussed research that improves our understanding of the intersections of child sexual abuse and suicidality, mental ill health and interpersonal violence.** This is especially important for male survivors given their over-representation in suicide statistics and risk related behaviours. The focus must be on better understanding of how trauma-informed responses can contribute to broader aims in improving mental health and preventing gender-based violence.

The Roundtable was a positive first formal step; however, it is just one of many steps of determined collaboration that will be required to continue our fight to save lives and end violence and abuse. With this in mind, we hope the above actions can form the basis of future work and discussions with key Roundtable attendees, as well as those working in the sector or who wish to support our work to address the highlighted issues but who were not able to attend on the day.

To all our allies, we look forward to your participation and input going forward.

Main Report

Introduction

The Roundtable – **Intersections of Child Sexual Abuse, Suicidality & Violence** – was held on 17th September 2025 to shine a light on the ongoing national tragedy of child sexual abuse, suicidality and violence.

The Roundtable is part of a joint project between Survivors & Mates Support Network (SAMSUN), Griffith University's Disrupting Violence Beacon (DVB) and the Australian Research Council (ARC) Centre of the Excellence for the Elimination of Violence Against Women (CEVAW). An important focus of this research is to deepen understanding of survivors' experiences, suicidality, coping strategies, and relationships. Given the complexity and breadth of the issues being considered there will be several stages to the project with the roundtable being a part of the initial stage.

Participants, including survivors and advocates, academics, researchers, policy makers, and staff working in service delivery, heard from speakers and contributed to the Roundtable conversation sharing their insights. It is hoped this conversation will help shape priorities and collaborations for this critical work to help save lives touched by child sexual abuse (CSA). This is a summary report which highlights key information presented at the meeting and the outcomes from discussions with all participants. The presentation PowerPoint slides are available by request and provide some more detail of the presentations.

Research & Action Project

SAMSUN, the DVB, and CEVAW are jointly undertaking the Intersections of Male Survivors of Child Sexual Abuse with Suicidality and Violence: Research & Action Project. SAMSUN, Australia's leading organisation for male survivors of CSA and their supporters, was founded in 2011. It has since run support groups across Sydney, areas of regional NSW, Adelaide and Canberra. A key aspect of their work is the provision of peer support alongside professional counselling. Their goal is to build support networks for survivors that provide voice and agency to them and their supporters. This is underpinned by a belief in CSA survivors' ability to recover, support others to thrive, and be leaders for change.

Working alongside SAMSUN, the DVB of Griffith University is a research initiative focused on understanding and responding to violence in all its forms, including CSA and gendered violence. CEVAW is the world's first centre to address the full range of violence against women in Australia and the Indo-Pacific region, with researchers from six Australian Universities, including Griffith University. Together the three partners' focus within this

project is on developing a better understanding of suicidality and the intersecting needs of male survivors of CSA.

It is well established in the literature that there is a higher prevalence of suicidality amongst populations of male survivors of CSA. Australian studies show male survivors experience 10 times the rate of suicidality of community samples ⁽¹⁾. Further, males represent 75% of all suicide deaths in Australia ⁽⁶⁾. The recent Australian Maltreatment Study found nearly 1 in 5 males have experienced CSA ⁽²⁾, and statistics show males are often overrepresented in institutional and extrafamilial contexts of this abuse ⁽³⁾. The Australian Maltreatment Study also linked CSA to higher rates of substance use, self-harm, and suicidality ⁽⁵⁾. CSA survivors experience higher rates of mental health disorders and often engage in behaviours risky to their health ⁽⁴⁾. The issue is fundamentally intersectional with links to other societal challenges, including trauma, domestic and family violence, and social isolation.

Male victim/survivors of CSA are an under-researched population. Men not receiving a mental health service are less likely to have a diagnosis but more likely to have a suicide plan ⁽⁶⁾. However, there has been little research done in Australia on the intersecting nature of these issues and the needs of survivors who experience suicidality. While well-established, the issue of suicidality amongst CSA survivors does not attract public attention or targeted funding. To draw attention to this issue and provide evidence around it, this project will take an intersectional approach in the context of broader issues of gender-based violence and mental health in Australia.

This project recognises that the impact of CSA on males may influence a variety of trajectories including problems with mental health, relationships, and in some cases adherence to stereo-typical masculinity which may involve a propensity towards using violence. Research continues to show that males with multiple adverse childhood experiences (ACEs) such as CSA, physical abuse and exposure to domestic violence, show a greater risk to suicidality and later violent behaviour ⁽⁷⁾. Mental health and gender-based violence are deemed critical contemporary issues for Australia. Addressing these intersectional issues for males who have experienced CSA will be an important initiative to both understanding ways to alleviate trauma and suicidality but also examining factors that may influence gender-based violence. In SAMSN's experience, often associated issues such as alcohol and other drug (AOD) use, inter-generational trauma, poverty, incarceration, disability, low educational achievement, and relationship difficulties co-occur with suicidality amongst survivors of CSA. This project will address these complexities and provide recommendations for initiatives for prevention and intervention.

As such, the project has three main aims:

1. To review the current relevant knowledge base on suicidality, men, trauma, and child sexual abuse.
2. To research the experience and trajectories of male survivors who have experienced suicidality accessing SAMSN services and/or other services such as help and crisis lines.

3. To use findings and consultation with men with lived experience to host a summit/symposium to communicate key findings and advocate for action as part of broader strategies in suicide prevention and initiatives to address the impact of trauma and violence in Australia.

The first aim is being met through scoping reviews being conducted by Professor Patrick O'Leary, Paul Wyles, Tracy Wilde, and Dr Freya McLachlan of the DVB and CEVAW. The research for the second aim will assess men's level of suicidality when first engaging with SAMSN and examine their survival and coping strategies. It will explore how males who have been impacted by CSA have experienced suicidality and how this impacts their identity as a man, and how the associated intersectional issues also impact their identity as a man. There will be scope to expand the research to collaborate with other services and examine survey data. Secondary data sources that may be utilised include: the Australian Child Maltreatment Study Public Data Set; Coronial Data Sets; Mental Health Data Sets; Domestic and Family Violence Data Sets on Men and Boys; and Public Health Data. Further, there will be primary data generated from this project in the form of a survey and qualitative interviews. The project will have an advisory group made up of people with lived experience and specialist expertise to guide the research and actions arising. While the initial stages of the project have been funded by SAMSN, with the support of DVB, and CEVAW to conduct the roundtable and reviews, further funding is required to complete all stages of this project.

The Day's Events

Comments from Hon Ged Kearney, Assistant Minister for the Prevention of Family Violence

Hon Ged Kearney, who is also Assistant Minister for Social Services and has a background in health and education provided an opening address. The minister gave recognition to the drive and endeavour of survivors and the extraordinary difference this has made in people's lives. She also recognised that the impacts of CSA can leap across generations. In particular, she noted the need for greater focus on male survivors, healing intergenerational trauma, and the critical role that support for survivors can have in prevention of violence. Assistant Minister Kearney stated that she hoped to receive the outcomes of the roundtable and to meet to discuss these, closing with the statement 'Crikey, we need to do better!'

Robert Fitzgerald's opening remarks

Robert Fitzgerald AM is the Age Discrimination Commissioner at the Australian Human Rights Commission. He is a former Commissioner for the Royal Commission into Institutional Responses to Child Sexual Abuse (2013–2017) and is SAMSN's patron. He

gave an opening address at the Roundtable. Some key points from his talk are highlighted below:

- There is a need to highlight to the Australian community that this issue matters
- There is a need to give survivor's voice, there is healing in telling their story. However, Australia has a history of great silence which applies to CSA as well as other issues
- There are many victims, many men never disclose
- There has been no reduction in CSA thus we need to change this through systemic responses
- There has been almost no action on some of the Royal Commission recommendations; one recommendation was an integrated whole of government service system. This should include advocacy, support, counselling and peer support where wanted; we also need support for families of CSA victim/survivors
- Whilst institutional survivors of CSA have access to the National Redress Scheme there are many survivors who have no recourse
- The work SAMSN do with survivors, and their supporters is important; we need more than mental health services
- Peer-support programs do great work but need funding
- Survivors need support across the lifespan; many survivors are triggered in midlife when their children reach the age that they were abused. In later years before they are about to enter residential aged care, survivors can be triggered and become distressed, with some saying they will commit suicide rather than go into residential care. Another trigger can be when their abuser dies or is in the news which can result in increased stress and even suicidality
- Victim-survivors want three things – to be believed, to get justice and to have prevention
- We don't need to know what the trauma was, but responses need to be trauma aware and trauma responsive

Intersections of Child Sexual Abuse, Suicidality & Violence: Overview of Emerging Evidence

This section was presented by Professor Patrick O'Leary and Paul Wyles. The presentation started with viewing of *Just a Boy*, an introductory video for a documentary being made on an Australian survivor's experiences. This video can be view online [here](#).

A summary of key points from the presentations by Professor Patrick O'Leary and Paul Wyles is provided here. Please request the available PowerPoint slides for more detail.

- Adults presenting for mental health concerns are seldom assessed for childhood trauma.
- Male survivors often have externalising and high-risk behaviours, which can align with more toxic forms of masculinity.
- CSA often co-occurs with other forms of abuse, it's difficult to separate from emotional abuse.
- Child maltreatment is the greatest contributor to years of healthy life lost due to suicide and self-injury (for males and females in all age groups).

- CSA, intimate partner violence and suicidality are all associated but the intersection with ACEs is not well researched.
- CSA impacts on mental health, AOD use, criminal offending, socio-economic status; Depression and suicidality, and lack of social support or parental affection are all associated with increased risk of use of violence in adulthood; while CSA is not causal of use of violence, it needs to be understood as an intersectional response. Aggression is also associated with the stigma, shame, guilt and silence that stems from CSA.

What some survivors of CSA have recounted from their lived experience

Aldon was one of nearly 4000 survivors who agreed to have his story of CSA made publicly available as a narrative on the Royal Commission (RC) website. He said:

*I began to have **overwhelming thoughts of suicide...** There is not a single day that goes by that I don't have to convince myself not to kill myself.' He said the responsibility he feels to his children is what keeps him going, as well as the glimmer of hope that things won't always feel this bad.*

Harlan told a Royal Commissioner in his private session:

***I felt suicidal a few times,** ...but what stopped me from doing it is thinking about the future for other people. We've got to try and make them strong. Nobody's going to know justice at the end of the day if we don't stay alive to talk about it.*

Chris talked about his motivation for talking to the RC in a research interview last year;

*I was going to do everything I possibly could do about this issue... at that stage **I'd already lost friends to suicide...** it wasn't really an option to not do something ... I knew when I started ... this could be tough.*

The initial literature search asked the question: What is the current knowledge about child sexual abuse and suicide in adults? In summary, we found:

CSA is a precipitating factor for self-harm and specifically increases the risk of suicidal ideation and suicide attempts in adulthood. CSA often co-occurs with other forms of childhood adversity and there is a cumulative impact of these adversities and CSA which increases risk of suicide. There is some evidence that CSA has the strongest association with suicide and is potentially more influential than other child maltreatment (CM)/ ACEs in predicting suicide attempts. Suicidality both in terms of ideation and attempts can be endured across the life course for survivors of CSA.

Factors which increase the risk of suicidality in survivors include: a history of other CM/ACEs; high levels of emotional dysregulation; mental health diagnosis, particularly

depression and anxiety; psychiatric comorbidities; multiple psychiatric admissions; a history of self-harm. CSA is associated with mental health effects that are often interlinked with the trauma impact on neurobiology (complex trauma) but not exclusively with suicidality. Other factors that likely play a key role are social isolation and loneliness, along with alcohol and substance abuse.

Some specific cohorts of CSA survivors, such as LGBTIQ+, and those in the armed forces and emergency services, have higher risk of suicidality. For all survivors of CSA, the risk of being a victim of sexual violence in adulthood increases, which together increase the risk of suicidality, and the effect is stronger for women. CSA is associated with an increased risk of internalising and externalising disorders. Generally, more internalising disorders are seen for female survivors and more externalising for males.

There are some mixed results on gender differences in the literature in terms of suicidal ideation, self-harm, reporting suicide attempts and help-seeking. However, for male survivors some research highlights the impacts of CSA can include aggression, depression, impulsivity, risk taking and high-risk alcohol use which often precedes or combines with suicidality. Research that asked about gender norms showed there was greater vulnerability to suicidality amongst male survivors who had a stronger adherence to more extreme ideas of masculine stereotypes.

In conclusion, the current research knowledge including the recent Australian Child Maltreatment Study shows a strong link to experiences of child sexual abuse (often in addition to other child maltreatment) to suicidality across the life course for all survivors. The risk for male victim-survivors to die by suicide is particularly pronounced when taking into account that males overwhelmingly make up the majority of suicides in Australia and globally. There are indications in the research that adherence to dominant masculine stereotypes can increase the risk of suicidality amongst male survivors of child sexual abuse. AOD usage, homelessness, and other disadvantages can also have compound impact on increasing the risk of suicide amongst survivors. Men's propensity to engage in more externalising and risk-taking behaviours, together with strict adherence to gender stereotypes can increase the potential for aggressive and violent behaviour both generally and towards intimate partners or family members is noted in the literature on male survivors. It is important to note that being a victim-male survivor of child sexual abuse as one type of trauma, does not show causal links to later perpetration of violence whether it be gender-based violence or other forms committing harm. Rather the risk can be impacted by factors such as suicidality in combination with other variables such gender stereotypes and AOD addiction. The complexity of these intersections is complex and requires further urgent in-depth research.

Overall, the review of current knowledge can be synthesised to reasonably conclude the following points:

- Survivors of child sexual abuse have significantly higher rates of suicidality compared with the general population. This is found across multiple studies.

- Male survivors have an increased significant risk of completing suicide and the health burden due to child abuse and neglect is highest amongst men who suicide or suffer self-inflicted injuries.

There are numerous intersections with child sexual abuse, suicidality, violence and numerous other issues such as mental health, AOD, social isolation. These are issues related to trauma across the life course and require further research as they become critical to how we address public health issues such as suicidality and gender-based violence. For more details on this literature review and the next steps in the research please request the available PowerPoint slides.

How and Why This Focus – SAMSUN's Experience

Prue Gregory OAM, Policy, Advocacy and Stakeholder Relations Manager, and Rachel Hart, Senior Practitioner, discussed SAMSUN's experience in working with male survivors with Philippa McDonald, MC. Prue is an award-winning lawyer with a long history of community work. Rachel has two decades of counselling and social work experience, including work with male sexual assault survivors. Key points from their discussion are highlighted below.

- SAMSUN's 111th men's group held its final session the night of the before the Roundtable
- More than 900 men have been involved in these men's groups
- 71% have suicidal feelings, 47% suicidal behaviours/attempts
- There is a lack of consideration of CSA as mitigation in law
- Frontline staff in health, and AOD services often lack confidence in asking about or responding to victim-survivors when they disclose CSA
- Survivors are still invisible in many systems
- There is a link between suicidality and shame
- We need to focus on 'What's happened to you?' not 'What's wrong with you?'
- There are questions as to why the Royal Commission's recommendations, especially for support of survivors, haven't been implemented.
- For every person who dies by suicide or is admitted into a mental health ward, there are family members, neighbours and communities that need support.
- A powerful retelling of the difference SAMSUN and peer support can make, as told by a client: *'When I say I was literally on the edge, I mean it. I was going to jump and I knew I had to do it quickly because some people had seen me and I didn't want the police to pull me down. Then the phone rang and the SAMSUN number came up. I answered and he said, 'Is this a good time to call?' I said that I wanted to kill myself, and he said, 'I've been there.' And I fell to the ground and wept. SAMSUN literally saved my life.'*

Environmental Scan 2025 Stocktake

Dr Gary Foster who sits on SAMSN's practice advisory committee, presented an environmental scan of current Australian frameworks, strategies and plans for DFV, Suicide and CSA. Dr Foster is a social worker with a background in policing and an extensive history of working with male sexual abuse and sexual assault survivors. Some key points from his presentation are highlighted below. Please request the available PowerPoint slides for more detail.

- There is a need for timely, gender specific responses to survivors
- There is a need to address stigma and shame.
- We need a national trauma-informed approach. If we only think in terms of mental health and not trauma, then survivors internalise the problem and think they are the problem
- The recommendation to provide dedicated community support services from the Royal Commission has not been actioned
- The Royal Commission recommendation for a national helpline (9.1) is still outstanding. Whilst tenders have closed, eight years after the Royal Commission, there is still no service. It is also concerning that even with a dedicated helpline, there are no adult CSA-survivor-specific services to refer to.
- There are 6 million CSA victims, 4 million women, 2 million men in Australia
- Of all the policy frameworks the Royal Commission identified as relevant to responding to the issue, some do not mention/address CSA, and most do not link CSA with suicide risk; suicide is not mentioned in the appendices of the National Strategy as a risk factor
- Suicidality impacts certain cohorts disproportionately (gender diverse, First Nations and CALD, males, armed forces, those with mental health concerns)
- In the National Redress Scheme, around 40-60% of the people coming forward are Aboriginal and/or Torres Strait Islander
- Child abuse and neglect (including CSA) are the leading risk factors for suicide in Australia; we need to address impacts and manifestations of CSA
- Social isolation is a key risk but so are AOD, masculine norms, and lack of hope
- The current lack of disclosure increases risk; we need to address this issue in safe ways.
- The victim to offender narrative can prevent disclosure, we need to navigate this terrain very carefully
- Our focus also needs to be on post-traumatic growth and vicarious resilience, not just PTSD, other mental health diagnoses and vicarious trauma; together we can build hope

World Café Roundtable Discussion

Below is a summary of key points raised in the World Café discussion by theme.

Theme 1: Policy – facilitated by Tracy Wilde, Senior Research Assistant, Disrupting Violence Beacon & Glen Poole, CEO of Australian Men's Health Forum.

Question: *'How can policy be more responsive to child sexual abuse survivors and their lived experience with suicidality, violence, and mental health? Where would you start policy reform?'*

Summary of discussion and recommendations:

- Implement the recommendations from the Royal Commission!
- Lived experience needs to be part of policy development
- Joined-up responses across systems and policy frameworks – there is a need to bring people together to create understanding and consistency
- Policy in this area needs to consider; Immediacy – Clarity – Visibility
- Principles: Right time, Right place and Across the Lifespan (and no wrong door)
- Policy responses need to consider awareness raising, education and recognition
- There is a positive duty to prevent child abuse; and we all have a role
- Detailed cost/benefit analysis, to argue for policy focus and service funding
- There is a need for ongoing and non-competitive funding
- Creation of a National Commissioner focused on CSA is recommended
- Trauma informed policy (and practice) in Justice and Health systems

Theme 2: Practice – facilitated by Darcy Orr of Micah Projects & Dr Amy Young Research Fellow at Childlight Hub (East Asia & Pacific Hub), UNSW.

Question: *'If you have a family member or friend who is a survivor of child sexual abuse, what would you want practitioners in service systems to know and do?'*

Summary of discussion and recommendations:

- Practice needs to start with an understanding of CSA and a belief that it occurs and has significant harmful, sometimes deadly, impacts
- Systems need to be responsive and flexible to meet the needs of survivors
- Workforce and service development is required to ensure trauma and gender informed responses
- Practitioners and services need to consider and orient themselves to recognising and responding to the lifelong and intergenerational impact of CSA
- The important role of family and friends needs to be acknowledged, and practitioners need to consider how they can provide support, awareness and education
- Practice needs to consider the involvement of survivors in the design of services, and the role peer support can play in engaging and supporting survivors

- The justice, health and education systems all have important roles to play and need to ensure their practice demonstrates awareness and responsiveness and is trauma informed
- Consideration needs to be given to how service delivery agencies can be *restorative* in their practice, considering for example, acknowledgement of CSA, deep listening and apology
- Consideration of specialist services and gender informed practice responses
- Therapeutic practice responses should consider a range of interventions beyond one-to-one counselling

Theme 3: Research – facilitated by Dr Freya McLachlan, Postdoctoral Research Fellow at CEVAW & Paul Wyles, PhD Candidate and Research Fellow at DVB.

Question: *'What research should be prioritised to enhance knowledge, policy, and practice to produce meaningful change?'*

Summary of discussion and recommendations:

- Generate more evidence for peer support services and practice understanding
- Research that is led by victim survivor advocates and voices with genuine engagement
- Research that uses mixed methodologies, that goes beyond charting prevalence, that is longitudinal, and takes a life course approach
- More data linkage and data integration
- More translation of research for policy and practice
- More research on the role of shame and the impact of collective shame in multicultural and First Nations communities
- More research on disclosure and barriers of disclosure and help seeking – including for diverse and marginalised communities
- Research on current practice and best practice for engaging the public in responding to CSA in trauma-informed ways
- More research on online harms and the emerging online spaces

Key Learnings, Gaps, and Reflective Comments: A Panel Discussion with Assistant Commissioner for Domestic, Family and Sexual Violence Jenna Roberts, Professor Judy Cashmore, Professor Leah Bromfield

This panel discussion provided insight from three well-informed individuals in academia and advocacy leadership. Jenna Roberts, a proud Aboriginal woman, was previously Deputy Commissioner for the NSW Mental Health Commission with additional experience in the social service sector prior to her current role as Assistant Commissioner for Domestic, Family and Sexual Violence. Professor Judy Cashmore AO is Professor of

Socio-legal Research and Policy, and Professorial Research Fellow in the School of Education and Social Work at the University of Sydney. Professor Leah Bromfield, SA Australian of the year 2025, is Chair of Child Protection, and Director of the Australian Centre for Child Protection, University of South Australia. Key points which emerged from this discussion include:

- Survivors can heal, recover, become leaders for change. Survivors need hope.
- We need to make CSA more visible, and governments need to see it as a priority
- There is an urgent need for funding to address these issues
- Whilst there are some services for children who experience maltreatment through Child Protection, there is a pressing need for more services for child victims and survivors, as well as adult survivors
- When needs are not met there are ongoing and life-long impacts; where there are gaps in services, people die in these gaps
- There are currently too many barriers to getting needed support and accessing appropriate services
- Currently there are fragmented responses
- Services need to be available to survivors at their discretion, throughout the life course
- In rural /remote communities there are very few, if any options.
- When a community is told that victims become perpetrators/abusers, this stops victims seeking help and/or disclosing
- Social isolation is a key issue; many survivors don't have social support, they really need this, and the sector can be that support
- There is a need to address gaps in knowledge. One example is the need to have linked and shared data
- Safety and justice are two key things everyone wants. We need to work together to improve justice processes for survivors
- We need to partner with survivors/those with lived experience, to use their experience as co-researchers and co-practitioners

Creating Solutions – Ownership & Action

Final remarks from Craig Hughes-Cashmore, CEO SAMSN and Professor Patrick O'Leary, DVB, in discussion with Philippa McDonald, MC closed the day. Craig Hughes-Cashmore is a cofounder of SAMSN, a member of Suicide Prevention Australia's Lived Experience Panel, and a member of several advisory groups. He is also the inaugural Chair of the Australian Centre for Child Protection's Lived Experience Advisory Panel. As previously noted, Professor O'Leary is an internationally recognised researcher and has extensive experience researching CSA and its impacts, including as an Expert Academic Advisor to the Royal Commission into Institutional Responses to Child Sexual Abuse and currently a member of the Advisory Group for the National Strategy to Prevent and Respond to Child Sexual Abuse for the Australian Government. Professor O'Leary is the past Chair and remains a Member of the Practice Advisory Committee for SAMSN. Philippa McDonald,

who was the MC for the day, is an award-winning journalist. In addition to emphasising the need for immediate action and for overcoming current and ongoing barriers to reaching male survivors and providing the support they need, the following key points were highlighted in their discussion:

- Systems categorise survivors as one thing, however, we need to consider the intersectionality of mental health, DFV, CSA, child protection concerns, AOD misuse and more.
- It is critical we do not stigmatise survivors by inferring they are at risk of perpetrating sexual abuse or other violence by mere fact of being abused in childhood. Myths and misinformation about CSA and male survivors can stop disclosure and add to further stigma and shame¹ thereby inhibiting help seeking behaviours resulting in further isolation and negative health outcomes including suicidality. Rather the efforts of providing services to survivors and understanding the intersections with other issues serves to improve interventions and prevention strategies.
- We need to help all survivors, male, female or gender diverse, adult or child, survivors of familial, extra-familial or institutional CSA.
- Ongoing attention on this issue is required to achieve change, as well as ongoing funding for the services and supports needed to achieve this change.
- The Royal Commission into Institutional Responses to Child Sexual Abuse made important recommendations for the allocation of resources to services for all victim-survivors of across the life course. It noted the service system was often fragmented lacking specialist expertise. High quality services for victim-survivors across the life course have clear prevention and intervention synergies. Eight years since these recommendations were made, survivors are still too often unable to find the specialist help they need.
- We cannot afford to ignore, minimise or fail to address the needs of male survivors; lives are at risk.

Feedback

Feedback on the Roundtable was provided via completion of an evaluation form either online or on a form at the Roundtable, and in email to SAMSUN following the meeting. 12 people completed the online survey. Feedback from participants of the online survey by survey question included:

1. Key takeaway messages from the day: A need for action; overwhelming data and prevalence of issues; that there are many people across sectors who are passionate about this work; the need for services to adapt; the need for lifelong specialised and non-

¹A common belief is that perpetrators of CSA have themselves been CSA victims, and that this is linked to their offending. While most CSA survivors do not abuse others, perpetrators of CSA are more likely than other adults to have experienced polyvictimisation (multiple forms of victimisation) which, among other forms of child abuse and neglect, may include sexual abuse (Leach et al, 2016; Levenson and Grady; 2016; Levenson and Socia, 2016).

- discriminatory service systems and integrated responses; the enormity of the impacts; the need to address low disclosure rates and shame and stigma; the many intersections between CSA and suicide; the lack of action on past recommendations
2. Priority actions in policy, practice and research: real engagement; ensure research is translated into practice; listen and act upon voices of people with lived experience; address the many gaps in research; policy recognition and support around CSA-related suicide risks; recognise that survivor support services we provide now will be there for children being abused now; need to address shame and stigma; research around efficacy of peer-support; ensure workforces understand how to respond to CSA- related suicidality and why male survivors might resort to violence
 3. Actions attendees could take: getting CSA recognised across policy and systems; trying to ensure CSA is on the radar in men's mental health; raise awareness around the intersectionality of CSA; advocacy in suicide policy; increasing collaboration with others working in this space; advocating for improved service systems; calling for a whole of government approach and inclusion of suicide prevention strategies at a state level; researching the links between CSA and outcomes later in life; collaborating with SAMSNS
 4. Topics not covered that could be considered: online abuse; how to ensure views and experiences of survivors are at the centre of the work we do; how to appropriately address the CSA and use of violence issues and if this should be separated

Here is a selection of some of the feedback:

The event highlighted the enormous but often hidden scale of abuse... Many survivors reported poor experiences with mainstream services, while peer-led supports like SAMSNS offered acceptance, understanding and belonging. Funding gaps remain a pressing issue. While prevention of CSA understandably attracts significant Government investment, there is a significant gap in funding for response services like SAMSNS... It [the Roundtable] is a great example to us all of how we are stronger when we work together.

Glen Poole

CEO The Australian Men's Health Forum

I strongly believe this is the beginning of a collaboration that has the capacity to be very beneficial for all of us.

Chris Killick-Moran

**Unit Head, Suicide and Self-harm Monitoring Unit
Australian Institute of Health and Welfare**

I drove away (from the Roundtable venue) feeling like I had been part of something very big. Words can't really describe how it impacted me, while it was an incredibly sad and distressing topic, I felt like the gathering of minds, listening to stories, research and advocates was incredibly powerful. I look forward to continuing the conversation and being part of growing the awareness and understanding of suicide and child sexual abuse.

Sophie Wheeler

CEO Victims Support Unit

I feel fortunate and privileged to be involved at the Roundtable this week and am truly impressed by the depth of respect and commitment to change that was demonstrated. I look forward to receiving the report to follow, so we can continue to advocate and push through the important messages shared today. Thank you and well done to you and the team for creating such a genuine and impactful space for meaningful exchange.

Dr Evelynne Tadros

CEO Mental Health Coordinating Council

Adjunct Associate Professor, School of Clinical Medicine, UNSW

Recommendations

- **Urgently addressing the absence of the intersecting issues of child sexual abuse, suicidality, and survivors being named in key national policies.** This visibility will place the issues on policy, practice, and research agendas.
- **Recommendations from the Royal Commission regarding survivor services across the life course being urgently implemented** with evidence-based programming for specialist community-based services as well as better intersectional response to recognise the different pathways and contacts across survivor's life course. This requires national leadership as survivor lives are being lost in an ongoing national tragedy.
- **Research is urgently needed to improve understanding of the intersections of child sexual abuse and suicidality together with areas such as mental health, and interpersonal violence.** This is especially important for male survivors given their over-representation in suicide statistics and risk related behaviours. The focus needs to be on better understanding of how trauma-informed responses can contribute to broader aims in improving mental health and preventing gender-based violence.

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