



Submission cover sheet

Inquiry into men's suicide rates

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SURVIVORS & MATES SUPPORT NETWORK

Legislative Assembly for the Australian Capital Territory

Standing Committee on Social Policy

Submission

Inquiry into men's suicide rates

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Background

SAMSN is a not-for-profit charity co-founded by male survivors in 2011, for male survivors and their supporters. SAMSN offers a range of free services and programs for male survivors of child sexual abuse, their families and carers. SAMSN knows firsthand the impact of childhood trauma on the lives of survivors and their families.

There continues to be an over-representation of male survivors of child sexual abuse in suicide statistics, mental health and rehabilitation facilities, corrections services and in those men living rough. All these presentations represent significant social and economic cost.

Evaluations of [programs](#) offered by SAMSN have consistently identify as the main issues facing male survivors of child sexual abuse:

- Isolation and loneliness
- Managing interpersonal relationships;
- Coping with depression, anxiety, shame and embarrassment; and
- Suicidality.

These evaluations also show the programs and services offered by SAMSN are effective in reducing the negative impacts of the abuse.

Terms of Reference

Inquiry into men's suicide rates

The Committee has resolved to inquire into and report on high male suicide rates, with reference to:

- 1) Factors contributing to suicide rates, including:
 - a. Engagement with medical and health services;
 - b. Risk-taking behaviours, including alcohol and substance use disorders;
 - c. Social and emotional development;
 - d. Relevant trends in educational outcomes and participation rates;
 - e. Any other factors; and
- 2) Promotion of positive health behaviours among boys and men, including increased access to mental health services, socialisation opportunities, and emotional supports; and
- 3) Any other related issue.

The Committee is mindful of, and will take into consideration, the application of the *Human Rights Act 2004* when examining these matters.

SAMSN has chosen to respond to those questions/issues on which it has expertise.



1) Factors contributing to suicide rates

eg. Any other factors – intersectionality of adverse childhood experiences, in particular child sexual abuse and suicide

For nearly 15 years, SAMSN has been advocating to politicians and relevant agencies about the intersection of adverse childhood experiences for male survivors (particularly child sexual abuse) and suicide. SAMSN emphasizes that this intersection must be acknowledged and that services supporting male survivors of child sexual abuse and their families must receive appropriate funding.

Suicide

We know that males account for 75% of deaths by suicide in Australia.¹

We know that an experience of childhood sexual abuse significantly increases risk of suicide (Bennet et al (2025) 'Exploring Childhood Challenges and Male Suicide Risk: Findings from a Global Survey': Journal of Men's Studies); Australian studies have identified that male survivors report experiencing a ten-fold increase in suicidal ideation and are significantly overrepresented in suicide attempts.²

Child sexual abuse and Suicide

The Australian Child Maltreatment Study, a study of 8,500 people in Australia reported that 18.8% of men interviewed reported they had experienced sexual abuse as a child (under 18yrs).³ That equates to over 2 million men living in Australia. This study identified that those who experienced child maltreatment are 5 x more likely to have attempted suicide in the past 12 months

What we now know about the impacts of child sexual abuse across a lifespan, thanks largely to the work of the Royal Commission into Institutional Responses to Child Sexual Abuse,⁴ is that impacts are wide-ranging. We know that male survivors experience:

- *Impacts on the person* – distrust, guilt, shame, self-blame, isolation, loneliness, low self-esteem.
- *Mental health difficulties* – complex PTSD, depression/anxiety, suicidal thoughts.
- *Relationship difficulties* – partnering, parenting, intimacy and sexual difficulties.
- *Social, cultural and economic impacts* – abuse of alcohol, drugs, addictions, gambling, workaholism, homelessness, unemployment, increased incarceration, disconnection from culture and faith, impact on education achievements.
- *Physical and health difficulties* – heart, digestive systems, chronic pain, eating disorders, sleep difficulties.

¹ Suicide Prevention Australia – Insight to Impact 2024 at p. 5

² (O'Leary & Gould (2009) 'Men who were sexually abused in childhood and subsequent suicidal ideation: Community comparison, explanations and practice implications' British Journal of Social Work, 39, pp. 950-968; Easton, Renner and O'Leary (2013) Suicide attempts among men with histories of child sexual abuse: Examining abuse severity, mental health, and masculine norms' January 2013 Child Abuse & Neglect 37(6)).

³ The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study 2023 Brief Report at p.17

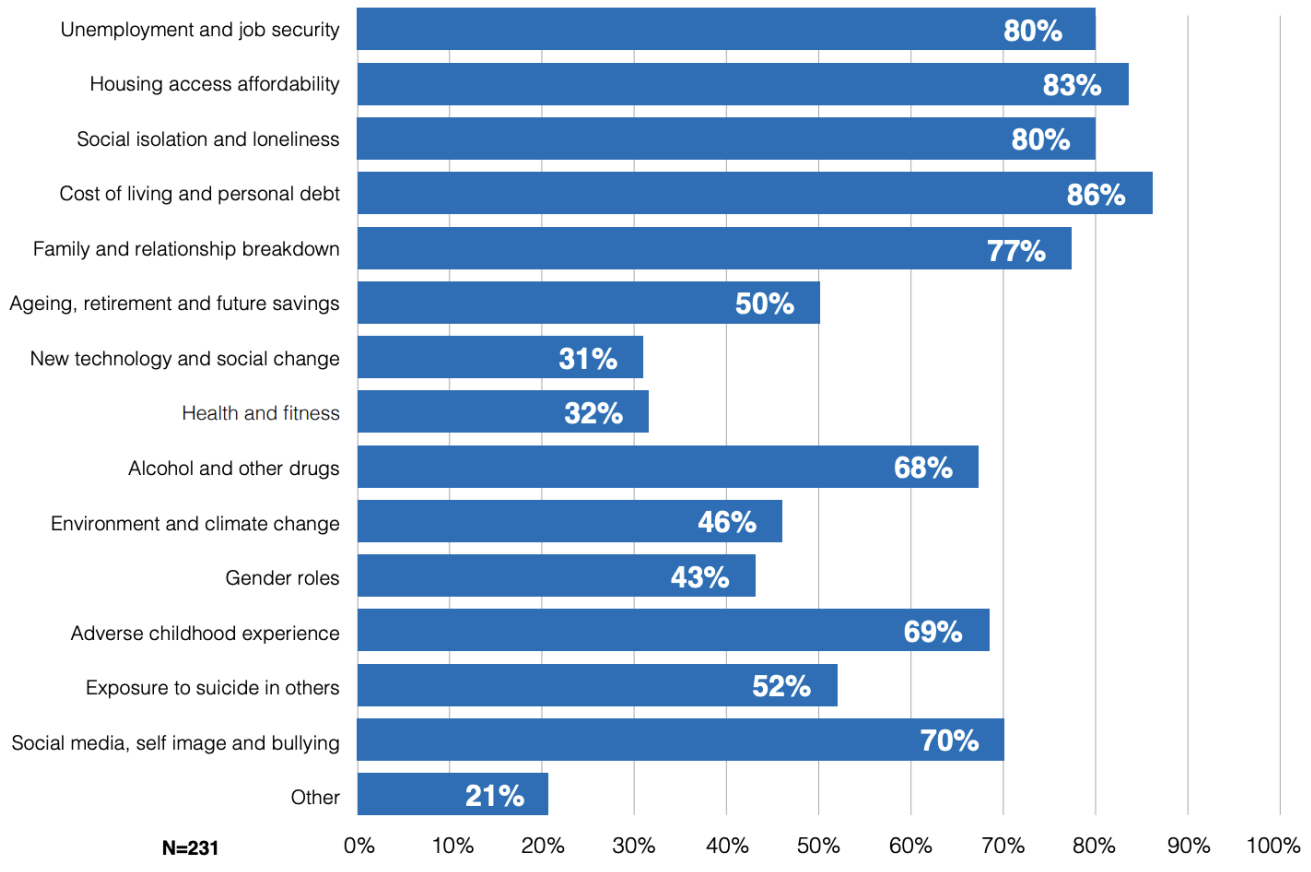
⁴ Royal Commission into Institutional Responses to Child Sexual Abuse Final Report: Preface and Executive Summary at Pp 15 - 17



There is a clear correlation between the known impacts of child sexual abuse and the factors we know increase suicidal thoughts and actions.

The 2024 Suicide Prevention Australia identified a series of factors that produce significantly increased risk of suicide over the next 12 months, a majority of which male survivors live and struggle with on a daily basis.

What will pose the most significant risk to suicide rates over the next 12 months?



The fact that male survivors of child sexual abuse experience a majority of known risk factors for suicide, highlights the need for an approach that directly addresses the gender specific needs of male survivors.

Shame and Hope

What is missing from the above chart and significantly increases risk of suicide for survivors of child sexual abuse is the impact of shame and loss of hope.

Male survivors report experiencing layers of debilitating shame, shame not just about what happened and what they have done in surviving, but gender-based shame for not coping and managing better as men. Shame both significantly increases risk of suicide and acts as a barrier to accessing support. Tryggvadottir EDV, Sigurdardottir S, Halldorsdottir S. 'The self-destruction force is so strong': male survivors' experience of suicidal thoughts following sexual violence. Scand J Caring Sci. 2019 Dec;33(4):995-1005.



As Brenne Brown highlights, shame is not like other emotions:

“Shame is the intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love, belonging and connection. Shame thrives on secrecy, silence, and judgement. If you put shame into a petri dish and douse it with these three things, it will grow exponentially into every corner and crevice of our lives. B. Brown ‘ 2021:137 Atlas of the Heart: Mapping Meaningful Connection and the Language of Human Experience.

To reduce risk of suicide, requires us to acknowledge and address the many layers of shame that can overwhelm men’s resources and sense of self.

Hopelessness also increases risk of suicide (Spokas M, Wenzel A, Stirman SW, Brown GK, Beck AT. Suicide risk factors and mediators between childhood sexual abuse and suicide ideation among male and female suicide attempters. J Trauma Stress. 2009 Oct;22(5):467-70).

Hope however does the opposite, in that it helps sustain male survivors through tough times, reduces risk of suicide and is a factor that assists in promoting positive change and wellbeing. Hope is a core value of SAMSN and is part of our tool kit, along with compassion and self -compassion, in reducing risk of suicide.

2) Promotion of positive health behaviours among boys and men, including increased access to mental health services, socialisation opportunities and emotional supports

It has been our experience that providing a range of gender appropriate services, like our trauma informed professionally facilitated peer support group, helps to reduce isolation, shame and low self-esteem, leading to a willingness to engage with support services and vision a more positive hopeful future.⁵ Specialist support services such as SAMSN are able to help survivors develop practical skills in identifying, tolerating and managing distressing emotions, thoughts and memories and in developing supportive caring relationships.

What we also know is that for all survivors disclosing what happened is often fraught.

Barriers to disclosure and help seeking

While we know that non-disclosure impacts a person's recovery, increasing isolation and delaying health and justice responses: we also know that historically most disclosures have not been responded to adequately and even now there remain multiple barriers to men’s disclosure and help seeking.

It is a reality in 2025 that only 42.2% of males who have experienced child sexual abuse have disclosed what happened (Mathews et al 2025 ‘Disclosure and non-disclosure of childhood sexual abuse in Australia: Results from a national survey’ Child Abuse & Neglect 160 (2025) 107183). Male survivors typically disclose at a lower rate than women, take some 5-10 years longer to tell anyone, making a more selective disclosure, some 30 years plus after the event.

The Royal Commission into Institutional Responses to Child Sexual Abuse called for:

⁵ SAMSN Peer Support Phone Line over 75% of first-time callers ask to be connected to a SAMSN Planned Support Worker or be put on the wait list for an Eight-week Support Group



'A national approach to overcoming the stigma and discriminatory attitudes surrounding child sexual abuse would help lift the burden of shame and self-blame carried by so many victims and survivors, remove barriers to disclosure and help-seeking, and support greater understanding by practitioners within services.' RC Volume 9 2017 p.195

This called for national approach that specifically addresses the stigma and shame that male survivors experience and is correlated with increased suicidality has not occurred in any meaningful way.

Positive Disclosure

For disclosures to have a positive impact, it is vital the person hearing the disclosure, for example in a health setting, detention facility or drug and alcohol clinic, responds by:

- Believing the person;
- Listening with empathy and compassion;
- Checking in with the person as to their present support needs;
- Highlighting and prioritising the person's choice in the present;
- Situating disclosure as a step to addressing the impacts and improving wellbeing; and
- Arranging to follow up and checking in with the person at an agreed time.

It has been our experience in delivering training to services supporting male survivors, that many services are not sufficiently resourced in terms of having the time available nor are they sufficiently experienced in terms of responding to disclosures.

For boys and men to receive positive responses and feel encouraged and supported when they seek help, the services must be appropriately resourced and must understand the dynamics and impacts of child sexual abuse on men.

Apart from increasing the skillset of those working in detention facilities, health settings and drug and alcohol clinics, it is vital that survivors are provided with the opportunity to engage with specialist support. Yet we are still to see the Royal Commission's Recommendation 9.1 implemented in full.

Recommendation 9.1 recommended that the Australian Government fund

- 1.1.1 "...dedicated community-based support services for victims and survivors in each jurisdiction to provide an integrated model of advocacy and support and counselling to children and adults who experienced childhood sexual abuse in institutional contexts.
- 1.1.2 Funding and related agreements should require and enable these services to:
 - a. be trauma-informed and have an understanding of institutional child sexual abuse
 - b. be collaborative, available, accessible, acceptable and high quality
 - c. use case management and brokerage to coordinate and meet service needs
 - d. support and supervise peer-led models." ⁶

SAMSN remains the only specialist support service for male survivors of child sexual abuse and their families in Australia. However, SAMSN is a NSW based service it is not a national service.

⁶ Royal Commission into Institutional Responses to Child Sexual Abuse Final Report Volume 9 at p.15



Given the requests SAMSN receives for access to its programs from around Australia, there is a need for SAMSN to be an Australia- wide service. Your postcode should not determine the support that is available to you and your family.

A letter from a supporter sums up the impact of SAMSN on the life of a survivor,

My ex-husband was sexually abused at a school in the 1950s. He never talked about it, not even to me, until nearly 60 years later.

The trauma he suffered broke our marriage and led, I believe, to his lifelong complex PTSD, depression and alcoholism. I talked him into doing your group and getting counselling during Covid lockdowns. It changed his life.

A week ago he died suddenly, and his family is still in shock and grief. But what I wanted to tell you is that doing your course gave him the first hope and freedom from suffering in many, many years.

He rebuilt his relationships with us, engaged in regular therapy, could speak up to others about the sexual abuse, developed communication skills, including dealing with anger, and really became so much closer to the person he was meant to be had he not been abused.

So, thank you.

Thanks for your work, your compassion, your passion.'

Coming back to the intersectionality of suicide and child sexual abuse, it is important that the impacts of child sexual abuse, in particular shame and isolation and the factors contributing to suicidal thoughts and action, be acknowledged.

Suicide Prevention Australia in its 2024 State of the Nation in Suicide Prevention noted respondent views on interventions needed to tackle the third rated emerging risk of social isolation and loneliness:

- Enable community-led events and encourage participation;
- Investment in rural community hubs to bring together health and wellbeing services in a welcoming environment; and
- Increased investment and roll out of peer-led models that bring communities and people together in peer-led environments.⁷

Conclusion

SAMSN thanks the Standing Committee on Social Policy for the opportunity to respond to this inquiry and calls on the Legislative Assembly to:

- i. Acknowledge the intersectionality of suicide and child sexual abuse;
- ii. Support the upskilling of staff in settings of health, detention facilities and drug and alcohol facilities who work with and support male survivors of child sexual abuse; and
- iii. Fund dedicated community support services for survivors in particular male survivors of child sexual abuse, in line with the recommendation of the Royal Commission.



⁷ Suicide Prevention Australia State of the Nation September 2024 at p. 19