

SAMSN's high-impact roundtable in Canberra, our two expert advisors have some powerful insights to share with you.

The Roundtable – Intersections of Child Sexual Abuse, Suicidality & Violence – was held at the Red Shed in Canberra on the 17<sup>th</sup> of 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). **It aimed to shine a light on the ongoing national tragedy of child sexual abuse (CSA), suicidality and violence.** Participants included survivors and advocates, academics, researchers, policy makers, and frontline workers in service delivery. It is hoped this Roundtable, and further conversations will help shape priorities and collaborations around the critical work needed to save lives touched by CSA. [You can read the full report on our website.](#)

**Professor Patrick O'Leary** is the co-Director of the Disrupting Violence Beacon and Chief Investigator for the ARC Centre of Excellence for the Elimination of Violence Against Women at Griffith University. He's an internationally-recognised researcher, with significant expertise in domestic violence, gender-based violence and child protection. Prior to entering academic work, Patrick was a social worker in sexual assault, counselling, and domestic violence services. For over 25 years he's conducted research on the effects of child sexual abuse on men.

**Dr Gary Foster** is a social worker who used to be a Police Officer in London's Metropolitan Police, where he co-coordinated a Domestic Violence unit and investigated and prosecuted sexual assaults. After his move to Australia, Gary established and managed Queensland's "Living Well" service, which provided counselling and group support to men who'd experienced childhood sexual abuse or adult sexual assault, as well as to partners, families, and communities. Gary's PhD examines governmental responses to male-on-male rape. Gary joined SAMSN's Practice Advisory Committee to help build a support network giving voice and agency to male survivors and their supporters.

We hope you enjoy this special episode, subscribe to the series, and join us in 2026 for Season 2: STRONGER STORIES.

## Chapters

- (00:00:02) - Samson's Strongest Stories
- (00:00:33) - Stronger: Season 1
- (00:02:25) - Samson's Stronger Stories:
- (00:04:24) - The national conversation on child sexual abuse
- (00:06:40) - Survivors of Suicidality speak out
- (00:09:57) - The national sexual abuse strategies
- (00:16:10) - Post-traumatic stress and health
- (00:18:21) - Barriers to disclosure in suicide
- (00:19:51) - When is it safe to talk about violence in the workplace?
- (00:24:17) - Survivors' Day: Hope and the challenges
- (00:28:58) - Talking About Suicide Among Sexual Abuse Survivors
- (00:35:28) - Male survivors of child sexual abuse
- (00:45:20) - The importance of survivors of child sexual abuse
- (00:46:16) - The similarities and differences of sexual abuse survivors
- (00:49:23) - Widespread stigma around child sexual abuse
- (00:52:55) - What silences men from speaking about child sexual abuse?
- (01:02:23) - Stronger Stories

## Episode Transcript

[00:00:02] Speaker A: Samson's Strongest Stories discusses journeys of recovery from childhood sexual abuse. These conversations can cover sexual assault, self harm and suicide.

Please take care when listening and take breaks if you need to. If you're currently in distress, please contact your local support service. Our Australian audience can connect with an experienced listener at lifeline by calling 131114 for 24. 7 crisis

support.

Hi mate, thanks for listening.

I'm Felicity Blake, the producer and co host of Season one of Samson's podcast Stronger, and it's my great pleasure to welcome you to this special episode which bridges our first and second seasons.

Season one of Stronger asked Samson's community, what does it take to grow stronger than your past?

Talking with male survivors, their families and friends, plus some experts in the field, we unpacked elements of the recovery journey which are familiar to boys and men who've experienced sexual abuse.

You can catch up on season one in your favourite podcast app.

Season two is called Stronger Stories.

This season, making its debut in mid-2026, will explore how storytelling can make us strong. Stronger Survivors of childhood sexual abuse consistently tell us that they battle with two quandaries relating to their life stories, disclosure and identity.

Who should I tell about how I was hurt?

Can they even help me?

Who can safely carry my story?

And who would I have been if I had not experienced the trauma of sexual abuse in my childhood?

Would I have had a different personality? A different journey?

Here's another question survivors often ask Will telling my story make a difference?

Could talking about it help me to recover and grow stronger than my past?

In Stronger Stories, we'll hear from some remarkable survivors and supporters about how sharing their stories has changed their lives and the lives of others.

Please subscribe to the podcast and follow Samson on social media so you don't miss the upcoming episodes. We'd also really love to have your ratings in your app because it helps people find this show.

Right now, though, we're going to share a special edition featuring some of the people integral to Samson's impactful work.

Our Season 2 anchor, Samson's CEO, Craig Hughes Cashmore, will chat with Professor Patrick O' Leary and Dr. Gary Foster, both of whom are part of Samson's Practice advisory committee.

Following Sampson's September 2025 High Impact Roundtable in Canberra, our two expert advisors have some powerful insights to share with you.

Professor Patrick o' Leary is the Co Director of the Disrupting Violence Beacon and Chief Investigator for the ARC Centre of Excellence for the Elimination of Violence Against Women at Griffith University.

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families and communities.

Gary's PhD examines governmental responses to male on male rape.

Gary joined Samson's practice advisory committee to help build a support network giving voice and agency to male survivors and their supporters.

And of course, Craig is the CEO and co founder of Samson.

We all hope you enjoy this special episode, subscribe to the series and join us for season two Stronger Stories.

Over to you, Craig.

[00:04:22] Speaker B: Guys, thank you so much for joining us. Just to start the conversation, obviously it was a big month. We held a, a long discussed, talked about roundtable in Canberra under the nose of the politicians. What can you tell me about that?

[00:04:37] Speaker C: Well, it was amazing to have that event because I know Craig, we've talked for years about doing something about what you've termed a national tragedy of many survivors dying as a result of the trauma and ongoing impact of child sexual abuse on their lives. And, and you know, like the, the amazing part of that roundtable and experience was that it, it wasn't that it was about Samson or about academic research or about politicians, it was about survivors and about all survivors and not only male survivors, but women and children and boys and men and the impact of this issue right through their lives.

[00:05:37] Speaker D: Yeah, it was great to be part of it in the sense that if we're not speaking about this or on the front foot on this, it kind of has impacts because the silence around, you know, abuse and, and suicide itself, you know, it's one of the things that people, that people die if there's silence. It's not an ability in a forum to discuss some of the challenges and really step forward. So I think Samson, in convening that conversation and it was really good, that conversation in the sense of everybody was there, was committed to doing the best, to having the hard conversations, to recognizing the challenges or hearing about the challenges that survivors had. So I think it was a really useful step.

It's necessary, kind of, we have to lean into this all the time because if we don't. These things can drop off the agenda. And so I really recognize that's a first step in trying to keep this ball rolling and having these concerns addressed.

[00:06:39] Speaker B: Thanks, Gary. Both of you have mentioned that, you know, we're obviously really concerned about survivors passing away.

Can you unpack that?

Because I think it's really clear. It's important for us to be clear about that. What are we talking about there?

[00:06:56] Speaker C: Well, what we're talking about too is, you know, that I think we obviously go to that issue that survivors die.

But what we often forget is all the lead up to that, the survival up to that point and the ongoing survival for survivors that, you know, often leaves survivors in a precarious position. But I think what we covered both on the round table and you know, in the discussions is that living with suicidality is a constant challenge. And it's something that over, you know, for over 30 years of talking to men and research in this area that they mention a lot.

And I think there's a fear of, in that, of how long can they last for without help, without assistance, without visibility, with closed doors, with blame, with shame, stigma.

It becomes a burden that, you know, claims lives.

Yeah.

[00:08:18] Speaker D: And I suppose, you know, like, I think to put it in perspective, you know, like one of the great, the useful things is we've had the child maltreatment study came out in 2023.

It's highlighted that 37.2% of females, 18.8% of males and 1 and 2 of our non binary friends experience childhood sexual abuse. That's over 4 million women, over 2

million men. That rates of suicide are somewhere around four to five times at least for that group or suicidality, thoughts of suicide. So this is a group that's very much overrepresented in the suicide statistics. We know that men are significantly overrepresented. We're 75 plus percent of all suicides.

And we know that that figure of over 3,000 people dying per year by suicide is not going down.

And one of the things we raised on the day in highlighting some of the challenges there was that when we look at our responses, often it's in terms of mental ill health. People do acknowledge that mental health people have experienced abuse and harm in childhood are overrepresented in those stats. But many of our responses to suicide don't really address this history of childhood abuse talks about depression, mental illness, mental ill health, sometimes it talks about trauma, etc. And so actually just raising this topic and really inviting people to start thinking about how to Respond better to survivors and the ongoing kind of costs of that and the lived experience of suicidality

[00:09:53] Speaker B: is really important, and so visibility is really important. Gary and you shared something on the day that was really important at our roundtable, which was about the national plans and strategies that deal with a range of issues, including addiction, alcoholism, gambling, general health outcomes for men and women and so on. What did you find when you did a bit of an audit on those five, 10 new strategies?

[00:10:20] Speaker D: I think one of the things that, you know, it was uncomfortable for me to kind of do that bit of an order, to do a bit of a stock take, because, you know, like you and Patrick and others, you know, we're involved with the Royal Commission, we wanted to see a kind of step forward and we were hoping that, you know, change was going to happen after all these years. It was a kind of real moment for all of us.

And the Royal Commission highlighted the importance of all the national strategies and it listed off 10 plus national strategies which should have acknowledged the challenge that people that experienced childhood sexual abuse face. And they should be present in all these strategies. When I kind of looked at those documents or the updated versions of those documents, many of them didn't have any mention

at all about survivors of childhood sexual abuse. Strategies are about disability, about drugs, about homelessness.

It was absent. And even then, when you looked at the, you know, some of the strategies you expect in responding to child sexual abuse, there was very limited linkage between childhood sexual abuse and suicide.

And it kind of. It's disturbing. That absence is quite disturbing because these strategies guide funding, they guide service delivery.

And so if you're not there, if you're not visible, then you have that ongoing silence. And one of the things we know for survivors is not being seen, not being heard, is the thing that makes them feel so alone, so isolated, and actually turns that in on themselves where they start to think that they've got the problem, that they're the ones, you know, that need to get sorted out. And that was really clear. I mean, what was happening there. When I looked at that and even I went and started to look at some of the services that, you know, we know that the question's not what's wrong with you, it should be what's happened to you. But it seemed that the way we oriented that service is we need to acknowledge something's wrong with us, mentally ill health, etc. In order to get service delivery and that that's just wrong.

[00:12:25] Speaker C: Yeah, totally. I mean, I think we really need to go back to some core issues. I mean these are not only about health outcomes and the, you know, when we think about some of the work by the Australian Institute of Health and Welfare, when they really look at the burden of disease in explaining

[00:12:51] Speaker D: what can

[00:12:51] Speaker C: be attributed to self inflicted injuries and suicide. And we'll just take suicide, completed suicide and deaths.

Now they rated a whole range of different issues from drug use and social isolation and a range of other issues. But child abuse was the biggest contributor to the burden disease of death by suicide. And it accounts for over 25,000 years lost of life of men's lives. Now if we just do some thinking about this, we have in Australia, we have around seven to nine men take their life every day in Australia.

[00:13:34] Speaker D: Right?

[00:13:36] Speaker C: Every day.

And if you do the equating of the burden of disease it heads somewhere between 40 and 50% of those lives lost could be attributed to the burden of child abuse. And we know that one of the biggest factors in child abuse combined with other trauma, but the biggest contributor of child, of child abuse trauma is child sexual abuse.

And that population is around 10 times more likely to experience suicidality.

Now we've got to, we can't shy away from this. We've got to be really strong here and say this is unacceptable.

And thank God we've said this is unacceptable about one or two women dying a week at the hands of their partner, intimate partner mostly, almost always men.

But we have another thing here that is occurring that is not so visible, not so named in terms of background and really makes us uncomfortable when we start to talk about this.

But the, the research is out there and it's gathering. We need to do more obviously.

But we really have to say this.

We can't stand for this. This is life and death. It's not something that occurs outside of everyone's sphere. It's, it's, you know, somewhere around 40 to 50% of seven or nine deaths a day.

[00:15:26] Speaker B: Yeah, it's, it's nothing but a national tragedy. And I think, you know, you've often heard me talk about those statistics and the fact that, you know, it's my belief that survivors are overrepresented in the suicide stats in Australia, but also hidden because, you know, we know that a lot of men don't disclose their child sexual abuse due to the shame and stigma. And so, you know, they're dying

[00:15:53] Speaker D: early

[00:15:54] Speaker B: due to suicide perhaps or other, you know, premature death stuff.

[00:15:58] Speaker C: Right.

[00:15:59] Speaker B: Which we haven't really unpacked. But we know that in terms of health, you know, you mentioned health comes outcomes earlier. Do you want to talk a bit more about that, Patrick?

[00:16:10] Speaker C: Well, we know that, you know, some of the ways that survivors can respond to the effects of trauma is self medication.

And we know that in particular ways for men, it also can evolve into high risk behavior, taking risks that threaten your well being, your physical safety, your ongoing health.

And that could be drug taking, it could be doing dangerous things, it could be really high risk taking behavior in terms of the sorts of activities. But we also know, you know, for example, work can be something that can work people absorb as a drug with real health outcomes. We know that poor diet and social isolation are associated with poverty. And in terms, we know that many survivors miss it because of trauma effects, miss out on educational opportunities, vocational opportunities, which has a direct impact on their, on their health, their ability to experience safe and stable housing, and a whole lot of other health that flow on to premature death and chronic disease.

[00:17:34] Speaker D: And I think one of the things that, you know, like acknowledging that and the difficulty for many guys is that, you know, not talking about it is one of the things they learned from the abuse, from the grooming, from all the other activities.

And you know, it's one of the things that might have saved their lives, kept them safe. But historically it's gone on. You know, it's kind of left this legacy now of there's no kind of, there's no conversation they've had around this topic, which means they've been left with the outcome, with the thoughts, with the things that were told to them by the person who perpetrated the abuse. And so what we know is that isolation and self blame are very heavily correlated with suicide. And so if

nobody's talking about this, they're just left with that isolation and self blame. And so then we get to this topic of disclosure and you know, the challenge is we know both men and women are not likely to talk about this topic. Nobody really wants to talk about this topic because it's, it's distressing. Why do you want to dig it back up if, you know, if anything you talk to guys, they say, I just want to bury it and forget all about it. Completely understandable.

But the reality is that we know that four out of ten women of women, six out of ten have told somebody, but only four out of ten men have told somebody. So men are much less likely than female survivors to talk about this stuff. There's a whole lot of additional barriers to them talking about this.

There's the barriers as a child, but then it's the barriers as an adult. And I think One of the things around the suicide we also have to address is the barriers to disclosure and the supports that are needed for people. You know, the sense of hope that there's going to be someone who listen.

[00:19:24] Speaker C: Yeah.

[00:19:25] Speaker D: Somewhere to go to. It's really important. Patrick?

[00:19:29] Speaker C: Yeah, totally.

Couldn't agree more, Gary. And I think, you know, highlight some of the stats you were saying about the child maltreatment study. One in five. I think, you know, academically and through research and looking at other stats in populations, we're probably seeing a pretty significant underreporting even in those statistics because of some of the reasons you outlined. And I think, you know, really critically at the moment in the disclosure space, where is it safe to spend speak about this as a man or a boy or a young man?

And you think about this not only in terms of the sort of responses, but also I think we have a real crisis in how we engage with men more generally in the community.

And we're always telling men what they're doing wrong, that they're the problem, that they're the cause of many problems in the world.

And I'm not at all diminishing the fact that there is some real issues.

But these sorts of depictions and constructions of men actually teach them to shut it down and shut it out and not speak about the pain they're suffering. And it's not surprising that you get some extreme reactions from men. Yeah, I mean, I think, you know, we've got a real national conversation happening at the moment about gender based violence, about violence against women and children that really does put an onus on men.

But what's silent in that is a couple of things. There's a real silence about men actually talking about their own experiences of violence and abuse.

There's a real silence that actually most violence, if you look at homicides and serious assaults, most victims, you're much more likely to be a victim of violence if you're male.

And you're much more likely to also be victimized or attacked or killed by another male.

That's really clear in the statistics.

[00:21:44] Speaker D: And I think what you know, like that's a real challenge because, you know, guys don't want to talk about being victimized. The whole code, the whole men's code is you got to be seen as strong and tough and able to push through. And when they're not coping, rarely do people ask, you know, what's happened to you?

Guys don't want to volunteer this information if they're not seeing anybody respond to them in a positive way.

They're probably going to shut down more and isolate themselves. And I think one of the things also is, you know, the challenges, you know, I often talk about is the fact is that given what people experienced in childhood, you know, some, which is horrendous and, you know, life was in the balance. So often we too often expect people to present neatly, to have the words to say what's happening in a kind of nice way that we can hear, that we're ready, that makes us feel more comfortable. And that's not often how, when things are desperate, that's not often how guys will

Speak.

And so we need to find a way to talk with them and engage them at those critical times, those moments of crisis, at those moments of high stress and give them the language and provide them with the tools as well to support themselves. Now, you and I have been involved in, Craig, with some recent research around disclosure, Patrick. And I think one of the things that I was hearing in the interviews and I think, you know, like you'll be hearing from the researchers, what we're hearing from some survivors is not that people are responding in a dramatically different way from previously, but the guys have learned how to talk about this thing in a way that people will hear. They've adapted how they raise this topic.

And I think that's really kind of, we're kind of leaving up for survivors still to find the words and start to name this stuff totally.

[00:23:38] Speaker C: It means it really puts the onus, you know, it comes out of that research really clearly that survivors are feeling the responsibility to manage other people and how they respond.

And that takes resilience and courage.

And it's almost this sense in the research that comes out is there's been some improvements in some areas, like probably more improvement since the Royal commission in professional responses, but not so good or improve, you know, not such a big improvement in responses from family and friends and community based people.

[00:24:17] Speaker B: Patrick, you mentioned hope before and we've got to get to the hope part because, you know, we wouldn't be here if we didn't have hope. We didn't hold hope for our survivors.

And obviously hope is the very first value in Samson's set of values, which is hope, dignity, connection, community.

We've talked a lot about the struggles and our frustrations. We do a lot of advocacy, we talk to government a lot. Obviously the roundtable was all about that. And Patrick, you and I have done meetings in Canberra since I really want to share with

survivors out there who might be feeling isolated, alone. No one gives a shot

[00:24:56] Speaker C: I want

[00:24:57] Speaker B: them to be privy to the kind of conversations we're having because you know, we, I know we all get frustrated when we talk to government. They say oh, it's really complex. So hope's important, reality is important too. And when you've got governments who are dealing with child protection and child prevention and domestic violence, these things seem to kind of get more traction and more attention and more money. Therefore and you know, we're often told and hear from government bureaucrats that this is all very complicated. How complicated is it?

We're eight years down the road post Royal commission.

How complicated is it? What needs to happen? What, what can we ask government to do? Because we do need national leadership on this.

[00:25:40] Speaker C: Yeah, totally Craig.

Well, I mean a good beginning and we've, we've said this before is we, we had a five year royal commission, \$500 million and we still are not implementing very clear recommendations that the royal commission found with strong evidence would make a difference to survivors lives.

But even more so, you know, I just want to say we are also seeing even recommendations despite lots of money going in other directions that haven't been followed that have resulted in serious and terrible consequences that we see in child care and you know, working with children checks all those things. Now that's not the focus of today of our chat, but going to Survivors Day, we know that survivors, those children will be our survivors and they will be needing services that can respond.

But moreover this whole occurrence is because we haven't spoken about this in the way that we, we were having a national conversation during the royal commission that brought this out into the open, that actually named what, what the issues are of child sexual abuse.

You know, it's, it's incumbent on government to listen to the investments they've made in inquiries, to listen to survivors voice, but also to know that intervention is part of prevention and you know, we count keep on separating and, and you know, I think the hope comes from survivors tenacity to keep naming this issue to be out there putting themselves on the line that that is the hope that we're not going away.

People are there and people are talking loud.

And so I think, I really think the hope is about, you know, continuing the challenge.

[00:28:07] Speaker D: We know hope sustains us at most difficult of times. So it's always important to hold on to hope. And I always talk about our work as very much horror and hope holding them both, not spending all the time in one. And I kind of Pollyanna way up in the hope but not all in the horror. It's the both and I think one of the things that it's really important and we're beginning to notice a little bit more of is that people are listening more to survivors that survivors warfaces are being are people are wanting to hear directly from survivors because recognize there's a unique knowledge about the lived experience and about how what are the struggles and some of the challenges. And I think one of the things is. But you know, Samson's work is about survivors becoming leaders for change. And I think that's really important that we step forward in that area and do that.

[00:28:58] Speaker C: Part of this issue of hope is naming what's happening.

And there's a silence when a man presents with suicidal thoughts. And we have a health system and psychiatry system that only wants to hear about his depression, his anxiety, his psychiatric diagnosis and not his trauma. We have a major problem in the system and I see this in the research we're doing. There's a big gap between the medical literature and explanations of suicide.

Largely just drawing a direct line to mental health symptoms and largely saying hey, you know, trauma is incidental. Child sexual abuse is a bit incidental to that. And a whole body of evidence over here that says there is a direct line and it's really conclusive in terms of strong evidence.

We need to address that gap. You know, we talk about, you know, gaps in prevention, we've talked about an intervention, gaps between commonwealth and

state. There's actually gap in the, the address of this in terms of mental health and the explanations that survivors come up with with about what drives suicidality. And this goes to another issue is that, you know, so often suicide is presented as a, an act that is unfortunate and sad and you know, almost like a some sort of.

Unexplained sort of idea of, you know, that, that people sort of throw their hands up in. And I think, you know, we see stories in the media and Craig posted a whole range of stories at the round table that show the day to day issues and how it impacts on the people that survivors leave behind.

But often the other stories that aren't told is it doesn't get named.

And this has led to some thinking internationally that survivors that pass away due to suicide.

I think there's really merit in positioning this death as attributable to the abuse as an unlawful death.

And the way we frame it is so important

[00:31:40] Speaker D: because it's. Because it's a crime. Sexual abuse is a crime. And so you know, in the sense of this is the result of a serious crime.

[00:31:47] Speaker C: Yes.

[00:31:47] Speaker D: And this is the outcome of that, just to go back to that. But I think it's really. And Craig, you could speak to this as well.

You know, having run groups, spoken with guys, there's a crazy kind of space sometimes when we're doing groups with guys of experience abuse, if they talk openly about suicidal thoughts, they have real supportive conversations with each other about some of the struggles. It's not that they can't. It's about having the right space. And they feel supported in those conversations with each other in a way that, you know, and they hear from each other and they encourage and they want to make sure that isn't part of their story and the story of the men they meet, that they really appreciate talking with other men through things like a peer support line about what's happened for them.

And they're not what they would say, you know, I'm not the only freak in the room. Yeah. To hear that I'm struggling with this has been helpful. And it's kind of weird thing, but it's like a hopeful conversation where they feel connected with other people who've been through, been in the trenches, done the tough yards with them. And so I think one of the things about it is we haven't really opened up the space enough for survivors to talk with each other, to feel the support and the care that they provide, because these guys are there at the toughest of times. So they're the kind of people I always say, I said, if shit goes down, I want to have a survivor standing alongside me because they know what it is to do the hard yards. And they also. There's a resilience. There's that, you know, that traumatic growth literature, it's not a great name, but that shows that people experienced profound trauma and got through it often have a greater connection with other people, a greater empathy and compassion for others, and a greater willingness to produce real, significant change and to make sure their experience is not a repeated experience. And so we haven't leaned into this kind of support or the valuing of what survivors offer us in how to live a good life, in how to come through adversity in.

In. In how to care for other people who maybe experienced a different type of trauma, you know, and it's. And it's really important that we kind of lean into that and see the.

Don't just send. Tell the doom and gloom story.

Too often, that's the thing that they want to see in the press. They love a survivor to come open up their heart and bleed in front of the screen.

You Know, I, as people now, I become a bit frightened, frustrated by that.

The reality is we need to be listening to people about what helped get them through, about what it's meant for them and in the process and create spaces where they can talk about the tough times as well as the good times.

[00:34:45] Speaker C: Yeah, yeah, Gary, that goes to the core of Samson and the life saving work of Samson.

That this partnership with lived experience and professional facilitation is really what

makes things like the peer support line possible. To talk to someone, to talk to a survivor that gets it, that is like you're saying, someone who can stand next to you.

And it's not about just the words, it's about the shared space and experience to know that there is hope, there is things to move forward with.

And, you know, your.

And that sort of aspect is that generosity of survivors and the courage of survivors.

I saw that a lot during the research and also the work that I was involved in in the Royal Commission where survivors men came forward for the first time to speak and have a private session.

And they were really selfless in that, in that they wanted to make a difference to other survivors. They wanted to make a difference to children today and the safety of children.

They knew that it was going to be immensely painful and immensely scary space to step in to.

[00:36:13] Speaker B: Yeah, Patrick, absolutely. And you know, and I think what's interesting about that though, that selflessness in coming forward is that so many guys wanted to make, you know, to contribute to the Royal Commission, do a private session, as I did, and so many others, 8,000 other people really, to make Australia a safer place, a place to raise children. And, you know, recent events in daycare and childcare is horrific and we all care about that as we should. But as you said earlier, you know, it's the next tsunami wave of adult survivors who are coming through that are going to need services that currently don't exist. I mean, Samson's the only adult male survivor service in the country, which I think is horrific in itself.

And the fact that, you know, if we really are serious about wanting to bring down suicide rates, this is something that's never been tried, right? We don't have specialist support services for adult male survivors of child sexual abuse. And I think as much as I appreciate all the efforts to go into protection of children and that's only right, and we shouldn't take any money away from any of that, you know, what about the survivors? Like, why don't we matter? And I often feel like there's a bit of a

compassion deficit when adult survivors, particularly men, turn 18, we sort of tend to pardon, pardon the expression, but fall off a bit of a cliff, a compassion cliff, if you like, which I, you know, I struggle to get my head around.

[00:37:43] Speaker C: Why?

[00:37:44] Speaker B: Why is that?

[00:37:45] Speaker C: Yeah, totally. And I think one of the, one of the things that really comes out of that, that, you know, that selflessness, there's a real contradiction in terms when, you know, many survivors, and the Royal Commission really had aims to make Australia a safer place for children and to be respectful and respond to survivors and treat them with dignity in response to their needs. Yet we're not seeing the services needed for survivors is a real slap in the face to those survivors that came forward because of their motivations, their response. And we basically haven't put any safety net for where those survivors can go.

And we know 8,000 survivors, and 60% of them, over 60% of them were men, is a small drop in the ocean of the overall population of survivors who need services.

[00:38:47] Speaker D: So, Patrick, you know, and I think it's really interesting that. And it was fantastic being involved with the royal commission and 8,000 people come forward. We know the national redress scheme, over 60,000 have now come forward. We know that over 6 million people, survivors of child sexual abuse, are in this country, adults. This is not even the children I'm counting here. And so we need to have a commensurate number of services to provide and support people. And going back to your comment, Craig, like that stuff of we're thinking of people for children, but when they're turn 18, there's a kind of almost survivor deficit, but that feeds into that kind of men's model. You're meant to get on, just push it down, get through.

You don't need services, you don't need anywhere to go to, you know, because as a bloke, you meant to cope with any shit that's thrown at you, anything that's happened. And if you can't cope, it's a sign of you as a failure as a man. So not having services adds to the weight on, on guys and the sense of isolation and there's something wrong with me, which. Which then feeds into the suicidality. So the lack of visibility is key

[00:39:51] Speaker B: and isn't it weird that we kind of.

It's a crime and it's a crime for a reason. And that reason is because of the horrific impacts on children.

[00:39:59] Speaker C: Yes.

[00:39:59] Speaker B: And oddly, when we become adults, it's as though those impacts suddenly disappear when in fact they become compounded through somebody's life. I find that just so frustrating that people don't recognize, see or understand that.

[00:40:18] Speaker C: I think it's.

I think it's such an important point because I think it also is symptomatic of where we particularly leave men in society at the moment. It's okay to talk about helping boys, but it's less palatable to talk about helping men.

It's not a space. And just picking up on your point, Gary, and I really think it's important to emphasize that, you know, some of the men that experience suicidality at a higher level are also influenced by the sort of ideas of masculinity and how to be in a man that are sort of, you know, not so helpful often, you know, so dominant ideas about being a bloke, those sort of, you know, male stereotypes.

And this is, you know, sometimes can fuel a whole lot of other responses that are really problematized. And we've let.

By not intervening, not having a service, we're not only letting those men down in terms of the mental health effects and suicidality of trauma, we're also letting them down in terms of the masculinities we've created and promoted in society that are connected to things like violence and abuse and that actually undermine the way we see, well, being the way we see healthy relationships.

[00:42:00] Speaker D: So just picking up on that, Patrick, I suppose one of the things I did, you know, because people know I came, I was a police officer, et cetera. And there's certain ideas of masculinity which mean rational, stoic, logical, able to

deal with stuff, you know, able to take control, difficult situations, all the things, those are great qualities.

But if we don't have kindness, support, vulnerability, part of that kind of overall package we left, you're living a half life, you're living a little life, and guys aren't going to speak about the things they don't cope with. And so, you know, I think one of the things is survivors in speaking up around this are able to talk to the whole range of experiences they have. And we need to create spaces where guys can say I'm not coping, where I need support, and to know that there's somewhere there for them. And I think one of the things that I'm very conscious of, and Craig, you and I have had conversations around this that just actually having a service that's visible doesn't mean I need to call that service. But to know there's somebody there for me is a lifesaver. To know that there's people doing this work that's speaking up around this Topic that gives me some hints, some tools, some resources, and that I could go to when I'm ready is actually really, really important. But not having that stuff makes me feel more isolated and more suicidal.

[00:43:21] Speaker B: Yeah.

[00:43:22] Speaker C: And I think that set that real strength of the, the work of Samson that offers that intervention, but it also offers another place to be as a man, a different sort of place to pick up on those things. Gary, about kindness, empathy, vulnerability, sometimes the vulnerability of silence in groups and responses, the, the spaces that men can sit together.

And I certainly have seen this in, you know, the work of Sampson and my involvement. You know, men from so many diversities, whether it be their sexuality, the way they picture themselves as a man, you know, from quite, you know, alpha men to men that are really questioning sort of gender binaries and what have you, actually, they can sit in the same space with the experience of empathy, acknowledgment of lived experience, and it does a whole lot of other things besides addressing the trauma. It actually addresses some of their ways of being in the world as a male. And I've seen that happen.

[00:44:42] Speaker D: Yeah. And I think, I think one of the things about that Patri is that stuff of, you know, and guys say, you know, cut through all the bullshit, you know, what they're seeking is a form of connection.

When they've experienced isolation, they've experienced being alone.

It's the connection. And we know that connection is good for our long term well being. It's absolute key to our long term well being. And so providing space where there can be connection, where we don't have to talk about everything, but we can be there and connect with each other in different ways around shared topics, shared interests and everything like that. That's life giving. That's hopeful.

[00:45:18] Speaker C: Yeah.

[00:45:18] Speaker B: Beautiful, guys, thank you so much. I'm aware of the time.

I wanted to leave a little bit of time for us to just recognize something that's really, really close and dear to my heart, which is, you know, I've been in this space for 15 years. Both of you have been in the space for longer. But, you know, what I know is that we all have a responsibility, I believe, to talk about all survivors of child sexual abuse. I don't care if it's male, female or other institutional, non institutional, black, white, green, pink, it doesn't matter. And for 15 years I've been proud to walk into spaces and actually make that point with you. There should be no less than worthy than worthier than survivors. We shouldn't be making any discriminatory decisions about how we treat people who have been victimized as children in this way. Can you share your thoughts on that?

[00:46:19] Speaker D: I think one of the things, you know, I came to this work in working with both male and female survivors, and I've learned so much from both groups. If you only talk with one group, you're hearing half the story. You're not hearing the similarities and differences, the shared experiences and the particularities of each of those experiences, be the men, women, same sex, attracted or whatever. I think one of the things we sometimes kind of. We have to acknowledge that the work of the women's movement in the 1970s, the raising this topic of rape and sexual assault, and we have to acknowledge that even at that time in Susan Bremen's book *Against Our Will*, there was a chapter on the rape of men and it was always there. And I think one of the challenges has been to create a space, a shared space where people can experience support, whatever their gender, whatever their sexuality, wherever they're from, whatever their race, wherever their age, whether their abilities. And I think that's really, really important.

And sometimes when we isolate particular groups and I focus on particular groups, we miss out on the broader support and opportunities to learn from each other.

And I think that experience of removal, of choice, of abuse and harmony is a shared experience that nobody should be having.

But when you hear about it, when you talk with people, that's something they don't want to happen to anybody else and are supportive each other and we can help learn from them in that experience.

[00:47:53] Speaker C: Yeah, look, I think the similarities are important to talk about because there's far more similarities than difference.

The. The issue of shame and guilt and blaming oneself for abuse is something that male and female survivors share. And it's because it's not because of who they are. It's because of the grooming and the messages of the person perpetrating the abuse and the broader sort of commentary that often happens about myths of child sexual abuse abuse.

And so I think it's when we talk about all survivors, you know, we can see some real gaps for women survivors right now. You know, whilst there's clear services for women who have experienced recent sexual assault, if you're a woman survivor and of child sexual abuse wanting services, you're likely to be told you're going to have a long wait before you can get a service.

And I know that occurs for men too.

But having a national response is so critical to survivors. And it's something that, you know, survivors were promised, they were promised to these issues to address shame and stigma and it hasn't really happened.

[00:49:23] Speaker D: So just picking up on that and I'll just, you know, kind of speaking a bit much here, but one of the things is around the stigma and shame, it was recommendation of the Royal Commission, there should be a national action in relation to that. It's in the national strategy around child sex, youth. There should be a national strategy around dressing stigma and shame. It hasn't happened. That is another part of this national tragedy. I think one of the realities is that we're so aware

of is that people take over 30 years often to come forward on average to talk about this stuff.

And when they do come forward, there needs to be a timely response. Then there's small windows of opportunities because if you don't receive the response in a timely way at that time, you close down and you don't talk again about this stuff because otherwise it's back on you to do this. And so I think that's another part of this. It's visible services, but timely responses for men, women, people, non binary, friends, everybody. You need to have a quality response that's there and appropriate to that group and that person where they feel supported, listened, heard and in that process. And that's one of our failings, it's a failing we live with at this moment.

[00:50:36] Speaker C: Spot on. Gary and I couldn't agree more. But also I think one of the reasons that if we challenged people to say why haven't we had a, a response to stigma and shame? I think some people in some prevention areas might say, oh, we've run prevention programs and we've focused on things and it goes back to something we were talking about earlier about you turn 18, you sort of fall off the cliff or you've given up on in some way.

So people would point to the addressment of talking about child sexual abuse with children and making that more visible with some of the campaigns, but we haven't done the hard yards with what that means for adults. Speaking to those things that you're talking to about, how do you actually address that across the whole life course?

We like to just sort of divide things up and do the safe things, do the easy things. Politically appeasing to always focus on that early years and not saying we shouldn't, but at the expense of the whole life course.

[00:51:52] Speaker B: Look, I'm not an academic, I'm not an ex cop, not even particularly smart. But I will say I have a theory which is honestly, I believe until we can get to a point where as adults we can talk about child sexual abuse, without first thinking, oh, yuck, it's too hard, it's taboo, it's icky. You know, until we can do it and until we can talk to children about it in, in, in age appropriate ways, I think we're kidding ourselves and abrogating our own responsibility, right. To protect children by expecting them to actually find their voice and speak up. I never would have spoken up if someone asked me at that time. It took me decades before I did speak

up.

So I really want to challenge this idea that, you know, oh, we've got to. If only the kids would tell us, and we've got to have more programs to, you know, I know sex education is part of that, and I think that would be good if, you know, if that came to intervene more. Gary, you talk about this, but do you agree that there is this really weird, again, another weird dichotomy around, you know, our expectations, that there's a certain amount of denial that's feeding into this silence and shaming and stigma? If we, until survivors of child sexual abuse, again, I believe, can actually speak up as adults without all the shame and stigma and all the barriers and the myths that exist and stand in our way, then where are we?

[00:53:24] Speaker C: Yeah, 100%. 100%. Because I think it's also within that we, you know, even in the current crisis in Australian child care, a lot of the debate is how do we detect perpetrators?

How do we, you know, what, what's the profiling? How do we, how do we somehow find out who. Who's doing this harm?

And that actually silences us from talking about the issue.

And when we talk about the issue and name it, we actually disempower perpetrators. We make it visible, we make it possible to name what's happening.

And, you know, you can throw a lot of money at all of these sorts of things. And there's, you know, some things, quite frankly, I think are really problematic when, you know, someone proposes that, you know, men shouldn't work in childcare centers, all this. That's not the problem.

That's a ridiculous idea, you know, for a whole range of reasons, not at least as shown on recent reports of any human has the capacity to commit harm against a child, including sexual abuse.

But it's actually how we pathologize and position this issue as silent and say, you know, there's only particular people. I mean, one of the, one of the issues that I think is a real risk here is when we do have those arguments about perpetrators and, you know, in public spaces, we actually really also can unwittingly and unintentionally

disempower survivors that are abused by family members, by friends, by neighbors, by other children.

[00:55:15] Speaker D: Yeah, by other children, by other young people. And I think, you know, one of the things about the child, my treatment study, you know, and it's a good study, it was highlighting in relation to disclosure that actually younger people are coming forward at a higher rate than older people. And the ones who aren't talking are Those in their 40s, 50s, 60s, and predominantly in that group, the men are even more overrepresented. And I think finding, you know, ways to support people, to find the language, because if you haven't spoken about it for 30 years, you're not going to have the words.

And if we can't create spaces and provide people with ways to talk about it in a way that they feel supported and heard, we're doing them a disservice. So it's our responsibility to build the bridge. It's our responsibility as a society to step forward. We can't be waiting on survivors to, you know, drag themselves through all this, you know, the tough yards, and do all the work to get there.

We now know what, you know, some of the challenges, and we need to address them. There's. There's a whole host of. There's both the shared challenges around gender, but there's also some other particular challenges. You know, those questions around sexuality that guys struggle with and the homophobia that needs to be addressed. The idea that they're going to become an offender, that needs to be addressed.

All of those things that demonize people and silence them. So there's considerable work to be done.

[00:56:45] Speaker C: Yeah, and you pick up on a really point that critical here is that the myth that silences many men from speaking about child sexual abuses, that they will become a perpetrator.

And I think we really need to be really clear about that, because it's a damaging myth.

It's an easy myth to suddenly put up there and explain a whole lot of things about men, but actually it's a misrepresentation of the drivers of abuse.

[00:57:26] Speaker D: And I think there's a whole load of ideas that, you know, like around this topic that are a little bit messier for guys and that they confront. And we need to address those. For an example will be, you know, the questions around sexuality. People ask questions about whether a man's become gay because he was sexually abused as a child.

Nobody asks a woman whether she's become straight because she was sexually abused by a man.

So there's some very strange kind of thinking sometimes around this topic.

Unfortunately, we are dealing with homophobia. We are helping to break down those kind of problematic ideas. I think what we've spoken about here, this simplistic idea that because somebody's experienced abuse, they're going to harm somebody, it's wrong and it needs to be addressed in a strong way for everybody's sake and to better address the problem.

So I think one of the things about guides is about working with them, providing with good quality support and information so they are able to come forward, they are able to get the help they deserve. And it's a broader discussion, not just amongst us, not just amongst survivors, but the whole of community. How can we better support survivors in all their diversity to receive an appropriate response?

[00:58:45] Speaker C: Just building on what Gary was saying, and you know, we've covered a lot of ground today in terms of the whole ideas and you know, we have talked about really tough stuff and the struggles that survivors often experience, the challenges that they're faced with, the. The lack of the system and governments and community are really give, provide the support that.

The influence of myths. And so, you know, I just want to say that, you know, when we, when we begin to think about that as a journey and we've talked about hope because there's the hope of survival, there's the resilience, but often when men first present, they.

They often don't see those. The strength that it's taken to survive, the strength that's taken to get in the door to speak out.

And, you know, this whole series of podcasts is about, you know, stronger stories.

And, you know, part of the work in healing is recognizing that strength and stronger feelings because we don't really have the mechanisms when we think of way men are positioned in society to recognize the strength of survivors.

And we need to start naming that. And this is what's so exciting about this episode is, is it's really claiming that strength and men owning that and survivors generally owning that.

[01:00:24] Speaker D: And I think, and you know, for all the talk about all the struggles, etcetera, you know, and having done this work for 40 plus years, what I'd say is we're in a far better place than we've ever been and that these conversations are starting and they are moving. They may move at a glacial pace at times, but having services like Samson around gives us hope. Having services which foreground the lived experience of people that offer peer support, that offer connection for men is actually what will help move us forward. And we want to expand and make an experience for any survivor.

And so it is hopeful to have the conversation and to keep moving in this direction. Thanks for the opportunity, Craig. Yeah, thank you.

[01:01:09] Speaker C: It can be so transformative.

Transformative for men to enter that space where they do feel empathy, belief and trust and can unlock a pretty exciting potential and, and also the biggest people on everyone's side is when we work collectively and the survivor movement is getting stronger and stronger and we're part of the solution and the. The solutions are out there for.

For men to really change the conversation.

[01:01:55] Speaker B: Thank you guys so much. These are awesome and I really appreciate it.

Your support, your advocacy, your brains, everything.

You're an incredible brains. Trust to me and to Sampson and I can't thank you enough.

And really looking forward to future conversations on Stronger Samson's podcast. Thank you.

[01:02:19] Speaker D: Thanks, Craig. Thank you.

[01:02:23] Speaker A: Stronger Stories was brought to you by Samson, the Survivors and Mates support network. You can learn all about Samson's support services@samsn.org ausamson.org this season's host is Samson's CEO, Craig Hughesgate.

Your producer, director and editor is me, Felicity Blake from the Dove Media.

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Thank you.

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