



“It has changed me immeasurably. I am no longer a scared, weak, shamed, hurt, negative man. I am a strong, positive and proud man, father, partner and son”

An evaluation of SAMSN's programs to support adult male survivors of child sexual abuse

This research was funded by the NSW Ministry of Health. It was conducted by the Research Centre for Children and Families at The University of Sydney through an agreement with Survivors & Mates Support Network (SAMSN).

It was conducted by a team of researchers including Professor Susan Heward-Belle, Patrick Shepherdson, Dr Betty Luu and Hayden Tucker. Maya Hammond and Calum Martin-Taylor were involved in the early stages of the project.

The researchers collected data between 2021 and 2022. This included collecting data from survivors, supporters, SAMSN staff, SAMSN advisory group members, and partner agency representatives.

Acknowledgement of Country

The authors acknowledge the Gadigal people of the Eora Nation, and all traditional custodians of the lands across NSW. We acknowledge that we work on Aboriginal lands, and that sovereignty was never ceded. We recognise that Aboriginal people are more likely to be survivors of child sexual abuse due to ongoing racism within our society and institutions.

Acknowledgement of survivors of child sexual abuse

We acknowledge the courage of all survivors of child sexual abuse. The male survivors who participated in this evaluation study experienced child sexual abuse in many contexts - institutional, family, and other community settings - where their trust, vulnerability and innocence was violated. This evaluation would not have been possible without the generous contribution of the many survivors and supporters who trusted and inspired us with their stories, wisdom and resilience.



Available Online

This Full Evaluation Report and the Brief Report are available online at:

<https://www.samsn.org.au/our-documents/>

Any enquiries related to the copyright or content of this report should be directed to:

Professor Susan Heward-Belle
Sydney School of Education and Social Work
The University of Sydney
SYDNEY NSW 2006

Support Services

If this report raises any issues for you and you want to speak to someone about child sexual abuse or need support, you can contact one of these services:

Lifeline 13 11 14

24 hours a day, 7 days a week

13YARN (13 92 76)

A culturally safe crisis support line for Aboriginal and Torres Strait Islander peoples

1800RESPECT (1800 737 732)

For people impacted by sexual assault, domestic violence, family violence and abuse

Suggested Citation

Heward-Belle, S., Shepherdson, P., Tucker, H., & Luu, B. (2023). *It has changed me immeasurably. I am no longer a scared, weak, shamed, hurt, negative man. I am a strong, positive and proud man, father, partner and son: An evaluation of SAMSN's programs to support adult male survivors of child sexual abuse.* The University of Sydney.

© University of Sydney 2023

EXECUTIVE SUMMARY

Background

For the purpose of this evaluation, The World Health Organization (2003) definition of child sexual abuse was used: "Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person..." (p. 75).

Child sexual abuse is endemic in Australia and the consequences are harmful and long lasting. Among Australians aged 16-65, more than one in four report experiencing sexual abuse as a child: 37.3% of girls and 18.8% of boys (Haslam et al, 2023). While the gender disparity is significant, urgent national action is needed to address sexual abuse perpetrated against children of all genders and to ensure the provision of gender appropriate support for survivors.

Child sexual abuse can have lifelong impacts on survivors, potentially affecting all aspects of their lives including psychological, physical, social, and spiritual wellbeing (Child Abuse Royal Commission, 2017; AIHW, 2020). While a wide body of literature reports the short and long-term impacts of child sexual abuse and how best to respond to support survivors, much of this literature focuses on girls and women (Mathews, 2018; Plummer, 2018). Child sexual abuse perpetrated against boys and men has for some time been recognised as underreported and frequently misunderstood leaving many male survivors without sufficient support (O'Leary and Barber, 2008). More research is needed to inform best practice, and programmatic and policy responses to support male survivors. This is particularly important as there are few programs in Australia for adult male survivors of child sexual abuse.

SAMSN

The Survivors & Mates Support Network (SAMSN) is Australia's leading organisation offering support programs for male survivors and their supporters. SAMSN was founded in 2010 by a small group of male survivors committed to establishing a support group where adult male survivors could connect and deal with the effects of child sexual abuse. Currently, the program is funded to provide services to men who were subjected to child sexual abuse in NSW. SAMSN provides a range of programs for adult male survivors of child sexual abuse including an Eight-week Support Group and individual Planned Support for survivors and support to supporters. SAMSN's vision for, 'a world in which male survivors of child sexual abuse can easily access support and find understanding and acceptance', is supported by the organisation's belief statement, which is: "We believe adult male survivors can heal from child sexual abuse, support others to thrive and become leaders for change." (SAMSN, 2022)

Evaluation Aims

This evaluation of SAMSН's programs addresses a significant research gap about the support needs and effectiveness of programs for male survivors. The current study aims to contribute to the knowledge base in this area, by not only evaluating the effectiveness of SAMSН's programs, but also to support the development of future programs for adult male survivors of child sexual abuse and their supporters.

The overarching aim of this research was to:

- I. measure the outcomes of SAMSН's Planned Support and Eight-week Support Groups for adult male survivors of child sexual abuse (and their supporters) in consideration of SAMSН's program logic.
- II. examine strengths and areas for improvement in relation to SAMSН's processes, policies, and procedures.
- III. establish recommendations about how to enhance SAMSН's processes, policies and procedures to ensure that trauma-informed, client-centred, culturally-safe and inclusive services foster healing and recovery.

Methodology

A mixed methods methodology was adopted. This included conducting a critical interpretive synthesis of research in relation to male survivors of child sexual abuse, conducting a scoping review of data collection instruments, and then undertaking data collection through qualitative and quantitative methods.



**Critical Interpretive
Synthesis**



**Scoping
Review**



**Qualitative
Interviews**



**Quantitative
Surveys**

Qualitative data was collected via semi-structured interviews conducted with male survivors who participated in SAMSН's Eight-week Support Group before program entry (n=25) and twelve weeks after program completion (n=21). Six survivors who had engaged in SAMSН's Planned Support Program were also interviewed, along with 8 supporters, 17 SAMSН staff and/or advisory group members, and 7 partner agency representatives.

Quantitative data was collected using online surveys administered via Qualtrics to capture demographic data, mental wellbeing and psychological functioning, and changes across key program impact areas. Surveys were administered to 13 planned support clients prior to program commencement and to 7 men who exited planned support or were still involved with the program 12 weeks after commencement. Quantitative data was also collected via online surveys administered to 33 group participants prior to program commencement, 26 participants two months after completion, and 20 participants three months after completion. A quasi-experimental design was adopted, comparing clients who completed the Eight-week Support Group with clients who did not.

A secondary data analysis of qualitative and quantitative data collected internally by SAMSН from group evaluation questionnaires was also undertaken.

Findings

The study considered outcomes of SAMSН's Planned Support and Eight-week Support Groups for adult male survivors of child sexual abuse and their supporters, in consideration of SAMSН's four key domains articulated in SAMSН's program logic.

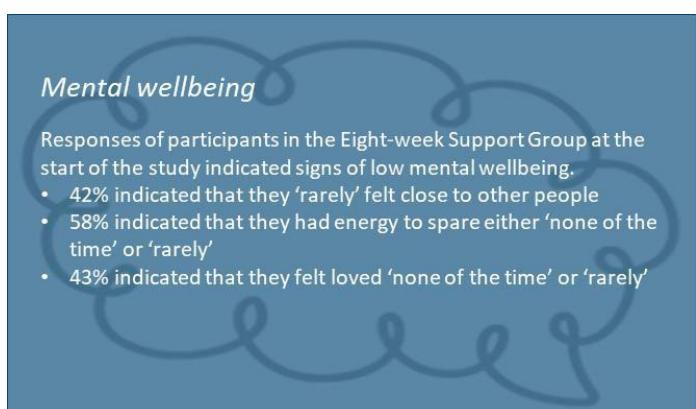
Domain 1: To provide a trauma-informed space where male survivors can engage in recovery from the impacts that child sexual assault has on adult life.

Most participants, supporters and professionals surveyed indicated that SAMSН provides a vital service that is trauma-informed and creates a space for male survivors to engage in recovery. We conceptualized recovery as a complex, personal process that is ongoing throughout life. In terms of measuring recovery, we considered multiple aspects of recovery, including but not limited to mental wellbeing. We used the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) to measure men's perceptions of their mental wellbeing at different times. We also listened to survivors and their supporters and learned of the myriad ways that SAMSН's programs had aided their recovery.

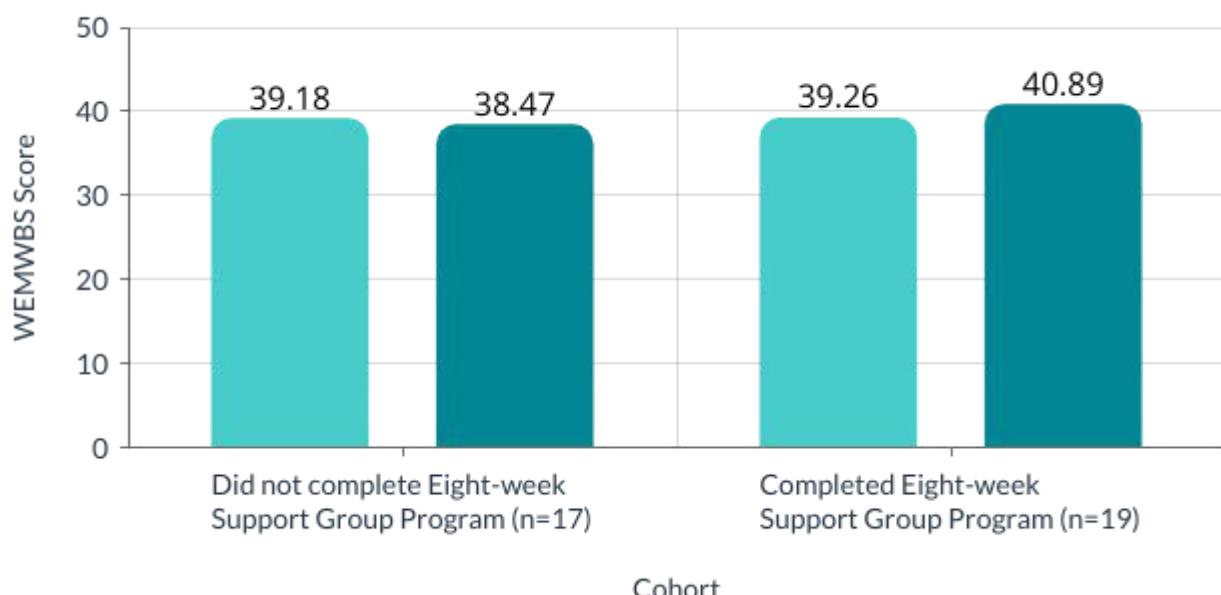
The results of the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) indicated that most men who access SAMSН's services have previous experience of mental distress, particularly experiencing depressive symptoms



About three-quarters of clients at the start of the study had mental wellbeing scores that would be considered in the range for *possible* or *probable* clinical depression



The analysis also compared men's reported WEMWBS scores at both Timepoints 1 (before intervention) and 2 (after intervention). It is important to note the findings presented here are only descriptive in nature. The figure below indicates the mean WEMWBS scores for each cohort at each timepoint. Changes in mental wellbeing scores over time and between groups were quite minimal. There were some indications that mental wellbeing improved slightly at Timepoint 2 for those who completed the Eight-week Support Group, but again noting that these changes are marginal.



It is important to note that results from the qualitative data showed that most men saw their recovery as a long-term project that was multi-faceted and could not be singularly assessed through a score on a mental wellbeing scale. For this reason, qualitative semi structured interviews were held with survivors to discuss their perception of the impact that SAMSН had on broad aspects of recovery including acknowledging and accepting that abuse had occurred, finding a safe place to express their experiences and explore their emotions, building a support network with other survivors, learning about perpetrator behaviour, developing self-care and other strategies to reclaim control over their lives and for some, engaging in legal and justice processes.

Another key ingredient of recovery identified by participants was gaining knowledge about child sexual abuse. Most participants, supporters and professionals surveyed indicated that SAMSН provides a space for survivors to learn about the impacts of abuse on adult life. Most participants in the Eight-week Support Group indicated that they learned about how pervasive child sexual abuse is and how it can impact different facets of adult life, including relationships, work, health, sexuality, emotions, feelings and actions.



The number of participants who indicated 'often' or 'all of the time' to whether they understood how their abuse impacted their adult life increased **from 68% before the program to 84% after the program**

Domain 2: Safe peer-support and connection so that adult male survivors can overcome social isolation and strengthen their relationship to self and others.

Another key aspect of recovery is building a strong support network with people who have had similar experiences. Most participants, supporters and professionals surveyed indicated that SAMSN has a positive and lasting impact, decreasing men's sense of isolation. The results showed improvement across time in relation to improving men's positive peer support connections.

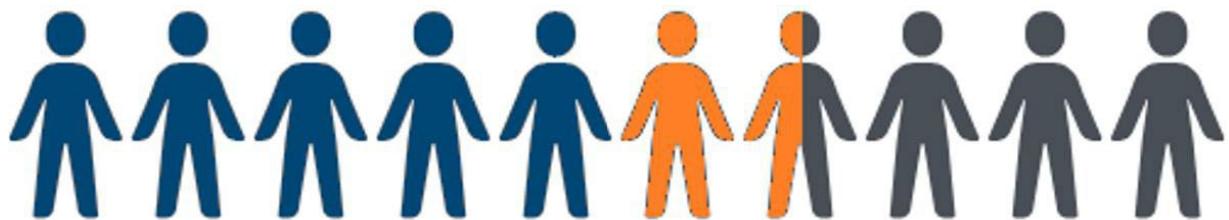


The number of participants who indicated 'often' or 'all of the time' to whether they had positive peer support connection increased **from 21% before the program to 74% after the program**

74% of participants reported improvements in their feeling of social connection and how they relate to other people after the program, which was a 53% increase from how they felt prior to participating. A common theme expressed was that connecting with other survivors, who have had similar lived experience to them, was critical in overcoming feelings of social isolation. Forty percent of the survivors reported feeling improved social connection during the program, where they related to survivor peers during the Eight-week Support Group but reported a sense of disconnection in a follow-up consultation twelve weeks after program completion. These men indicated that mental health issues and other challenges still undermined their ability to sustain the positive social connections they had developed in the group, once the group ended. It is important to contextualize this finding apropos survivors' statements about recovery being a complex and long-term process. They indicated that although the Eight-week Support Group was effective at reducing isolation, the complex and enduring impact of child sexual abuse necessitates post-program supports to enable survivors to sustain the positive peer connections and other program benefits.

Domain 3: Survivors have the language and understanding to share their experience and the tools to regulate their emotions and wellbeing.

Many participants shared that they had benefited from a new understanding of grooming techniques utilised by perpetrators of child sexual abuse. In many instances, this was instrumental in their recovery, providing them with the language to voice how they had been manipulated and made to feel complicit in their abuse. Most participants indicated that having access to support was pivotal to their ability to manage their wellbeing and regulate their emotions because they had increased social supports.



The number of participants who indicated 'often' or 'all of the time' to whether they had access to support to address the impacts of abuse increased **from 47% before the program to 63% after the program**

Most program participants conveyed that their understanding of child sexual abuse had improved significantly by program completion. Survivors' improved understanding provided a language that enabled them to talk about their own experiences. Most participants shared how participation in SAMS's programs had resulted in breaking the stigma around talking about their abuse, with participants being empowered to end their silence and tell their stories to friends and/or family members with whom they had never previously disclosed.

Overwhelmingly the participants reported more awareness and insight into emotions which led to greater control of anger, reductions in self-blame which opened up space to have times of hope and improved self-worth. However, consistent with contemporary understandings of the impact of complex trauma on survivors, the participants did continue to experience fluctuations in their mental health and ability to manage and regulate their emotions and well-being. This highlights the importance of ensuring that survivors have access to ongoing support and assistance as the complex and multiple impacts of child sexual abuse can be long lasting.

Domain 4: Survivors are supported and recognised in their resilience and recovery

Peer support and connection with other survivors was a highly valued benefit of SAMSН's programs, and highlights the importance of continuing to provide this connection and caring environment to sustain recovery efforts. Positive changes were noted across three timepoints for men who participated in the Eight-week Support Group, as can be seen in the diagram below.

19% of clients reported positive peer support and connection with other survivors 'often' or 'all of the time' before the program



75% of clients reported positive peer support and connection with other survivors 'often' or 'all of the time' after the program



31% of clients reported positive peer support and connection with other survivors 'often' or 'all of the time' 12 weeks after the program



The improvements in resilience from the Eight-week Support Group continued 12 weeks after the program.



The number of participants who indicated 'often' or 'all of the time' to whether they had the capacity to understand and manage the impacts of abuse increased **from 69% before the program, to 81% after the program, and to 88% after 12 weeks.**

The sustained nature of the improvements in men's understanding of child sexual abuse and ability to manage its impact is an important measure of program effectiveness. Increased understanding was linked with an increased ability to manage difficult emotions associated with abuse. This finding when considered in relation to the qualitative data indicates that most men felt that SAMSН was effective in helping them in their recovery journeys, particularly in relation to understanding and managing their emotions and beliefs in relation to their experiences of child sexual abuse.

Developmental areas

As SAMSН staff are committed to continuous and ongoing improvement, the researchers were asked to also canvas opportunities for SAMSН to further develop processes, policies and procedures, which are briefly listed below:

- Pro-actively increasing individual support and outreach.
- Build in additional strategies to help participants manage complex emotions during the participation in the program.
- Sustain connection for participants post group.
- Sustain hybrid delivery of the Eight-week Support Groups.
- Building engagement and safety with supporters of survivors.
- Ensuring cultural safety for Aboriginal and Torres Strait Islander survivors and supporters.
- Developing and implementing a strategy that attends to diversity and ensures cultural safety for all SAMSН clients and staff.
- Providing community and professional education about child sexual abuse to reduce stigma and increase understanding of the experiences of boys and men.
- Further develop the Theory of Change model to support and build the capacity of the workforce in order to increase the quality and quantity of support services for male survivors of child sexual abuse.

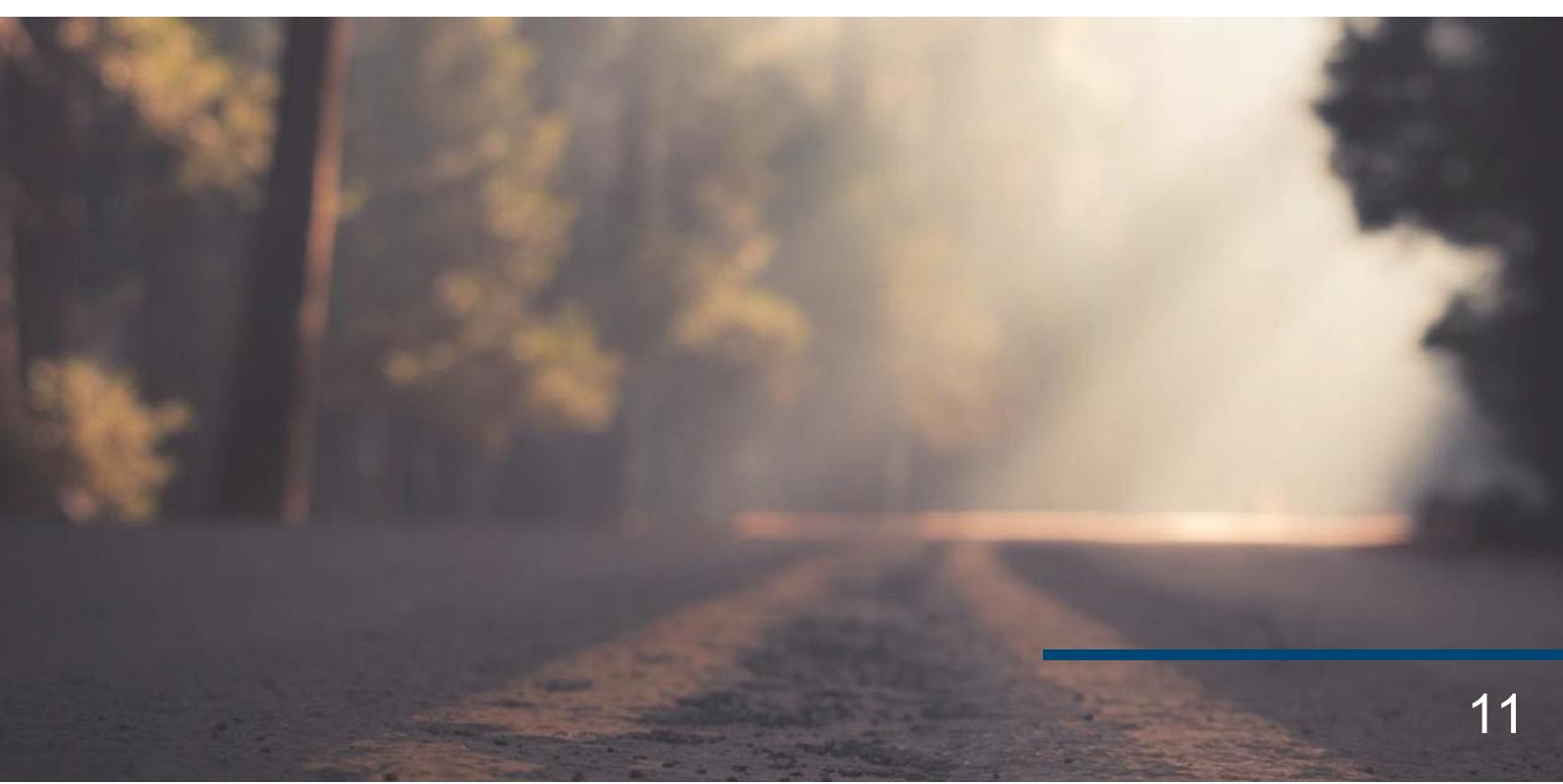


TABLE OF CONTENTS

Introduction and Background	13
Understanding responses to male survivors: messages from the research	22
Overview of SMSN programs	26
Quantitative data analysis - client online surveys	28
Quantitative data analysis - SMSN 'Men's Group Evaluation' questionnaires	46
Qualitative data analysis - SMSN Planned Support client consultations	53
Qualitative data analysis - SMSN Eight-week Support Group client consultations	66
Qualitative data analysis - consultation with supporters of SMSN clients	90
Qualitative data analysis - consultations with SMSN staff, advisory group members and representatives of partner agencies	101
Analysis, conclusion and suggestions for consideration	120
References	132
Appendices	136

Introduction and Background

In September 2021, Survivors & Mates Support Network (SAMSN) entered into a contract with The University of Sydney to undertake an evaluation of SAMSN's Planned Support and Eight-week Support Groups for adult male survivors of child sexual abuse. The evaluation was designed to:

- collect and analyse data from key stakeholders (including SAMSN clients, supporters of clients, staff, advisory group members, and partner agencies) in relation to SAMSN's programs and their impact towards fostering the healing and recovery of adult male survivors of child sexual abuse
- measure changes in relation to program participants' wellbeing and understanding of child sexual abuse over time
- analyse the effectiveness of policies, procedures and processes established to support the programs
- consider opportunities to strengthen program outcomes for survivors and their supporters.

The evaluation, funded by NSW Ministry of Health, aims to fill a gap in evidence of what constitutes good practice support for adult male survivors of child sexual abuse in Australia and internationally.

The Research Team who conducted the evaluation comprised:

- Patrick Shepherdson, independent research consultant
- Hayden Tucker, Research Assistant, Sydney School of Education and Social Work, The University of Sydney
- Professor Susan Heward-Belle, Professor of Social Work, Social Work and Policy Studies, The University of Sydney
- Dr Betty Luu, Research Fellow, Faculty of Arts and Social Sciences, Research Centre for Children and Families, The University of Sydney.

The research team thanks Maya Hammond and Calum Martin-Taylor, BSW Student Research Assistants, from the Sydney School of Education and Social Work at The University of Sydney for their assistance in the early stages of the project. We are most grateful to SAMSN for their advice and support throughout the project. We also acknowledge the valuable contribution of SAMSN staff, advisory group members and partner agency representatives. Most importantly, this evaluation would not have been possible without the generous contribution of the many survivors and supporters who trusted and inspired us with their stories, wisdom and resilience.

About Survivors & Mates Support Network (SAMSN)

The Survivors & Mates Support Network (SAMSN) was founded in 2010 (and registered as a charity in 2012) by a small group of male survivors who were interested in establishing a support group where adult male survivors could connect and deal with the effects of child sexual abuse on their lives. Working in partnership with professional counsellors who had experience working with male survivors, they commenced an Eight-week Support Group where men could come together, meet other male survivors, find support and learn about child sexual abuse, its impacts and what helps in regards to recovery and healing. Since then, SAMSN has evolved significantly as a not-for-profit charity that provides a range of programs to support adult male survivors of abuse, their supporters and the services that work with them:

- since 2011 SAMSN has facilitated 84 Eight-week Support Groups for adult male survivors of child sexual abuse
- since 2014 SAMSN has also provided individual Planned Support for adult male survivors and their supporters
- in 2016 SAMSN commenced monthly meetings to sustain connection and support for men who have completed the Eight-week Support Group
- SAMSN runs one-day workshops for survivors and their supporters designed to assist them to understand the effects of child sexual abuse and to build strong, mutually respectful relationships
- SAMSN is funded as a Redress Support Service, supporting survivors of institutional child sexual abuse to access the National Redress Scheme
- SAMSN delivers a community engagement and training program across Australia that aims to build the capacity of the broader service sector to provide trauma-informed support for adult male survivors of child sexual abuse
- in 2022 SAMSN launched a Peer Support Line through which survivors can make an appointment to talk over the phone to a fellow survivor who can identify with issues faced by men who have survived child sexual abuse
- SAMSN's CEO represents male survivors on the National Memorial Advisory Group, the NSW Victims Advisory Group, the National Male Suicide Prevention Advisory Group and the NSW Health Prevention and Response to Violence Abuse and Neglect Network (PARVAN) Executive Committee
- SAMSN also offers access to an eight episode podcast series and other online resources for survivors and their supporters.

Funding arrangements for SAMSN have changed over time. NSW Victims Services (Department of Communities and Justice) provides SAMSN's core operational funding as well as funding for Planned Support. NSW Health assumed responsibility for funding SAMSN's Eight-week Support Groups when NSW Victims Services funding for these ceased in 2020. The Commonwealth Department of Social Services funds SAMSN to deliver Redress Support Services, with funding also provided to deliver some community engagement and training and some additional Planned Support.

While SAMSН staffing levels have fluctuated over time due to changes in funding, SAMSН employed approximately 14 staff while this evaluation was being undertaken. SAMSН staff have a range of qualifications which includes both academic qualifications e.g., psychology & social work backgrounds, and lived experience. SAMSН employs a number of facilitators with lived experience, and highly value staff that have extensive understanding and experience in the field of child sexual abuse.

SAMSН’s Eight-week Support Groups for survivors are free and open to men aged 18 years and above of all cultures, faiths, sexualities and trans and gender diverse people. An intake process has been established to determine if a client is “group ready”. While exclusion is rare, there are a number of circumstances that can lead to SAMSН excluding a person from entering an Eight-week Support Group:

- If the person making contact is known to have perpetrated sexualised abuse against children as an adult
- If the person was abused when they were 18 years or older
- If the abuse occurred outside of NSW
- If significant concerns were held for the person due to current or recent substance and/or mental health issues not being addressed.

If clients are not deemed ready to participate in the Eight-week Support Group, SAMSН staff aim to link them with an appropriate service and ensure they have the needed support in place. SAMSН is overseen by a Board of Directors, receives advice and direction on practice from a Clinical Advisory Committee (CAC) and receives guidance on cultural safety and understanding from SAMSН’s Aboriginal & Torres Strait Islander Advisory Group (SATSIAG). The CAC meets quarterly to support SAMSН in addressing clinical issues, including practice dilemmas and practice strategies in working with survivors. SATSIAG was recently established with the goal to provide cultural insight and a voice for First Nations people, so as to create a culturally safe and inclusive environment for future engagement of First Nations people into the program.

SAMSН’s Annual Report 2021 – 2022 indicates that during the financial year the service received a total of 348 new referrals and provided a service to a total of 567 individuals. Of those individuals 87% were survivors and 13% identified as a supporter of a survivor.

SAMSН’s vision for, ‘a world in which male survivors of child sexual abuse can easily access support and find understanding and acceptance’, is supported by the organisation’s belief statement, which is: ‘We believe adult male survivors can heal from child sexual abuse, support others to thrive and become leaders for change’, (SAMSН, 2022).

Research design

The evaluation was designed to measure the outcomes of SAMSN's Planned Support and Eight-week Support Groups for adult male survivors of child sexual abuse (and their supporters) in consideration of program goals and any evidence of good practice identified in a literature review exploring the survivor support landscape. The evaluation also investigated SAMSN's processes, policies and procedures and made recommendations about how to enhance them in order to deliver trauma-informed, survivor-centred, culturally-safe and inclusive services that foster healing and recovery.

After preliminary discussions with senior members of SAMSN about the proposed evaluation, a program logic was co-designed with input from SAMSN staff, facilitators and the Chair of the Clinical Advisory Group. The program logic (Appendix A), which documents SAMSN's vision, outcomes, measures, inputs and activities, guided the development of the research methodology as well as the selection and development of quantitative and qualitative research tools.

Research tools

A preliminary literature review identified the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) as a suitable and validated survey instrument for SAMSN clients (Warwick Medical School, 2021). This 14-item questionnaire was supplemented with 10 additional questions related specifically to SAMSN's identified goals to understanding and managing the impacts of child sexual abuse as an adult (Appendix B). The WEMWBS and additional 10 questions were delivered in a survey administered to participants, which also contained a short section to collect participant demographic data (Appendix C). Tailored discussion guides were developed to support generative discussion with program clients to explore their perspectives on the program, including key program strengths and opportunities for improvement. These included a guide to support a twelve-week follow up discussion with Eight-week Support Group participants (see Appendix D, E & F). Discussion guides were also developed to support discussion with SAMSN staff and Eight-week Support Group facilitators (Appendix G & H), representatives of SAMSN's First Nations Advisory Group (FNAG) and Clinical Advisory Committee (Appendix I), supporters of SAMSN clients (Appendix J) and representatives of partner agencies who also work with SAMSN clients (Appendix K). The discussion guides were designed to explore perspectives on survivor support needs and program strengths and weaknesses, as well as perspectives on the effectiveness of processes, policies and procedures established to support the program.

In addition, participants from the Eight-week Support Groups agreed for the researchers to do a secondary data analysis of data collected by SAMSN through the administration of a Men's Group Evaluation form, which was completed on the last night of the program. This data was aggregated and de-identified.

Ethics Committee approval

The research methodology, tools and all supporting documents were submitted to The University of Sydney’s Human Research Ethics Committee who approved the study in September 2021, Approval No. 2021/737. The research complied with all ethical requirements of the HREC.

Promotion and implementation of the study

The research team drafted an email that briefly explained the nature and purpose of the study that was provided to SAMSN’s Planned Support staff to forward to Planned Support clients. A flyer about the study and a Participant Information Statement (Appendix L) were also made available to prospective participants.

A short video was made promoting the study which was placed on the portal established for Eight-week Support Group participants to access program information and readings. Interested Eight-week Support Group participants were invited to make contact to receive a Participant Information Statement with details of how to participate in the study. Eight-week Support Group participants who participated in consultation were offered the opportunity to invite a supporter to also participate in the study, with a Participant Information Statement forwarded to men who indicated they would like to invite a supporter to participate. Members of the research team presented about the study at SAMSN staff and facilitator meetings to ensure they were aware of the evaluation and to invite their participation as well. SAMSN’s management were asked to provide the research team with contact details for representatives of their Clinical Advisory Committee, First Nations Advisory Group and partner agencies so they could be approached and invited to participate.

The confidential online survey was developed and administered using Qualtrics and made available to SAMSN clients along with a Participant Information Statement and Consent Form (Appendix M & N) from late September 2021 up until July 2022. Planned Support clients were invited to complete the survey and were invited to complete the same follow-up survey if they ended Planned Support or after twelve weeks if they were still engaged with Planned Support at that time. Eight-week Support Group clients who participated in five groups implemented from October to December 2021 were invited to complete a survey just prior to program commencement and invited to complete the same follow-up survey after completion of the Eight-week Support Group and again twelve weeks after Eight-week Support Group completion. Given participation rates did not reach research targets (see Research Challenges and Limitations below), invitations to participate in the study were extended to participants in a further five groups implemented between February to April 2022.



Descriptive statistics were run on the quantitative data capturing client responses indicating the extent to which they agreed to statements in the online survey (see Quantitative data analysis – client online surveys) and responses to SAMSN's internal 'Men's Group Evaluation' forms (see Quantitative data analysis - SAMSN's 'Men's Group Evaluation' questionnaires).

Survey respondents were invited to provide a contact email address if they were interested in participating in qualitative consultations, which were conducted and recorded via Zoom from December 2021 through until August 2022, with de-identified audio files stored on Cloudstor (The University of Sydney's preferred secure server) prior to transcription. A shopping voucher was offered to survey respondents and consultation participants in return for sharing their expertise and time. Ensuring participant safety, wellbeing and anonymity were central to the research design. Consultations were conducted with SAMSN staff (including Eight-week Support Group facilitators), advisory group members and representatives of partner agencies between September 2021 – October 2022.

A thematic qualitative analysis of transcripts of consultations was undertaken with NVivo software, using a combination of inductive and deductive coding. Each interview was read in its entirety and coded into NVivo according to each question from the discussion guides, and then separated out further into sub themes and collated into a table.

Participation in the study

Table 1 depicts the overall data collected across all cohorts for qualitative and quantitative data. Clarification of the discrepancy in quantitative numbers "Used for analysis" is outlined in the Quantitative Analysis Section.

Table 1 - Research Targets and Participation Rates

Cohort	Data Collection	Projected #	Completed	Used for analysis
Planned Support Clients	T1 Survey	35	13	12
Planned Support Clients	T2 Survey	35	7	6
Eight-week Support Group Clients	T1 Survey	35	33	32
Eight-week Support Group Clients	T2 Survey	35	26	25
Eight-week Support Group Clients	T3 Survey	35	20	20
Waitlist Clients	T1 Survey	15	19	14
Waitlist Clients	T2 Survey	15	15	11
		Total:	133	120
SAMSN Staff + Advisory Group	Interview	17	17	17
Planned Support Clients	Interview	25	6	6
Eight-week Support Group Clients Interview 1	Interview	25	25	25
Eight-week Support Group Clients Interview 2 (Follow Up)	Interview	25	21	21
Eight-week Support Group Client Supporters	Interview	10	8	8
Partner Agency Representatives	Interview	8	7	7
		Total:	84	84



Research Challenges and Limitations

Challenges that were beyond the control of the research team influenced its ability to reach participation targets. The overriding challenge was a direct result of the global COVID19 pandemic and associated public health measures designed to reduce the spread of the virus. For example, for some cohorts identified targets for participation in the study were not met due to the impacts of COVID19 lockdowns as well as other natural disasters (i.e., floods) that occurred during the time of this study. COVID19 lockdowns resulted in SAMSN Eight-week Support Groups transitioning online, which limited capacity to eight participants per group rather than 12 participants which is the norm in face-to-face delivery mode. Given the study's original target of having 35 - 40 Eight-week Support Group participants complete online surveys, this would have required close to 100% participation in the study from the original Eight-week Support Group evaluation cohort, which was five groups being delivered in late 2021. The invitation to participate in the study was subsequently extended to five Eight-week Support Groups that were conducted in 2022. In total 38 group participants completed at least one online survey, 26 participants completed a second survey and 20 completed a third.

Moreover, reflections shared during consultations highlighted that engagement in the program is very challenging for men, with many men reporting extreme anxiety and experiences of being triggered as they revisited the traumatic experience of abuse. It is understandable that participants would have been reluctant to volunteer to participate in the study at this time. 26 Eight-week Support Group participants participated in at least one consultation, with 21 of those participating in a follow-up. With the first cohort of Eight-week Support Groups completing consultations in the weeks leading up to Christmas 2021 it is not surprising that not all men who volunteered to participate in consultation responded to email reminders about the follow-up consultation. Participation in the study from supporters was also limited, with the research team reliant on SAMSN clients who participated in the study to forward an information sheet to supporters who may be interested. Despite the research team working closely with SAMSN staff to promote the study to Planned Support clients, the number who nominated to participate in the study was also short of targets.



Guidelines to support the Warwick-Edinburgh Mental Wellbeing Scale outline that because the number of participants who completed surveys at three time-intervals was less than 30 it was not possible to run inferential statistics to test statistical significance between different cohorts over time. Accordingly, results of the analysis of the Qualtrics survey data are only descriptive, but are useful nonetheless especially when considered alongside the large amount of qualitative data obtained.

There is also some crossover in roles within participants of some research cohorts. While not problematic, some research participants disclosed belonging to more than one research cohort. This included SAMSN staff members who were on SAMSN's advisory groups or had previously received service from SAMSN. There was also overlap between SAMSN clients (particularly those in an Eight-week Support Group who were engaged in planned support concurrently) which is addressed in the quantitative analysis section.

About this Report

This report is designed to present findings of the analysis of data collected throughout the study before drawing from those findings to consider evidence of whether SAMSN is achieving its stated outcomes and following established processes. This report culminates with suggestions to support improved program outcomes and processes for clients, staff and other key stakeholders. It comprises:

- Introduction and Background, which provides an overview of SAMSN and an overview of the research design and implementation (as above)
- A summary of a Literature Review exploring understandings of the impacts of child sexual abuse on adult males as well as evidence of good practice in supporting healing and recovery for adult male survivors
- Quantitative analysis of survey data collected from SAMSN clients
- Qualitative analysis of consultations with SAMSN clients, their supporters, SAMSN staff and advisory group members and representatives of partner agencies
- Discussion, conclusion and suggestions for consideration that could strengthen outcomes for SAMSN clients.

In the interests of confidentiality, all research participants were assigned a pseudonym using Random Lists, an application that randomly generates names, and those names were then abbreviated to two letters and cited after each quotation.

Understanding responses to male survivors: messages from the research.

A critical interpretive synthesis was conducted to explore understandings of male survivors' experiences in the aftermath of child sexual abuse as well as to document research evidence of what constitutes 'good practice' in supporting their healing and recovery in adulthood. The review aimed to identify what support approaches are found to be helpful in supporting men's recovery and to inform the evaluation of SAMSN's service provision. The literature review adopted a survivor-centred, strength-based approach, selecting qualitative literature that reported on survivors' perception of what responses were most helpful in fostering healing and recovery. This scoping review was conducted between July 2021 and December 2021 with analysis undertaken in early 2022.

The literature review found that there is not a universally agreed upon definition of child sexual abuse, instead there are multiple definitions, each influenced by the values and context of society and the jurisdiction being referred to (Mathews & Collin-Vezina, 2019). For the purpose of this evaluation, The World Health Organization (2003) definition of child sexual abuse was used:

"...the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person..." (p. 75).

Child sexual abuse can have lifelong impacts on survivors, affecting all aspects of their lives including psychological, physical, social, and spiritual wellbeing (Child Abuse Royal Commission, 2017; AIHW, 2020). While there is a wide body of literature that exists in helping understand the experiences of child sexual abuse survivors and its short-term and long-term impacts, the literature is disproportionately focused on female survivors and their experiences (Mathews, 2018; Plummer, 2018). Moreover, there is a significant gap in knowledge around the ingredients of effective service delivery for men who experienced child sexual abuse. For many victims-survivors, recovery and healing after child sexual abuse can be a long term, and multi-faceted process. Victims-survivors often have complex needs which must be well-understood by professionals in order to facilitate trauma-informed, compassionate and sensitive support (Deering & Mellor, 2011; Draucker et al., 2011).

The review found that there is limited research on the topic of men's experiences of help-seeking in the aftermath of child sexual abuse, specifically in relation to what men find to be helpful and unhelpful in facilitating their recovery and healing. The reviewed literature provided insight into the diversity of men's experiences of child sexual abuse and their healing journey. In processing the abusive experience in childhood, survivors often attribute blame away from the perpetrator and to either their situation, parental behaviours, and/or personal attributes (Lev-Wiesel, 2000). Moreover, male child sexual abuse survivors face barriers to disclosure and initiating the journey of healing due to the negative stereotypes and perceptions which exist in society (O'Leary & Barber, 2008).

Most men don't disclose their abuse for decades and are hesitant in seeking support due to stigma around societal gendered norms in relation to masculinity, the availability of empathetic practitioners, and fear of not being believed (Rapsey et. al., 2020). Easton and Parchment (2021) found that it took survivors on average 20 or more years to disclose, and 30 or more years to have a helpful discussion that facilitated healing. The abusive experience and its effect on men's lives, therefore, sits with survivors for many years and can have significant long-term impacts. Many survivors feel their entire sense of self to be negatively affected (Blakemore et al, 2017; Easton et al., 2019) and experience emotional flooding (Nielsen et al., 2018) which can often lead to suicidal ideation (Australian Government 2017; Blakemore et al., 2017; Lev-Wiesel, 2000; Ray, 2001).

Multiple studies conclude that being subjected to child sexual abuse can adversely impact the emotional, psychological and social wellbeing of survivors. Survivors were found to experience increased feelings of shame, lowered self-esteem and feelings of worthlessness (Ainis, 2019; Blakemore et al. 2017; Easton & Parchment, 2021; Lev-Wiesel, 2000; O'Brien et al., 2019; O'Leary & Gould, 2010; Ray, 2001; Roberts, 2020; Sharma, 2017; Sorsoli et al., 2008). Experiencing such complex emotions and feelings has been associated with causing difficulties for survivors to establish trusting relationships (Ainis, 2019). Experiencing social isolation can be compounded in circumstances where survivors feel unable to disclose and/or share their histories of abuse (Alaggia & Milington, 2008; Roberts, 2020). These dynamics often lead to silencing, decreasing the likelihood of help-seeking behaviours (Vollman, 2021; Desierto, 2014) and can ultimately result in social isolation (Australian Government, 2017; Blakemore et al., 2017; Easton & Parchment, 2021; Gagnier & Collin-Vezina, 2016; Kia-Keating et al., 2010; O'Brien et al., 2019; Ray, 2001; Sharma, 2017). Social isolation can be compounded in circumstances where survivors feel unable to form intimate relationships with others (Kia-Keating et al., 2010), struggle with intimacy (Nielsen et al., 2018), and have difficulties forming trusting relationships (Sharma, 2017).

Survivors adopt diverse coping mechanisms to reduce the deleterious impact of child sexual abuse in order to move forward with their lives. Many of these responses are creative, courageous and adaptive. However, some responses can be maladaptive in the long run, such as suppression, drug and/or substance misuse, and hypervigilance (Australian Government, 2017). Substance misuse is often used to numb the painful emotions associated with child sexual abuse (Ainis, 2019; Alaggia & Milington, 2008; Australian Government, 2017; Blakemore et al., 2017; Easton et al., 2014; Easton et al., 2019; Easton & Parchment, 2021; O'Leary & Gould, 2010; Payne et al., 2014; Ray, 2001; Sorsoli et al., 2008). Emotional suppression is often used by men to avoid worsening the pain of their current state (Ainis, 2019; Australian Government, 2017; Desierto, 2014; Easton et al., 2014; Easton & Parchment, 2021; Roberts, 2020). Payne et al. (2014) and Sharma (2017) found that many survivors experience a sense of shame and/or embarrassment which can lead to efforts to 'self medicate' through the problematic use of alcohol and/or other drugs. In a recent publication by the Blue Knot Foundation (2023), the authors point out the importance of understanding and respecting individuals' coping strategies in light of complex trauma, and to consider how these strategies may play an important role for survivors to manage the impact of the trauma on their wellbeing, providing a sense of control over their situation.

The review found that a helpful strategy identified by survivors was seeking support from practitioners who were compassionate and created a safe environment for disclosure to occur. Alaggia and Milington (2008) found that seeking support was a powerful tool to initiate long-term recovery and healing; however they also found that many men face considerable barriers. Disclosure is a unique experience for each survivor (Gagnier & Collin-Vezina, 2016) and was expressed by O'Leary and Gould (2010) as being the hardest but most productive step towards healing and recovery. Survivors in Easton et al. (2019) study identified that coming forward and acknowledging child sexual abuse and actively talking about it helped them manage their emotions. Survivors also found such experiences to facilitate their process of meaning making (Ainis, 2019), and for others, disclosure had a transformative impact on their lives, due to the liberation of pain that acknowledgment started (Alaggia & Milington, 2008; Desierto, 2014; O'Leary & Gould, 2010; Sharma, 2017). Many survivors indicated that disclosure and acknowledgment encouraged the realization that they were not alone in their experience of child sexual abuse (Easton et al., 2015; Gagnier & Collin-Vezina, 2016; O'Leary & Gould, 2010; Sharma, 2017) and were not responsible (Easton et al., 2015; Easton & Parchment, 2021; Sharma, 2017). Research has found significant benefit in survivors understanding the meaning and impact of their abuse and establishing social support to aid recovery (Easton et. al., 2013; Easton & Kong, 2017).

An important part of men's experiences in seeking support was bound in the social and professional responses they received – highlighting the need for trauma and violence informed professionals and community education campaigns to increase awareness and compassionate responses. Men often do not seek help from support services nor disclose abuse to practitioners due to fear of having their stories dismissed, fear of being blamed for the abuse, or fear of experiencing further negative consequences from coming forward and seeking help (Desierto, 2014; Guyon et al., 2021; Sharma, 2017). Such adverse social responses negatively influence the trajectory of men's recovery. Trauma-informed care can facilitate helpful social responses that avoid re-traumatising or compounding existing trauma - which is a common experience for many survivors seeking support. Trauma-informed responses acknowledge the unique strengths of survivors and are based within an understanding of the complex barriers that many survivors face in trusting others (Blue Knot, 2023).

The most helpful responses identified in the literature to support men in their recovery journey were being believed, feeling listened to, and given the space to talk about their abuse (Easton & Parchment, 2021). Being believed and listened to forms the basis for an empathetic relationship, helps to establish trust, which builds emotional connection within the therapeutic relationship (Kia-Keating et al., 2010). Some research found that helpful social responses are often created by supporters being open and vulnerable with survivors, including sharing their own abusive experiences (Desierto, 2014; Easton & Parchment, 2021) or showing genuine care and understanding for the impacts/effects the abuse has on the survivor (Easton & Parchment, 2021; Gagnier et al., 2017). This requires a safe environment where the survivor can talk about the abuse with confidentiality (Desierto, 2014; Vollman, 2021). Many men expressed how learning to acknowledge and understand the dynamics of child sexual abuse helped them realise their resilience, the strength it took to survive, and the fighting spirit it took to deal with the abuse (Ainis, 2019; Alaggia & Milington, 2008; O'Leary & Gould, 2010; Sharma, 2017). In some cases, this process was identified as being linked to men's decisions to pursue a justice response which required them to take a significant step forward and process their experience by speaking their story and facing their perpetrator (Easton et al., 2015; O'Leary & Gould, 2010; Vollman, 2021).

The limited research on peer support groups for male survivors of child sexual abuse found that such groups create spaces that promote growth, provide support and enable men to take courageous steps in their healing journeys (Gagnier et al., 2017; Kia-Keating et al., 2010; O'Leary & Gould, 2010). Elements such as supportive connections (Anderson & Hiersteiner, 2007), a tailored program according to timeline of abuse (Jeong & Cha, 2019), mindfulness skills (Kimbrough et al., 2010), and self-acceptance and seeking meaning strategies (Phanichrat & Townshend, 2010) have positive outcomes for survivors in peer-support groups. However, evidence is lacking from the perspectives of male survivors who have participated in these groups, and their supporters. Moreover, many Australian male survivors feel there is a general lack of available services for them (Australian Government, 2017).

The Blue Knot Foundation (2023) stresses the importance of harnessing the strength and potential of peer support, stating that it provides a safe space for survivors to share their own experiences and build strength in recovery (Blue Knot, 2023). Developing programs to support adult male survivors of child sexual abuse is an area where significant work remains to be done in order to support victims, provide safety, and ensure a positive recovery from the trauma and harm caused by sexual offenders. The literature also identified a need to increase education and decrease stigma both in the community and within the legal and social service sector, to create safer pathways for men to come forward and seek help (Rapsey et al., 2020). Addressing the barriers that exist for men to disclose in a safe environment is a critical element in the healing process of survivors, and needs a strength-based, trauma-informed, and survivor-focused approach (O'Leary & Gould, 2010; Kia-Keating et al., 2010). This would allow for improved access and availability of services to men who have suffered child sexual abuse (Easton et al., 2014; Sharma, 2017). This extends to the need for services to take a holistic approach and include partners and supporters in the healing process, with services specific to the partners or supporters (Nielsen et al., 2018). Healing is a unique journey for each survivor, and there is the need for continual positive support through adoption of a trauma-focused approach that understands the survivors in their recovery journey (Kia-Keating et al., 2010).

An understanding of the importance of a trauma-focused approach requires the recognition of the chronic nature of complex trauma and how these are often not met by service providers (Blue Knot, 2023). Harnessing positive interactions and relationships with others through peer support, plays a profound role in trauma recovery, yet paradoxically, trauma often impedes the development of these very relationships due to safety or trust concerns from survivors (Blue Knot, 2023). Therefore, it is essential that services adopt a trauma-informed approach that can provide safe spaces for survivors to build connections and trust (Blue Knot, 2023).

The literature highlighted that male child sexual abuse survivors have a diversity of experiences when seeking support, including responses that both foster and hinder the journey of healing. Many studies express the importance of survivors being listened to, believed, and understood to create the space to facilitate recovery. There is a critical need to increase research in this area to better understand the complexity of men's experiences and the ingredients of healing and recovery. This review places a strong foundation for the need to adopt a trauma-informed lens and draw upon the benefits of peer-support approaches both within the support service sector and the wider community.

Overview of SAMSN programs

SAMSN's Planned Support Program

SAMSN's Planned Support team provides individual support to adult male survivors of child sexual abuse and their supporters (i.e., their family and friends). The team is overseen by the Clinical Services Manager and comprises a Team Leader, three Planned Support Workers and a part-time counsellor. The team provide the initial response to people contacting SAMSN and undertake the intake process for clients seeking support. This can include responding to first-time callers, responding to referrals or inquiries from other services, professionals or supporters of survivors, conducting assessment of client support needs and initiating warm referrals to other services. The Planned Support team:

- connects survivors with one of SAMSN's staff with lived experience as a survivor of child sexual abuse
- provides short term counselling (either face-to-face or telehealth) for survivors and their supporters and refers survivors to specialist counsellors
- assists survivors to navigate access to services including the justice system and legal services, Centrelink, Victims Services and Housing
- provides National Redress Scheme support, which includes access to counselling, a redress payment and/or an apology or other direct personal response to people who experienced institutional child sexual abuse in Australia
- prepares lists of potential Eight-week Support Group participants for pre-group assessment by group facilitators.

An internal SAMSN report provided a snapshot of the services that Planned Support clients engaged with in 2020. In that year, the team provided services to 464 individuals, with 417 of those individuals identified as survivors and 47 identified as supporters. During that year the team provided service on a total of 2,717 occasions, with data demonstrating:

- 496 occasions of service related to support to access Redress
- 493 occasions of services related to advocacy
- 490 occasions of service included provision of counselling and other support
- 472 occasions of service involved supporting applications (for Victims Services or Redress)
- 394 occasions of services related to service referrals
- 351 occasions related to referral to SAMSN's Eight-week Support Groups.

In 2020 Planned Support clients also sought support with Civil Court proceedings (188 occasions), Victims Services information (153 occasions), Police statements/sexual assault reports (100 occasions), housing (82 occasions), crisis support (73 occasions) and alcohol and other drug issues (64 occasions).

SAMSN's Eight-week Support Groups

SAMSN offers Eight-week Support Groups for men who were sexually abused as young boys or adolescents. Survivors can register interest in participating in the Eight-week Support Groups with the Planned Support team and go on a waiting list for the next available group. Part of the registration process includes receiving more detailed information about the group, including information on the format, structure and topics that will be covered. Some men will engage with person-centred support with the Planned Support team to ensure group readiness.

The Eight-week Support Groups are facilitated by two professionals and run for two hours each week. One of the group facilitators undertakes a telephone intake process with prospective group clients approximately two weeks before commencement of the Eight-week Support Group. During this process participants are provided with information about the groups, preparation for each session, an overview of the way discussions are managed, rules of group participation and how to make contact with facilitators if they need additional support while participating in the program.

The weekly sessions are structured around themes, with the first four weeks exploring impacts of child sexual abuse as a child, and the final four weeks exploring the impacts of child sexual abuse as an adult. Participants are given access to readings to prepare for each week's group discussion that explore themes including understanding grooming, disclosure, shame, impacts on masculinity and sexual identity, emotional impacts of abuse in adulthood, coping strategies, myths around survivors, impacts of abuse on relationships and planning for ongoing recovery. In week three of the program participants are provided the opportunity and supported to share their own story of abuse if they wish.

Prior to COVID lockdowns SAMSN delivered Eight-week Support Groups for survivors primarily in Sydney (Erskineville, Redfern and Parramatta), Newcastle, Wollongong, and Adelaide. There are usually twelve participants in Eight-week Support Groups, however, group size was initially capped at eight when groups transitioned online during COVID lockdown. Later on this increased to ten, once familiarity with the platform had been established. With the transition to online groups, participation was extended to participants across NSW.

Following the Eight-week Support Groups, men may continue to access support at monthly drop-in peer meetings. These are free and professionally facilitated and each meeting focuses on a topic that encourages recovery, sharing of experience and strengthening resilience. A reading is sent out to attendees before the monthly meeting exploring the meeting's topic, such as managing emotions, understanding and managing triggers and flashbacks, strategies for managing conflict, disclosing abuse and building strong relationships. The aim of the monthly meetings is to provide an ongoing opportunity for SAMSN members to continue their recovery from the effects of sexual abuse they experienced in childhood.

SAMSN clients on a waitlist for Eight-week Support Groups

It was intended for the waitlist cohort to be treated as a control group. However, over the course of the project, it turned out that many clients considered to be on the waitlist cohort were engaged in Planned Support activities. For the purposes of reporting the results of the survey, the Planned Support and waitlist cohorts will be combined in the quantitative analysis. In addition, a small number of clients in the waitlist cohort ended up joining the Eight-week Support Group; these clients were treated as Eight-week Support Group participants.

Quantitative data analysis - client online surveys

This section considers findings of analysis of quantitative data drawn from online surveys completed by SAMSN clients for the purpose of this evaluation.

Design and recruitment

The study utilised a quasi-experimental design by comparing clients who completed the Eight-week Support Group with clients who did not. Random allocation of clients to different cohorts did not occur for ethical and practical reasons. The results reported in this section are in relation to: (1) clients participating in SAMSN's Planned Support program; (2) clients participating in SAMSN's Eight-week Support Group; and (3) clients on the waitlist (awaiting entry into the Eight-week Support Group).

Questionnaire

As mentioned, the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) was identified through research as a suitable validated survey instrument to assess the wellbeing of SAMSN clients across timepoints (Warwick Medical School, 2021). The questionnaire consists of 14 items designed to measure mental wellbeing, with all items positively worded and constructed to measure both feeling and functional aspects of mental wellbeing (Warwick Medical School, 2021). Examples of items include: "I've been feeling optimistic about the future", "I've been feeling relaxed", "I've been feeling loved", and "I've been interested in new things". Participants indicate their response on a 5-point scale from (1) None of the time to (5) All of the time. A total score is computed by summing the score for each of the 14 items; the total score ranges from 14-70. It is also possible to use scores to indicate possible and probable mental illness as the WEMWBS has been benchmarked against well-validated measures of depression in the UK. Following the recommendations of the Warwick Medical School (Warwick Medical School, 2021), scores of 41-44 indicate possible/mild depression and scores less than 41 indicate probable clinical depression.

The 14-item WEMWBS questionnaire was supplemented with 10 additional questions related specifically to SAMSN's identified goals of understanding and managing the impacts of child sexual abuse as an adult. Examples of questions include: "I can safely talk about my experiences of abuse", "I have had positive peer support and connection with other survivors", "I avoid risky and harmful situations and behaviours", and "I will continue to focus on my wellbeing". Like the WEMWBS, participants indicate their response on a 5-point scale from (1) None of the time to (5) All of the time.

There were two data collection timepoints for all cohorts, and an additional third timepoint for the Eight-week Support Group cohort. Timing and approximate date ranges of data collection are indicated in Table 2. T3 data was not collected for Planned Support and waitlist clients as it was anticipated that men in these groups would not remain in these groups past 12 weeks. This assumption was based upon SAMSN process data that indicates that the majority of waitlist and/or planned support clients either transition to the Eight-week Support Group or cease contact with SAMSN.

Table 2: Timing of data collection points based on cohort

Cohort	Timepoint 1 Before program ^a	Timepoint 2 After program ^b	Timepoint 3 12-week follow up
Eight-week Support Groups	Yes	Yes	Yes
Planned Support	Yes	Yes	
Waitlist	Yes	Yes	

^a Timepoint 1 for waitlist and Planned Support clients was when they were first engaged at the start of the study.

^b Timepoint 2 for waitlist and Planned Support clients was 12 weeks after they completed the survey at Timepoint 1, or if they ceased engagement with SAMSN.

Note. Date ranges of data collection are approximate.

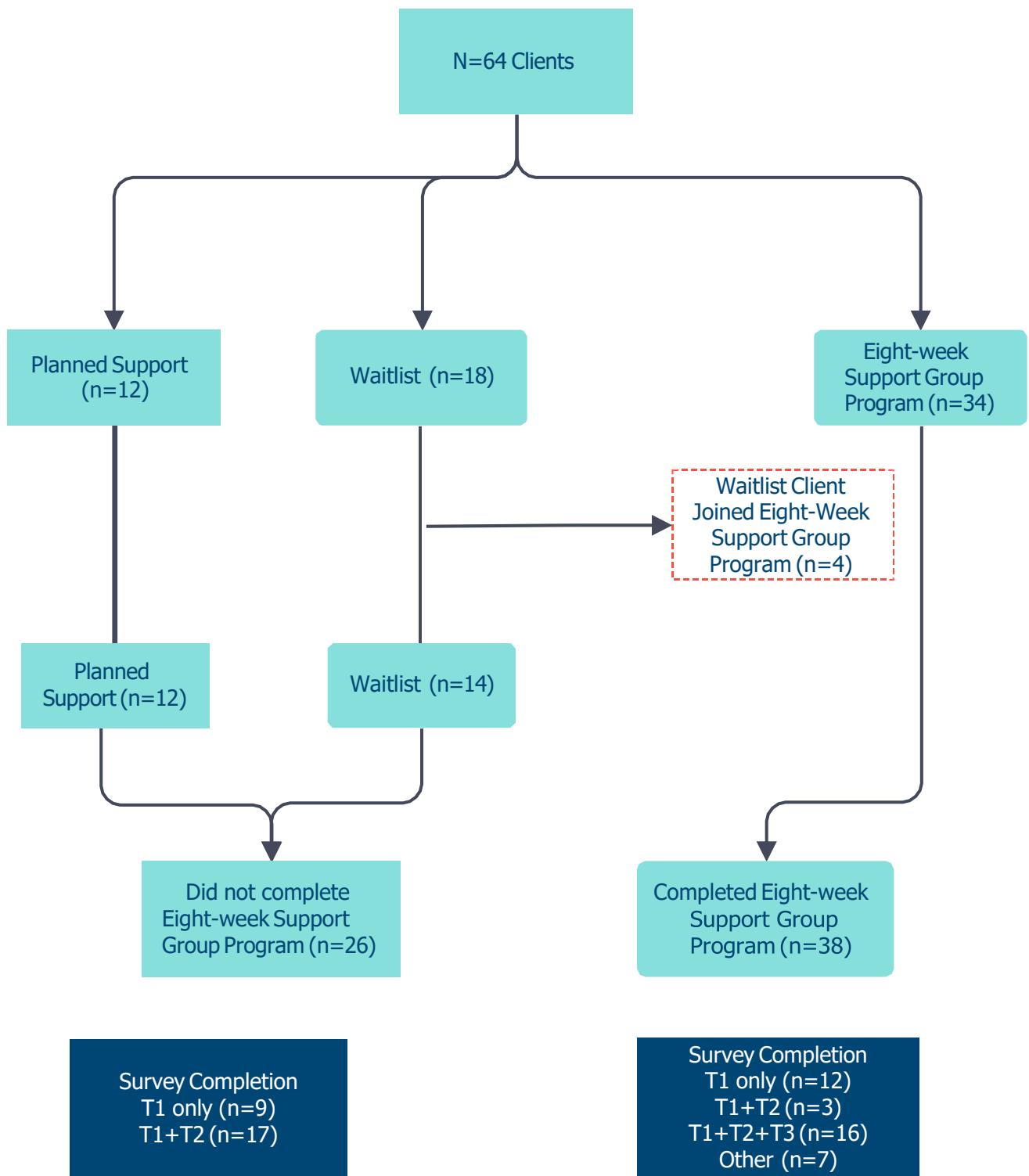
Demographics

A total of 64 SAMSN clients completed the survey at least once across any of the three timepoints of data collection. Figure 1 indicates a flowchart of participants by cohort as well as survey completion over time. Overall, there were 38 clients who completed the Eight-week Support Group and 26 who did not complete the Eight-week Support Group (12 were Planned Support and 14 were waitlist clients).

Of the 64 participants, 61 identified as men, one identified as non-binary/gender diverse, one person preferred not to say and one person did not answer the question. The dominant age group in this sample were 50-59-year-olds (30%), followed by 60+ year-olds (25%), 40-49-year-olds (24%), 30-39-year-olds (14%), and those aged under 30 (6%).

Most participants were non-Aboriginal/non-Torres Strait Islander and Australian born (73%), 22% were overseas born, and 3% were Aboriginal and/or Torres Strait Islander. In terms of sexual preference, 71% identified as heterosexual/straight, 13% identified as homosexual/gay, and 10% as bisexual. About a third of participants (32%) reported having a disability and 16% were unsure or preferred not to say. A majority of participants (94%) reported that they had safe and stable accommodation. The breakdown of participants' demographic characteristics by cohort is shown in Table 3.

Figure 1: Flowchart indicating number of participants in each cohort as well as survey completion over the three timepoints of data collection.



Survey Completion
T1 only (n=9)
T1+T2 (n=17)

Survey Completion
T1 only (n=12)
T1+T2 (n=3)
T1+T2+T3 (n=16)
Other (n=7)

Table 3: Demographic characteristics of clients based on cohort

Characteristic	Completed Eight-week Support Groups	Did not complete Eight-week Support Groups
<i>Gender</i>		
Man	97%	96%
Non-binary/gender diverse	3%	0%
Prefer not to say	0%	4%
<i>Age group</i>		
<30	5%	8%
30-39	16%	12%
40-49	30%	15%
50-59	32%	27%
60+	16%	38%
<i>Cultural background</i>		
non-Aboriginal/non-Torres Strait Islander, Australian born	77%	70%
Aboriginal and/or Torres Strait Islander	0%	5%
Overseas born	19%	24%
Prefer not to say	4%	0%
<i>Sexual preference</i>		
Heterosexual/straight	73%	69%
Homosexual/gay	11%	15%
Bisexual	11%	8%
Other	5%	8%
<i>Disability</i>		
No	59%	42%
Yes	24%	42%
Unsure	14%	12%
Prefer not to say	3%	4%
<i>Had safe and stable accommodation</i>		
No	5%	4%
Yes	92%	96%
Prefer not to say	3%	0%

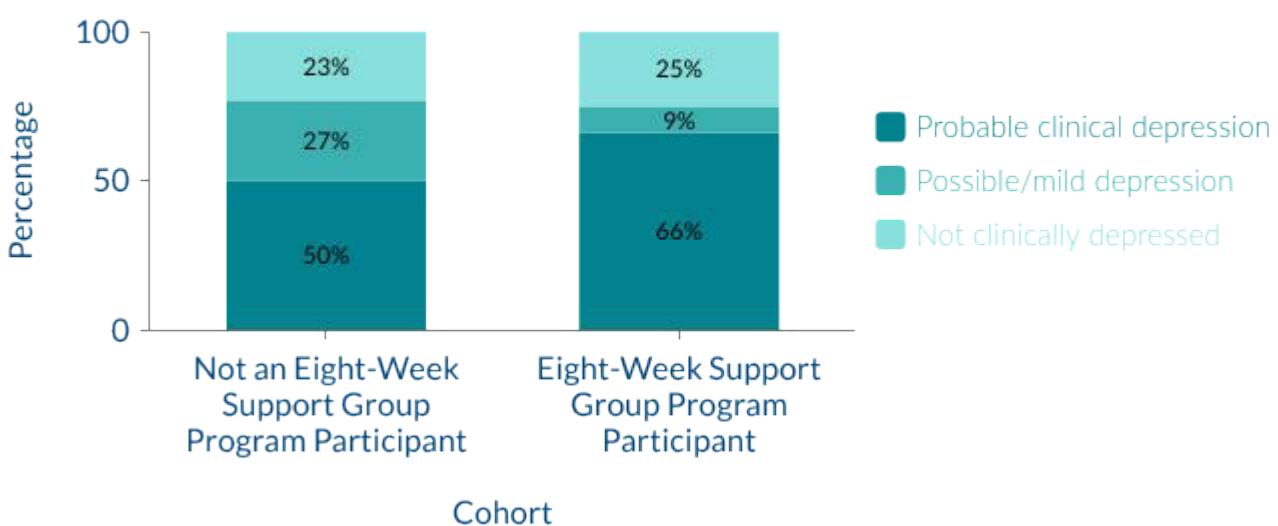
Analysis

Descriptive statistics were run on the primarily quantitative data of demographic information and clients' responses indicating the extent to which each statement best described their experience. These are presented in the result section as frequencies and percentages. Given the small sample and cell size, it was not possible to run inferential statistics to test statistical significance between different cohorts over time. Results presented are only descriptive.

Clients' responses at Timepoint 1

Mean wellbeing total scores at Timepoint 1 were similar between cohorts at 39.6 (SD = 7.7) for clients who were in the Eight-week Support Groups and 38.15 (SD = 10.1) for clients not in the Eight-week Support Groups. Using the recommended benchmarks by the Warwick Medical School (Warwick Medical School, 2021), Figure 2 indicates the percentage of clients in each cohort that possibly or probably had clinical depression at Timepoint 1. Results indicated that the percentage of clients who would not be considered clinically depressed was similar across cohorts. In both cohorts, about three-quarters of clients had WEMWBS scores that would be considered possible or probably clinical depression. For the Eight-week Support Group participants, the percentage of people with probable clinical depression was higher than for those who were not in the Eight-week Support Groups (66% vs 50% respectively).

Figure 2: Percentage of clients in each cohort who had possible and probable clinical depression based on cut-off points for the WEMWBS



For a deeper exploration of clients' wellbeing, responses to each of the statements in the WEMWBS at Timepoint 1 are presented in Figure 3 for clients not in the Eight-week Support Groups and in Figure 4 for clients in the Eight-week Support Groups. Very few participants in either cohort responded with 'All of the time' to any of the statements in the WEMWBS (e.g., about feeling cheerful, having energy, feeling good about oneself). About 30-50% of clients in each cohort tended to respond with 'Some of the time' to each of the statements. Notably, for clients not in the Eight-week Support Groups, 42% indicated that they 'rarely' felt close to other people, 58% indicated that they had energy to spare either 'none of the time' or rarely, and 12% indicated 'none of the time' and 31% indicated 'rarely' to the statement about whether they felt loved.

Figure 3: Responses on the WEMWBS at Timepoint 1, for clients who **were** not in the **Eight-week Support Groups**

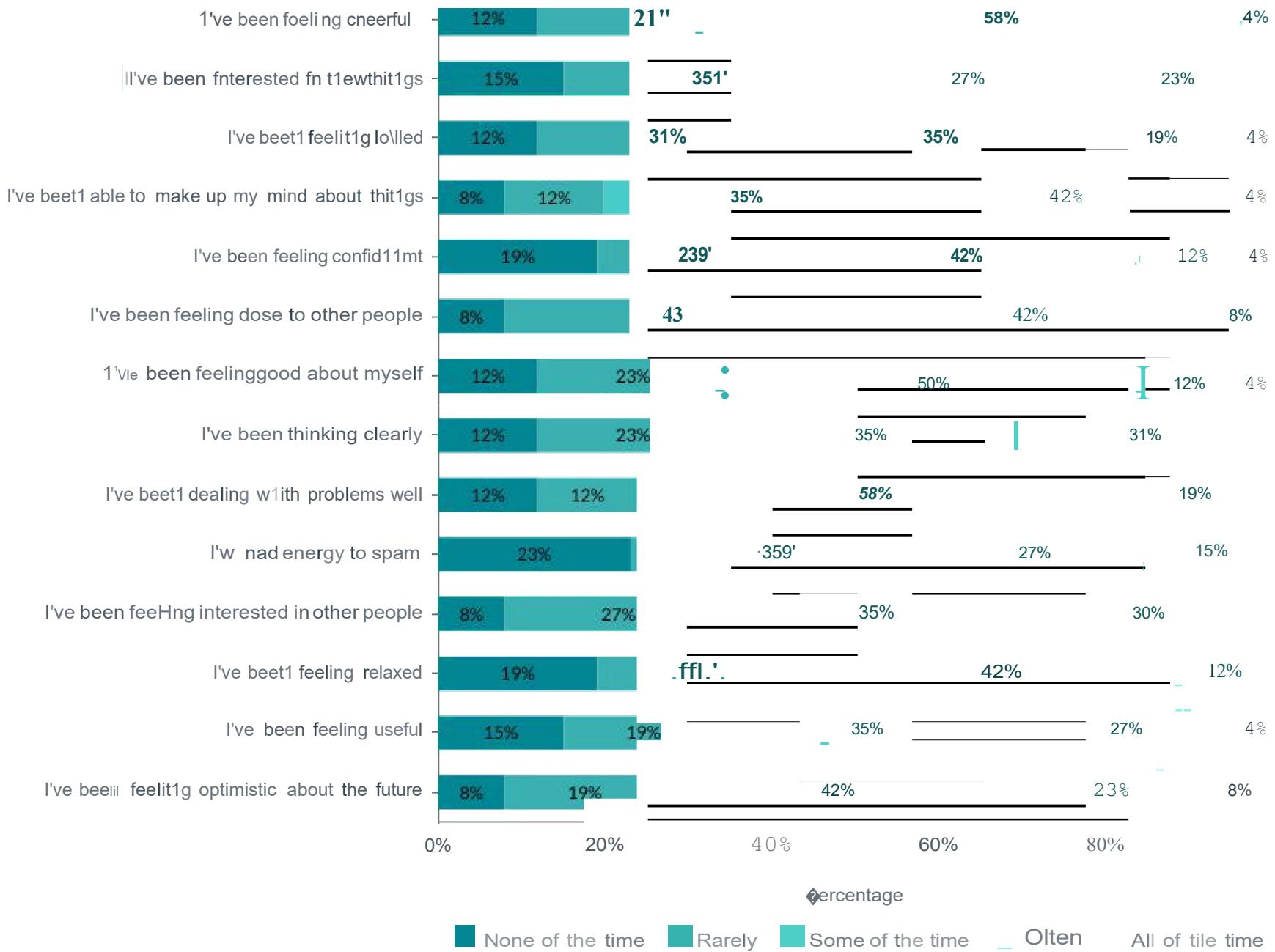
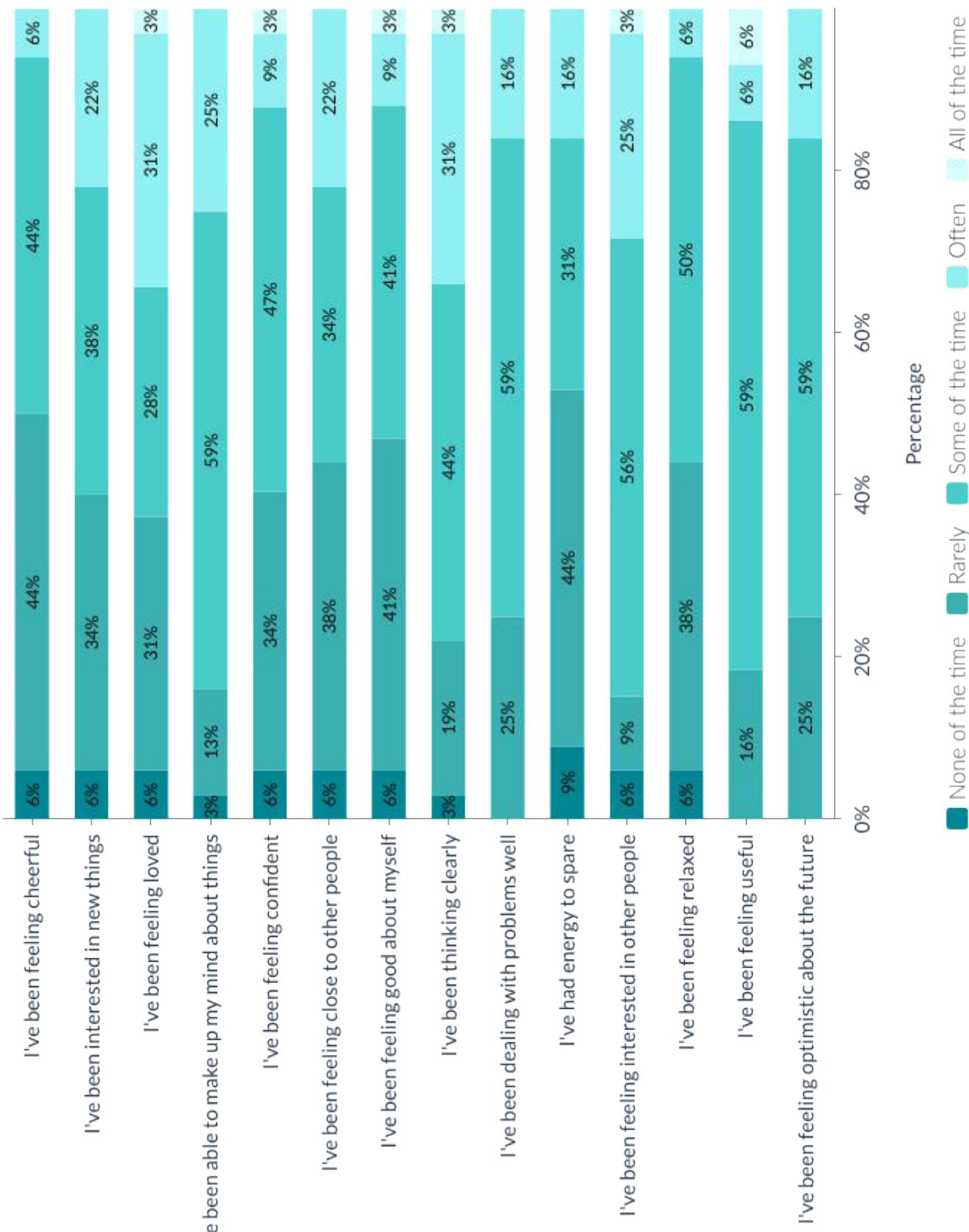


Figure 4: Responses on the WEMWBS at Timepoint 1, for clients who were in the Eight-week Support Groups





Clients' responses to the additional 10 questions about how they understood and managed the impacts of child sexual abuse as an adult are shown in Figure 5 for clients not in the Eight-week Support Groups and Figure 6 for clients in the Eight-week Support Groups. As described previously, this data was collected via the inclusion of 10 additional survey questions. It is interesting to note the responses at Timepoint 1 (arguably, the baseline measure either prior to, or soon after commencing involvement with the program) as many clients who were not in the Eight-week Support Groups were markedly different from those who were in the Eight-week Support Groups.

Overall, it appeared that clients who were in the Eight-week Support Groups expressed more positive thoughts and feelings about how they were coping. For instance, 42% of clients who were not in the Eight-week Support Groups indicated that they had positive peer support and connection with other survivors 'None of the time' compared to 13% of clients who were in the Eight-week Support Groups.

Similarly, 91% of clients who were in the Eight-week Support Groups indicated that they had support to address the impacts that abuse had on their adult life 'some of the time', 'often' or 'all of the time'; this was the case for only 62% of the clients who were not in the Eight-week Support Groups. In addition, 88% of clients in the Eight-week Support Groups indicated that they felt like they could cope with the pressures of life 'some of the time' or 'often', compared to 69% of clients who were not in the Eight-week Support Groups.

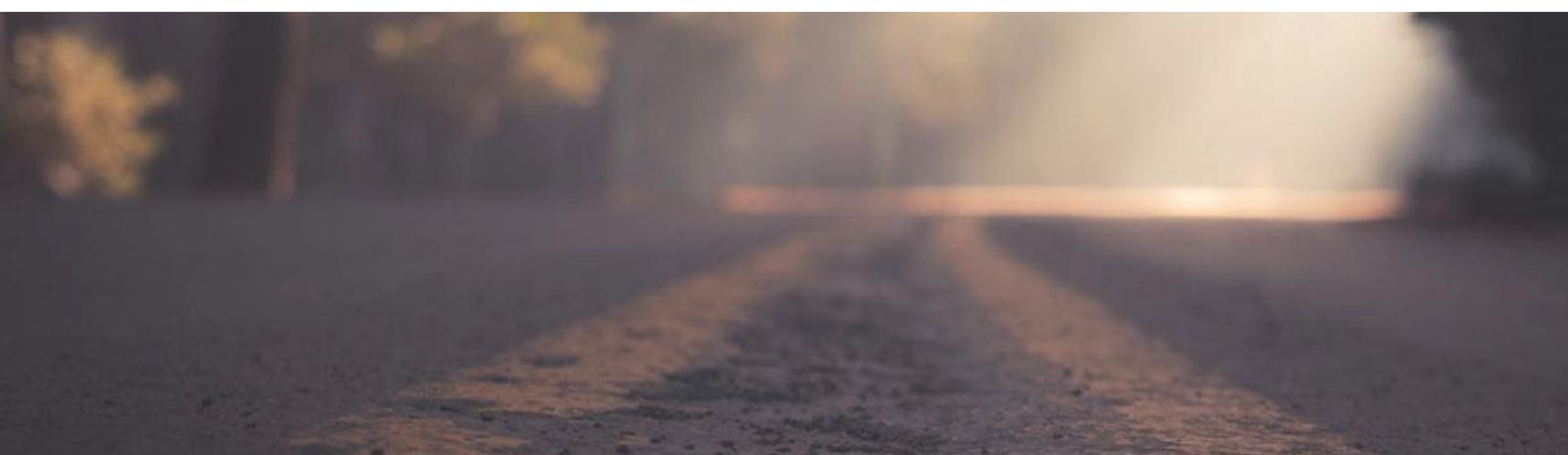


Figure 5: Responses at Timepoint 1, for clients who were not in the Eight-week Support Groups, about how they understood and managed the impacts of childhood sexual abuse as an adult.

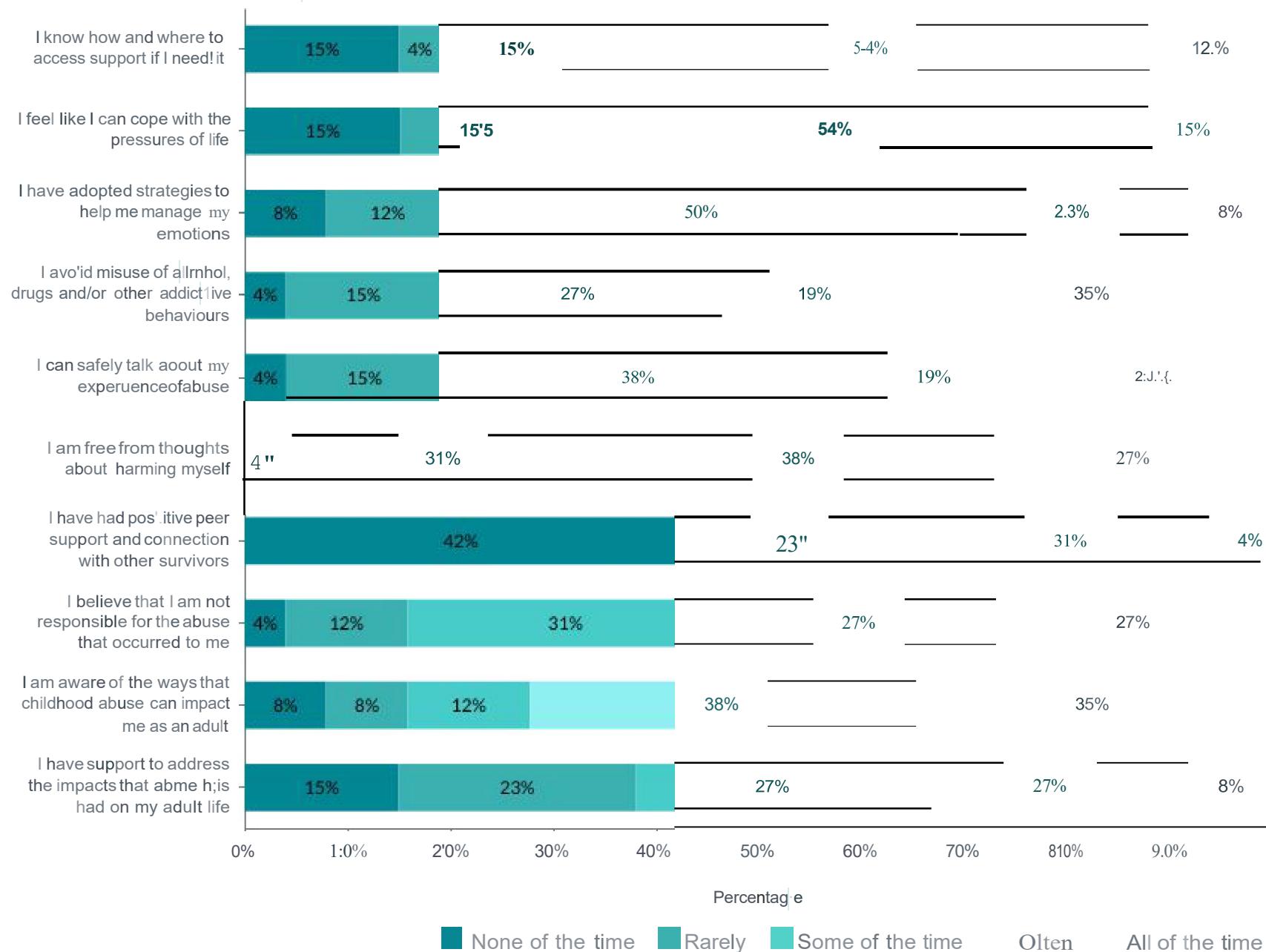
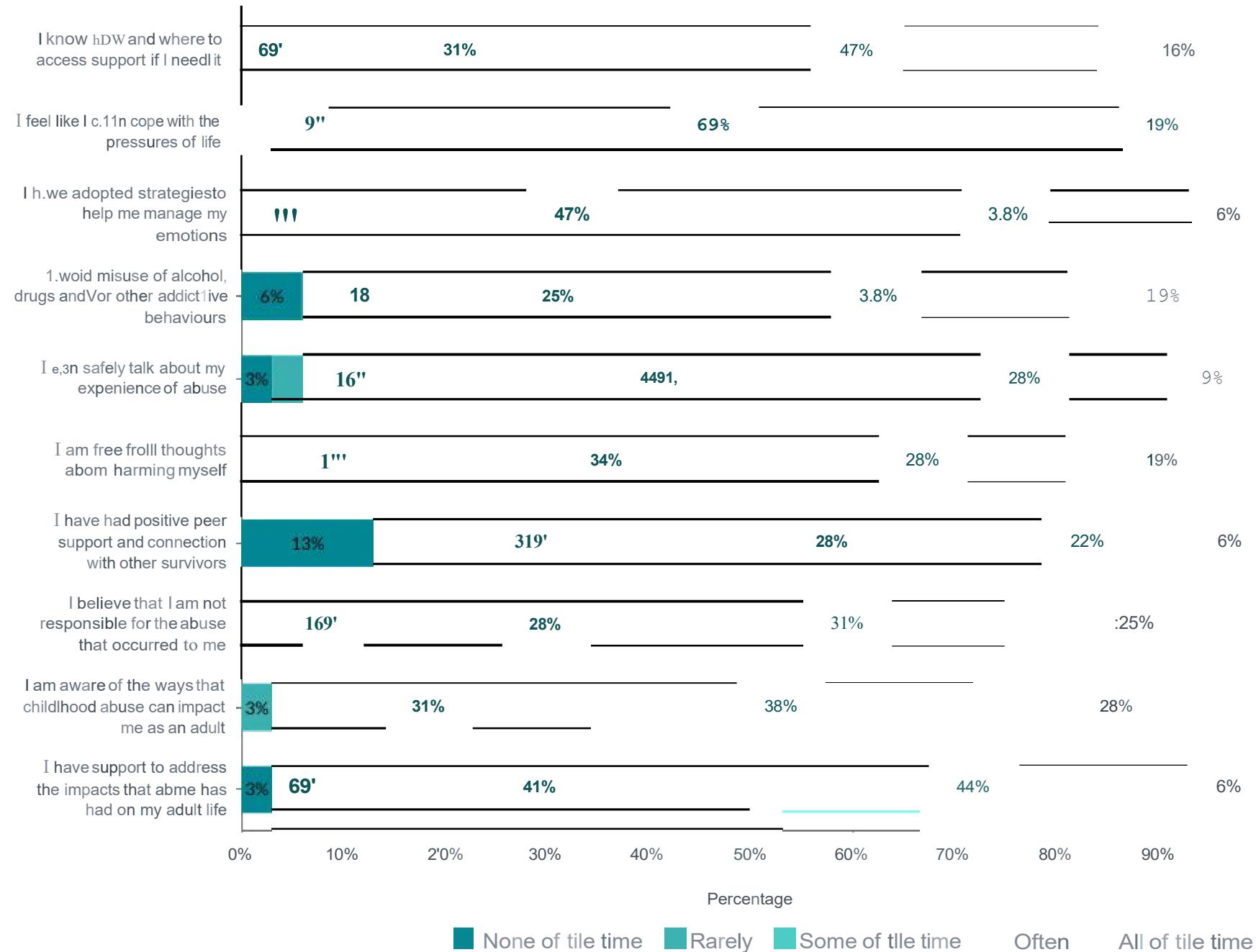


Figure 6: Responses at Timerpoint 1, for dents who were in the Eight-week Support Groups, about how they understood and managed the impacts of child sexual abuse as an adult

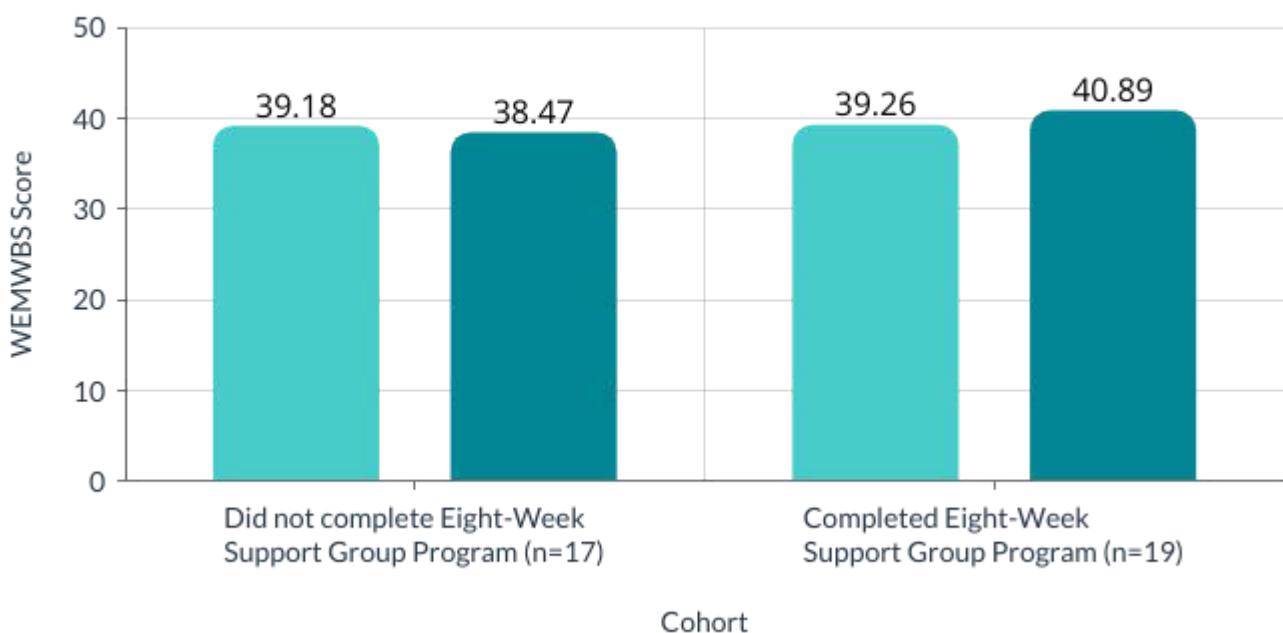


Change from Timepoint 1 to Timepoint 2 by cohort

The analysis also examined clients who had completed the surveys at both Timepoints 1 and 2 to see the change over time between cohorts: 19 who completed the Eight-week Support Group and 17 who did not complete the Eight-week Support Group. As mentioned earlier, the small cell sizes prevent the ability to test for significant differences, so the findings presented here are only descriptive in nature. Figure 7 indicates the mean WEMWBS scores for each cohort between timepoints.

Changes over time and between groups were quite minimal, staying between a mean score of 38 and 40. There were some indications that wellbeing improved slightly at Timepoint 2 for those who completed the Eight-week Support Group, but again noting that these changes are marginal.

Figure 7: Mean WEMWBS scores (range 14-70) between Timepoints 1 and 2 based on cohort.





Clients' responses about how they understood and managed the impacts of child sexual abuse as an adult over Timepoints 1 and 2 are shown in Figure 8 for clients not in the Eight-week Support Group and Figure 9 for clients in the Eight-week Support Group. The figures depict the percentage of clients in each cohort that indicated 'often' or 'all the time' to each statement. For clients in the Eight-week Support Group, there were increased positive responses for most the statements; notably, 21% of clients indicated 'often' or 'all of the time' at Timepoint 1 as to whether they had positive peer support and connection with others, and this percentage increased to 74% at Timepoint 2. Interestingly, there was a drop in clients' confidence in coping with the pressures of life after the program: 26% at Timepoint 1 but only 5% at Timepoint 2 as many opted to select 'Some of the time'. There appeared to be an increase over time in understanding how their abuse impacted their adult life (68% vs 84%) and the belief in having access to support to address the impacts of that abuse (47% to 63%).

For clients not in the Eight-week Support Group, responses were mostly stable over the two timepoints; of interest were responses that differed from those in the Eight-week Support Group. For instance, clients not in the Eight-week Support Group showed no change as to whether they had positive peer support and connection with others between the two timepoints (i.e., remaining at 6%), and there was a slight increase in their feeling of being able to cope with the pressures of life (18% vs 24%).



Figure 8: Responses at Timerpoints 1 and 2 for clients who did not complete the Eight-week Group and indicated 'Often' or 'All of the time' to each statement about how they understood and managed the impacts of child sexual abuse as an adult

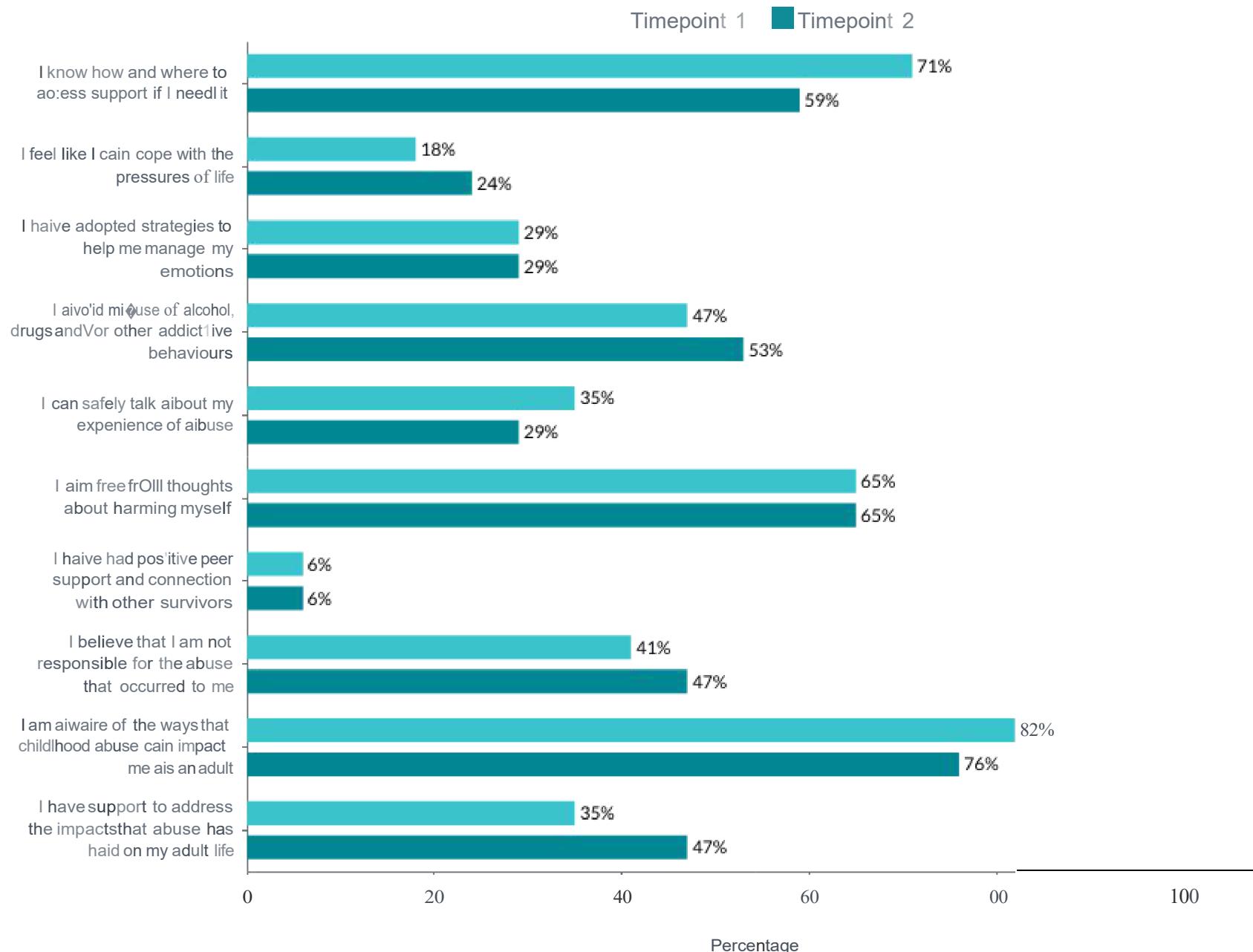
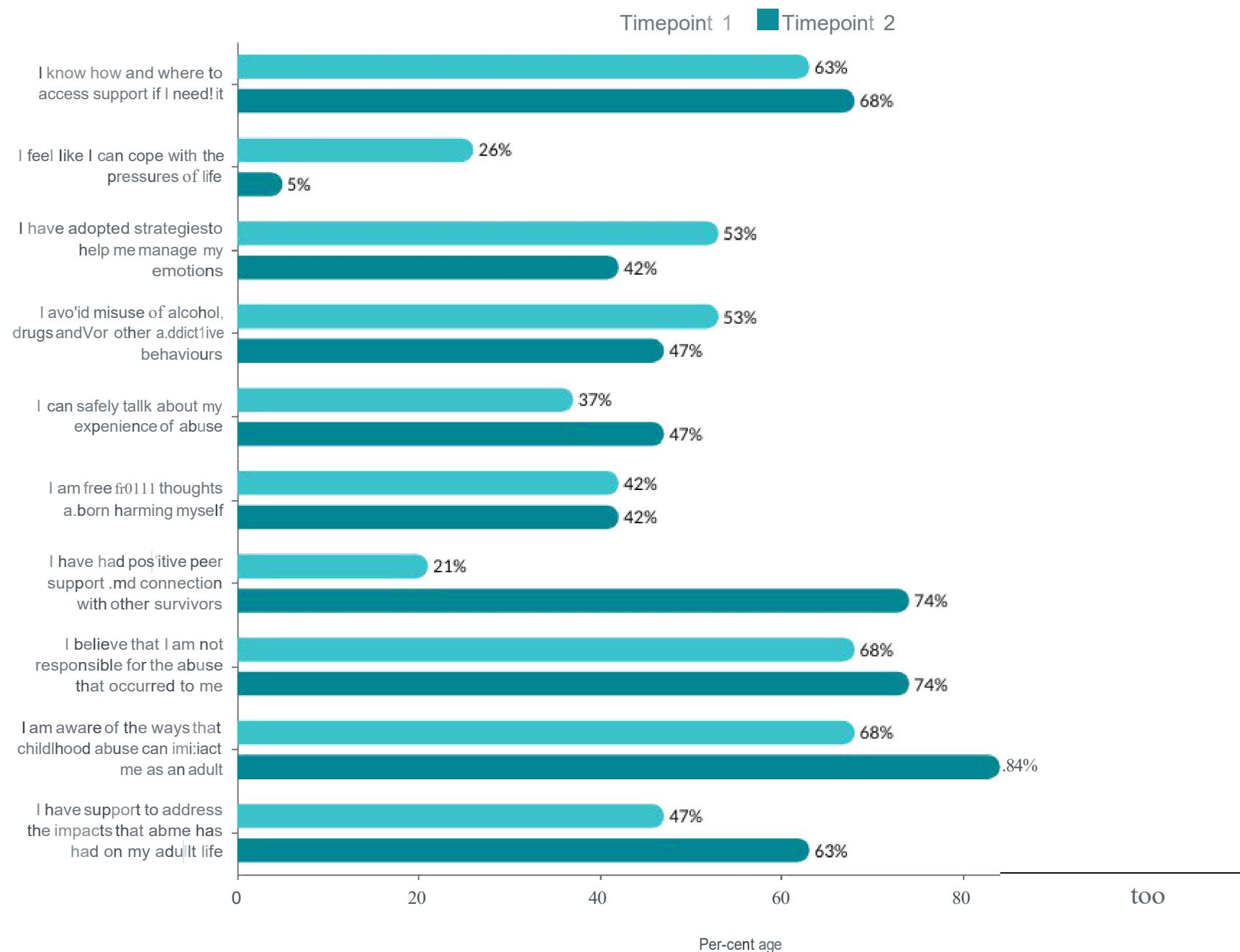


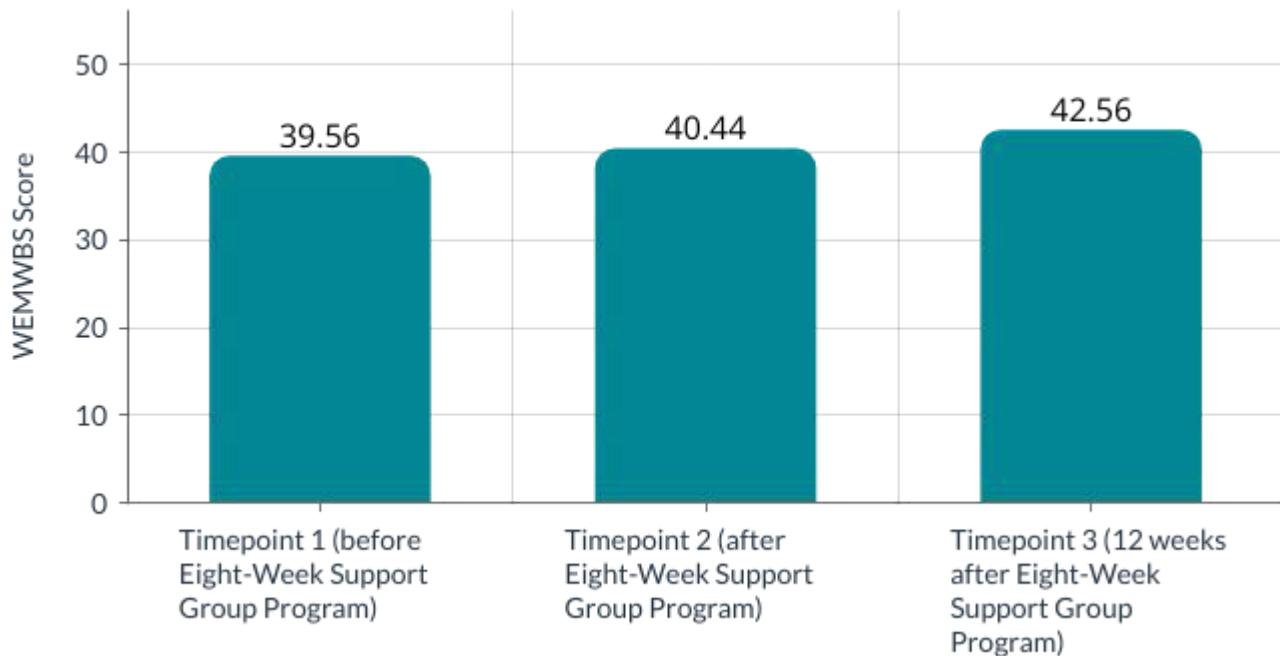
Figure 9: Responses at Timerpoints 1 and 2 for clients who completed the Eight-week Support Group and indicated 'Often' or 'All of the time' to each statement about how they understood and managed the impacts of child sexual abuse as an adult



Change over Timepoints 1, 2, and 3 for those who completed the Eight-week Support Group

Finally, since there were 16 clients in the Eight-week Support Group Program who completed the surveys across all three timepoints, their responses were analysed. Figure 10 indicates their mean WEMWBS scores across Timepoints 1 to 3. It appears that there were slight increases in wellbeing over time from the point of starting the Eight-week Support Group, finishing the program after 8 weeks, and then 12 weeks following.

Figure 10: Mean wellbeing scores across Timepoints 1 to 3





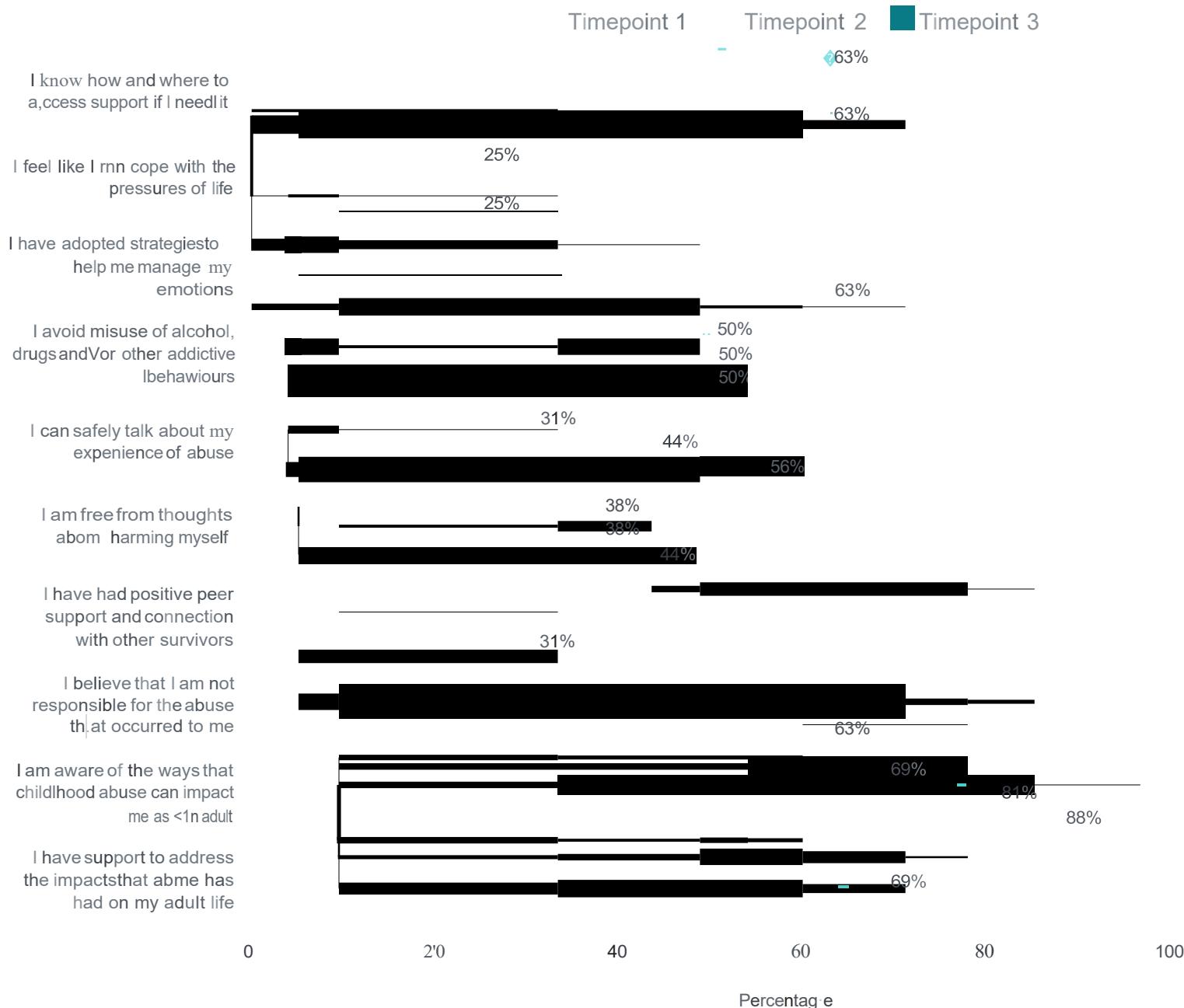
Eight-week Support Group participants' responses about how they understood and managed the impacts of child sexual abuse as an adult over the three timepoints are shown in Figure 11. For most statements, there was an increase in clients' capacity to understand and manage the impacts of abuse at the period before and after the program, and continued 12 weeks after the program (Timepoint 3). For example, 69% selected 'often' or 'all of the time' to the statement, 'I am aware of the ways that childhood abuse can impact me as an adult', at Timepoint 1, and this increased to 81% at Timepoint 2 and continued to increase to 88% at Timepoint 3.

For some statements, gains made during Timepoint 2 dropped slightly 12 weeks after the program at Timepoint 3. For instance, 69% of clients in the Eight-week Support Group at Timepoint 1 indicated 'often' or 'all of the time' when asked whether they believed they were not responsible for what had happened to them; this increased to 75% at the end of the program but dropped to 63% 12 weeks after the program.

The peer support element of the program was also reflected in clients' responses: at Timepoint 1, 19% of clients reported positive peer support and connection with other survivors 'often' or 'all of the time'; this increased to 75% after the Eight-week Support Group was completed, and dropped substantially back down to 31% 12 weeks after the program.

Of interest also was Eight-week Support Group participants' response to the statement, 'I feel like I can cope with the pressures of life'. At Timepoint 1, 25% indicated 'often' or 'all of the time' to this statement, but this dropped to 0% after they completed the program (with many choosing 'some of the time' to this statement), and returning to 25% 12 weeks after the program.

Figure 11: Responses over Timepoints 1, 2, and 3 for clients (n = 1116) who completed the Eight-week Support Group and indicated 'Often' or 'All of the time' to each statement about how they understood all they managed the impacts of child sexual abuse as an adult



Summary of key findings in analysis of SAMS client survey data

Overall, analysis of the survey data highlights the benefit of peer support and connection for survivors of child sexual abuse. It also emphasised the need to have ongoing support to maintain the benefits of participation in the Eight-week Support Group. It was notable that at T1, about three-quarters of clients from both cohorts had WEMWBS scores that would be considered possible or probable clinical depression.

Both groups showed slight improvement over T1 and T2. Clients indicated improvement in relation to understanding and managing the impact of child sexual abuse. Overall, clients who were in the Eight-week Support Group expressed more positive thoughts and feelings about how they were coping. Similarly, the vast majority of clients who were in the Eight-week Support Group had a vast improvement in feeling supported to address the impacts that abuse had on their adult life.

The Eight-week Support Group seemed to provide a safe space for peer support and connection to survivors. Clients in the Eight-week Support Group also felt like they had the support in place to address the impacts of the abuse. Notably, there was a drop in Eight-week Support Group clients' confidence in coping with the pressures of life after the program. This highlights the need for ongoing support post group. Clients not in the Eight-week Support Group showed stable responses, most significantly no changes in feelings of peer support and connection.

When looking at clients who completed the Eight-week Support Group across T1-T2-T3 most notable was the peer support element of the program. Interestingly, there was a drop in clients' confidence in coping with the pressures of life after the program. While overall there was positive benefit of the program, this furthermore highlights the need for ongoing support. Overall, results highlight that after joining the Eight-week Support Group significant benefits were noted especially in relation to feelings of peer support and social connection.

Although the quantitative data is useful to triangulate the qualitative data, caution needs to be taken in interpreting this data set on its own. The results obtained from these quantitative surveys are not generalizable due to the small sample size of participants. The quantitative data should be considered in combination with the qualitative data obtained through interviews with these cohorts.

Quantitative data analysis - SAMS 'Men's Group Evaluation' questionnaires

Introduction to this data set

SAMS asks men who complete the Eight-week Support Group to complete a 29-question evaluation form on the final night of the program. The questionnaire includes a series of Likert-scaled questions exploring participant perspectives on the Eight-week Support Group, along with a series of questions exploring the impacts of abuse on participants and whether the program had any positive effect on those impacts. Consent was obtained from participants in this evaluation for de-identified aggregated data collating SAMS Men's Group Evaluations to be considered for the purposes of this study.

Demographic characteristics

A total of 50 Eight-week Support Group Program participants completed the survey. A breakdown of demographic characteristics is shown in Table 4.

Table 4: Demographic characteristics of survey participants (n = 50).

Characteristic	Breakdown
Sexual orientation	
Straight	76%
Gay	10%
Bisexual	6%
Not sure	4%
Other (e.g. asexual)	4%
Aboriginal and/or Torres Strait Islander background	
Yes	4%
No	96%
Indicated that crime(s) committed against them as a child took place in NSW	
Yes	50%
No	50%



Experience of the Eight-week Support Group

Participants were asked whether they experienced the Eight-week Support Group as safe with four possible responses to choose from: (1) No, (2) Neutral, (3) Yes, (4) Very safe. No participants responded with 'No' or 'Neutral'. Of the 50 participants, 29 (58%) indicated 'Very safe' and 21 (42%) indicated 'Yes'.

Participants were then provided with a series of statements and asked to indicate a response on a scale between 1 (lowest) and 5 (highest). Participant responses on the 5-point scale for each statement are shown in Figure 12, which indicates that nearly all participants responded very positively to each statement.

When asked the mode they would prefer to do another SAMS Eight-week Support Group, 13 (26%) indicated online, 29 (58%) indicated in-person, and 14 (28%) indicated no preference. When asked whether the reading materials were useful, 48 out of 50 (96%) indicated 'Yes', 1 indicated 'No' (2%) and 1 indicated 'Maybe' (2%). Of the 50 participants, 44 (88%) indicated that they would be willing to promote the Eight-week Support Group.

Recovery

A series of statements were provided in which participants could indicate:

- a. whether different aspects of their functioning and wellbeing were impacted by child sexual abuse [responses: Yes, No, Maybe]; indicated in Figure 13, and
- b. for those who responded 'Yes' or 'Maybe' to (a) above, whether the Eight-week Support Group helped improve these aspects [responses: Yes, No, Maybe, Not applicable (the issue no longer affected them by the time they started attending the Eight-week Support Group)]; indicated in Figure 14.



figure 12: Experience of Eight-week Support Group on a rating scale of 1 (lowest) to 5 (highest) for each statement

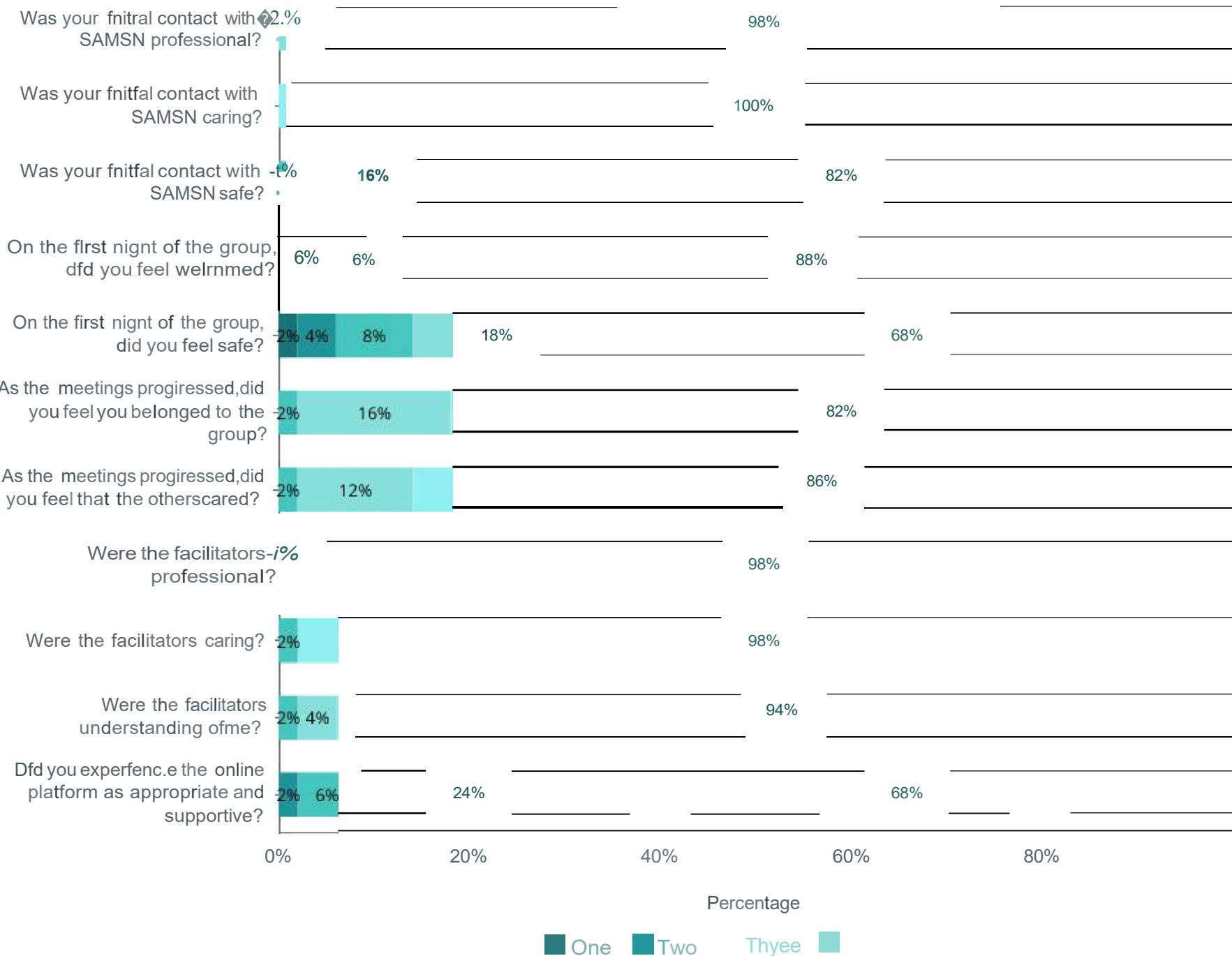


Figure 13: Participants' indication of whether different aspects of their functioning and wellbeing were impacted by child sexual abuse.

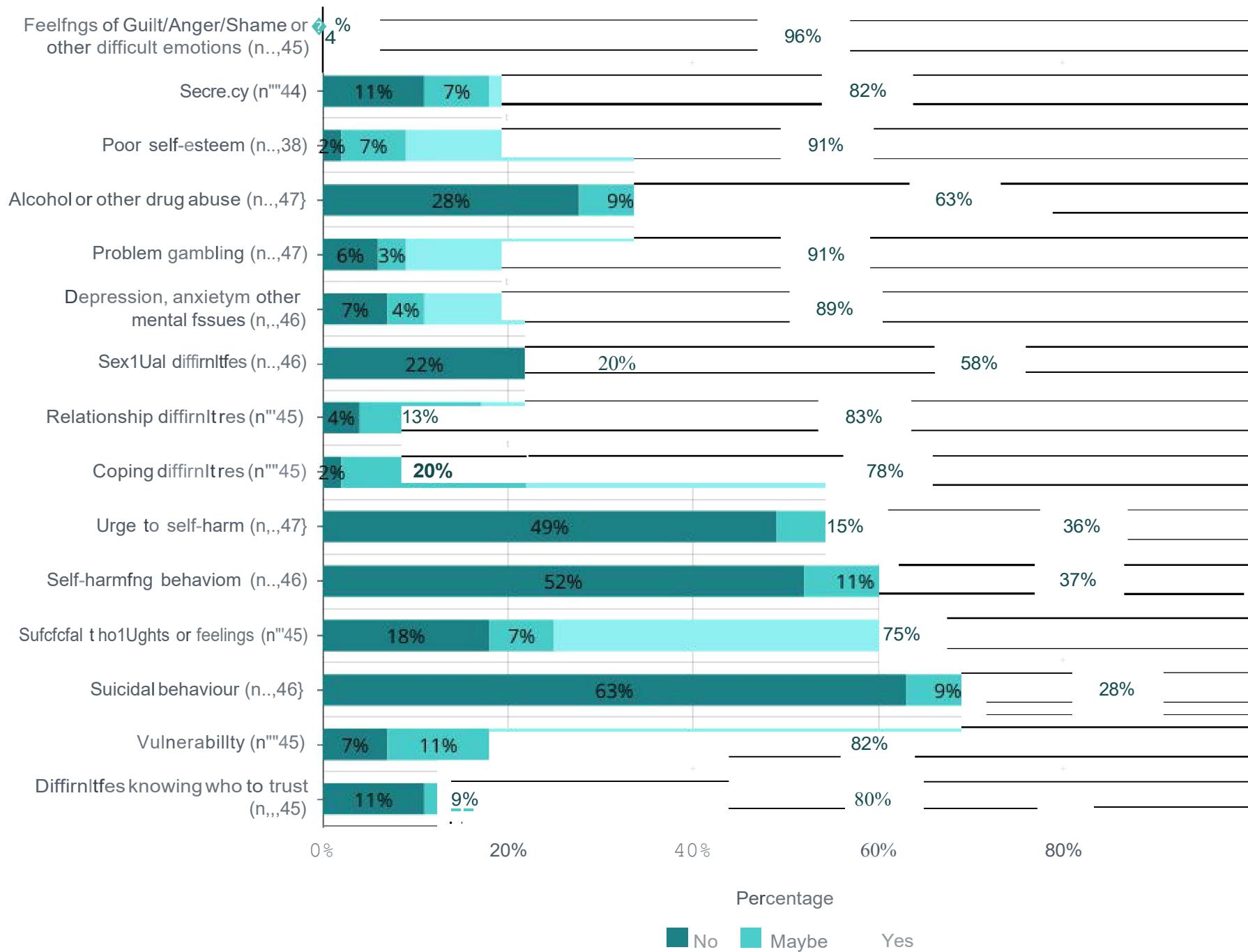
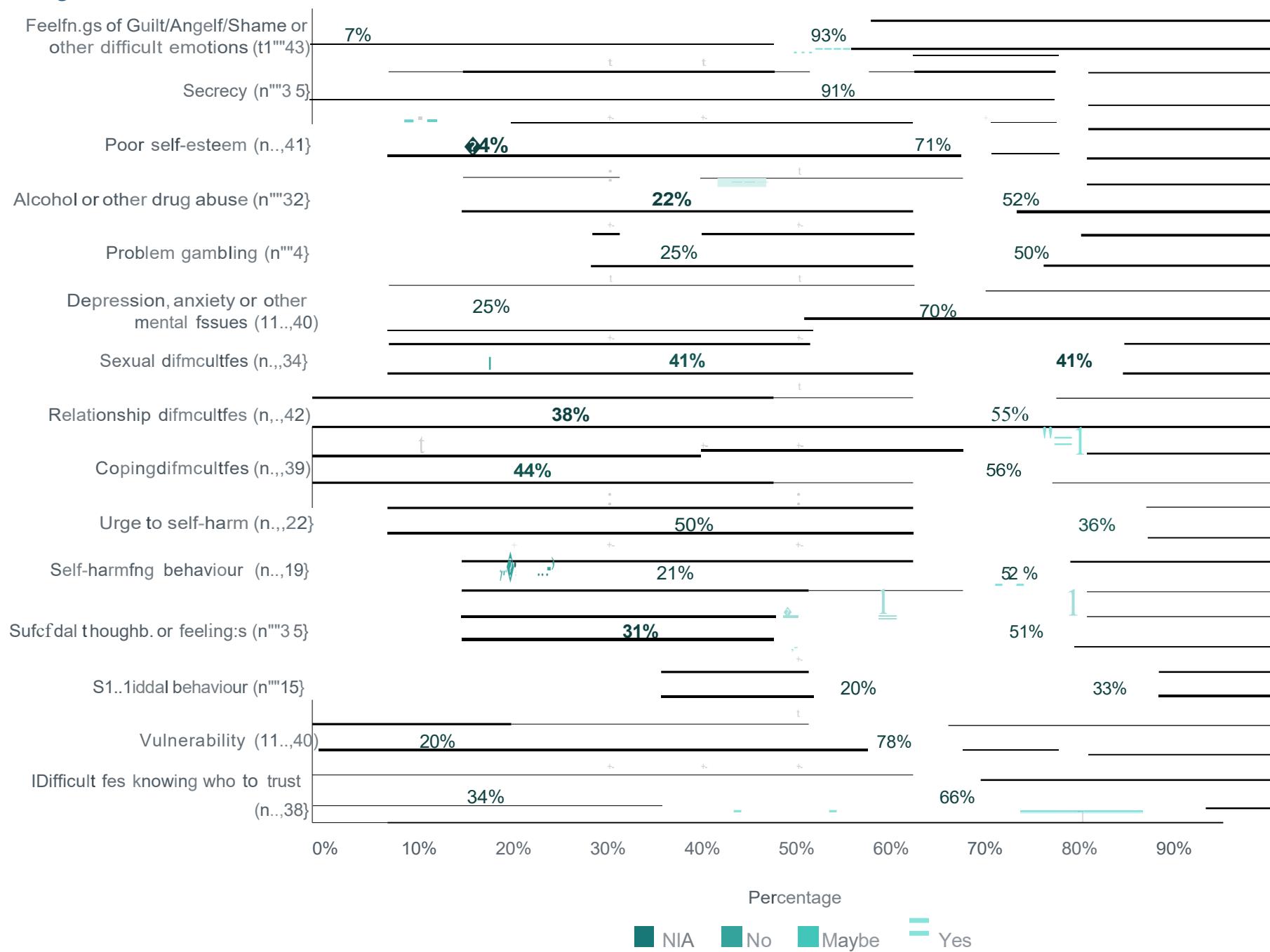


Figure 14: Participants' indication for whether the Eight-week Support Group helped improve aspects of their functioning and wellbeing



SAMS internal evaluation data analysis – Findings of open-ended qualitative responses

The internal SAMS internal evaluation survey also contained open-ended responses that provided insight into participant's experiences of the program, specifically what SAMS participants found most beneficial and suggestions for improvement. Analysis of the open-ended responses found there to be consistency with the qualitative interviews conducted with participants as part of this evaluation and are further emphasized in the qualitative findings below. Some major shared reflections included:

- Benefit of online delivery of the Eight-week Support Group: More easily accessible (especially for participants that wouldn't be able to access the group otherwise), privacy, convenience of being in their own space, and feelings of safety in being able to "exit" when needed.
- Disadvantage of online delivery of the Eight-week Support Group: Lack of connection with other participants, not having a safe environment to participate, and technological issues. However, many described how an online group was better than none-at-all.
- Participants felt the Eight-week Support Group provided a space where they felt not alone, safe, heard, understood, and connected with others in a caring environment.
- The benefits of the Eight-week Support Group were significant with many participants stating reduced feelings of shame, increased understanding of the dynamics of child sexual abuse (especially around grooming), valuable readings, improvements in relationships, more open to talk about their experience, motivated in their healing journey, and overall, a life-changing/saving experience.
- Many participants emphasized the desire to continue to maintain contact with SAMS, including supporting their service and other survivors of the program.
- Some suggestions for the SAMS program included: accompanying one-on-one counselling, longer groups, ensuring one participant doesn't dominate, less advice giving by other participants, and increased funding to support the SAMS program.
- As one participant noted in reflection of the SAMS Eight-week Support Group: "It has changed me immeasurably. I am no longer a scared, weak, shamed, hurt, negative man anymore. I am a strong, positive and proud man, father, partner and son."

Furthermore, some responses & observations raised in SAMS's internal survey were unique to this evaluation and important for consideration. This included:

- Request for more security in the platform used for online delivery
- Suggestion for a warning to be provided beforehand in that some men may share explicit sexual descriptions
- More interactive exercises within the group context
- Recommendations to focus more on techniques and strategies to cope with the ongoing symptoms post group
- Dial in/online option for face-to-face meetings
- Some participants found the break in the middle of the group disruptive
- A negative experience was also noted with a facilitator coming across as insensitive or pontificating in a post group discussion.

Summary of key themes in analysis of SAMS's internal 'Men's Group Evaluation' data

The SAMS internal Men's Group Evaluation provides parallel insight to that of the surveys conducted with Eight-week Support Group participants as part of this evaluation. Overall, SAMS participants found the Eight-week Support Group to be a safe space with positive regard for their experience. This included initial contact with SAMS being professional, caring, and welcoming. Throughout the duration of the group, participants felt like they belonged and were supported despite the online delivery and a preference for face-to-face delivery. Nearly all 50 participants found the readings provided by SAMS to be useful, and most were willing to promote the Eight-week Support Group to other survivors.

The impacts of child sexual abuse on participants were extensive and reached into many aspects of the individuals' lives. In particular, participants experienced feelings of shame or guilt, the need to keep the abuse a secret, difficulties in coping, experienced mental issues, and faced challenges in their relationships or interaction with others due to the impact of the abuse.

However, in light of these impacts, participants in the Eight-week Support Group attested highly of the benefit participation had on improving these areas. The majority of participants recorded decreased feelings of shame or guilt, improved ability to talk about their experience and cope with its impact, enhanced mental wellbeing, and improvements in their relationships and interaction with others.

Results are evident that the impacts of abuse are lasting and require continued support to improve wellbeing. Peer support and connection with other survivors was a highly valued benefit of the Eight-week Support Group in providing a space where survivors felt connected, safe and not alone in their healing journey. Continuing to provide this connection and caring environment is highlighted as a key mechanism to improve wellbeing.

A note about language:

As this is a mixed methods study, we collected quantitative and qualitative data. We used either raw scores or percentages to report the frequency of quantitative findings. We used the below framework to report the frequency of qualitative findings (in the following sections):

Few – less than 10% of participants

Some – more than 20%

Many – nearly 50%

Most – more than 75%

Vast Majority – nearly all participants, with some still having different

Qualitative data analysis - SAMSN Planned Support client consultations

Six Planned Support clients volunteered to participate in consultations for this evaluation. Most clients however didn't relate to the term 'Planned Support' and referred to their engagement with the team as 'connecting with SAMSN'. Two of these clients indicated they had either previously or were currently engaged with SAMSN's Eight-week Support Group at the time of participating in consultation.

How did SAMSN's Planned Support clients first hear about SAMSN? What motivated them to connect with SAMSN?

Participants explained that they heard about or were referred to SAMSN from a range of different sources. Most commonly they themselves or a family member looked online after they had acknowledged and/or disclosed their previous experience of child sexual abuse. In many instances disclosure occurred many years after the offence had taken place, as was the case for Om:

"I was looking at this particular incident that happened in my childhood, and it dawned on me it was something wrong with what happened with that incident, that I hadn't thought about it for a long, long time, for over 50 years really, and so when I did, I went online to check - really just to – I looked at the redress scheme, the National Redress Scheme, and when I looked at that, it came up with a number for SAMSN." (Om)

One participant was informed about SAMSN by their psychologist, while another learned about SAMSN via NSW Police Sexual Assault Reporting Options (SARO). Also, one participant obtained information about SAMSN after participating in a NSW Corrections program and decided to reach out when wording on SAMSN's website resonated with them:

"I had to do some courses that Corrections deemed that I had to do as part of my release... at the end one of the facilitators came up to me and gave me a list of...she felt that the abuse that I went through when I was younger was very relevant to my – how I've lived the previous 40 years in and out of jail and, yeah, just made some suggestions. I looked online and there was – I can't even remember what it was, there was just some wording in SAMSN that sort of really resonated with me, so I contacted them." (De)

Reflections from many participants indicated a number of reasons that may prevent or delay men from disclosing their experience of child sexual abuse. This included, participants who avoided recognising the behaviour as sexual abuse, some who had tried to ignore their experience, some participants who had repressed their experience of abuse and others who kept their experience secret. A number of participants shared that they had ultimately reached a point where they could no longer ignore or suppress the trauma of child sexual abuse, as one participant explained:

"I felt that I'd reached my threshold of trying to ignore it, that I've been affected for 45 years, I've fooled myself that I was not really affected and I had it all under control, but the sheer volume of shall we say restimulating or triggers in the media, there seems to be something flashing up on the media almost every day or two, and that just got to the threshold that I couldn't really just not confront it anymore perhaps." (Th)

What support services did the client engage with?

All six of the participants had accessed counselling from Planned Support, and some accessed other forms of support as well. One participant reflected on their experience with a SAMS team member:

"(staff member) has been great. He's got me some counselling funded by Victims Services and I've just taken on a counsellor recently... who I've had one phone conversation with and then last Saturday had an hour session which turned into a two-and-a-half-hour session, and I've got another one this Saturday coming up, so that's good – positive." (De)

Clients mentioned having accessed casework support, which included pathways to counselling, obtaining assistance from Victims Services and support with litigation:

"...I've been allocated a case manager who has been talking to me about the process, there's either litigation or Redress... The other thing they've done there as well, I didn't mention... they referred me to Victims of Crime compensation - counselling I should say, so I've been talking to a counsellor as well." (Om)

Two participants advised they'd gone on to a waiting list to participate in an Eight-week Support Group and one advised that his wife had also contacted SAMS to obtain some resources.

How was the experience of disclosing to SAMS?

Participants were asked if they had disclosed their experience of child sexual abuse prior to engaging with SAMS, and if not, how they found the experience. This was to explore if clients felt safe disclosing and to identify what creates a safe environment for adult male survivors of abuse to disclose.

For one participant, making contact with SAMS was the first time they had disclosed their experience of child sexual abuse. Having confidence in the staff member contributed to a very positive experience:

"Really good. Really safe. It was a really good... I talked to (staff member), and I was really quite confident once I talked to her, and each session that I've done has been really comfortable. It feels safe, it feels like she knows what she's doing... She's also really good at just following up with me to make sure everything's okay at the end of the session, and when she talks to me the next time, asks me how things are going, that sort of thing... So, it's been good. It's been really - for want of a better word, holistic in its approach." (Om)

Given that some participants had kept their abuse secret for decades, it required significant courage to contact SAMSН, tell their story and seek support:

“...it kind of took me a little bit to build up the courage to make the call. Because obviously, it took me the best part of 30 years to disclose, and - yeah, and that was just to my wife... I felt like after that phone call, I immediately felt better. But it took me a bit to actually make the phone call. So, after I’d sort of decided or realised that I probably needed to, it probably took me a couple of hours to actually, you know, actually put in the number and call it.” (Ed)

Some participants had disclosed previously to family members, though one participant conveyed the benefits of having someone “independent” to talk to about their experience:

“So to be able to feel that I could talk to someone that’s not a friend, that’s not a family member, that’s not a colleague or a workmate or a staff member, to be able to talk to someone that’s totally independent and totally going to be understanding and that’s already dealt with people and victims like myself, I felt that well, that’s the person – they’re the people I’m going to feel the safest to talk to.” (Th)

Another participant indicated that connection with SAMSН was the first time they had disclosed their abuse ‘by choice’, explaining that they had previously disclosed for the purposes of a pre-sentence report for the courts.

The experience of connecting with someone with lived experience was viewed as particularly positive by another Planned Support participant who had previously participated in SAMSН’s Eight-week Support Group:

“Oh, it was great. It was so different. I mean, like we all know that you’re not the only person on the planet that’s been abused. I mean, we all are, and we know that, right, but then for me for the most significant thing I think for SAMSН – as we were sharing our stories and stuff like that, you know, everyone’s story is different, but it was the realisation that the affects that abuse has on children, sexual abuse has on children, is the same, do you know what I mean?” (De)

What was your experience of engaging with SAMSН? Were there any particular benefits or drawbacks from your engagement with them?

Participants were asked more broadly what their experience of engaging with SAMSН was like, and if there were any particular benefits or drawbacks from having engaged with the service. Throughout the discussions there was reference to the benefits of having talked to people with lived experience, as well as other staff who had significant understanding of and experience in working with adult male survivors of child sexual abuse:

“...the guys at SAMSН... they’ve all – some of them went through it themselves so to have people who understand, I mean, actually truly understand what you went through is great, compared to talking to some fresh person out of university who had a pretty sort of blessed life... and hasn’t experienced it. But to speak to people who actually have first-hand experience is very different, very different, in a very good way, a very positive way.” (De)

When asked if there were benefits to having engaged with the Planned Support team, half of participants made statements suggesting they perceive the support of the SAMSN team as lifesaving:

"Yeah, if it wasn't for SAMSN and (staff member), I don't know what I'd be doing like today. I certainly wouldn't be chatting with you. I don't really know if I'd even be here to be honest. It was getting like that. I was sort of over it. I just – I was over it. I just had enough of this shit..." (De)

"Look...they have been a lifesaver. I am not someone that is suicidal but I can really understand that many a bloke could get to a point where it just all seemed too hard and not be worth going on...just based on my experience so far I can really see that they've made a massive difference to my life in a few phone calls and a few emails. That's just beyond words. And I have no doubt whatsoever that they will have made that sort of a difference to many other victims, and without even knowing it, I have no doubt they have saved many blokes from topping themselves, specifically the older, more hardened, tough blokes like myself." (Th)

"Yeah. We need – they need this – the government needs to fund it. Otherwise we're going to have people killing themselves, committing suicide who can't deal with life anymore, going to have broken down relationships and they're going live always in this – in fear." (Qu)

In addition to the lived experience and expertise among SAMSN staff, one participant reflected that clients are empowered to guide their own recovery process:

"And the process is entirely driven by me, and that's the thing as well as I say because I had some experience in this and quite a lot of experience, they've been really good, they're not, 'We know better than you', or whatever, it's all - it's a mutual arrangement, we're working together, I guide the process." (Om)

One participant shared how their engagement with SAMSN opened their eyes to support options they hadn't considered:

"Yeah. I think if there's one word that would sum it up, that would be it, it would be validation because I did have a plan coming in, it's validated the plan but it's actually added to it as well, and given me the option to explore more in the process, more in terms of what might be out there and what might be available if I need it. Particularly the legal one was a fantastic thing to know that - because I'd been to a legal firm before I'd talked to SAMSN, I'd actually just rung through to somebody and then - but when I talked to SAMSN it just was so clear that I would go with one of these three firms that they had on their list, and I've done that and it feels really good." (Om)

Participants conveyed that being heard and feeling that there was no judgement were key factors in them feeling safe to engage with SAMS:

"Oh, really good, seamless really. I got in contact with SAMS one day when... I was just in a really dark space... a really bad spot, I'd given up really. I just was having stupid thoughts... I was just tired, I was just sick of living with this shit and... somebody answered the phone and spoke to me for ages and then I got a phone call from (staff member) and he sat and listened and talked to me and offered some options and did the things for me that I was struggling to do like find somebody to talk to and he organised funding for it for me and stuff like that... It's just nice to have someone to talk to sometimes. You don't have to worry about freaking them out or scaring them or being judged..." (De)

One participant conveyed how engaging with support to deal with the trauma of child sexual abuse was a critical step to overcoming long term substance misuse, which they now recognise as a form of self-medication:

"Whereas I could never do that before. I would choose any mind-altering substance from a 14-year-old, starting with alcohol, which I abused since I was a four-year-old. Any amphetamine, ecstasy, anything like that. I went from smoking a crackpipe, maybe a point over a weekend, to injecting two and a half points per shot. Now I'm clear and free of that and don't need it or desire it anymore because I know what I was trying to do, self-medicate." (Ho)

When asked if there were any drawbacks to having engaged with SAMS, the majority of clients could not fault the service:

"I can only sing their praises. I'm trying to think of anything that they could do better because I don't know. All I know is that what they've done for me so far has been significant this time and the first time and, yeah." (De)

"Quite frankly I was surprised with how caring, supportive, understanding, and how well-handled the whole thing has been. So, so far, my experience has been very, very positive, extremely positive." (Th)

Comments suggest that continuity in support for SAMS clients also contributes to safety:

"Yes, and I've an in-take number, I know who is on there, it's going to be really good because I've spoken to about three or four of them so far and they're all on the same page and they're all really good, really open and they're people again you feel you can trust straight off, which is great." (Om)

One client did reveal though that they found engagement with support triggering as they had to confront issues they had tried to avoid acknowledging:

“Talking... is triggering me all the time. It’s affecting me. I’m bringing up where I have shut it off and tried to put it in pigeonholes and tried to fight it all my life and deal with it without telling anybody about it, so – yeah.” (Qu)

Despite being triggered by discussion around the experience of abuse, this participant did report feeling hope after engaging with SAMSN, specifically a staff member with lived experience:

“They’ve given me now this hope that just by what I’ve had done with them now... and the talking... has given me hope. Well, I never had that before. I kept it under a lid.” (Qu)

Did participants learn anything that improved their understanding of child sexual abuse, how perpetrators operate and the ways the experience of child sexual abuse can affect them in adulthood?

While one participant advised they gained insights into child sexual abuse and how perpetrators operate from SAMSN’s website and resources, a number of participants indicated they already had a good understanding of these issues before they engaged with SAMSN’s Planned Support:

“Probably not, but that’s not because of them, but because as I said I worked in that field for quite a lot of years. It’s an ironic thing in a way that I’ve come to that field late in life when I was working, and I still work with kids who have been sexually abused... Yeah, what I’m saying is, I know they’re knowledgeable in it because when I’m talking, we’re on the same level, on the same page there.” (Om)

One participant however questioned the concept of ever understanding how a perpetrator operates, particularly in the context of an institutional setting:

“Well, I don’t know, can you – can anybody understand how that dynamic works, I mean, like really?... I still can’t get my head around some of the – that sort of – well, institutionalised sort of... at the time it just was part and parcel, do you know what I mean?” (De)

Participants conveyed that they had benefited from learning how their experience of abuse had impacted them, their behaviour, their emotions and their relationships in adulthood:

“Oh definitely... that was probably the key for me with SAMSN was seeing that my behaviours and, like I say, inability to connect and have relationships with anybody and trust, you know... I think even still to this day if somebody goes to do something nice for me or something or it seems like a thoughtful action, my instant reaction is mistrust. It’s like what do they want, do you know what I mean?” (De)

"I never really thought what it had done to me, and then when we'd been unpacking it together it's come clear to me that a lot of things that have happened to me in my life that's not been the single thing, these have not been the single things that have caused those, but I tell you what, they've had a huge influence on those things, and that's what they've really helped me to understand that again." (Om)

One participant shared that learning that other survivors also experienced similar impacts from abuse in their adult life helped them to overcome a sense of isolation:

"I learned that I was not alone in that I think somewhere in their information there they talk about most victims, male victims, from assault to disclosure, of reporting the assault it's 25 to 35 years as an average." (Th)

Another participant conveyed that although they had learned a little about child sexual abuse from their engagement with SAMSН, they were looking forward to learning more when they commenced the Eight-week Support Group.

Did participants learn anything that improved their ability to talk about their own experience of child sexual abuse?

Participants were unanimous that engaging with SAMSН's Planned Support had strengthened their ability to talk about their own experience of child sexual abuse:

"Definitely. Because I would never have been able to have this conversation with you five years ago, not at all." (De)

"Being able to start a conversation and feel safe to do so has made a world of difference. I'm talking to a young bloke like yourself about this, there's no way I could've or would've ever have done or had any such conversation in the past." (Th)

Learning to speak about their experience was a significant step, especially for those who had not previously disclosed their abuse. One participant shared that they had gained the ability to tell a friend what had occurred though clarified they still do not like the experience of disclosing:

"Yes, well - yeah, because I'd never disclosed before. I still don't like to. So I have - since, I have disclosed to another friend. But sort of a - it was - someone I was quite close to but don't - we don't see each other face-to-face very often, maybe once a year or something. So I - and I found that not necessarily easier, but I would never have done it beforehand." (Ed)

Overall feedback suggests that a key strength of SAMSН's Planned Support is empowering survivors to tell their story, which is critical to their overall recovery:

"Extremely positive benefit, in that they've helped me to start talking, and now I'm pushing through massive barriers, but willing and able to talk to those that I feel are comfortable." (Th)

Did participants learn anything that improved their ability to manage their feelings, emotions and thoughts?

Most participants gave examples of how they were better able to manage their feelings, emotions and thoughts since engaging with SAMS, conveying a key benefit was becoming aware of what influenced the way they felt and thought:

"I'm much more open with my thoughts and feelings and just being with that, and realising it's all part of the healing process, whereas in the past I've always pushed all of that aside, away to get on with being a real man, and getting on with life, and having control over as much of my environment as I possibly could." (Th)

Feedback conveyed that learning to understand and express emotions is an ongoing process, with some participants explaining how they are now acknowledging and making sense of anger and other emotions that they had repressed before they engaged in support:

"And in a way, I'm feeling angry at times, in a way that's really positive for me. And in fact, it is really positive because it's calling out those emotions for me to look at for the first time in context, if you know what I mean, that I can look at them and say, "Now I know why I've been feeling like this over the years." (Om)

However, not all participants have benefited equally from understanding and processing their feelings and thoughts:

"Still don't feel great, but you know, I don't get dragged down as low, I guess. Like I feel bad, I know I feel bad, yeah, it sucks, but it's almost like I can - not remove myself from it, but I can just acknowledge it and go, "Well, I feel bad. That's fine. That's - it's not for no one reason, it's not -" yeah." (Ed)

While feedback suggests that developing trauma-awareness, emotional intelligence and emotional regulation is an ongoing process, two participants conveyed optimism about the future as they make progress:

"But now I am and hopefully, fingers crossed, we can sort of – one- or two-months' time I'm back working again, I hope sooner. Works important for me, not just financially obviously but just as having something to do." (De)

"It's given me hope that even doing what I'm doing today with you, that someone's got to turn the light switch on for this government to realise what people like me and others are going through. So it's given me hope in that way that I can help others." (Qu)

Have participants observed any changes in how they feel about themselves?

Participants observed a number of changes in how they feel about themselves since engaging in Planned Support. Having an increased sense of trust in others 'in the right circumstances' was conveyed as a benefit gained by one participant, while another shared overcoming self-blame and shame:

"Blaming yourself and all of this different other stuff that sort of goes hand in hand with it. It was free of all that. I think it's the shame side of it in particular, you know, realising that it wasn't my fault." (De)

Participants suggested they are developing self-awareness and self-forgiveness, with one participant acknowledging that workaholism had manifested as a means of covering up the impacts of abuse.

Nonetheless two participants indicated they were still struggling to process the abuse they had experienced and the impact it had on their lives:

"When things haven't gone quite right, it's sort of given me the perspective to look back and realise that there were other factors involved in that, so it wasn't just - like I'm happy to stuff up and fail or whatever you want if it's on my terms...But I really struggle with - like I - one of the key things I'm going through, I find it really unfair that I had this on top. That's really - and that's what sort of really come to light as well." (Ed)

"I'm just feeling a bit more like well, there's hope for the future, but it really is like I have no idea what to do next, where to go. I don't even – I'm questioning all of my thinking and all of my viewing of everything in life, because all of a sudden it just feels like I've stepped off a stage where I've been an Academy Award winning actor living a life on stage and now all of a sudden I've got to face reality. It's quite bizarre. It's quite bizarre." (Th)

Have participants experienced any changes in their feelings of social connection and/or how they relate to other people?

Participants conveyed different views on whether they had experienced changes in their feeling of social connection and how they relate to people, with two participants sharing that they still experienced loneliness and challenges in forging friendships as a result of their experience of abuse:

"I just – yeah, really I have not connected – I just don't connect. It's just easier. It's – yeah, it's just easier. It's simpler. I just don't – yeah, I just don't do relationships." (De)

"I'd say probably not. I think one of the big things that's missing at the moment is I - I feel really lonely. Which I think is one of the things why I've decided to do the group sort of thing. I feel incredibly isolated and alone because - yeah, obviously it's hard to find someone who understands." (Ed)

One participant who was engaged in Planned Support and had also commenced a SAMS Eight-week Support Group, found connection with other survivors to be very beneficial in terms of overcoming social isolation. This was identified as a great benefit especially when isolation was exacerbated by COVID lockdown:

"It was the first time I actually – there was a group of men that I felt close to, I felt tight with. I've never had male friends, ever really. I really don't feel like I've ever had male friends. But, yeah, but there I – it was – yeah, there was no judgement. It was great. It was – and I miss the guys. I'm still in touch with them on Facebook and messenger and stuff like that. It's not quite the same... That thing that's – that prevented us from being normal and functioning human beings, or in our eyes, it's gone. It was – that sort of, you know, the elephant in the room was out there. It was really great." (De)

Another participant reported feelings of increased sensitivity and understanding since engagement with support, which aided relationships, while another participant reported becoming more at ease with physical contact and proximity to others:

"Particularly when I was really regularly doing counselling, just things just improved. Like even with touch, I don't like - like I don't like being unexpectedly touched. I can't have people lean on me or stuff like that. I don't like being bumped if I'm sitting on the lounge, something like that. But that's sort of improved, and I was a lot happier to have physical contact. And I felt a lot calmer. Because I think leading up to it, especially leading up it was - I was - it was getting worse and worse. I couldn't - even having the kids sit next to me too close on the lounge was starting to bother me. And that's sort of all changed since." (Ed)

Have participants experienced any changes in their ability to cope with things or their overall health & wellbeing?

Overall, participants reported improvements in their ability to cope with things, describing a reduction in stress and feelings of assurance that there was someone there to support them with challenges:

"Generally, I'll have - yeah, I can cope a lot better with - when things are just a bit mayhem, and the kids are being pains and stuff like that. I don't - yeah, it doesn't stress me out." (Ed)

"The other thing is as I say, yeah, there are things that are dropping on me, but I know that I can cope with them because I've got this process there and I trust the process, I trust the people I'm dealing with." (Om)

Although, one participant explained that after experiencing improvements in coping with life, this diminished after disconnection with SAMS, further demonstrating the need for continuity in support:

"I wasn't as ready or prepared to do it on my own as I thought I was and now, you know – and that's become really obvious in the last four or five months so now that's – I'm back to hopefully do what I should have done two years ago and just kept going with it. I should have realised what these guys were telling me that – to keep at it. It's 45 years of damage isn't cured in 18 months obviously. Maybe it's something that I have to sort of at some level, keep participating with an organisation like SAMS who I feel really comfortable with maybe for the rest of my life. I don't know." (De)

When participants were asked if they had improved in their overall health and wellbeing, many reported having improved feelings of safety, feeling calmer and understanding things better:

"Yeah, probably a little bit. I think a lot of - so the night I disclosed, I had just drunk everything on the earth. I was so wasted that night. So yeah, not that I ever drank a lot, but I drink even less now. Yeah, I feel - in terms of general wellbeing, I - like I'm just calmer. I just - I'm not stressed out and trying to do too much. I suppose my general sort of medium level is better than it was before." (Ed)

Participants reported now having the resources and support to cope better and having set goals to achieve a better work/life balance and to generally improving their quality of life:

"I think that I definitely am going to be looking at living my life very differently now that I've cracked open this issue, and I'm confident that with enough support and help and counselling and rejigging, restructuring my life, that I can only be better from the whole thing." (Th)

Have participants registered for SAMS's Eight-week Support Group and have they received any support from SAMS while waiting for a placement?

When asked about ongoing support from or connection with SAMS, participants conveyed different levels of awareness of, or readiness for other supports that were available to them.

Two participants advised they were unaware they could do the Eight-week Support Group again (suggesting they had previously completed the Eight-week Support Group program), with one conveying interest:

"No, I will – well, I'll make a point of inquiring about that because that's not a bad idea. I got a lot of that group and I think maybe that doing it again I might even get more because I'm a bit more used to it." (De)

One participant had not yet considered the Eight-week Support Group while another participant was not aware of it:

"Especially what I do find how I've got this far was through Facebook group services, domestic violence or that sort of thing. I've never engaged in a group therapy session, which I think would be quite good. But yeah, I'm not aware of it." (Ho)

One participant indicated they were looking forward to the Eight-week Support Group after having previously been too embarrassed to participate:

"I want to be better – I want help because when you keep it inside, it was mainly because I felt dirty, which I still do. I felt – I was embarrassed of it. I was embarrassed. What more can I say? I'm looking forward to the group therapy." (Qu)

Some participants reported large delays in waiting to join an Eight-week Support Group, with one participant advising they had not heard anything from SAMS for two months after entering the waitlist and another reported having been on a waiting list for a year, attributing this to funding limitations. Another participant who had considered registering for the Eight-week Support Group decided not to as they were told SAMS had funding difficulties, but conveyed a need to connect with other survivors:

"...but now that I have cracked this open and I am willing to talk to people that I think I can have a conversation with safely about it, it just seems like oh my god, I desperately need to talk to others, and I feel that there would be people out there that desperately need to talk to others, and if I could be an ear, I think that could be some of the most valuable work I could possibly ever do." (Th)

However, one participant conveyed that they didn't feel the need to reach out for further support:

"Yeah, not at this stage. I'm not saying I won't need it, but at this point, it's really odd to say it, but with all the things that have come up with this process it just seems to get more positive for me the way it's going. So until I need that, or I feel I've reached a point where I need to reach out like that, I think it's okay at this point. I don't think it will add to anything at the moment, but it may do, it may do." (Om)

Do the participants have suggestions for other supports that SAMSН should seek to provide survivors or any suggestions as to how SAMSН could improve the support they provide to survivors in any way?

Participants were asked if they had suggestions for further support SAMSН should seek to provide for survivors or if they had any other suggestions that could improve the support SAMSН provides. The most common response was the need for more public awareness of SAMSН and also promotion of the range of services provided, with one participant indicating they were unaware of what supports SAMSН offered:

"It's funny, I haven't looked into them because they were totally associate – I haven't gone to their website even...I just see them as an avenue to compensation." (Ho)

Participants also suggested that ideally it would be better if SAMSН was resourced so to reduce the waitlist for clients wanting to transition to the Eight-week Support Group and to increase the capacity for pro-active check-ins with clients:

"Yeah, apart from the obvious of more resources, I would love to get into a support group sooner rather than later. And I don't know if it's part of the lived experience program or not, but I would like - I think it would be good to have regular check-ins, like a regular opt-in. I would be quite happy to receive a phone call once a month if I knew it was coming the last week of every month, that SAMSН were going to call." (Ed)

Some clients could not identify anything further SAMSН could do and expressed gratitude for the support they had been given:

"This one, for me it's been 100% so far, I can't dig something up that isn't there at the moment, there's nothing there at all, it's been really, really good. Yeah, and just I'd hope that anybody that had the experiences like I've had or something, the abuse, would have knowledge and have access to that service, to be honest." (Om)

"So, I think – I actually think they do pretty well I think, and I honestly can't, I can't think of anything...there's not many organisations I don't believe that specialise so much in men. They're just sort of – male survivors. Well, not that I'm aware of anyway." (De)

"I couldn't do it without them. I wouldn't know where to turn." (Ho)

Summary of key themes in analysis of Planned Support participant consultations

This section of the report summarises findings of consultations exploring the perspective of six SAMSН Planned Support clients on their experience of the service.

Planned Support clients who engaged in consultation were at different stages in acknowledging and/or engaging in recovery from the impacts of child sexual abuse. One participant had disclosed his experience of abuse for the first time upon engaging with Planned Support, while two were either previously or currently engaged with SAMSН's Eight-week Support Group. Most commonly they or a family member had located SAMSН through an online search after acknowledging or disclosing their experience of child sexual abuse, while others learned of SAMSН from justice agencies or a psychologist. For some participants disclosure had occurred 30 years or more after the offence(s) had taken place. A number of participants shared that they had ultimately reached a point where they could no longer ignore or suppress the trauma of child sexual abuse.

All six of the participants had accessed counselling from Planned Support, and some had accessed referrals to external counsellors and Victims Services, while one participant was supported with litigation. Throughout discussions, participants emphasised the benefits of having talked to SAMSН staff with lived experience and also cited, feeling they were being heard and that there was no judgement as critical benefits of engaging with SAMSН.

Participants conveyed having learned how the experience of abuse had impacted them, their behaviour, their emotions and their relationships in adulthood, with one participant disclosing that engaging with support to deal with the trauma of child sexual abuse was a critical step to overcoming long term substance misuse. One client did reveal though that they found engaging with support triggering as they had to confront issues they had tried to avoid acknowledging. Several clients suggested SAMSН's support was 'lifesaving'.

Participants reported that engaging with Planned Support had empowered them to be able to talk about their own experience of child sexual abuse and conveyed that gaining the confidence to tell their story was critical to their overall recovery. Other outcomes reported included improvements to overall health and wellbeing, reduced stress, increased trusts and improved relationships. One participant explained that after experiencing improvements in coping with life, this diminished after disconnection with SAMSН, demonstrating the need for continuity in support.

When asked how SAMSН's service could be improved, participants advocated for more public awareness of SAMSН and their services and increasing their resources so as to reduce the waitlist for clients wanting to transition to the Eight-week Support Groups and to increase SAMSН's capacity for pro-active check-ins with clients.

Qualitative data analysis - SAMSN Eight-week Support Group client consultations

25 Eight-week Support Group clients volunteered to participate in consultation upon completion of the Eight-week Support Group for this evaluation, with 21 of those clients participating in a follow-up interview approximately 12 weeks after group completion.

How did participants hear about SAMSN's programs for survivors of child sexual abuse?

Most participants reported that they had become aware of SAMSN after taking their own initiative to locate a support service. This self-initiated response frequently followed a time of personal struggle associated with their experience of being abused or was in response to negative experiences with a service or service provider. In the vast majority of cases, self-initiated activities to locate assistance involved searching the internet to find appropriate services. As one participant comments below, internet searches afforded participants with anonymity and were frequently necessary given that many men were unaware of other men who had experienced child sexual abuse:

"I was looking for like a support group I suppose – because I never really had met anybody that's been sexually abused. So, I just did web searches, and looking for a network sort of groups. So yeah, through search engines I came across their (SAMSN's) site." (Xa)

A number of participants were alerted to SAMSN after they had disclosed their experience of child sexual abuse to formal supports including therapists, counsellors or psychologists. In most cases, professionals had informed men about SAMSN's Eight-week Support Group for survivors. In many circumstances, professionals possessed information pamphlets or provided links to the SAMSN website. One participant indicated that he had become aware of SAMSN after testifying at the Royal Commission where SAMSN pamphlets were made available. Some men benefitted by receiving therapeutic services from professionals who had direct experience of working within a SAMSN program:

"Yeah, he's (a psychologist) someone that I'm regularly seeing. But also, he was a course facilitator for a period of time, as well, so he knew SAMSN well from his own participation as a facilitator... So, I see him regularly." (Ka)

In a number of situations, informal supporters had researched support services on behalf of their family members, friends or partners. Supporters mainly relied upon internet searches to ascertain what supports existed for male survivors of child sexual abuse, as one participant explains:

"I heard about SAMSN when I told my brother-in-law what happened to me when I was 14. My brother-in-law found SAMSN for me, and that's how I found SAMSN. My brother-in-law found it on the Internet, I think." (Hu)

What motivated participants to want to participate in SAMSN's Eight-week Support Group?

Participants indicated that there were multiple and intersecting reasons for seeking the services offered by SAMSN. Most commonly, participants stressed that they were seeking assistance to understand, process and integrate experiences of abuse in order to improve their own physical and mental wellbeing. As the following participants voiced, the catalyst for seeking support was often to journey towards healing by learning how to deal with acute or long-term distress caused by their abusers:

"It's because I had a breakdown and I had some flashbacks, so a lot of the trauma came out. I'd spent six weeks in hospital, and I'd been having counselling – trauma-based counselling – so I just felt, I probably need some more support around this, because I'd had support in my life regarding emotional and physical abuse that I'd gone through in my childhood, but this was new for me, and I felt, maybe if I could get some specific support around this abuse, it might be good." (We)

"I was really depressed in my life all the time. I would feel better, like good for about a year, two years, at most. Then I would fall into depression again. I did a lot of work on myself, but I wasn't able to talk about what happened to me as a child, so I thought I'll go on this and speak to someone that knows, that specialises in childhood traumas." (Hu)

Many participants stressed that they were looking for a safe space that enabled them to connect with and learn from other survivors who had lived with the impact of child sexual abuse.

What were participants' perceptions of safety within the Eight-week Support Group?

Most participants described feeling a degree of uncertainty and anxiety prior to commencing their involvement in the first week of the group. However, in most instances participants felt that the level of anxiety subsided in the first session:

"To be honest, I felt pretty safe almost immediately, it was the lead up. I suppose the anticipation of starting the program, like I'm talking the week leading into it, my anxiety was definitely quite high. Just purely at the fear of the unknown, knowing that I was going to jump into a pretty heavy program in that sense." (Tr)

One participant suggested it could be worthwhile having a workshop prior to the Eight-week Support Group to prepare people and de-stress them before entering the program.

Participants shared a range of strategies that group facilitators and SAMSN staff had implemented to create safety. This included pre-participation strategies to reduce anxiety and distress such as providing reassurance and education about what participants could expect in the first session. Participants placed significant value on the SAMSN Group intake procedure, in which one of the two group facilitators calls each group member to introduce themselves and explain how the program is delivered prior to the first session:

“...one of the facilitators actually had spoken to me on the phone and we’d had quite a lengthy talk before the group, and that put me at ease because he explained everything – explained what was going to happen and these kinds of things, and then he facilitated the group.” (We)

The intake process was also credited as a means of screening participants to gauge ‘group readiness’, ensuring an environment where survivors could safely connect with other men with a similar lived experience of abuse:

“And then probably the third layer of safety for me was around just seeing the other guys in the group. They were just a really good, genuine bunch of guys. And I know a lot of them were kind of really nervous, but yeah, that was just really good. And I think it just, maybe again, goes back to that quality of the screening process.” (Ke)

Participants cited a range of skills, qualities and strategies that SAMSN group facilitators drew from to foster a culture of safety for participants:

“Obviously it comes from the two individuals that are there. Their demeanour, their manner, it’s calming, the tone of voice is calming, it’s soft. They obviously do a pre workshop, phone call with you so that they get to know you a little bit better, and your background. They reassure you that you only share what you want to share, you don’t have to share, you don’t have to talk, so just creating that safe place.” (Ti)

Overwhelmingly participant comments indicated that group facilitators had done an excellent job of fostering safety generally throughout the life of the Eight-week Support Group. This is despite the confronting and challenging nature of some discussions, such as week three when men are given the opportunity to share their own story of abuse. One participant’s insights convey this:

“At no point did I feel unsafe. I felt really - I felt a lot of pain and a lot of hurt, a lot of sadness. One week I cried a lot. That was there, but I didn’t feel unsafe.” (Vi)

Some participants shared that having facilitators who disclosed their own lived experience contributed to their perception of the group as a safe place:

“And I think the other thing, too, is that - I know, because (facilitator 1) is a survivor himself, and (facilitator 2) disclosed he wasn’t, but (facilitator 2) just gave a little bit of disclosure about his own mental health history, which I thought was very helpful. So there’s just something powerful about having some therapists in the room that are specifically working with survivors, whereas I think the struggle I’ve had is some of the therapists I’ve seen previously obviously aren’t survivors.” (Ke)

As demographic data for participants in the study demonstrates, the Eight-week Support Group aims to provide an inclusive space that engages a diverse group of men, including men of all ages, of diverse cultures and diverse sexualities. One participant commented that a benefit for them was learning how child sexual abuse impacts people of varying social status. Feedback from another participant suggests they perceived the Eight-week Support Group as a safe space for members of the LGBTQIA+ community:

"And I'm estranged from my siblings, and I was able to cry about that in the group. There was really, really deep stuff about sexuality, and I was more an observer on that, but that really helped me. It really helped me integrate. There was no judgement. It was a safe place, I think, for LGBTQI." (Ab)

Discussion with a participant of South Asian decent explored the issue of cultural dynamics and cultural safety in the context of disclosing and seeking support to deal with the impacts of child sexual abuse on adult life. The participant advised that he 'definitely' felt safe in the group, and he found the content relevant, conveying recognition that survivors' experiences meant they all came from a 'similar place'. He did however comment on the complexity of dealing with abuse when it is experienced through a different cultural lens:

"In these group sessions, cultural dynamics and differences that can influence someone who's been abused and their dealing with it, or experiences from that, and the complications that can come from that, and even the greater dysfunction, especially through family and social networks that can happen; I think that can be explored a lot more, because obviously, different cultures and even different generations of cultures have different understandings of these things. And things like abuse... it's definitely not something that's ever spoken about... there's so much difference in family dynamics and how people grew up with their cultural interactions. And then, when you have issues with culture in terms of how you identify with yourself and your culture on top of all the abuse stuff, it just makes things a lot more complex. And it makes it complex to discuss and articulate these things as well". (He)

Given that this evaluation took place at a time during the COVID19 global pandemic when strong public health measures were put in place to curb the spread of the disease, all groups under consideration occurred online via videoconferencing applications. For some participants, the online environment was identified as a factor that contributed to creating a sense of safety, as it enabled participants to remain in the comfort of their own home whilst participating in the Eight-week Support Group:

"One of the benefits for me was that it was online. I'm a fairly introverted isolated person so, for me, doing it online sort of helped me be even more comfortable with the program. I can't see that there were any disadvantages. I can see quite a few advantages as far as building social connections" (As)

"I guess my space at home is my nest here. It's that safe – at least the accessibility to be able to go online, and I guess also, not having to make too much effort to have to go in and attend and all of these things. It definitely made it more accessible. There's definitely a lot of anxiety and speculations about what the first session was going to be like, but I think it was definitely safe." (He)

"Because it was Zoom as well, that adds another layer of, you know, little bit of safety there. You could turn off at any time. A couple people would turn their video off, like they were still there, but you could tell that they were just sort of maybe having a moment when it was too much, which that's what I did sometimes was turn the video off." (Vi)

Of course, for men who did not feel safe within their homes, or who did not have stable accommodation, these sentiments may not be relevant. One participant shared how the online experience was undermined for some participants:

"I don't think I felt unsafe in any way, but just, I think, apprehensive, nervous. There's a different element to when you are doing it remote, because you're not in the room and a dedicated space with other people. I was doing it in my car, for example, and I was a bit more aware of, "Am I in a private enough spot?" Things like that. So, again, if I was in a room, I think I would have preferred that, but I think the remote session was far preferable to not having it at all." (Gu)

One participant reported perceiving the online experience as 'impersonal' while another perceived that the facilitators were distant in the online setting, but overall participant feedback was still very positive about the online Eight-week Support Group. Some participants explained how many of the safety strategies from face-to-face groups, such as participants being able to step out of the group, stay back or arrive early for a de-brief or check-in after the group with a facilitator transitioned online:

"We had options to do the breakout rooms through zoom, we had options to do a private chat and say 'hey can you stick around after the meeting' or 'hey do you mind if I call you later', they were kind enough to give us their mobile numbers as well...I can't speak on behalf of everyone, but at no time did I not feel safe or feel like I have the resources for support through them." (Tr)

"And there was one time when I was really, really triggered, some trauma had come up for me, and I logged on about 10 minutes early and (a facilitator) was there, and we just went into a private meeting space on Zoom and I was able to kind of debrief with him, which was really, really helpful...And I know that some people don't like online, but for me it was brilliant; I thought the connection with group members was just as deep as what it would be face-to-face...So yeah, I just thought that was tremendous convenience, that we could all dial in from different parts of Australia. So I'd love to see that online group offering is offered, particularly because that it just so much easier for people in remote and regional areas." (Ke)

Feedback from another participant highlights that, while not ideal for all participants, the online setting allowed participation for men who would not have access to a face-to-face Eight-week Support Group in their area:

"I don't want to sound totally negative about Zoom, because if it wasn't for Zoom, I wouldn't have been able to participate and I know they have difficulties with funding to be able to do it, to be able to reach out into the less urban populations where the face-to-face getting together group is not possible for all potential participants. Absolutely, Zoom. The Zoom-type approach is absolutely far, far, far better than none." (Iz)

What were participant perceptions of program readings?

The majority of participants identified the program readings and notes as one of the most valuable elements of the program. Readings are made available to Eight-week Support Group participants ahead of each week's group session, giving them some background on the theme of that week's discussion. Participants reflected on the benefits of the readings:

“...I found that the weekly readings gave really good structure. There were just little kind of pockets of gold in each of the readings, I think, that were really helpful, just in terms of giving some really positive or framing messages around, like, it's not your fault, that healing is a journey, just these little messages like that.” (Ke)

“... I'd tell you the other really big benefit was the readings were fucking amazing. So, I'm 50 years old, and I've known this stuff for years. And there was even stuff in the readings I'd never even thought of or read or been told or heard or seen or anything. So, they were gold, some of the stuff in there.” (Vi)

“Just generally, the literature that we read, the short handouts or whatever you want to call them, I find very insightful, gave me a lot more insight into the dynamics of child sexual abuse etcetera and how it affects you in adulthood, relationships, that type of thing.” (Sa)

In a follow-up consultation twelve weeks after Eight-week Support Group completion, one participant shared that he continued to benefit from revisiting certain readings that were provided to the group. Others indicated it would be useful to have ongoing access to the readings to revisit them as needed.

What were participant perceptions of the peer group discussions?

Throughout the consultations participants conveyed that they especially valued the experience of talking with other survivors, hearing their stories, sharing their own story and realising they were not alone in their experience:

“This stuff is incredibly isolating, at least I found it was for me. You feel incredibly alone. And the biggest shift for me is probably, after having done the group, I don't feel so isolated and alone anymore.” (Gu)

“I find it fruitful in term of just hearing how, how other people are coping, what things they do, what's not working, what is working for them. It may not be relevant to you, at that point in time, but it may be further down the track, or it may be something that you could amend, to a certain degree, to help yourself.” (Ti)

“And maybe the other acute learning for me is just to know that I'm not actually alone.” (Ke)

Participants indicated they felt safe, validated, empowered and that there was no judgement:

“Positive, validating, empowering. Hearing from other people you don't feel like you are defective or stupid or dumb, or so isolated.” (Sa)

"Hearing other stories was really quite powerful, and even though the stories are different, the feelings are the same – a lot of the same feelings – and I think that's where a lot of the validation came from. I would say every single guy in that group felt scared, felt worthless, felt useless, felt no good – all these kinds of similar feelings, even though the stories were different, and that's what came out which was good – which gives you that validation." (We)

Participants also reported gaining strength and self-worth from the process of sharing their story and helping other men:

"You know, it was really good to be able to support other people and also to have people feedback how they appreciated what you were sharing, and what you were going through. It really built up a very safe space to be in. So, that was excellent." (Ab)

Feedback suggests that the Eight-week Support Group sessions have sufficient structure to provide a framework for discussion without being overly rigid, allowing men to share their story as they chose:

"So, I think everyone cared about each other by the end of the – in the eight weeks. But as I said, there was the course notes, which gave structure and gave some questions to talk about. But then, there was also, at the same time, the freedom to talk about whatever you wanted as well. So, I think it was good. There was structure, there was questions to help direct conversation, but you didn't have to stay within the confines of that structure." (Ka)

What were participant perceptions of the facilitation of the Eight-week Support Groups?

Praise for the facilitation of the groups was unanimous across participants, with feedback suggesting the groups were very well moderated and that participants felt heard, respected and validated:

"But yeah, certainly from a facilitator perspective, they did a really good job of creating space for everybody to talk and to share. But also, if you didn't want to, you didn't have to either, as well." (Ka)

"It was great – it was really wonderful, and it was great having the two facilitators because they worked off each other. It felt like they were bookends, so they've got the whole group and they were at either end, so you felt this safety, and you felt you were being held and it was really good." (We)

Feedback indicated that participants found it powerful having a survivor who understood their lived experience as a group facilitator. Yet groups facilitated by two non-survivors were also praised:

"Both said they had not had that experience, particular experience. But nevertheless, I felt very comfortable with their ability to empathise and understand at a level which would perhaps, in a sense, have equated with someone who had had that same sort of experience, and I complimented them on that, at the end of the thing." (Iz)

Despite positive overall feedback three participants conveyed that they felt that the facilitators did 'sit back' a little too much on occasion:

"And I reckon there's another thing which I would call crosstalk, where one guy in the group says to me - I'd be talking and saying, "Oh yeah, my wife this," and then he'd go, "Ah!" he said, "How long have you been married?" And I'm like - I suppose that could be relevant, "20 years." "How did you propose?" I'm like, "That's totally irrelevant to this group." And I had to sort of facilitate a bit myself then and say, "I'll tell you later. Getting back to the question..." But I think that probably should've been the facilitator that did that." (Vi)

One participant suggested a little more direction on group feedback rules may have strengthened safety for participants:

"I suppose, the only thing that would have made me feel more safe is to have those in terms of how you share the format for feedback, because we had some guys that were really into the advice giving and say, 'you need to do this, you need to go and look this up and read this and watch this and find this group'. And that was a little bit - made me feel a little bit unsafe...the facilitators jumped on it. But it was just a matter of laying the groundwork. Again, you've only got two hours. So, it's very limited. Eight weeks is limited. Two hours is very limited." (Ra)

One participant who had completed the group program on three occasions observed that the facilitation had varied across the three groups. He reflected that the first Eight-week Support Group he participated in (some years ago) was more actively led and directed by the facilitator, while the most recent group demonstrated a well-facilitated peer group program, which he reported as finding far more beneficial.

What were participant experiences when dealing with other supports provided by SAMSN or their partner agencies?

Participants were asked if they had engaged with other SAMSN support services (e.g., Planned Support, Redress, justice support or referral to other services) and if so, how they found that experience. Many participants reported they hadn't engaged with supports outside of the Eight-week Support Group program. Those who had engaged with other SAMSN supports were very positive, emphasising the benefits of connecting with staff with lived experience that had previously navigated the service system and overall made significant progress with their own recovery:

"And there's just people have been there and have already done it and are on the other side, thriving, and moving on and up and doing really well, and it feels great to have that and I'm incredibly grateful for their service. It's an amazing NGO." (Jo)

"Because when you're doing this on your own and you're relying just on Google searches and things like that, it's easy to miss things that are out there. So, just having someone I could call, who I know is on top of all this stuff, was really useful." (Gu)

Some men reported having accessed referral to Victims Services and Redress, some were gaining support with legal processes and litigation, while others had received support to connect with counselling, either in-house with SAMSN or via referral:

"Yes. I'm having a personal counsellor once a fortnight. I've already had two sessions with her. She's absolutely marvellous. I'm looking forward to having another one today." (Hu)

Some men conveyed their belief that non-specialist services did not have the insights and experience to help them:

"Yeah, well there isn't anybody. I've tried all different types of counsellors, but unless you're a specialist counsellor like SAMSN, it's a waste of time, because they have no idea what you're talking about." (Av)

A number of men revealed already having other strategies in place prior to commencing the Eight-week Support Group, including therapeutic support as well as support from family, friends and other supporters:

"I've got a really good psychologist. I've got loads of friends. I've got my little WhatsApp group. I've got two other men's groups. I've got tons of fucking support. I'm very good at reaching out. I've got a great wife. I have a nice daughter. I've got lots of friends at work...There's a lot of things that I do - supported in that way." (Vi)

A couple of men conveyed that they would have liked to have been offered further support, indicating they assumed this wasn't forthcoming due to funding cuts. Three men explicitly stated they had not received any information about the ongoing monthly groups, but an inquiry to SAMSN found that this was due some clients not receiving an email due to an administrative error. One man who has connected with the ongoing monthly group explained that he found it difficult not knowing anyone in the group but still commented that he liked other group members. Another participant shared that his wife had accessed counselling support from SAMSN and she found this particularly valuable.

Did participants perceive benefits from having participated in SAMSN's Eight-week Support Group?

All clients who participated in consultation reported having experienced benefits from participating in SAMSN's Eight-week Support Group for survivors. When asked if there was any specific information or insights shared within the Eight-week Support Group that they found most helpful, many participants indicated they found 'all of it' helpful:

"Every week there was something that you would get that was a gem – the lightbulb would go on and you'd just go, "Aha, that makes sense" (We)

"There were so many things that were like little nuggets along the way that were helpful. I can't remember them all now but yeah, I think, I think all of the questions and each week, it was well structured and there was something to take out of it every single week I think." (Co)

The most common program benefit identified was building connections with other survivors, which decreased participants sense of isolation and loneliness. As quotes from participants demonstrate, the opportunity to build connections was perceived as therapeutic:

"So, something about connecting with them is just incredibly therapeutic. It's hard to put into words..." (Jo)

"The benefits were to see other guys, who had had been through similar experiences, to different depths - different levels or depths. And that was... was really good. And to hear when they were sharing, I could hear my story being told. And the feedback I got from them, when I shared vice versa." (Ra)

Speaking and building connections with other survivors enabled participants to feel that they were not alone and enabled some to gain strength by establishing social relationships with other people who had experienced and survived violence and abuse. The ability to openly express feelings that had often been suppressed, to build relationships and learn from one another in a non-judgemental and accepting space was described as a cathartic experience. Comments from some participants convey perceived benefits of peer support over a therapeutic recovery program:

"I think one thing that was really powerful for me, as well - this has just come back up for me, but it was really, really powerful - is that in terms of both the participants and the facilitators, no-one was trying to fix anyone, and that was incredible. And there was no judgement." (Ke)

"But we all pretty much had the same conclusion at the end that the eight-week course was invaluable, one of the best things we'd ever done compared to other sorts of therapy we'd had". (Av)

Participants also conveyed the benefits of having a safe space to tell their story, to be heard and to be believed:

"One element that carried through everyone's different stories, was, I think, the need to feel heard and believed. I didn't realise that I hadn't really had that feeling yet. Not that people disbelieved me, but just really knowing that I was heard by other people who understood what I was talking about, really understood it. That was really important for me". (Gu)

Many participants indicated that symptoms of mental distress had decreased as a result of their participation in the Eight-week Support Group:

"I suppose the depression kind of went away. I'm feeling a lot less depressed and feeling a lot less, well PTSD related stuff, my symptoms have really decreased, which has been awesome. I don't feel it's triggered by stuff anymore, I feel. I feel less burdened by it as a whole and that's been, I'm almost certain that's a lot to do with the SAMSN programming. So yeah, huge two thumbs up, I'm pretty stoked." (Tr)

Perhaps, most compelling is the fact that a number of participants identified that these experiences were lifesaving or fundamentally life changing:

"I just want to say that if SAMSN were to go off air tomorrow, I think it would be a tragedy for people who are looking to get help. My recovery, to this day, is basically based on my group. If we didn't have that group meeting, I wouldn't be here today talking to you about it, that's for sure." (Hu)

"I'm deeply grateful to SAMSN for giving me support in the group. It has turned my life around. I was in a very dark place. I came quite broken, but now I can see a light at the end of the tunnel, and there are enough things for me to hold onto, and to piece together things and keep functioning as a contributing member of society and to my family, be the best I can be. I'm thankful." (Wa)

"If I didn't have all these services like SAMSN then my wife wouldn't have a husband." (Va)

There was a strong sense of gratitude to SAMSN for what many men consider a life-saving program and also a passion for making the program available to other men who had experienced child sexual abuse:

"I just hope that New South Wales Department of Health and funders see the benefit of this program, because it is life-changing, and it saves people's lives. I think it's probably saved a lot of people's lives." (Ab)

Do participants perceive that Eight-week Support Group benefits diminish over time?

Clients who participated in a follow-up consultation (mostly approximately twelve weeks after Eight-week Support Group completion) were asked if program benefits had diminished over time. The vast majority of participants advised that most program benefits were lasting, with one participant explaining:

"The benefits are lasting, because they changed me - it's like from the first one onwards, I was kind of reinventing myself." (Da)

However, a number of participants did report feeling a sense of loss of connection and solidarity with other survivors and the group facilitators over time after the program finished. While SAMSN does offer access to ongoing monthly groups, a number of men who completed the Eight-week Support Group in 2022 did not receive details of this due to an administrative error. For some men the sudden cessation in support was distressing and may have undermined or nullified positive program impacts:

"It's like it's good, good, good, good, and then there's nothing. That's not a safe place to be for a survivor." (Av)

"But again, it's SAMSN gave me the hope and expectations, and so I created expectations for what I want to do, but because the follow-through hasn't occurred, all of those sets of expectations have gone by the wayside." (Ti)

Once this error was brought to SAMSN's attention contact was made with all men who had completed the Eight-week Support Group and information about the Monthly Meetings was provided. Another participant who was aware of the monthly group still conveyed a sense of disconnection after having relocated to Tasmania:

"Yes, I think probably not having more social contact with SAMSN is a negative, even though they have put in programs that's on Zoom, and all the rest of it. And being in Hobart, there's no real men's groups like SAMSN that you can go to. I think that's probably a negative." (Ja)

Some men reported benefiting from maintaining contact with peers via SAMSN's ongoing monthly meetings. Others reported sustained contact with program peers via an informal WhatsApp group, though some did convey disappointment that participation in this forum declined over the weeks after the Eight-week Support Group finished.

Do participants perceive any drawbacks from having participated in SAMSN's Eight-week Support Group?

Participants were overwhelmingly positive about the SAMSN Eight-week Support Group experience and the majority indicated there were no drawbacks from their participation in the program. A number of men though did report being triggered during the eight weeks of the program, citing impacts on mental health and sleep. One participant explained the impacts:

"In terms of drawbacks it took a few weeks for the process to be normalised in my mind, I guess. I walked away from every week feeling very drained and like it was difficult to sleep, my mind was running, and I had vivid dreams for the first four or five weeks after the group. Yeah, that would be the only drawback, I found it difficult to unwind after the meeting." (Na)

While some men indicated they had benefited from learning coping strategies in the Eight-week Support Group, others suggested there should be more focus on giving men the tools to help them regulate emotions and manage thoughts when triggered by group discussion. While group facilitators check in with men if they are concerned about their wellbeing after group meetings, feedback suggests individual support while men are undergoing the group program could be more pro-active. Some participants suggested it would be beneficial to have SAMSN staff checking in with men during and after the program, as one participant explained:

"I would say that's the drawback is that there's not enough follow up, there needs to be more follow up with. You know, to say whether you want to join the monthly group and is everything going okay? Have you joined? Is there any issues or anything like that? So there's been really no follow up, so I would like to see that." (Va)

Two participants reported that the impacts that the group program had on their wellbeing were also felt by their family members:

"Early in the series of the meetings, my wife felt that I came out of them in a somewhat depressed state... I'm not saying that I necessarily felt it, but she felt that I was a bit – 'disturbed' is a bit of a strong word, but affected by the session. As the thing progressed, she didn't repeat that, and maybe that was part of just becoming comfortable. Intellectually, I felt comfortable right from the word go, but perhaps it's on a more subtle or emotional level, it was a little of an emotional effect initially that faded out overtime." (Iz)

Feedback explaining the impacts of program participation on family members, including partners and children, suggests there is a need for consideration of a strategy to address the safety and wellbeing of supporters as their loved ones undertake the Eight-week Support Group:

"The negatives of the group were mainly its impact on my family. Like the day before I did it and the day after, sometimes a couple of days after. But even on the day... So usually the group would be on Tuesday night, and on Monday afternoon, evening, I did the readings... so then, that evening and the next day I'd be a bit odd. Yeah. What's the word? Like a bit startled, like sort of - and so that would impact my - so I've got a wife and two kids. That would impact my wife and daughter, mainly..." (Vi)

While not specifically a program drawback, the most common concern identified by program participants was distress at the news that funding for the Eight-week Support Group had been withdrawn. Advice from SAMSN indicates they have since secured funding to continue the group program through the National Partnership Agreement on Family, Domestic and Sexual Responses funding program supported by the Commonwealth and NSW governments.

Did participants learn anything that improved their understanding of child sexual abuse and how perpetrators operate?

The vast majority of program participants shared that they had benefited from a new understanding of grooming techniques utilised by perpetrators of child sexual abuse. In many instances this was instrumental in them learning how they had been manipulated to feel complicit in the abuse and to maintain secrecy:

"That was really an understanding and that was an 'aha' moment for me, because then I thought, "Shit, maybe there was grooming involved with me," which was really quite significant, so it did pick up on that." (We)

"It explained that concept of grooming and when the survivor realises that they were groomed, it can greatly reduce their guilt and shame they feel because they realise that it was premeditated. I found that very powerful because I think there was grooming." (Sa)

"Those discussions and the readings that went with it, and listening to the other guys too, about how they were either groomed or it was suddenly forced upon them, made me really understand. It wasn't my fault." (Iz)

"I think the grooming stuff in particular, I learned a lot from there about things and I was able to reflect on some of my experiences. And especially, I think the most important thing about the grooming was talking about how it is part of that trap to try and make you feel complicit in what's going on. And that helped me reflect on my own feelings of guilt and responsibility for it, and how that's part of the intent behind a lot of it, is to create those feelings, which then helps with the secrecy aspect of making you keep things quiet because you feel like you've done the wrong thing." (Gu)

It is clear across the consultations that insights into grooming was critical to participants overcoming shame and/or feelings of responsibility for their abuse.

Did participants learn anything that improved their understanding of the ways the experience of child sexual abuse can affect them in adulthood?

While some participants explained they had previously learned about the impacts of child sexual abuse on their adult life through therapy, for many their connection with SAMSN was the first time they had learned about the impacts of abuse on adult life. Numerous men conveyed having learned new insights through the groups and through the readings. Learnings from the Eight-week Support Group included understanding how pervasive child sexual abuse is and how child sexual abuse can impact different facets of adult life, including relationships, work, health, sexuality, emotions, feelings and actions. One participant reflected on how this benefited his own self-awareness:

"I really got to see how - I don't know if 'pervasive' is the right word, but how it really impacts so many different aspects of a person's life, particularly with relationships and their work, their mental health, addiction history, physical health, the whole - there's so many different aspects. So, I think I walked away with a much stronger awareness about how it has impacted my own life." (Ke)

Feedback suggests that these learnings supported survivors to understand how their experience of abuse influenced their own feelings and behaviour:

"If anything, I didn't feel so alone. And it made me understand why I have a trauma response, or the trauma responses that I have had my whole life before being intimate with anybody. So, yes absolutely." (Ra)

One participant shared how these insights can trigger anger, which reiterates the need for support for men to regulate emotions as they undergo the Eight-week Support Group:

"Just reinforced the good, the bad, the ugly side of it. Some of it's dangerous because it does make you feel very angry, very frustrated, very worthless, etcetera, but I'm already there. It's just making me look the demon in the eye a little bit more, and that's not necessarily a bad thing either." (Ti)

The experience of sharing stories within the Eight-week Support Group had helped some men to recognise and accept the trauma they had experienced and develop compassion towards themselves:

"I was able to see that more clearly when, in the same space of 20 minutes, I'm talking about experiences that I had and that negative talk is in my head, trying to dismiss and minimise it. And when someone else is talking about the experience they had, and I'm really feeling sorry for them, empathising with them and being understanding. I was able to see that contradiction and the way I was thinking about my own experiences and talking to myself in my own head about my experiences. So I think that was really useful for me." (Gu)

Did participants learn anything that improved their ability to talk about their own experience of child sexual abuse?

The majority of program participants conveyed that their ability to talk about their own experience of child sexual abuse had improved significantly as a result of program completion. Of note participants shared how the program had broken the stigma around talking about their abuse, with a number of participants being empowered to tell their story to friends and/or family members who they had not disclosed to before:

“Yeah. Sharing it in the group, talking about it, now that fear of stigma I think is not there. I don't mind doing this group interview - sorry, now doing this interview with you. A year back I would not have been able to do this.” (Wa)

“Probably, well, there was a lot of things I got out of SAMSN, but being confident and strong enough to tell my teenage daughters, it's just a huge relief. And now it's not spoken about, or whatever, yeah...They gave me, like I said, the confidence and the strength to be able. And never at any time did they say, yeah, we think you should, or we think you shouldn't. Obviously, they leave it up to you. But yeah, I think, well, I'm convinced that they were a huge part of me being able to finally open up.” (Ha)

Men conveyed that gaining the ability to tell their own story would in turn continue to destigmatise the experience of child sexual abuse in the broader community:

“It doesn't pain me as much as it did when I first started to do so. I'm getting used to it, which is a good thing, because that means you can talk to more people about it and make more people aware.” (Da)

Others explained that the program had improved their understanding of 'how' to talk about their experience, giving them the language to convey their experience and its impacts:

“Certainly, I think the language that I've learned from SAMSN and probably being able to articulate the experience as both a child and an adult has been really helpful.” (Ka)

While gaining the confidence and language to tell their story was critical to many participants, three participants conveyed they did not feel the need to talk about their experience of abuse.

Did participants learn anything that improved their ability to manage their feelings, emotions and thoughts?

The majority of program participants reported having more understanding, awareness and/or control of their feelings, emotions and thoughts after completing the program. Participants reported feeling more hopeful, less angry, less self-blame, improved self-worth and improved relationships since participating in the program:

“Yeah, I feel more resilient now, and I think that I'm seeing things as much more of a journey. Maybe this is a thing too, that the psychoeducation that came from the group is just to - I've got a lot more self-compassion now, to know that it has affected so many different aspects of my life. So that's kind of that self-compassion, yeah, for sure. So I feel much more worthy. Self-worth, yep.” (Ke)

Some participants conveyed it was hard for them to say if they had learned skills that improved their ability to manage their feelings, thoughts and emotions. However, one of these men shared reflections from his partner suggesting she had observed positive change in him:

"Yeah, totally. It's much harder for me to see, but when my wife says stuff like, "I can see, one, how much effort you're making, how brave you are; two, how you're connecting with the kids more; three, how you're managing to deal with volatile situations a bit better," yeah, so she said those things to me." (Vi)

It was evident from some men that they still experienced fluctuations in their mental health and their ability to deal with their feelings. Others advised that they had achieved significant improvement in their awareness of their thoughts and feelings and how to manage and regulate them since participating in the program:

"80 percent, I have improved it 80 percent to 90 percent thanks to the tools that was given to me by SAMSN. Just being able to meet people, for the first time in my life, meet people that have the same experience and is coping with the same issues has made me feel 80 percent better. 80 percent better." (Hu)

"So, look you know you've got to be on top of your thoughts all the time kind of thing and I suppose what I learnt was to really be more aware of, to really connect my thoughts and feelings so when I'm feeling shit, what is it that I'm thinking, like go back to what is behind that?" (Co)

One client reported that his feelings, thoughts and emotions were more intense after being triggered by discussion in the program. Another participant credited his improved management of emotions to his psychologist in conjunction with learnings from the SAMSN Eight-week Support Group.

Have participants observed any changes in how they feel about themselves?

A significant majority of participants reported feeling better about themselves since completing the SAMSN Eight-week Support Group:

"Confidence. My confidence is coming back as a person. I am worthy. I am a good person. And to be able to say it and verbalise that because SAMSN has helped with building my confidence." (Ul)

Participants reported feeling more empowered and having increased self-worth as a result of overcoming the social isolation and stigma that many survivors live with. Importantly consultation found this impact was sustained twelve weeks after program completion:

"I feel like a lot less of a victim, I feel like my mentality has switched from that to a survivor, and that is quite empowering." (Tr)

An outcome that many participants emphasised as critical to their recovery was learning how perpetrators operate, which in turn enlightened them that they were not responsible for their abuse:

"I've been able to forgive myself. I'm not saying that in the context that it was my fault because it wasn't my fault, but I'm just saying forgiving myself for beating myself up and being so self-critical and judging of myself, so I've seen that happen." (We)

Have participants experienced any changes in their feelings of social connection and/or how they relate to other people?

Many participants reported improvements in their feeling of social connection and how they relate to other people. A common theme was the sense that connecting with other survivors, who have had similar lived experience to them, was critical in overcoming feelings of social isolation:

"You feel incredibly alone, and I think I definitely feel less alone after having been through the group. And I don't think any other experience could have substituted for that. No book or individual one-on-one therapy, I think, could have done the same thing for that that the group has." (Gu)

"I felt like that the people who were in there, it did take some – the benefit to me was that I wasn't on my own, and I wasn't alone." (Ja)

"Yes, definitely. I think it's been a deepening of friendships, for sure. Absolutely. The group, I think, has taught me that it's okay to talk to some friends about what's going on, and so I've really deeply appreciated friends that have listened and have enquired about what's going on. Yeah, it's amazing actually." (Ra)

Aside from being able to relate with other survivors, men reflected on learning how to tell their story and also generally improving their communication and interpersonal skills:

"Listening more. Being more open. Being more vulnerable. Being more considerate. Being more empathic. I think I spent a lot of my time thinking "you got no idea". Communicating better. Discussing feelings more than I did." (Ul)

While many men reported improved relationships, there were still a number who indicated they were unsure if they had experienced improvements in social connection or who felt they hadn't experienced any real improvement in that regard. There were men who reported feeling improved social connection during the program, where they related to survivor peers in the Eight-week Support Group, who reported a sense of disconnection in a follow-up consultation twelve weeks after program completion. Other men indicated mental health issues and other challenges still undermined their social connectedness after the program:

"It probably has a little bit. I've got a lot of other personal stuff going on in my life as well which is really quite stressful and everything else – there's other factors that are affecting my life, so it's hard to say if that has actually helped with the social things." (We)

Have participants experienced any changes in their ability to cope with things?

Program participants conveyed a number of ways in which they had experienced improvement in their ability to cope with things in life. Men reflected on having strengthened resilience, increased self-awareness, having more compassion toward themselves and also allowing themselves to be more vulnerable since completing the Eight-week Support Group:

"Yeah, I feel more resilient now, and I think that I am seeing things as much more of a journey. Maybe this is a thing too, that the psychoeducation that came from the group is just to - I've got a lot more self-compassion now, to know that it has affected so many different aspects of my life." (Ke)

Men in the program reported having adopted strategies or changes in their life to better cope with pressures. Some men conveyed how SAMSN was one element of a multi-pronged recovery process, that in some instances included individual therapeutic support, medication and/or participation in other group programs. One participant shared that he now found it easier to reach out for help when he needed it:

"Yeah, I think so. Definitely, yeah. I think...because I don't think it's one single thing. That's what I'm learning, as well. It's probably a combination of medication, of doing courses like SAMSN, of continuing to work with the psychologist and doctor and family, friends. So, it's certainly – it's a multipronged, multidisciplinary approach. So, I think having that understanding as well, that it's not just one thing, it's multiple things that will help me move forward." (Ka)

Several men who participated in consultation twelve weeks after program completion indicated that benefits in relation to coping with stress and pressure had sustained:

"Definitely. I'm more able to cope with day-to-day struggles of life. I'm coping better. I'm putting a bit more activity into my life, so I'm doing a bit more exercise." (Hu)

One participant shared in the follow-up consultation that he benefited from strategies that peers from his group had shared via an informal WhatsApp group they set up to sustain contact after the program finished. However, there were participants who conveyed they were unsure if their ability to cope with the stresses of life had improved as a result of the program and one participant acknowledged that he still had work to do in that regard.

Have participants experienced any changes in their overall health & wellbeing?

The majority of program clients reported (often significant) improvements in their overall health and wellbeing and one man reported an improvement in their score on the depression scale. Participants reported improvements to general wellbeing, as well as increased optimism and a reduction in misuse of alcohol and other drugs:

"Yeah, I think I've got more energy, and definitely more hope about the future, for sure. Absolutely, yeah, more hope, more optimism, more resilience, for sure." (Ke)

"Actually, I never would have thought that I could have stopped, which I can and I have and I do I feel being off it and even drinking a few beers and you want to have a smoke and it's like no. So, it's pretty amazing because it's just helping me with my own self-belief in making all these changes." (UI)

While four participants indicated minimal change in terms of their health and wellbeing, others reported improvements to mental health, feeling 'lighter' and conveyed being able to process complex trauma.

"And I went 'oh wow', like there's been a huge change, and I think if I were to compare myself even four weeks ago. I really wouldn't be able to recognize myself today, which is awesome, so I think." (Tr)

"Look, I think my mental health is getting better. I don't have as many flashbacks as I used to. If you know about complex PTSD it's a very horrible condition and it's not uncommon for me to have flashbacks all of the time. Some of them have been very severe. But I think more recently I don't have as many flashbacks. It's not like it's always every day." (Sa)

Participants also conveyed a commitment to improving their overall wellbeing and quality of life as they progressed their healing journey after completing the Eight-week Support Group:

"Yeah, definitely. You know, I got back on track with a bit of exercise. I got back on track with medication. My partner and I's relationship is slowly improving. It's very rocky at the moment, but slowly improving. Our financial situation is dire but improving. So, yeah, I can see the light at the end of the tunnel, and the SAMSN group has really helped." (Ab)

Have participants made plans to sustain a focus on their wellbeing?

The majority of participants indicated they had made plans or implemented strategies to maintain a focus on their wellbeing after Eight-week Support Group completion:

"Yeah. I'm more aware of and more motivated about the need to continue that. It's not a phase. It's not doing it for a short time. I realised that it has to be part and parcel of my life going forward." (Wa)

"A hundred percent. The group has given me confidence to keep going with one-on-one counselling." (Hu)

Participants shared having established routines, talking to group peers on WhatsApp, fostering other social connection and maintaining ongoing contact with SAMSN or other support services. One participant advised he was going to share SAMSN materials with his psychologist so they would be better positioned to support his ongoing recovery from the impacts of child sexual abuse. Most commonly men shared a commitment to focus on their general health and wellbeing:

"Yeah, I continue to do that. I see my therapist, I'm trying to do exercise, trying to jog because I want to lose a bit of weight. I try to eat healthily. I don't smoke, I don't do drugs. I just have a few glasses of wine. I've joined some meet-up groups to get some more social engage(ment) with people, and a few of us have decided to stay in touch." (Sa)

What further supports do participants need to sustain their healing journey?

Feedback on the Eight-week Support Groups suggests they were very beneficial for participants, that benefits were sustained in most instances and were perceived to be life-saving for some. A number of participants did however make it clear that the impacts of trauma stemming from abuse are ongoing and so access to support for healing and recovery also needs to be sustained:

“And so, you just – as you solve one problem, another one seems to rear its head. So, you might solve one thing which might be okay, I’m going to be not as reactive as I used to be, but then something else will pop up.” (Av)

Close to one third of participants sought sustained support after Eight-week Support Group completion. A number sought support for individual groups to continue to meet on a monthly or quarterly basis or at least occasionally. It was evident that many men have a deep sense of connection to fellow group members, who often supported one another through their first public disclosure of their abuse:

“So, I don’t know. It’s very tricky. But I would say, having some kind of follow-up sessions, whether it is with the same people or not – ideally with the same people, because we’ve built that bond, I guess, over those eight weeks. So, some sort of follow-up would be something, I think. Yeah.” (He)

The need for this connection was reiterated by participants when they were consulted again twelve weeks after program completion:

“It does sound strange, but I think I need this group more than I realised, because as soon as it stops, you get about four weeks’ grace, and then you start going back into old habits. Whereas, with the weekly meetings, you never got that chance – You were always talking about – I think it’s just literally meeting and talking – meeting and talking on a regular basis is the key.” (Av)

As mentioned above, while SAMSN does offer ongoing monthly groups to sustain connection for men after they complete the Eight-week Support Group, due to an administrative error a number of men from groups in 2022 did not receive any information about these. This led to a perception among these men and their supporters that support ended abruptly:

“So, you went from being alone to being connected, to back to being alone together and feeling like I want more of that connection.” (Ra)

One participant conveyed that the lack of follow up after group completion resulted in him perceiving that the overall experience had done more harm than good for him:

“But because, I don’t have that support, and because I didn’t have – there wasn’t that follow through that I was expecting, that’s probably one step forward, and three steps back.” (Ti)

A number of participants though did recognise that the limitations in follow-up support were due to a lack of funding to SAMSN:

"Yeah, well they said it was going to be like monthly follow-up, and I thought oh great, but then for three or four months now, it's been nothing. So, we've sort of gone from massive support to nothing. And once again, that's not SAMSN's fault, they don't have any money, so they can't fund it." (Av)

It was suggested that if ongoing group connection could be offered, it could be less formally structured, with one participant suggesting SAMSN could support men to lead ongoing meetings themselves:

"Facilitating – whether - maybe encouraging the group to facilitate things ourselves, so it doesn't just end there because people – it's not over. It's only eight weeks, and there's still – it's been an incredibly beneficial eight weeks, but there's still my whole lifetime to go." (Jo)

Participants also suggested they could benefit from individual follow up and support, both during and after the Eight-week Support Group:

"I wish there was a bit more talk about that, because I think a lot of people, myself included, could benefit from the odd chase up phone call. You know, as opposed to the email that gets lost somewhere. I feel like I need social worker, like an advocate for certain things someone just to check in once a week and ask about life stuff, life admin stuff you know someone who understands what kind of journey that I'm on." (Tr)

Several men highlighted the need for support for their loved ones who supported them as they engaged in recovery from the impacts of abuse on their adult life (this is explored in Qualitative data analysis – consultation with supporters of SAMSN clients).

How could SAMSN's program for adult male survivors of child sexual abuse be improved?

Participants were asked if they could suggest anything that would strengthen SAMSN's Eight-week Support Group for adult male survivors of child sexual abuse. The majority of responses suggested a need for increased availability and accessibility of SAMSN groups:

"I honestly wish these kinds of groups are there to help so many people because there are a few people who join, and they drop out because it's hard for a lot of people. It's overwhelming for a lot of people to go and get help. There's a stigma attached so I wish it was more common, more easily accessible given the high incidence of the abuse that's there in society." (Wa)

"So, let's just – numbers are everything, let's just go, if you want 20% of the male Australian population to be better, fund SAMSN. You watch society change. That's how strongly I feel about it, that's how powerful it is." (Av)

Several men suggested the need to raise the profile of SAMSN as a means of raising awareness among survivors that there are services that can help them:

"So, there needs to be some type of more public education awareness about services like them, especially for men. So, maybe targeting men activities like the football clubs." (Sa)

Of course raising the profile of SAMSN does raise the issue of creating a demand that at present the organisation is not resourced to respond to:

"I just hope that the authorities, the government, treats it with utmost urgency, and gives the resources to SAMSN." (Wa)

More than a quarter of participants suggested there would be benefit in extending the duration of the Eight-week Support Group to allow time to discuss some themes in more detail:

"So, for me, my dream would be that if we could have a 12-week group, I feel that we potentially could have gone even deeper, and maybe that we would have been able to get more to a deeper outcome, particularly." (Ke)

"And I think the exploration of particular topics was explored, but not to the depths that they could have been, because of the time limits." (He)

One participant who did report positive benefits from the program reflected that the brevity of the group sessions was almost a deterrent to engaging in the recovery process:

"I know a lot of us were thinking that and we had actually said that to each other in the group, that it was like, I don't know how much to commit to this because it's only going to be eight weeks. Like, this has been my whole life and what happens afterwards? So, it felt token." (Ra)

One participant suggested it would be helpful to have more focus on the impact of abuse on healthy sexual relationships, while another suggested more discussion of the impacts of abuse on family relationships. A number of participants also suggested there would be benefit in including content to help men to de-stress, regulate emotions and improve sleep after challenging discussions, with mindfulness techniques suggested by one participant.

One participant advocated the need for culturally safe support for survivors from diverse cultural, linguistic and faith backgrounds:

"Society is very hard, a lot of people from the Indian subcontinent will never acknowledge, it's maybe a family shame, personal shame, religious shame...But you know, child abuse, child slavery and all that, it's so bad in so many of these countries. It's almost like accepted, and then the same thing is passed on, and they become insensitive to things without knowing. So, I definitely think, if you really need the best out of the people who are calling Australia home, give them the tools, give them the resources." (Wa)

Other participant suggestions to enhance SAMSN's support for survivors included:

- a mentoring program where survivors can support others
- an increased referral network (including Open Arms and Alcoholics Anonymous)
- legal support for survivors whose abuse occurred outside New South Wales or whose perpetrators are living overseas
- more resources to assist survivors
- a similar service to SAMSN for women survivors.

Critically, it was evident that participants were reassured that SAMSN was there if they or any other survivor needed to reach out. As mentioned, a number of participants conveyed genuine distress after an announcement from SAMSN earlier in 2022 that the cessation of funding for groups meant they would not be occurring for the foreseeable future:

"And when we got the email last week saying their funding had been cut, I was just devastated because we're supposed to have follow-up and being a survivor, we need follow-up. It was going to be monthly, but it doesn't look like anything's going to happen now so I'm really quite worried about all of us." (Av)

There was a strong sense of gratitude towards SAMSN, with a number of men conveying that they wanted to contribute to SAMSN in recognition of the significant impact the program had on their life. Some men advised they participated in the evaluation as a means of giving something back in return for SAMSN's support, while others had made a donation to SAMSN or planned to donate when they had the resources:

"And if there's – maybe I'll do some volunteering for them or something to – whether it's through some kind of fundraising or just - I don't know, I'm not exactly sure what all the options are there but I would definitely like to stay a part of it." (Jo)

Some men expressed interest in becoming SAMSN facilitators or suggested a role for program graduates to lead ongoing peer groups or to become champions or advocates for SAMSN more broadly. One man shared concern for the wellbeing of SAMSN intake staff, given the trauma they deal with on a daily basis, while many men shared sincere gratitude and admiration for SAMSN staff:

"The work that they do, it takes a special person to be a nurse, and I think it takes a special person to work with a group like SAMSN. To me, they're like superheroes." (Ha)

Summary of key themes in analysis of Eight-week Support Group participant consultations

This section of the report summarises the findings of consultations exploring the perspective of twenty-six SAMSN Eight-week Support Group participants on their experience of the program.

The majority of participants learned about SAMSN from online research conducted by themselves or a supporter, while some were referred to SAMSN for specialist support by their therapist or another service provider. Participants suggested increasing SAMSN's profile in the broader community would enable more survivors to experience the outcomes they had benefited from the service. A number of participants engaged in the Eight-week Support Group after reaching a point where they could no longer ignore or suppress the traumatic and lasting impacts of child sexual abuse on their life. These impacts included significant mental health issues such as severe depression, dissociation and breakdowns which sometimes resulted in hospitalisation.

Despite most participants experiencing uncertainty and anxiety in the lead up to the Eight-week Support Group, for most participants this dissipated in the first session. Overwhelmingly, the program's diverse participants praised strategies that contributed to them feeling safe in the group space. This included the telephone intake process that fosters connection and trust with facilitators; the participation of survivors as group facilitators as well as other experienced trauma-informed facilitators; accessible and relevant readings that give background to each discussion; clear articulation of group rules; calm, friendly facilitation of groups; a genuine peer group model where survivors are empowered to share their story, being heard and supporting one another; and crucially connection with other men with lived experience of child sexual abuse. Some participants reported feeling less depressed and lower levels of post-traumatic stress after completing the program.

While the opportunity for individual support with facilitators during the Eight-week Support Group is promoted, some participants felt they would have benefited from more proactive check-ins by SAMSN staff throughout the duration of the program. Some suggested parallel assistance for their partners and other supporters during program implementation would also be beneficial.

Key benefits of the program identified by participants included:

- overcoming shame and realising they were not responsible for the abuse they experienced (linked to learning about grooming techniques)
- overcoming social isolation through connection with other survivors including SAMSN staff with lived experience
- feeling safe and gaining confidence to share their story (with peers, partners, friends, children and others)
- increased understanding of the ways in which child sexual abuse can impact them in adult life
- improved regulation of feelings, emotions and thoughts.

In a follow up consultation twelve weeks after program completion, the majority of participants indicated that program benefits had sustained. There were though some participants who reported feeling suddenly disconnected upon group completion. When asked for ideas to strengthen program outcomes, participants most commonly suggested additional and/or sustained support, with suggestions including longer program duration and some form of follow-up and sustained connection with their own group peers. While some men indicated they had benefited from learning coping strategies in the group, others suggested there should be more focus on giving men the tools to help them regulate emotions and manage thoughts when triggered by group discussion.

The majority of program clients experienced (often significant) improvements in their overall health and wellbeing and reported feeling better about themselves after completing the Eight-week Support Group. As with Planned Support clients, a number of Eight-week Support Group participants consider the program lifesaving. A number of participants did however make it clear that the impacts of trauma stemming from abuse are ongoing and so access to support for healing and recovery also needs to be sustained.

Qualitative data analysis - consultation with supporters of SAMSН clients

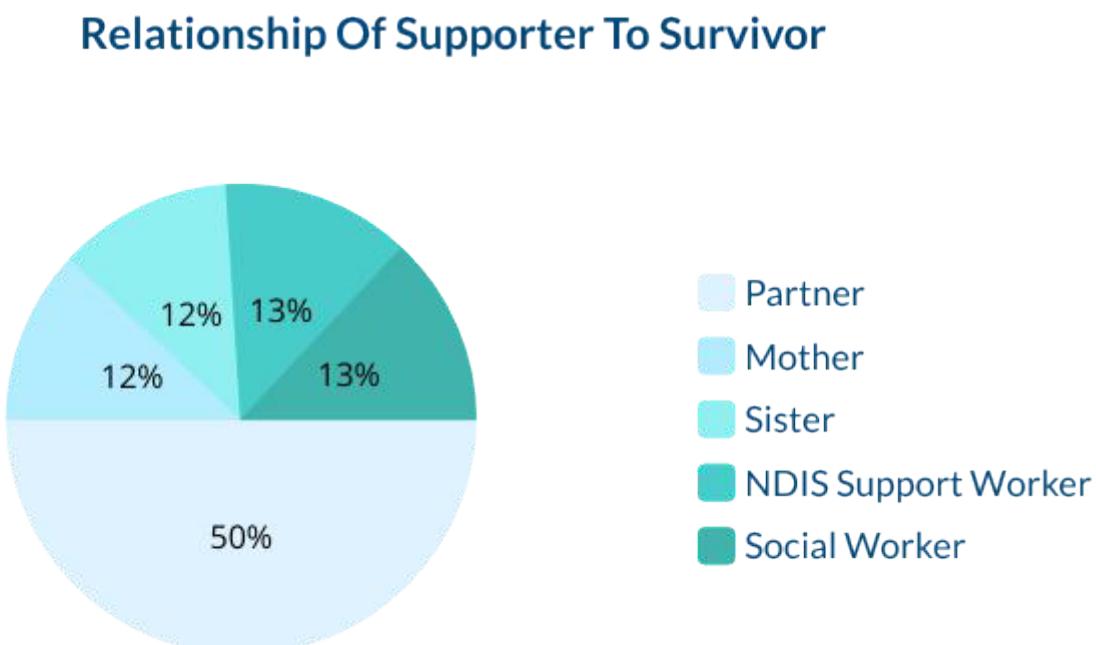
About Supporters and their participation in the study

There remains a gap in the knowledge base about the experiences of the oftentimes, invisible people impacted by child sexual abuse – the partners, family, and friends of survivors. SAMSН has not historically been funded to provide supporter-specific programs, though limited access to support was made available to supporters of survivors. However, in late 2022 funding specifically for supporters was granted to provide individual counselling support as well as one-day workshops and the creation of supporter-specific resources.

Given the value that SAMSН places on supporting all men (of all expressions of male gender identity) to develop strong support networks as part of their healing journey, it was important to elicit the perceptions of supporters. Specifically, this research sought to gain an understanding of the perceptions of supporters of participants in SAMSН’s Eight-week Support Group. Moreover, as SAMSН also recognises and responds to the lived experiences of supporters in their own right, the research was also concerned with ascertaining their views regarding their own experiences of receiving support from SAMSН.

Eight supporters agreed to participate in consultation with a member of the research team. Out of eight supporters consulted, seven were female and one was male. Figure 15 below reports the relationship status of supporter to survivor.

Figure 15: Relationship of Supporter to Survivor



Supporter observations of the impacts of child sexual abuse on survivors

The supporters interviewed in this study were often profoundly impacted by the often-long-term distress caused by the abusive actions of perpetrators towards survivors. Most supporters observed that child sexual abuse had left a significant mark on survivors' lives, which required survivors to devote much emotional and physical energy towards coping strategies. As one supporter identified, coping takes strength, conviction and can be an extremely taxing experience for both survivors and supporters:

"They're exhausted from having to experience the feelings again and again, and the partners get exhausted from having to deal with the partners going through the same thing again and again and again." (Ry)

Moreover, this participant described how the impact of sex offenders' abuse and manipulation had a "ripple effect that goes beyond the family and affects all areas of life."

"What's happened to them just impacts everybody – impacts the whole community, in a way, because it's not just happened to you. It's happened to lots and lots of people, and there's all these relationships throughout the rest of that person's life that are affected." (Ry)

Supporters who were intimate partners of Eight-week Support Group participants described how their relationships had been hard to navigate at times due to the ramifications of child sexual abuse. One participant shared that her and her partner had separated during a particularly turbulent time and that both had engaged in individual therapy before recommencing their relationship. She indicated that once she became aware of the abuse that her partner had suffered in childhood, she was able to understand some of the relationship problems that had led to separation in a new light.

Another participant articulated a belief that "shame lives in silence" and observed how her relationship had improved through open communication that challenged shame. Notwithstanding, she described tolerating unhealthy and at times abusive behaviours because she attributed them to be linked to the survivor's experiences of abuse:

"I find it the most complicated space to be in because you've got this person ... I'll cry ... that you deeply honour and love, and you try to support them. And at the same time, you can get so angry with their behaviour. So, what I tolerated in those years of depression, I now was at a point where I thought it's not actually okay to tolerate that anymore." (Zo)

Other supporters also described experiencing challenging relationship dynamics that they attributed to the consequences of child sexual abuse.

Although the perceptions of survivors' children were not directly obtained in this evaluation, many supporters perceived that the experience of child sexual abuse had impacted survivors' fathering practices. One supporter believed that society "really underestimated the impact on the children of survivors." (Ry). Another supporter indicated that they had observed his friend to "be very protective of his children" saying that "he makes sure that they follow all the correct protocols to be safe and just do everything correctly" and that he had observed him to be "very open and honest with them about how to be around people." (Kr). Other supporters with children worried that the survivor's so-called "hyper-vigilance" had contributed to children developing anxious tendencies and mistrusting attitudes towards adults.

Supporter views on what motivated survivor engagement with SAMSН

Perhaps unsurprisingly, most supporters perceived that survivors contacted SAMSН because they were motivated to "cope better" with the ramifications of their experience of child sexual abuse. Specifically, supporters identified motivating factors including the survivor's desire to improve their own mental health and wellbeing, support other survivors, build a supportive relationship network with other survivors and to seek legal guidance/assistance. The most common reason provided was that survivors wanted to improve their mental health and wellbeing and live more fulfilling lives. One participant perceived that their friend sought assistance from SAMSН in order to help the next generation and to contribute to efforts to prevent abuse towards others:

"I think he just sees it as a way to pay it forward sort of thing, he's just sort of seen it as like he can help the next generation, he can help the next person going through it and he's really passionate about that." (Kr)

In many situations, supporters were instrumental in helping facilitate contact with SAMSН as many had researched existing services on behalf of the survivor. Most supporters identified that there exists a significant gap in services for male survivors and they described experiencing difficulties locating appropriate trauma-informed and violence-informed services as the following comments attest:

"There hasn't seemed to be a lot out there for male survivors. There's a lot for female... But there's a huge gap. So, the journey has been – in terms of accessing help, has been tricky, I would say, on an individual level. It's been very up and down with my husband. It's been – Just sometimes, he's well, and sometimes, he's not." (Ry)

"I think the fact that there is a gap... So really, it was about connecting with people who really deeply understood the impact of the trauma, the ongoing challenges in a way that I think only survivors can." (Zo)

Many supporters indicated that by the time survivors made contact with SAMSН, they had already gone through a lot emotionally and needed support. In a similar vein, one participant reported that her partner had suffered "multiple breakdowns" before they found SAMSН online and encouraged him to make contact. Some survivors were already engaged with helping professionals, like counsellors, who had referred them to SAMSН for specialist intervention that they felt ill-equipped to provide.

What are the perspectives of supporters on the impact of SAMSН's Eight-week Support Group for adult male survivors?

Overall, supporters perceived that there were significant benefits for male survivors participating in SAMSН's Eight-week Support Group. Perceived benefits of participating included: having a supportive environment to talk about experiences of abuse, developing supportive relationships with other survivors, learning management strategies to cope with distressing feelings associated with abuse, reducing stigma and shame often associated with discussing experiences of child sexual abuse and feeling a sense of hope and optimism for the future. One supporter indicated that her partner's experience in the Eight-week Support Group was so positive that it had catalysed his desire to continue further sessions with SAMSН and to pursue possibly working within the organisation to help other survivors.

Some supporters indicated that participating in the Eight-week Support Group resulted in improvements in mental health, with supporters perceiving this to be the result of the program's focus on confronting childhood trauma in a safe and supportive environment:

"He went on a deep depression, suicidal type of thing, and it's been hard to go back to stable, but he's getting there. The positive is I see it from the confrontation of the issue. There is a different view to when you are a child, when you are a victim at the time, a physical victim, to the way that it will process the information process so that is positive because it's a differing view." (Kr)

Many supporters indicated that fundamental aspects of the program such as providing a space for survivors to talk openly and safely, and to develop connections with other survivors had positively impacted survivors:

"The positives were that he actually got to talk about it and he liked speaking about it, it was a bit confronting at first, some of the questions, a little bit overwhelming. But he was glad when he did get through it." (Kr)

"But I think the benefit is being able just to talk, be believed as well. So, lots of benefits. Lots of benefits, no negatives. It's a really good program." (Ry)

"I did see he was engaged socially, and I think that, that social support is so important. Just so he didn't feel as isolated in his experience and to feel like he would be supported by these same people if shit was to hit the fan for him again." (My)

"And in a way and it sounds a bit weird I think but it gave him a bit of a sense of gratitude for where he was and how he was able to, in many regards, was living quite successfully so that was good perspective, I guess." (Zo)

Some supporters perceived that survivors had benefitted by speaking about their experiences of abuse within a safe and non-judgmental environment and through a well thought out and supportive process. This process was seen to reduce the sense of internalized shame that some survivors may feel, as described by one participant below:

"He felt ... there was less shame in telling the story in that group. Whereas telling it to people who are a bit more removed from it or haven't experienced it, it can bring feelings of shame and he didn't feel that as much in this group." (Zo)

Notwithstanding the perceived benefits of openly articulating one's experiences of abuse within the safety of the Eight-week Support Group, many supporters identified how much courage was required to undertake this task, and how unsettling it could be for survivors and supporters. Some supporters perceived that survivors had experienced times where they worried about having to "tell their story and re-experience the emotions" which they feared would be "triggering" and some experienced "physical reactions." One supporter indicated that despite the best endeavours of SAMSН and its' workers, the nature and dynamics of child sexual abuse are such that long term support is required:

"However, I think much more needs to be done and this is more than 60%, which is very sad to say, in order to make that program achieve what they probably want to achieve. At the moment, it is only a quarter to 40% and the 60% is left...I think that if we compare trauma to a physical illness, where you are assisting someone in an arm that has been double broken, compound injury, you are not going to leave that person halfway healing. You will be there until the person heals. That's the way we are used to. As I said before, with something, which is mental trauma." (Kr)

Some supporters indicated that it is important for supporters and family members to be aware of the impact of the disclosure session which involves the survivor discussing their abuse experience within the group setting, in order to be prepared for the potentially challenging outcomes. As one participant described, participating in the group overall, and the disclosure session in particular, had been positive for her partner but had the potential to destabilize survivors, family members and the family ecology:

"So, it led to some sleepless nights, lots of conversation at home with he and I triggered some of the reactions that he has as far as being a bit grumpy and hard to live with." (Zo)

"You can just re-experience all the feelings of the abuse throughout your whole life in any number of situations and telling the whole story again can stir things up. So, I think he's worried about that. But I think he went into it with a – mainly hopeful, but just worried. Hopeful and worried." (Ry)

In addition to the general impacts noted above, supporters were asked specific questions about their perceptions of whether changes had occurred in the following areas of their survivor's life: self-esteem, management of feelings, communication and relationships with others and their ability to talk about experiences of child sexual abuse. The following section reports on key changes noted in these areas.

Impacts on self-esteem

Overwhelmingly, supporters observed positive signs or actions which they believed exemplified survivors' improved self-esteem. One participant observed that her partner's self-esteem had increased as a result of being able to support another survivor:

"So yeah, I do think his self-esteem grew. I think he was also proud of the time, the moments within the group where he felt like he could add some benefit to somebody else, because he'd experienced something or learned something or had a way of understanding something that he was able to share." (Zo)

Furthermore, another supporter noted that their friend's mood had improved and described how he was positively engaging in activities of daily living:

"He's really happy and wants to be engaged in everything he wants to do, like going for a bushwalk, or going for a drive, going to the beach." (Kr)

Some supporters observed survivors confronting difficult situations for the first time in their lives, whereas another participant indicated that they noticed more proactive steps in getting support:

"Before, he might have gone into a really, really dark, deep depression and just gone to his bedroom for three or four days. Whereas, I think now, he seems to come out of that more quickly, and he knows that I can reach out". (Ry)

Other supporters noted increases in survivors' confidence levels, assertiveness skills, expression of gratitude and general emotional wellbeing. However, one supporter indicated that it was very difficult to quantify any changes to self-esteem based solely on participation in the Eight-week Support Group and that change was more likely to be the result of a slow process requiring consistent effort across the lifespan:

"But I don't know if that had a major long-term impact on his self-esteem, because I think that it wouldn't even be like, I don't know, this is just my opinion – I feel like it wouldn't even be a goal of the groups to impact self-esteem majorly. Maybe it is, but I think that that's such a deep, pervasive kind of identity thing, that it might take years of therapy to get to that place. But maybe it bumped up a tiny bit, but overall, I think he probably still struggles with that today, and probably will struggle with that for his whole life." (My)

Management of feelings

Overall, supporters reported positive observations in relation to changes in the way that survivors managed their emotions and feelings. Many supporters expressed awareness of the strength needed to break long patterns of behaviour that pivoted on maintaining silence and that fed shame. Many supporters respected the fortitude and resolve required to break emotional patterns that were not working for survivors, as one participant noted, "it was very hard. Very hard. And at times, it was perhaps amazing to manage these feelings" (Re). Another supporter observed that participation in the SAMSN Eight-week Support Group catalysed one survivor's desire to no longer live in shame and silence:

"Now there's almost a determination to talk about it, and that whole concept of shame lives in silence? He's determined to smash that apart and that, I think, is an understanding and acceptance that it was not his fault, it's not his shame to hold." (Zo)

The supporter further perceived that participation had equipped her partner with increased knowledge and communication skills enabling him to understand and articulate his responses better:

"So, he was yeah, more aware of catching his reactions, his irritations and probably articulating that in the group with other people to say, 'I know this is how that triggers me, or this triggers me in this particular way.' (Zo)

However, another supporter indicated that gendered norms around masculinity within Australian society broadly, promote men to be stoic and can create situations where men don't talk about their feelings.

Communication and relationships with others

Many supporters perceived that participating in SAMSN's Eight-week Support Group had ultimately provided survivors with human connection with people who truly understood their experiences, as the following comment illustrates:

"I think what SAMSН has given him is people who get it. So, I don't think that was – that didn't – It gave him more satisfactory communicators." (Ry)

One supporter noted that in the initial stages of participating in the Eight-week Support Group, her partner's communication levels and relationships with others were negatively impacted but they improved over the lifespan of his involvement in the group and ultimately improved overall. Two supporters indicated that they witnessed positive improvements in this area but stressed that their partners were already quite open and communicative with them prior to commencing the Eight-week Support Group. A supporter believed that communicating and building relationships with other survivors in the group enabled her partner to regain a sense of agency over his life:

"Whenever he had to be attending to it or telling the story or talking to people or seeing the psychologist or dealing with the court case, it was all-consuming. And so it just controlled everything about him in that time but, as the weeks went on, that impact lessened. So it became, I guess, before it was completely his story and so it became less of that, in a way, if that makes sense." (Zo)

Another supporter described how satisfying it was to witness the efforts taken by the survivor to expand his social network and establish positive connections with other Eight-week Support Group participants:

"I saw that he was just establishing more relationships with the other guys, and I was aware that he was giving his personal contact details out, to be contactable, and to develop that relationship outside of the groups, outside of the monthly groups as well. So, that was really good to see." (My)

This supporter stressed that it was difficult to draw a linear connection between participation in the Eight-week Support Group and increased communication and improved relationships.

Due to the COVID19 global pandemic and associated public health restrictions to curb the spread of the disease, all SAMSН Eight-week Support Groups considered as part of this research took place online. Some supporters indicated that although they could see the necessity of this approach, they believed that face-to-face groups would be more conducive to building strong relationships and facilitate communication more easily:

"I know online was good, because of COVID and everything but if it was face-to-face, I think you'd be able to build a stronger connection with the people that you're supporting and with everyone else. It was good online but I think face-to-face might open up more opportunities for the people doing it, the participants, to be open and be able to get better responses and better answers." (Kr)

Ability to talk openly about child sexual abuse

Supporters noted many positive changes in relation to the survivor's ability to talk openly about child sexual abuse which they perceived had significant benefits. Supporters had witnessed survivors opening up to friends and family, which they believed had led to survivors' experiencing a sense of increased freedom, decreased shame and more "lightness." For many supporters, the ability to talk openly about child sexual abuse was one of the most significant areas of improvement that they attributed to survivors' participation in the Eight-week Support Group. The following quote illustrates a supporters' perception of the power associated with developing the ability to communicate about abuse:

"I think he realises how therapeutic talking about it makes him feel and so he opens up about it, he's not ashamed about it, he's very matter of fact about it and doesn't hide away or hide from it. As he's gone on, he opens up more." (Sh)

What additional services could SAMSN provide to assist survivors?

Whilst supporters were overwhelmingly positive about the perceived impact of participating in SAMSN's Eight-week Support Group on survivors, many had recommendations about areas to further develop. Some felt that SAMSN could consider offering additional social events or opportunities for survivors, which they perceived would build their emotional and social confidence:

"I know they've already got groups and everything but probably some sort of other social events. I found he is pretty closed off when it comes to certain things. So if there was maybe a class or some kind of course they could do to help with that, like relationship building, and things like that." (Kr)

Others felt that SAMSN could consider providing more programs and initiatives to support the survivors' support network including developing a whole of family approach that attended to the needs of all family members, including children of survivors. The following quotes offer suggestions from supporters in this vein:

"I think some consideration of the impact of the legal processes, both civil and criminal, that give voice to – when we have in other areas of criminal law experience, there would be a victim's impact statement. But it's something that – given that this has such an impact on the whole family, or the whole network of support, giving voice to that I think would have been enormously beneficial for me, and for me to be able to advocate for our kids. They're the silent sufferers, I think, in some way. Otherwise no, I think SAMSN continuing to offer what they offer for survivors, because there really isn't much out here, I don't think, other than individual one-on-one psychology. So that's just huge, so I'd advocate for that. And yeah, maybe if they could do something for families, look at families more generally, how do they get support? How do they get heard? I think that would be worthwhile." (Zo)

"I wonder whether it will be good to have something for the rest of the survivor group. For us, the kids and I together perhaps, rather than me on my own or the kids on their own. But if we could have done that together at different points, that would have been helpful." (Zo)

"I think it would be really good if you could have a group instructor thing with the survivors and the partners so at least the partners get an understanding of what's going to happen, what the groups are all about, what they need to do from a support point of view as well." (Sh)

Another supporter suggested that SAMSН develop an articulated pathway for service users to become workers. Given the dearth of services for male survivors, many supporters believed that part of SAMSН's remit should include public education aimed at raising awareness of male survivors and advocating for essential services to support survivors and supporters.

Additionally, supporters also offered ideas for refining the processes in relation to the work undertaken during 'disclosure week.' This work was repeatedly identified as an incredibly important program component but one that had the potential to send shock waves through relationships and families. Some supporters suggested that consideration be given to offering men a choice about participating in a group comprised of participants who were comfortable disclosing their abuse experience or participating in a group comprised of participants who did not feel ready to take this step. One supporter suggested that in the weeks leading up to 'disclosure week' facilitators should consider checking in with the clients on how they feel and making sure they don't feel pressured to disclose if they don't want to. Others highlighted the importance of informing supporters ahead of time about the content of Eight-week Support Group sessions so that they could feel informed, anticipate and prepare for how survivors might respond:

"And it would be great that the people who are in contact with the client, if they contact before and maybe a meeting. But maybe in the meeting with the client, just the three people, let's say the carer or whoever is there, the partner, and say we're going to start this course next week or whatever and you'll hear are all the information that you [want to] and et cetera. Prepare with us. That would be good." (Re)

What are supporters' experiences with service providers? And what additional support do they need?

All supporters identified a significant gap in the service system as it relates to addressing the needs of supporters. As one supporter identified their needs may be neglected due to funding shortfalls:

"Maybe if they can get independent funding to – 'Oh, maybe we can apply for some grant that's specifically for the supporters', then yeah, that would be great. But I just think it's not probably very well-funded in the first place, I don't know." (Ry)

Three participants out of eight indicated that they were not aware of the services that SAMSN could provide supporters and family members. All supporters indicated that it would be beneficial if SAMSN had provided them with specialist information about the potential impact that child sexual abuse can have on adult survivors and some suggested that SAMSN should provide additional information about how this may manifest in parenting their own children. Although acknowledging the resource limitations, a number of supporters wished that they could have received more support from SAMSN staff:

"I'm sure the people, the team who are dealing with the course, they are busy, but if they have these other people supporting them, will be able to have five-minute phone call. 'Hey? How are you going?' That is an incredible support for the person who is living with all these emotions back again. If within that week a couple of five-minute calls from someone." (Re)

"Maybe some recommendations of what's the best book to read or what's the best program to watch, or something that can give you some guidance if you're a survivor...What it would be like – what it's like for those survivors, and then, what it's like for them later or in the different periods of their life. And then, what it's likely to be like for their wives or girlfriends, or their husbands if they're gay." (Ry)

Partners of program participants indicated that more programs and supports should be available to help the children of survivors to better understand how experiences of child sexual abuse may have impacted their father and his parenting. Many participants indicated that they would be very open to participating in peer support groups for supporters:

"I didn't really – I wasn't really aware of them, to be honest, if they exist. I would be interested in being in a support group – a bit like an Al-Anon type group, I would be interested in – I would like to – It'd be really interesting for there to be a group for people who are the main people for people who'd gone through this, just a support group. Because often, you wonder if, sometimes, you're helping or not helping." (Ry)

One survivor spoke of how much she gained by seeking trauma-informed support from a practitioner knowledgeable about child sexual abuse and how this helped her to better understand her partner and their children:

"And she asked me when was it at its worst, and I told her, and she asked me about the age of our oldest child at that time. And he was exactly the age (her partner) was at the time of the abuse, and so she just joined all those dots for me. And I was like, 'Oh,' because to be honest, I think as the supporter of a survivor, there were things about it I just didn't understand.... And I think learning the things that I learned from the sessions with her were really helpful in me coming to terms with, and understanding as best I could, what I was experiencing in life, so that was helpful." (Zo)

She further described how difficult it was to find a practitioner who had a solid understanding of sexual abuse of boys and the potential struggles they could face as men:

"But then I think, and I guess you get recommendations from them so they would point you towards somebody who has the experience and the knowledge of it, but it's such a minefield, trying to pick somebody when you have no clue. That's such a challenge." (Zo)



Summary of key findings in consultation with supporters of SAMSН clients

This section of the report has reported on the findings of consultations conducted with eight supporters nominated by group participants who had completed SAMSН's Eight-week Support Group. The nature of the relationships between survivors and supporters included: intimate partners (4), mother (1), friend/support worker (1), social worker (1) and sister (1). All supporters perceived that their survivor had benefitted from participating in SAMSН's Eight-week Support Group program. Benefits included increasing their support network, ability to discuss child sexual abuse that had been perpetrated against them in childhood and building relationships with other survivors. Supporters perceived that these benefits had contributed to helping survivors decrease the power of secrecy and shame that had a stranglehold on their lives, increasing their mood and sense of agency.

Supporters also identified the significant impact that the abuse had on their lives, relationships, families and children. They highlighted that there remain significant gaps in the service system for male survivors as well as for the people that support and care for them, most notably for the children of survivors. Supporters made numerous recommendations in relation to ways that SAMSН could improve their service delivery as well as suggesting ideas for SAMSН's expansion so as to enable them to meet the largely unmet needs of supporters and families.



Qualitative data analysis - consultation with SAMS staff, advisory group members and representatives of partner agencies

The section presents the major themes identified from an analysis of the data collected during consultation with a total of 17 SAMS staff (including facilitators of SAMS's Eight-week Support Group for survivors) and members of SAMS's Clinical Advisory Committee (CAC) and First Nations Advisory Group (FNAG) (Figure 16). Consultations explored perceptions of the strengths and limitations of work with clients & supporters, as well as the effectiveness of program design, management, policies and processes.

Figure 16: Role within SAMS

Role within SAMS

*Total adds to 18 due to one participant overlapping across categories



What do participants think are the key impacts of abuse that SAMS clients are seeking to address?

The most commonly identified areas that staff believed clients sought to address through their contact with SAMS were: reducing feelings of guilt, shame and self-blame; experiences of feeling disenfranchised whereby one's rights have been taken away from them; reducing isolation by developing relationships with other survivors; and breaking the silence and stigma surrounding child sexual abuse. One participant highlights this well in their comment:

"One of the key things that sticks out is, I guess, the isolation of being a male survivor of child sexual abuse. I think that is an impact for so many, that that the guys that contact us is almost – it's almost the end product or impact that results from a whole bunch of other factors including the stigma and stereotypes, particularly for men." (Ow)

Workers also perceived that survivors commonly contacted SAMSН seeking help to improve their lives, "find peace" (Br) and alleviate the overwhelming impacts of child sexual abuse:

"They want not to have to feel stuck and live with it every day and constantly battle it. It's a constant battle for many of them." (Br)

Specifically, staff members perceived that survivors sought services from SAMSН in order to develop relationships with other survivors with lived experiences of abuse and reduce their sense of isolation by talking to others who understood, as the following quotes attest:

"And I think you know people contact SAMSН because they want to speak to another survivor that understands them and they won't speak to anyone in general, at that time, they want, they want to be understood." (Do)

"They come to deal with a whole lot of things, but I think the thing that has stood out for me and the thing that most of the facilitators comment on is the men, even from the very first night, will say, "Look, I'm here with a group of men who get it or get me." (Za)

Staff perceived that survivors saw a connection between breaking the silence surrounding child sexual abuse and reducing societal stigma. Moreover, they felt that survivors hoped that their experience with SAMSН would result in reducing feelings of guilt, shame and self-blame commonly experienced by survivors:

"Of course, like dealing with the impacts of what happened for them so for a lot of the men there is self-blame. I don't think I've actually come across a survivor that hasn't at one point in time, felt that self-blame and asked that question." (Pa)

Staff shared that some survivors contact SAMSН fearing that they will become perpetrators of sexual abuse. Facilitators and other staff described how they often need to educate survivors about the myth of a causal relationship between being a victim/survivor and perpetrator:

"But I guess one of the key functions, or roles, that I see myself as having, is trying to assist survivors and their supporters to have a pretty clear understanding of the grooming process they experienced, and the messages that they received, or the meaning making they underwent during their abuse, and trying to help them make sense of that and therefore unravel that." (Ca)

What do participants think are the critical elements to facilitating recovery/healing for adult male survivors of child sexual abuse?

The elements most commonly identified as being critical to facilitate recovery/healing for survivors were developing trust; establishing a safe space; empowering survivors; normalising feelings and needs; creating opportunities to develop relationships with other survivors and to heal damaged attachments. Additional elements identified included identifying survivors' goals and helping them to achieve them; creating spaces to enable people to reflect on power imbalances; supporting survivors to understand the impact that abuse has had on their lives; and understanding the compounding trauma of colonisation for First Nations clients.

Establishing safety and trust were the two most frequently identified elements to facilitate recovery/healing by workers, facilitators and advisory group members. One participant conveyed that safety is a nuanced concept, particularly when considered in the context of the Eight-week Support Group. He added that safety in this context meant ensuring that "men feel safe in each other's company and safe to talk. Safe to be scared." (Za) The importance of safety was echoed by another participant:

"So, safety, I think safety is absolutely critical in terms of a person's recovery, and that doesn't mean just physical safety, I mean internal safety and stabilisation." (Ca)

Many participants described methods and considerations to create safe spaces for survivors to engage. These included ensuring that there was transparency between workers and survivors to ensure that safe parameters were established for their work together. Within the context of the Eight-week Support Group this meant that group members and facilitators co-developed ground rules to work towards creating trust and safety. Moreover, some facilitators also described how a key aspect of creating safe spaces involved monitoring, managing and facilitating the space/conversations between individual group members to promote safety and trust.

Members of the FNAG emphasised how considerations for safety needs to be considered in the context of First Nations people:

"But above and beyond that they need to understand the significance of colonial history, colonisation impacts and generational impacts in the context of cultural psychology and sociology... To have a level of empathy, kindness and compassion and care for people who are survivors of sexual abuse above and beyond what any theoretical textbook would teach you." (Ma)

"Our communities are very underserviced, lack of ways of knowing, being, and doing. So many of the healing programs and that are out there are done in a Western way where we need to be hearing from Aboriginal men around what they need." (Ly)

Both staff and advisory group members indicated that trust and safety were instrumental ingredients of empowerment. Two group facilitators described how ultimately the practitioners' role is to facilitate a self-determining environment with survivors:

"I think as a practitioner it's important, yeah to give them the choice and the power to be a leader in sort of their own recovery." (Ju)

"It's about the men making their decisions about where they are at and it's about giving them their autonomy and that authorship over their recovery." (Gr)

Developing environments to promote the establishment of trusting relationships was also identified as a key element of healing work. Similar to safety, trust is a multi-layered concept in this context. At its core, trust was described as a precondition to enabling people to feel heard, understood and believed. In order to foster trust, participants described how survivors need to be safe, supported, connected and to know that they are "not alone." (Pa). Many workers identified how sex offender tactics betrayed children's trust and left many survivors needing to work on regaining trust:

"Trust is a real issue for these guys, so if you don't build the trust straight away, they're going to go 'oh no this isn't for me', you know? So I think you know they need to be heard and need to be understood and they need to be believed." (Do)

Many participants described the belief that fundamental to establishing safety and trust was creating an environment that enabled survivors to speak to other survivors who have been through the journey of healing:

"Connection to others, and that's one of the absolute things that I absolutely love about SAMSН, is the work that has gone into connecting survivors with other survivors in an ongoing way. I think I can sit there and talk to somebody for 10,000 sessions, and the value that comes from them speaking with another survivor is just indescribable. Yep. So, yeah, safety, and having the opportunity to tell their story in a way that's safe and non-shaming." (Ca)

One group facilitator explained that a strengths-based perspective was important and that facilitators needed to acknowledge SAMSН clients as survivors and to trust in the group process itself:

"So, facilitation is about seeing everyone as some kind of survivor, and feeling that you can trust their instincts once they're in a group that they feel safe in. So, letting it just take its course. Every group is completely different, but it all flows in a direction of cohesion, exploration, connection and support." (Br)

What do participants think are the critical elements of trauma-informed practice when supporting recovery/healing for adult male survivors of child sexual abuse?

With evidence of the prevalence of trauma experienced by survivors, participants were asked to reflect on their perceptions of the critical elements of trauma-informed practice when supporting survivors of sexual abuse. The three most common elements identified included working from a client-led position; understanding trauma and its impact; and ensuring safety. Additionally, workers and advisory group members identified the importance of showing respect, maintaining confidentiality and obtaining consent; believing survivors; intervening in a timely fashion; engaging in relational practice; demonstrating kindness and compassion; providing choices; being conscious of language and amplifying the voices of survivors. Staff highlighted the primacy of drawing on survivors and their strengths to help other survivors, with one participant sharing "lived experience informs all aspects of practice" in all programs that SAMSН delivers. This is further emphasised in the quote below that conveys the need for a "survivor lens" across all work in SAMSН:

“So for me, trauma-informed care within an organisation starts at the top and it includes – not – doesn’t have to necessarily be survivor led, but in all of its processes, documentation, everything that we produce has had a survivor lens over it.” (Ow)

Another participant perceived that this commitment to honouring and drawing on survivors’ lived experiences to catalyse healing is not often prioritized in mainstream mental health services:

“I think that’s the thing that – behind the whole philosophy of SAMSН, which I think should inform the whole areas of trauma-based counselling and mental health counselling, whereas lived experience should be prioritised.” (Za)

Input suggests SAMSН’s approach pivots on the fundamental principle that survivors are never responsible and never to be blamed for child sexual abuse perpetrated against them. The following quote describes a worker’s description of this approach:

“...it identifies problems in the child’s environment and the adult’s environment now, that were beyond their control. So, it identifies that the problem isn’t in the individual. The problem that they’re living with was created around them. And it’s not their fault.” (Br)

Advisory committee members emphasised the need for an understanding of trauma in the context of different cultures:

“Trauma informed practice to me has got to – it’s got to be informed by truth telling and it’s got to start with a cultural foundation.” (Ma)

“We need to consider the many more layers of trauma. Sadly, the sexual assault will be a trauma, but we never, never work with an Aboriginal person without factoring in all those other layers of the impacts of colonisation, the impacts of racism, impacts of discrimination and common beliefs that still are within all our systems.” (Ly)

A staff member described the importance of facilitating opportunities for survivors to develop safe and trusting relationships with staff and other survivors. He also acknowledged that although survivors shared a common experience of surviving sexual abuse, their experiences are unique:

“I think the biggest thing is just being aware of that trauma and kind of knowing that’s there, that I don’t have the same experiences as these people so I’m not going to fully understand what they’ve gone through.” (Pa)

The importance of not replicating the dynamics of abuse within the worker-client relationship was also emphasised:

“You need to show respect and get consent, and actually involve them in... the processes as well, because you don’t want to be seen... you know there’s a bit of a crossover between the therapist and a perpetrator, you know what I mean?” (Do)

For others trauma-informed care was predicated on understanding that people are trying to survive in complex circumstances using whatever means are available to them at the time:

"First of all, understanding that the person is just trying to survive whatever is going on. Understanding that – so, whatever's happening isn't about necessarily everything that we're seeing. That there's more going on behind and inside. And if it's a bit out of control, if there's extreme dysregulation, then they're not feeling safe. So, trying to establish and continue to establish safe enough practice that they can step in and out of whatever they're thinking and feeling." (Br)

Some workers identified that their trauma-informed practice approach has been influenced by work from Judith Hermann, and advances in neuroscience particularly by the work of Dr Bruce Perry. Many workers identified that their work was also influenced by ideas from narrative therapy which they used alongside a trauma-informed perspective:

"I rely most on a narrative framework as proposed through the work of Michael White in particular, where there's a number of understandings that are fundamental... the notion of the person as a person who you value, and you respect and the problem is something separate from the person." (Za)

"I guess my framework is that healing derives from emotional release, which can be telling story, actually expressing emotion associated to those events or stories and being able to do it with the attention of other people on you, preferably as peers." (El)

Do staff observe any changes in the behaviour or attitude of clients after they've engaged in SAMN's Eight-week Support Group?

The vast majority of staff interviewed perceived that most survivors who had engaged with SAMSN, experienced significant benefits, including positive attitudinal changes, improved self-esteem and identity, strengthened connectedness and increased awareness that they are not alone in their survivor experience:

"I remember one client that I saw, he was saying, "Look, I've fallen in love and this person loves me. I never experienced that before. It's too weird. I'm liking it. I think I'm happy with it." Rather than that sense of, "I'm unlovable" or, "I need to test this person out," it was just engaging with the experience of what love could be for him. It was such a new development." (Za)

Hope and gratitude were other impacts commonly observed in clients by SAMSN staff:

"Usually and more than often is that they're super grateful for the whole journey...breaking the isolation, the stigma, the aloneness, sharing their story, there's just this incredible, you know appreciation for that." (Je)

"Actually, that's probably the biggest thing, is the hope that they have, that... there is something that can be done, and that they're feeling differently. They're feeling differently about themselves and their past. So, their sense of identity – yeah, hope and identity are probably the biggest things." (Br)

"But I think that overall, I think the men are incredibly grateful, they express gratitude, they express the real privilege of being part of the group. Generally, there's a sense of it being a monumental event for them." (Gr)

Gratitude for the positive changes clients had experienced was observed by staff members, with a number of survivors who finish the Eight-week Support Group program expressing a desire to "give back" and support other survivors. This can manifest in different ways including the desire to work with SAMSН, engage in activism or by finding other avenues to help other survivors, such as the Peer Support Line which was recently set up:

"I think for me which is really exciting particularly again back to the peer work, Peer Support Line, is guys moving into that integration stage and particularly for men, we know that they like to help others and that can be a good hook to engage in support for others. Men are more likely to want to support others than get support for themselves. So now that we're starting to, with I guess the maturity of SAMSН, have those opportunities for guys to start giving back as well. We actually see that as an extension of their recovery." (Ow)

Staff discussed how some men choose to exit before completion of the Eight-week Support Group. They identified potential reasons for this occurrence and discussed how they make meaning out of men's choices to exit the program prematurely. Staff indicated that some level of attrition within the group program always occurs and should be expected:

"Yes, some guys drop out. They find it extremely intense and I wonder if those are the guys who don't have, who haven't engaged in therapy beforehand or haven't received support beforehand or haven't unpacked their stuff or haven't disclosed beforehand." (Li)

Staff perceived that when men choose to exit prior to completion it is often due to experiencing a triggering event that is felt as re-traumatizing. In other instances, practical reasons such as competing priorities (i.e., work, and family responsibilities) preclude some men from continuing the program. Additionally, staff noted that in some circumstances, men are not "quite ready to complete the program" but stressed that often men return at a later date when they are in a better position to participate. One participant suggested that the meaning assigned to early exiting is vital and should not be seen as a sign of failure, but as progression within the overall journey towards healing:

"I think the real question is, how can you make this a positive experience, whether they stay or drop out? And that's the most important issue for me, because dropping out doesn't mean failure, and we're so careful not to do that." (Br)

In some circumstances men enter SAMSН for a focused reason, such as obtaining support with applying for redress through the National Redress Scheme but then engage with other forms of support that SAMSН can provide. It was noted that SAMSН needs to be flexible and adapt to these changing support needs:

"Their journey is quite varied and it all depends if they need some help further down the track, you know we might support them in a certain stage in their life, and you know they're going quite well, but then something else might happen, they might need some help with a housing application or they might need some help with a court case, or whatever you know, so you know they're sort of coming in and out of our service all the time." (Do)

While observing positive change, some staff members reflected on the difficulties of measuring short-term program effectiveness and advocated for longitudinal research to be conducted that follows survivors over years that attended to the reality of how complex, multi-faceted and long the healing process can be:

"A longitudinal study over a few years, you know, because you know that you know, like um healing just doesn't happen, you know it's actually a long process." (Do)

How do staff promote safety and maintain support for survivors and supporters?

Staff described a myriad of strategies to promote safety and maintain support for survivors, supporters and SAMSН staff members. Having a clear agenda for each group session and communicating it beforehand to participants was described as a process that promoted safety and fostered a supportive environment for group participants. Having two facilitators was seen as key to ensuring that sessions ran effectively, workers felt supported and survivors' needs were well-attended to.

Moreover, group facilitators discussed that their ultimate intention is to create an atmosphere where survivors felt accepted and heard, as the following quote illustrates:

"I think the key is not judging, listening, hearing the person out and yeah and having an understanding of diversity." (Do)

Staff and advisory members emphasised that safety for supporters of SAMSН clients was also paramount to their work, including ensuring safety when there was awareness of DFV in relationships:

"But a number of the men, we work with have used violence against their partner and to make sure they're doing something about that in order for us to work with them." (Su)

"Look, I think it's one of the things. I think sometimes what happens, and certainly I just want to clearly state that when family violence is occurring I will clearly name that as family violence. There's no skirting around that, it is what it is, and my priority with a supporter at that point always becomes their safety." (Ca)

Can participants suggest areas for consideration to improve SAMSН's programs?

Staff identified a number of areas for consideration in relation to improving SAMSН's Eight-week Support Groups and general support for survivors and supporters. Most staff members identified that SAMSН should seek more funding to enable more support to be given to more people. One area where staff suggested there is room for improvement is in terms of follow-up with group participants and their supporters:

"The other thing I think would be useful would be, and I know this creates more work for us at SAMSН, but is just in that follow-up process, that once the group completes, I think it would be helpful to have a more specified process around follow-up, post-group closure. Yeah. I don't think there is a specific process around that. I could be wrong, but yeah." (Ca)

Other potential areas for improvement included:

- healing and support work with First Nations peoples
- processes to ensure cultural safety
- establish effective processes to support supporters
- establishing integrated and efficient referral pathways for men who exit early or don't meet the inclusion criteria
- consider best delivery mode (i.e., zoom, face to face or hybrid)
- establish connection opportunities for past group members to stay in touch with SAMSН – including the possibility of establishing a newsletter subscription or improved portal for people to connect online.

Staff reflections on policies, procedures and systems established within SAMSН

Consultation with staff explored their views on whether SAMSН's policies, procedures and systems were conducive to effective outcomes for clients and partner agencies and if they were adequate to ensure their own wellbeing and support. Overwhelmingly, staff perceived that there are adequate strategies and structures in place to promote trauma-informed care, although some indicated that continuous improvement is key to SAMSН's success in this respect:

"I believe so, yes, you know I'm not saying we get it right, every time but, but... I believe that we do have the correct structures in place." (Do)

One participant commented that SAMSН is "not perfect but always looking to improve" and is engaged in an "ongoing process of continual review" in order to deliver the best outcomes for clients. A FNAG member also commented that there is still work to be done in development of culturally safe framework:

"The framework's not there yet but that's where my head and heart is and that's the sort of stuff I want to deal with in the SAMSН model." (Ma)

Some participants who had worked within SAMSН for significant periods of time stressed that the organisation was continuously evolving and was currently in a "good place." They identified historic pressure points and "difficult periods" that were put down to philosophical differences in relation to how SAMSН should operate:

"As a staff member it was really tough. It was a period, this goes back to what I said at the beginning about professionals wanting, there can be this issue of professionals feeling that they own the process as against it being a survivor organisation. There can be inherent conflict there and for a time there was. I don't see it now." (El)

Participants who reflected on difficult periods in SAMSN's history stressed that they do not believe such philosophical differences prevail. Indeed, participants consistently described contemporary SAMSN as a survivor-led and survivor-centred organisation:

"SAMSN is a survivor led organization and so you know our views are important in developing needs and policies for clients and just because a policy has been set it's actually, it's a living document so therefore it can change to suit our needs." (Do)

One example cited of a survivor focused policy was SAMNS' complaint handling procedure:

"...sometimes I do get complaints, but I've been very impressed with how much consideration is given to the person who's making the complaint and the response is really geared to be helpful rather than to be defensive of SAMSN... I've been very impressed with the way they – not only the way their policies are, but the way they act on those policies and hold the client's needs as central to all their responses." (Za)

Some participants perceived that some strategies employed by SAMSN in response to the COVID19 global pandemic and health regulations, such as using video-conferencing platforms (i.e., Zoom) posed an inherent risk to the delivery of trauma-informed care.

Are policies and procedures adequate to ensure the wellbeing of staff and advisory group members?

Overwhelmingly, participants described SAMSN as providing a supportive and caring work environment. Many participants discussed steps taken by SAMSN to promote employee care. Participants indicated that debriefing for staff is a key aspect of promoting personal care, preventing vicarious traumatization and was identified as a necessary pre-condition for providing trauma-informed care to survivors and supporters. One participant shared how in conjunction with formal support structures, the workplace culture helps create a place of safety and care:

"And I think as the organisation, the organisational culture is again one of respect, treating each other with dignity and being accountable to each other no matter what sort of role you're in. So I think that goes a long way – if you feel that you're connected with your teammates and that you can get the support that you need, the informal support, it doesn't remove the need for those more informal structures and professional supervision." (Ow)

Some participants indicated however, that working remotely during the COVID19 global pandemic had posed particularly difficulties which made personal and professional care strategies more difficult to implement. Other participants indicated that they would like the opportunity to participate in regular group supervision and to have a few more capacity building/development opportunities in the calendar.

Some staff indicated that care must be taken to mitigate the possibility and impact of unintended consequences associated with participating in healing work.

Overwhelmingly, the main concern identified was the very real possibility that survivors could experience re-traumatisation due to remembering and discussing abuse experiences. One staff member explained that survivors could experience re-traumatisation if they had to repeat their story to different staff members:

"I suppose unintended risks would be our re-traumatising them because also too I suppose with the Planned Support you know when they're doing Redress applications or Victims Services reports, you know that could be really traumatising for people because they're reliving the experience." (Do)

Many participants stressed that SAMSН staff and processes are mindful of reducing the need for repeat disclosures to be made to multiple staff members and try to mitigate against this occurrence.

Do participants see any opportunity to strengthen SAMSН's systems and processes?

Participants identified areas for potential attention to drive continuous improvement across all areas of the organisation. Cultural training for all staff to increase staff members' knowledge, skills and understanding to work effectively with First Nations peoples was identified by a number of participants. It was hoped that such training and capacity development would result in improving cultural safety for all survivors and supporters, but especially for First Nations peoples. Improving cultural safety extended to all aspects of SAMSН's work with people from intake to closure.

One staff member described how at intake, facilitators consider the potential composition of Eight-week Support Groups and endeavour to create groups that will be culturally safe:

"And before we go with the group there's that pre assessment to say okay this guy can go into this group, and we might shuffle it around to so it's sort of compatible and culturally safe for everyone." (La)

Another group facilitator described struggling with being able to ensure cultural safety and trauma-informed care for First Nations survivors, many of whom have experienced multiple oppressions due to the ongoing legacy of colonisation:

"It is really hard – I've found working with Indigenous populations – they're really hard to hold in the group, because there's so much trauma in those – and ongoing trauma, with family separations and just a whole history that's built into that on top of everything else. I think that's the one area that SAMSН hasn't quite succeeded in creating a safe enough environment for. And maybe it needs just a group of Indigenous specific people." (Br)

Many participants described the multi-faceted nature of providing cultural safety which includes ensuring that assessment processes, policies, forms, evaluations, and all aspects of healing work with First Nations peoples are conducted in a culturally safe manner. One participant illustrates how this comes down to worker understanding, in their comment:

"But above and beyond that they need to understand the significance of colonial history, colonisation impacts and generational impacts in the context of cultural psychology and sociology... To have a level of empathy, kindness and compassion and care for people who are survivors of sexual abuse above and beyond what any theoretical textbook would teach you." (Ma)

A number of participants indicated that SAMSН could consider additional ways to promote cultural safety for First Nations peoples. Staff and advisors emphasised the need to consider hiring and supporting more staff members, including group facilitators from First Nations communities:

"I think it's an issue. I don't think we do it as well as we would like to think we do. I don't think the groups work as well for say First Nations guys if they're in a predominantly white group. With the exception, like the last group my co-facilitator was a (First Nations) Elder, that makes a big difference. So, the diversity has to be in the facilitators." (El)

"You definitely need to have Aboriginal men involved in that facilitation, engagement, some of those relationships there. Because we call it 'borrowing trust'" (Ly)

Moreover it was identified that SAMSН Eight-week Support Groups are frequently comprised of survivors from diverse backgrounds and as such facilitators need to ensure that cultural safety occurs for everyone:

"The group that I've just finished, there was a serving police officer, a First Nations guy, yeah it's more common to have someone just out of jail, had another palliative care nurse, you never know. Another guy was a 70-year-old who'd never told anyone, who was facing terminal cancer, but he wanted to unload before he died. Extraordinary." (El)

A few staff emphasised how ensuring counselling or support was in place for all clients before they enter the Eight-week Support Group may be useful:

"We do find, I guess, on the whole, and this is a bit of a generalisation, that guys that have done some individual counselling work tend to be able to get more out of the group, so it's not so raw. They've already done – got some skills for managing some of the distress and some of the symptoms, trauma symptoms that they might experience through that group." (Ow)

"I do wonder, in terms of the assessment process for groups, I think there is a question around what support do you have in the assessment process. I think that, and I don't want this to be a thing that prohibits people coming into the group, but I think it would be really useful to make sure that, one, we connect with those guys on a weekly basis, just as a check-in, and that be as a part of the contract that they engage in." (Ca)

An additional circumstance that was identified as commonly leading to poor outcomes for survivors is when their sole focus is on applying to the National Redress Scheme without linking into to any form of support or assistance. A number of participants observed that survivors with this approach frequently experienced distress and difficulties "down the track." These clients though are familiar with SAMSН and so are aware of where to go should they decide to seek additional support in future.

Perceptions of SAMSN Partner Agency Representatives

Consultations were conducted with representatives of seven partner agencies identified by SAMSN as key partners in supporting their work with adult male survivors of child sexual abuse. The consultations explored the services the partner agency offers; their understanding of SAMSN; their organisation's experience in dealing with SAMSN; and their perception of the effectiveness of SAMSN's programs for clients. One partner agency representative disclosed their role in managing a funding agreement between their agency and SAMSN to deliver services to survivors.

What are participants' understanding of SAMSN's core function and service?

Most representatives recognised that SAMSN holds expert knowledge and experience in the field, being a front runner in survivor led organisations that support adult male survivors of child sexual abuse via connection to other survivors:

"I'd say their key role for our experience of them is to hold that knowledge and expertise for male survivors because there is a difference." (Ei)

"But what I love is the kind of what I think goes on there, is that mentoring, that lived experience model that I think has such value for male survivors." (Ya)

One partner agency representative discussed how they have seen SAMSN grow over the past decade and become an important service in the field in both supporting male survivors but also educating the rest of the sector around what effective support looks like:

"I've watched SAMSN grow since its inception and I've seen it really develop a significant space in the sector initially around its groups, its group program, and more recently around the Redress scheme. And I know it also does run some workshops and training events as well... It's obviously a trusted advisor to government as well. It's been very strategic in the way it's built itself." (Yo)

Despite being nominated by SAMSN as a partner agency and referring some clients to SAMSN, a few representatives advised they were not too familiar with the services that SAMSN offered for clients. They conveyed a general understanding of them being a specialised service for adult male survivors of child sexual abuse and awareness of them offering group support, counselling, and services to assist with legal processes:

"I mean, I'm aware that they provide counselling and just sort of being available, being at the end of the phone, helping people get their lives back together. I think they do kind of joint support groups and things, but I'm - I don't know enough detail about it." (Mi)

What is the nature of partner agencies' engagement with SAMSN?

Discussion with partner agency organisations presented a variety of different engagement points with SAMSN, including referral of clients to and from SAMSN to enable clients to receive specialised support. A common connection point between the services was in supporting SAMSN clients with Redress applications and or legal proceedings. Many partner agency representatives identified that their engagement with SAMSN was established to avoid duplication of service provision and provide appropriate referral pathways for clients:

“Rather than duplicate what SAMSН does, we think that referral to SAMSН is the more appropriate pathway for that connection with other men who have similar lived experience.” (Ei)

SAMSН was recognised as providing survivors with a specialised support that could not be received at their service due to them not having the required knowledge or being specialised for other groups such as women:

“So, I... kind of have it front of mind to inform clients there is a specialist service for guys, for survivors. I've got the pamphlet... I don't even know if they're terribly in date... We're all really aware of that with males and very just aware that we're... a bit sort of biased towards a female kind of service delivery model I suppose and seeing mainly women.” (Ya)

A couple of partner agency organisations identified how they are working with SAMSН to help improve service provision, make the service more available to other male survivors in the community, and address the gap that exists in the service sector:

“It became clear that SAMSН was growing, that the need for adult male survivor-specific services was huge, that male survivors are not accessing sexual assault services as much as we would like them to, and that the Royal Commission had really made that very clear.” (Ad)

“One of the main ways we work with SAMSН in this area though is a collaborative community outreach project that we're working on at the moment, to try and actually get information about the National Redress Scheme out into the wider community because the scheme is time limited...we're particularly looking at CALD communities, so Culturally and Linguistically Diverse communities to start with this pilot. We're also endeavouring to work with some First Nations communities, particularly Western Sydney, that hasn't quite got off the ground yet, but that's what we're aiming to.” (Im)

Despite SAMSН being recognised as a specialised support service, a few partner agency representatives highlighted that they were unsure of the exact nature of the relationship between their service and SAMSН, due to not having significant or recent interaction. However, many emphasised their desire to utilise and increase the connection that existed to better support male survivors.

What are the partner agencies experiences' of dealing with SAMSН?

All partner agency representatives expressed that their personal experience in dealing with SAMSН was very positive and that SAMSН acts in a professional manner with extensive knowledge in the area of work with male survivors. Many partner agency representatives emphasised the beneficial relationships they held with SAMSН and the respect they had for their expertise in the field of lived experience:

“Oh, they're really good. Look, we have a really good relationship...So I find that they're all very approachable, very knowledgeable and very happy to share that knowledge.” (Im)

“We have the same kind of value base of putting the survivor at the centre of everything that we do and valuing and believing lived experience. So, it's an easy relationship and I think that's the experience that most people have.” (Ei)

One partner agency representative explained how SAMSН's current structure and service are set up in a manner that is different to a lot of other services available, providing tailored support needs to survivors. Another representative highly valued the leading work that SAMSН is doing in advocacy for male survivors:

"I think we see SAMSН as a professional organisation that provides a high-quality service and does something that many public health services don't have the capacity or the setup to do. They're able to be more flexible and to be more survivor-centric because they are an NGO and because of the vision and the structure set up by (SAMSН)." (Ad)

"He's (SAMSН staff member) doing a good job, and he's a forceful advocate for his clients, which is I think very important." (Mi)

"Very, very positive experience in dealing with them. Very responsive. Very thorough in the work that they do with clients. Very willing to assist where they can. Clients have given excellent feedback." (Al)

A few partner agency representatives did discuss that many clients face difficulties especially in the legal processes, but SAMSН provides a great support network to mitigate these impacts. A few representatives noted that more can always be done but there are limitations with the current capacity to provide service. It was also mentioned that communication could be improved between the services to understand what is available.

How effective are the processes established to support referral between SAMSН and partner agencies?

The referral process for SAMSН clients to and from partner agencies was unique to client's circumstance and support needs. Experience of clients referred to SAMSН was overwhelmingly encouraging, with partner agency representatives highlighting the connection and support to be invaluable for clients; although a few representatives highlighted that they often did not have ongoing contact with clients once referred. SAMSН was recognised as a safe space for survivors where they felt heard and valued:

"Look, you know, it would be the group program that I know the most about. And I know that anecdotally people have found enormous benefit from just the group setting in itself. And just the camaraderie, a safe space, and obviously just feeling helped by the organisation." (Yo)

"I think we have a sense that survivors feel supported, heard, brought in by SAMSН." (Ad)

"The feedback on – in clients engaging in those groups has been overwhelmingly positive." (Al)

The only difficulties mentioned by partner agencies who referred clients was availability of Eight-week Support Groups and long wait times to access support and difficulties with online delivery during the pandemic:

"The only difficulty that we've had is where seeing clients that would really benefit from their groups, that – the lack of funding for them to deliver them as broadly as is needed means that there's long waiting lists." (Al)

"It was during the COVID period...That was pretty difficult for him. I imagine it'd be difficult for anyone to do those groups and feel safe and able to kind of fully engage with that. I think he struggled a bit with that mode." (Ya)

Partner agency staff shared that while they feel comfortable referring a diversity of clients to SAMSН including First Nations men, work still needed to be done to improve cultural safety and availability of First Nations staff.

"Look, I know they have identified positions and they have Aboriginal workers there, so I do think that it's perfectly appropriate to refer First Nations people across." (Im)

"I think four Aboriginal staff came in and left over a period of time, for different reasons and with different things happening... I don't have any concerns about SAMSН's management of those individual staff members. But I think before bringing identified staff in, setting up cultural supervision, support structures, advisory - a group with Aboriginal expertise is all necessary." (Ad)

Another partner agency representative also identified while survivors found benefit in receiving support from SAMSН, a gap in service provision specific to certain groups of male survivors, such as Forgotten Australians existed:

"They feel that the group's been great and that male connection's been great, but they're still feeling that something's missing around that Forgotten Australian piece." (Ei)

While overall experience of clients was positive, a few partner agency representatives emphasized the need to increase and expedite access to support for clients referred to SAMSН, with clients currently facing waitlists perceived to be due to limited capacity within SAMSН.

Can you suggest anything that would strengthen SAMSН's service? Can you suggest anything else that would strengthen outcomes for adult males seeking support to recover from the impacts of child sexual abuse?

Many partner agency representatives identified that SAMSН fills a critical gap in support needs for male survivors of child sexual abuse, however, emphasised how systemic barriers for survivors continue to exist which prevent male survivors from receiving the required and needed support. This was often linked to funding issues and a lack of trauma-informed practice within this sector of work. Solutions to addressing this gap included supporting services like SAMSН, creating integrated pathways for survivors, and addressing the barriers that exist particularly in the legal system:

"And I don't know that anyone's funding, but especially SAMSН's funding, grows in a way that accommodates that long-term work that's required." (Ei)

In addition, one partner agency representative identified a critical gap in service provision that existed was for supporters of male survivors, and the need to increase available resources in this area:

"I think supporters are a lost group and I think there needs to be a heck of a lot more resources and services because it's a very challenging space to be in." (Yo)

A few partner agency representatives identified the need to increase training across the sector, with SAMSН recognised as holding the expertise to provide training and workshops to other services. The majority of partner agency representatives depicted the need for long-term and ongoing funding to support and expand SAMSНs service provision for male survivors and their supporters (including children), including longer term counselling support and men's behaviour change work, presumably for the proportion of male survivors who use domestic violence and coercive control:

"I would love to have SAMSН be more part of the men's behaviour change network with their knowledge and expertise about how to engage with and support men. I would love for SAMSН to do more with supporters. I'd love for SAMSН to do more with parents of children who've experienced child sexual abuse. There's lots of things I'd love SAMSН to do, but what they're doing now is amazing. And all of those things are completely dependent on whether they're funded to do them." (Ad)

Many representatives highlighted the systemic failure and issues that continue to impede survivors' ability to access much needed support, and the leading role SAMSН could play in informing the overall sector:

"So there is still some way to go to make the system friendlier and everything that can be done, and to reduce the waiting time." (Mi)

"Just big systems issues I suppose in trauma-informed care within that space... So yeah, I guess that they're probably well positioned to do incredible work training up people that are dealing with the sequelae of sexual assaults in all sorts of problematic ways in community, mental health and offending in young people. So, yeah, it'd be lovely if they got well-funded to go around and do some amazing trauma-informed work with clinicians." (Ya)

A few partner agency representatives also discussed the need to increase public awareness of SAMSНs service, improve referral pathways, and address cultural safety going forward. This included a desire to work more collaboratively and closely with SAMSН.

Overall, there was a strong appreciation for the service SAMSН provides, the model they have in place, and the amazing work they have been doing:

"But what I love about SAMSН is that it is survivor-led and that - I can't remember if it's called a vision statement, but sort of the animating idea is that survivors thrive and drive change." (Ad)

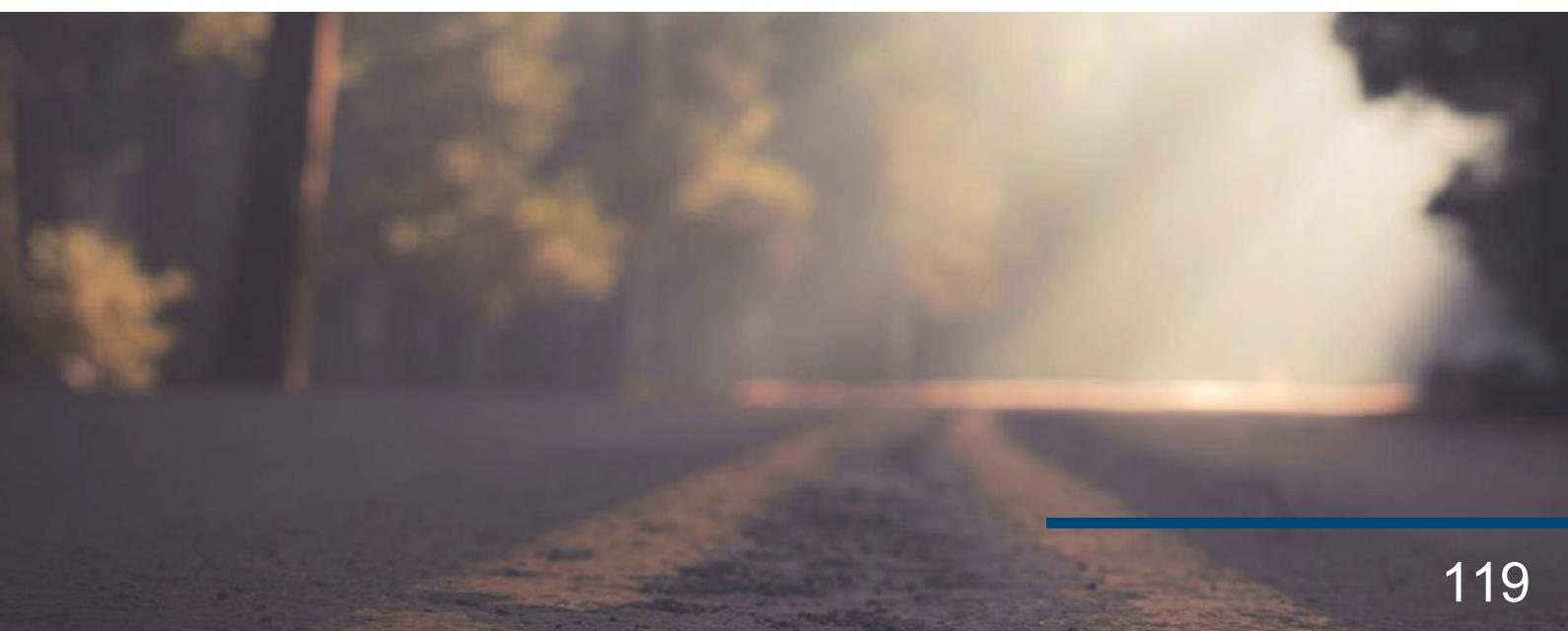
Summary of key themes in analysis of consultations with SAMSN staff, advisory group members and partner agency representatives

SAMSN staff indicated that clients most commonly engaged with SAMSN to address the impacts of child sexual abuse in adulthood, including feelings of guilt, shame and self-blame, and feeling disenfranchised and isolated. Staff perceived that many survivors sought services from SAMSN in order to develop relationships with other survivors with lived experiences of abuse, reducing their sense of isolation by talking to others who understood their experience. Staff perceived that survivors saw a connection between breaking the silence surrounding child sexual abuse and reducing societal stigma and that they hoped engaging with SAMSN would reduce feelings of guilt, shame and self-blame. Some survivors contact SAMSN fearing that they will become perpetrators of sexual abuse, with staff identifying the need to educate survivors about the myth of a causal relationship between being a victim/survivor and perpetrator of abuse. When asked what is critical to facilitate recovery/healing for survivors, staff identified developing trust; establishing a safe space; empowering survivors; normalising feelings and needs; creating opportunities to develop relationships with other survivors and healing disrupted attachments as key. Supporting survivors to understand the impact that abuse has had on their lives and supporting Aboriginal and Torres Strait Islander survivors to understand the compounding and ongoing trauma of colonisation were identified as crucial. Safety for survivors requires genuinely trauma-informed practice, which includes working from a client-led position; understanding trauma and its impact; ensuring safety; engaging in relational practice; demonstrating kindness and compassion; and amplifying the voices of survivors – ensuring everything is considered through a survivor lens.

SAMSN staff perceived that most survivors who had engaged with their services experienced significant benefits, including positive attitudinal changes, improved self-esteem and identity, strengthened connectedness and increased awareness that they are not alone in their survivor experience. It was acknowledged though that some men discontinue engagement with SAMSN before completing the Eight-week Support Group, and non-completion may be more prevalent among men who have not engaged in adequate therapy or support beforehand. Staff suggested there is room for improvement, including ensuring counselling or support is in place for all group participants, follow-up with group participants and their supporters, and improved healing and support for First Nations men. Overwhelmingly staff perceived SAMSN as a supporting and caring workplace.



Staff from partner agencies recognised SAMSН as the expert survivor-led organisation that support adult male survivors of child sexual abuse via connection to other survivors. SAMSН was also recognised as ideally placed to educate the rest of the sector around what effective support looks like for adult male survivors. It was evident though that some partner agency representatives had limited knowledge of the range of services SAMSН offers and some participants suggested communication could be improved across services to raise awareness of supports available. All partner agency representatives expressed very positive perceptions of their experience dealing with SAMSН. The only challenge mentioned by partner agencies who referred clients to SAMSН was availability of groups and long wait times to access support. It was also suggested that there is work to be done to improve cultural safety for Aboriginal and Torres Strait Islander staff and survivors and in acknowledging the support needs of the Forgotten Australians. The majority of partner agency representatives depicted the need for long-term and ongoing funding to support and expand SAMSН's service provision for male survivors and their supporters (including children) as well as delivering training for other service providers.



Analysis, conclusion and suggestions for consideration

Does the data demonstrate if SAMSН is achieving their stated outcomes?

In the development of a program logic to guide this evaluation, SAMSН staff and Clinical Advisory Committee members informed the identification of four key outcomes that SAMSН's programs are trying to achieve. Evaluation data was analysed to consider if it provides evidence or insights into whether these outcomes are being achieved.

1. To provide a trauma-informed space where male survivors can engage in recovery from the impacts that child sexual assault has on adult life

Most participants, supporters and professionals surveyed indicated that SAMSН provides a vital service that is trauma-informed and creates a space for male survivors to engage in recovery. Analysis of aggregated data collating SAMSН's Men's Group Evaluations identified that men found their initial contact with SAMSН professional, caring and welcoming and that participants in the Eight-week Support Group found it provided a safe space where they felt heard, understood and connected with others in a caring environment. Analysis of the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) surveys completed by clients indicated that most men who access SAMSН's services have previous experience of mental distress, particularly experiencing depressive symptoms. Despite this, and the fear and anxiety that many men face as they seek to engage in recovery from the impacts of abuse (some of whom who had only recently disclosed after carrying the trauma of abuse for decades) found SAMSН to be a safe space to access support.

The factors that are viewed as creating a safe, trauma-informed space for survivors include:

- a service model that is designed by and for survivors
- connection with other men with lived experience of child sexual abuse (including SAMSН staff and group facilitators as well as other survivors) which overcomes social isolation
- genuinely trauma-informed intake and person-centred casework support that reinstates power to survivors to lead their own recovery
- compassionate and caring peer-group facilitation that empowers survivors to care for themselves and one another
- awareness-raising about child sexual abuse and grooming techniques which supports survivors to let go of shame and feelings of responsibility for their abuse
- a safe environment where men are given the opportunity to share their own story of abuse, which helps recovery from shame and gives survivors the language to tell their story to friends, family and service providers
- ongoing connection with trauma-informed support, other survivors and referral pathways to assist men to pursue their ongoing recovery.

While changes in WEMWBS mental wellbeing scores over time and between groups were quite minimal, there were some indications that mental wellbeing improved slightly at Timepoint 2 for those who completed the Eight-week Support Group. Results from the qualitative data showed that most men saw their recovery as a long-term project that was multi-faceted, which echoes research that abuse can have lifelong impacts (Child Abuse Royal Commission 2017; AIHW 2020). Of note, most participants, supporters and professionals surveyed indicated that SAMSN provides a space for survivors to learn about the impacts of abuse on adult life. Most participants in the Eight-week Support Group indicated that they learned about how pervasive child sexual abuse is and how it can impact different facets of adult life, including relationships, work, health, sexuality, emotions, feelings and actions.

2. Safe peer-support and connection so that adult male survivors can overcome social isolation and strengthen their relationship to self and others

As outlined above, the connection with other survivors was identified by numerous participants in this study as critical to their healing and recovery from the impacts of child sexual abuse on adult male life. Consultations found that for a number of men SAMSN is the first point of disclosure of child sexual abuse, in some instances after decades of trying to ignore or suppress the impacts. Analysis of survey data from Eight-week Support Group participants across three time-intervals indicated that peer support and connection was in fact the most notable outcome of program completion captured through the online survey for the cohort. 74% of participants reported improvements in their feeling of social connection and how they relate to other people after the program, which was a 53% increase from how they felt prior to participating. A common theme expressed was that connecting with other survivors, who have had similar lived experience to them, was critical in overcoming feelings of social isolation. The ability for these men to speak to another survivor with lived experience on SAMSN's staff, and to learn about their support options from someone who has already mapped and navigated the service landscape, gives them hope for their own recovery. This outcome is of critical importance, as evidence shows that social isolation can reduce the likelihood of a survivor disclosing their experience of abuse and also decrease the likelihood of help-seeking behaviour (Vollman 2021; Desierto 2014). 40% of the survivors improved social connection during the program, where they related to survivor peers during the Eight-week Support Group but reported a sense of disconnection in a follow-up consultation twelve weeks after program completion. These men indicated that mental health issues and other challenges still undermined their ability to sustain the positive social connections they had developed in the group once the group ended. This was reiterated in consultations, where some men reflected that the duration of the group program is too brief and they felt a sense of disconnection from their peers once the Eight-week Support Group ceases, despite the option of access to on-going monthly groups. The complex and enduring impact of child sexual abuse necessitates post-program supports to enable survivors to sustain the positive peer connections and other program benefits.

3. Survivors have the language and understanding to share their experience and the tools to regulate their emotions and wellbeing

Many participants in the study reported benefits from the experience of sharing their own story of abuse in the safe context of the Eight-week Support Group, though the courage that this takes and the anxiety in the lead-up to sharing this experience should not be understated. Many participants shared that they had benefited from a new understanding of grooming techniques utilised by perpetrators of child sexual abuse. In many instances, this was instrumental in their recovery, providing them with the language to voice how they had been manipulated and made to feel complicit in their abuse. This is a critical outcome, as survivors can often avoid blaming the perpetrator and instead apportion blame for their experience of abuse on their circumstances or other factors (Lev-Wiesel 2000). Men reported shedding shame from sharing their story; overcoming a feeling of isolation by hearing other men's experiences that were sometimes like their own; and gaining strength from being able to support their peers when they shared their stories of trauma. Participants shared that this gave them the language and confidence to tell their story to others, including friends, family members and their children. Research suggests understanding the meaning and impact of their abuse offers significant benefit to survivors (Easton et al 2013; Easton & Kong 2017), including helping them to acknowledge their resilience and strength (Ainis 2019; Alaggia & Millington 2008; O'Leary & Gould 2010; Sharma 2017).

Some men conveyed that they felt that survivors being supported to tell their story was critical to overcoming stigma about survivors in the broader community, which prevents many men from coming forward for support (not least because of myths that correlate survival of child sexual abuse with an increased risk of perpetration of child sexual abuse). Overwhelming the participants reported more awareness and insight into emotions which led to greater control of anger, reductions in self-blame which opened up space to have times of hope and improved self-worth. However, consistent with contemporary understandings of the impact of complex trauma on survivors, the participants did continue to experience fluctuations in their mental health and ability to manage and regulate their emotions and well-being. This highlights the importance of ensuring that survivors have access to ongoing support and assistance as the complex and multiple impacts of child sexual abuse can be long lasting.



Analysis of survey data of Eight-week Support Group participants compared to SAMSН clients who did not complete the Eight-week Support Group showed an increase over time for men who completed the Eight-week Support Group in their understanding of how their abuse impacted their adult life (68% vs 84%) and their belief in having access to support to address the impacts of that abuse (47% to 63%). These improvements were not witnessed in the data for clients who did not participate in the Eight-week Support Group. Analysis of SAMSН’s Men’s Group Evaluation data indicates that men had increased understanding of the dynamics of child sexual abuse and were more open to talking about their experience of abuse after completing the Eight-week Support Group. Readings that provided insights into child sexual abuse dynamics, and in particular perpetrator grooming techniques, were identified as useful by nearly all program participants. This data also indicated the majority of participants had decreased feelings of shame or guilt and improved ability to cope with the impacts of child sexual abuse after program completion.

While some men suggested they had learned strategies to manage trauma and stress through connection with SAMSН, others reported needing support to manage intense emotions and flashbacks that they experienced while they were participating in the Eight-week Support Group. In the absence of such management strategies, some men experienced high levels of stress and anxiety, flashbacks and poor sleep. Mindfulness practice, which can support emotional regulation, is identified in the literature as having positive outcomes for survivors in peer-support groups (Kimbrough et al 2010). Feedback from some supporters reiterated that while the Eight-week Support Group was overwhelmingly beneficial for their partner, the impacts on them as they progressed through the eight weeks had ramifications for their and their children’s wellbeing . For example, some partners identified that they felt that they were occasionally walking on eggshells, trying to ensure that the environment was calm and receptive to the survivor’s moods which could change in accordance with material being discussed in group sessions. Some survivors indicated that at times, they felt concerned about their own or their partners safety particularly when men were feeling distressed or experiencing flashbacks after certain sessions, such as the disclosure session.



4. Survivors are supported and recognised in their resilience and recovery

Clients reported benefits from a wide range of supports they accessed through SAMS. Some Planned Support clients indicated they specifically sought support with access to Redress or litigation, in some instances suggesting they either did not want to or were not yet ready to engage in the Eight-week Support Group for survivors. Analysis of survey data indicates much stronger outcomes in regard to feeling supported to address the impacts of abuse on adult life for clients who completed the Eight-week Support Group compared to clients who did not complete the group program. In addition, clients in the Eight-week Support Group Program were more likely to indicate they felt like they could cope with the pressures of life 'some of the time' or 'often', compared to clients who did not complete the Eight-week Support Group program.

Many clients specifically sought the connection with fellow survivors and understanding about child sexual abuse and how it impacts them in adult life through the Eight-week Support Group. A number of men shared the benefits of being recognised, of being heard, of being believed and of not being judged. Many participants also conveyed they had plans and had connection with supports to support them as they continued to focus on their recovery. Some men reported that support from SAMS was part of a system of support for recovery, which included psychologists and other therapists, other group programs and medication. It is clear though that healing from the trauma of child sexual abuse is an ongoing process that requires sustained support, as while some men can report improvements in their health and ability to cope, they can also experience fluctuations in their wellbeing. Investment in increasing access to support for survivors and extending access to ongoing support for those who need it were commonly identified as strategies that would improve SAMS's outcomes for adult male survivors of child sexual abuse.

Conclusion

While there is a growing amount of evidence regarding the impact of child sexual abuse on adult male survivors, there still is a dearth of evidence for what constitutes 'best practice' in peer programs for adult male survivors of child sexual abuse. This research goes some way towards addressing the gap and the findings offer some new insights regarding the elements of good practice in creating a safe space to facilitate survivor-led recovery.

The study echoes previous research that identifies how adult male survivors face stigma and barriers to reporting, which can deter men from help-seeking to address the impacts of child sexual abuse (Rapsey et al 2020). This results in many men trying to repress or ignore the burden of trauma from abuse for decades, in some instances adopting harmful strategies to cope (Walsh et al 2009). This amplifies the need for education of the broader community to reduce the stigma associated with men's experience of child sexual abuse and also the need to educate the service sector to overcome barriers to support (Rapsey et al 2020).

This evaluation also verified the severity of trauma that the experiences of child sexual abuse can have on adult men, with survey data indicating that approximately three quarters of clients who completed a time-one (baseline) survey had scores on the Warwick-Edinburgh scale that would be considered possible or probable clinical depression. This demonstrates the critical importance of a safe, genuinely trauma-informed space staffed by people who have in-depth knowledge of child sexual abuse. These critical elements of practice when taken together offer a collaborative space where survivors can support each other to engage with recovery. This study suggests that SAMS is not only unique in offering such a space, but it is seemingly the only specialist service specifically designed to support adult male survivors of childhood sexual abuse in Australia.

Limited research suggests that peer support groups can create a space of comfort and support to facilitate healing (Gagnier et al 2017; Kia-Keating et al 2010; O'Leary & Gould 2010). This study identified a shared understanding among SAMS clients, supporters, staff and other stakeholders of the elements of SAMS's service model that contribute to the creation of a genuinely trauma-informed space where men can and have engaged in recovery from the devastating impacts of child sexual abuse.

Male survivors who participated in this study spoke of the complex, far-reaching and long-standing impact that child sexual abuse had on many aspects of their lives, including their mental wellbeing and social relationships. Survivors spoke about how SAMSН's programs had been pivotal to their healing and recovery journeys, some describing it as 'life-saving', reflecting recognition in literature that the emotional impacts of abuse on men's lives can lead to suicidal ideation (Australian Government 2017; Blakemore et al 2017; Lev-Wiesel 2000; Ray 2001). A survivor whose words provided the title of this report shared a common sentiment when he said:

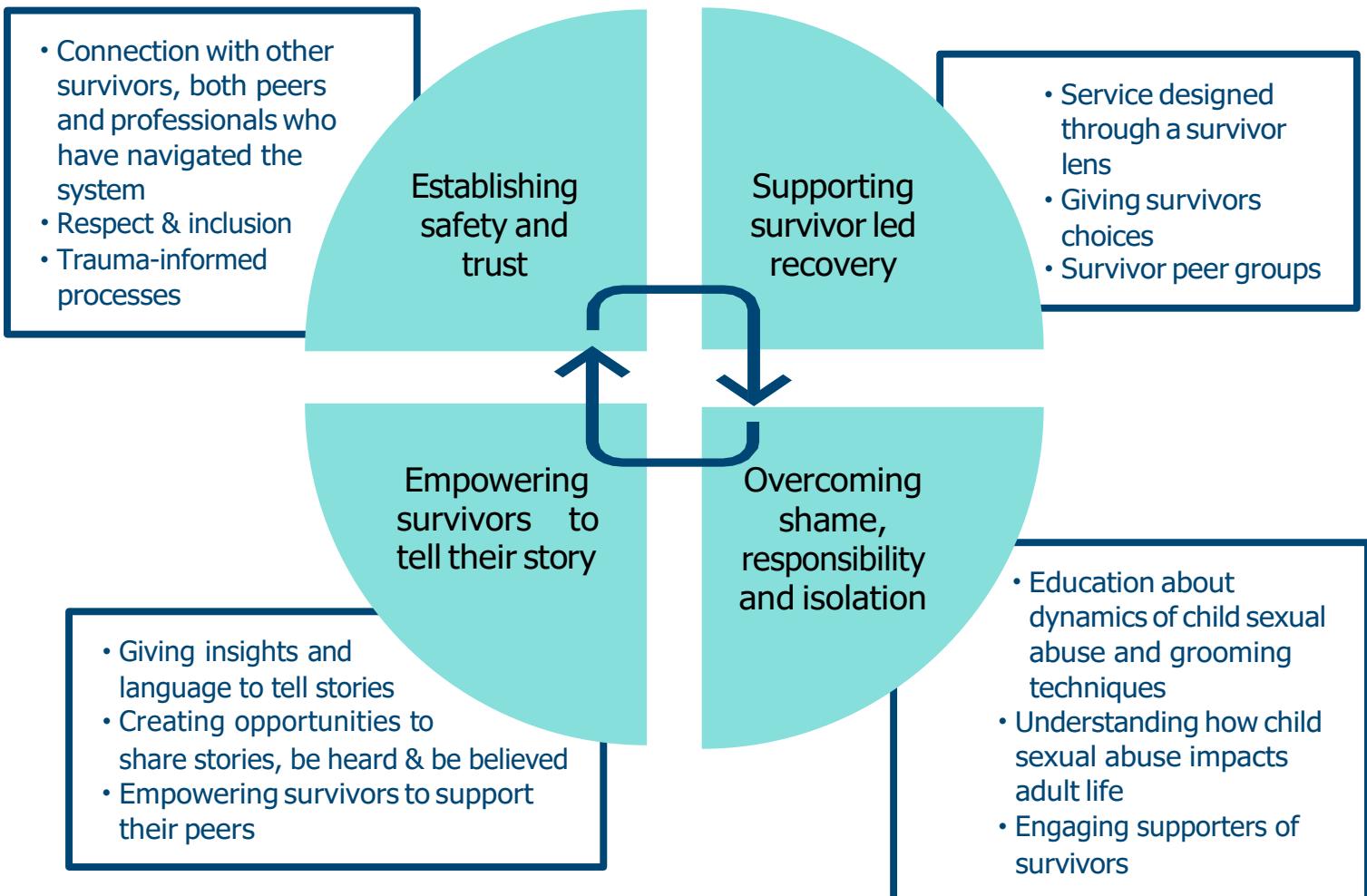
'It has changed me immeasurably. I am no longer a scared, weak, shamed, hurt, negative man. I am a strong, positive and proud man, father, partner and son.'

Input from survivors, supporters, SAMSН staff, and Advisory Group members found that SAMSН is successful in meeting its vision 'to provide male survivors of child sexual abuse with the space to easily access support and find understanding and acceptance.' Moreover, the vast majority of participants in this study confirmed that the organisation provides a trauma-informed space where 'adult male survivors are believed and can heal from child sexual abuse, support others to thrive and become leaders for change.' (SAMSН, 2022).

Reflecting from the learnings of this study, Figure 17 below suggests the critical elements of a Theory of Change to support recovery and healing for adult men who survived child sexual abuse. These elements are explained in more detail below.



Figure 17: A Theory of Change to support recovery for adult male survivors



Establishment of safety and trust, which is achieved through:

- connection with staff with lived experience and/or expertise in understanding and healing from the impacts of child sexual abuse on adult life, as well as connection with peers with lived experience of abuse
- respect for and inclusion of all men, including men of diverse ages, cultures, socio-economic groups, abilities, genders, sexualities, religions and faiths to feel safe to engage in recovery
- trauma-informed intake processes where group participants can establish trust with group facilitators and learn about how the group program will be implemented.

Supporting survivor led recovery, which includes:

- a service model where every element is either informed by or considered through a survivor lens
- giving survivors choices about what supports they engage with
- access to a trauma-informed peer support group program where survivors support and learn from one another as they engage in recovery.

Supporting survivors to overcome shame, responsibility and isolation, which is achieved by:

- educating men on the dynamics of child sexual abuse, including grooming techniques, so they understand they are not responsible for the abuse that occurred to them
- supporting men to gain insights into how the experience of child sexual abuse can impact them as an adult, improving self-awareness and learning techniques to regulate thoughts, feelings and emotions
- providing an opportunity for supporters of survivors to engage in the recovery process so as to create understanding which can strengthen connection and safety
- access to a trauma-informed group where survivors can connect with peers who have had similar lived experiences, helping them to overcome feelings of shame and social isolation.

Empowering survivors to tell their story, by:

- providing survivors with the insights and language to be able to tell their story
- access to a structured safe space where survivors are invited to tell their own story of abuse, be heard, be believed and be supported by other men with similar lived experience
- creating opportunities where adult male survivors who have progressed on their healing journey can provide peer support to other men who are just engaging in recovery.

Analysis of the evaluation findings in consideration of SAMSNS identified outcomes indicates the program is effective at supporting recovery for adult male survivors. Clients, their supporters and partner agency representatives all speak highly of SAMSNS and recognise it as the specialist service for adult male survivors in New South Wales and Australia. Online research suggests SAMSNS adult male survivor-led programs are unique in the global landscape of support services for sexual assault survivors. SAMSNS staff also conveyed that SAMSNS offers a safe and supportive work space and that systems and processes are conducive to quality client outcomes.

While this study suggests SAMSNS service model reflects good practice in supporting healing for adult male survivors, it is clear that the impacts of child sexual abuse are lasting and that some men need ongoing access to support in order to deal with those impacts. Further funding is needed to enable sustained, person-centred support for survivors. It is also evident that there is a lack of recognition that the impacts of child sexual abuse can have profound effects on the supporters in the lives of adult male survivors and there is a critical gap in assistance for them. Input from survivors, supporters and staff from partner agencies suggest SAMSNS is well positioned to provide that support. Throughout the study SAMSNS staff, facilitators and advisory group representatives recognised the need for a strategy to improve cultural safety and access for First Nations men who survived child sexual abuse, which will be informed by SAMSNS First Nations Advisory Group (FNAG). Service enhancements for supporters and First Nations men and their supporters will require additional funding.

Suggestions for consideration that may strengthen SAMSН program outcomes

1. Pro-active individual support/outreach during the Eight-week Support Group

Eight-week Support Group facilitators monitor participant wellbeing throughout the program, invite participants to contact with them via telephone between group sessions and/or connect with them before or after meetings and on occasion make contact with a participant if they show signs of distress during the group. However, some participants disclosed that, despite considering the program overall beneficial, they experienced significant distress, including depression, PTSD, flashbacks, insomnia and nightmares while undertaking the program. It was suggested that it would be beneficial for SAMSН to 'check-in' and maintain proactive individual contact with all participants as they complete the Eight-week Support Group. This check-in could be conducted by either a group facilitator or a SAMSН team member.

2. Strategies to strengthen emotional regulation capacity during the program

Men who experienced distress while completing the Eight-week Support Group also suggested it would be beneficial if they were provided with strategies to manage the stress, anxiety and negative impacts on sleep that they experienced while undertaking the program. It was suggested that it would be good to provide access to mindfulness, breathing or meditation techniques to regulate emotions. Given the program is of limited duration and covers significant content already, consideration could be given to providing access to optional support for emotional regulation via online classes, podcasts or video stream.

3. Sustained connection for Eight-week Support Group participants

While most men were aware of SAMSН's ongoing monthly peer support meetings, a number of participants advocated for some form of structured ongoing connection with peers from their group. The connections made between men as they supported each other through the program were strong and a significant part of their recovery. Some men reflected that they had experienced a sense of disconnection when their group finished and this was verified in analysis of survey data, which showed a significant decline in sense of connection twelve weeks after program completion. Suggestions included a monthly or quarterly reunion for peer groups, some suggesting a semi structured meeting while others suggested events that provide social connection to strengthen their social skills. Access to ongoing peer connection could reduce the number of men who register to complete the Eight-week Support Group more than once, thereby reducing waiting times for new participants.

4. Engagement of and/or Safety Planning with supporters of survivors

SAMSN provides advice, support and short to medium term counselling to some supporters of survivors, most commonly wives and partners of men engaged with SAMSN. However, consultation with both survivors and their supporters highlighted the need for more proactive engagement of supporters when their partner or other loved one engages in recovery. Suggestions included developing a process to inform/update supporters on the program including an outline of content and activities that may occur during the Eight-week Support Group (possibly through a group workshop for supporters); tips for how to effectively support and discuss issues with a survivor as they partake in the program; and checks-in with supporters, particularly at peak times (e.g., week 3 – ‘disclosure’ week). The need to be mindful of safety planning for families who live with male survivors who may experience triggers as they engage in recovery was also evident.

5. A focus on family safety in the Eight-week Support Group

Building on the need for safety planning for families of men engaged in recovery, consideration could also be given to inclusion of content designed to educate Eight-week Support Group participants on the potential impacts of their trauma on their family members. Feedback from supporters suggested that not only can problematic behaviour resurface as men engage in the Eight-week Support Group, but that children are particularly vulnerable to potentially challenging fathering practices (i.e., hypervigilance or mistrust) associated with their experience of child sexual abuse. It is acknowledged that this content would need to be compassionate and carefully managed to avoid any further stigmatisation and negative stereotyping of men who survived child sexual abuse.

6. A focus on cultural safety for Aboriginal and Torres Strait Islander survivors

While this evaluation had very limited participation of First Nations clients, staff, facilitators and advisory group members all identified improved cultural safety for SAMSN’s Aboriginal and Torres Strait Islander clients as a priority. The FNAG has been established to advise SAMSN on improving outcomes for First Nations survivors, however, COVID lockdowns has limited the opportunity for the FNAG to meet. While the FNAG should advise on any cultural safety strategies, participants in this evaluation suggested consideration be given to the feasibility of a First Nations specific Eight-week Support Group facilitated by a First Nations facilitator. The potential to partner with an established Aboriginal men’s healing program to deliver a SAMSN Eight-week Support Group was identified, as was the possibility of partnering with NSW Education Centre Against Violence, possibly through a ‘train the trainer’ approach. Ideally this would be supported by an Aboriginal team within SAMSN.

7. A strategy to support cultural safety for all SAMSN clients

Feedback from SAMNS's diverse clientele who participated in this evaluation suggests that the service is accessible and inclusive. A number of participants observed that the Eight-week Support Group fosters a culturally safe and inclusive space for men of diverse cultures, faiths, sexualities, abilities, ages and socio-economic status. Some participants highlighted the particular challenge in disclosing and seeking support to address the impacts of abuse for men from some cultures, given cultural norms where child sexual abuse would not be acknowledged or discussed, particularly when the survivors are male. It was suggested that some resources or supports for men from diverse cultures, as well as education for culturally diverse communities, would be beneficial. Consideration could be given to establishing access to peer support for men of diverse cultures, faiths and sexualities via SAMSN's Peer Support line.

8. Raising awareness of SAMSN and the supports provided

One of the most commonly suggested strategies by participants in the study was to raise the profile of SAMSN so that other men who survived child sexual abuse could access support. This would of course mean that SAMSN would need the resourcing and infrastructure to respond to increased demand on the service. It was also suggested that other services, including sexual assault services, would benefit from a greater awareness of the services and resources that SAMSN offers.

9. Broader community education about impacts and stigma

Participants in this study also emphasised the need for broader community education to raise awareness of the prevalence of child sexual abuse of males; perpetrator tactics and behaviours; how child sexual abuse impacts adult male survivors and their families; myths about the impacts of child sexual abuse on adult males (including assumptions about survivors becoming perpetrators of child sexual abuse); and where adult male survivors can go to access support. It was also suggested that this would benefit a range of services, as it is perceived that there is a lack of awareness and/or acknowledgement of the significant number of adult male survivors of sexual abuse, the trauma that adult male survivors live with and the need for genuinely trauma-informed support for adult male survivors when they access services.

10. Sustaining hybrid delivery of the Eight-week Support Group

While there was a strong preference for the opportunity for men to come together face-to-face with other survivors through the Eight-week Support Group, feedback suggests there are also benefits in sustaining access to online groups for adult male survivors. There were participants who for different reasons expressed preference for the online group despite not having had the opportunity to experience a face-to-face group. The online groups also allowed men from different locations who would not be able to access a face-to-face group to participate in the program.

REFERENCES

Ainis, J. A. (2019). *Sequelae of Childhood Sexual Abuse in Adult Male Survivors: A Critical Literature Review* (Publication No. 13884790) [Doctoral dissertation, Azusa Pacific University]. ProQuest Dissertations Publishing.

Alaggia, R., & Millington, G. (2008). Male Child sexual abuse: A Phenomenology of Betrayal. *Clinical Social Work Journal*, 36(3), 265–275. <https://doi.org/10.1007/s10615-007-0144-y>

Anderson, K. M., & Hiersteiner, C. (2007). Listening to the Stories of Adults in Treatment who Were Sexually Abused as Children. *Families in Society*, 88(4), 637–644. <https://doi.org/10.1606/1044-3894.3686>

Australian Government (2017). *Royal Commission into Institutional Responses to Child sexual abuse*. Final Report

Australian Institute of Health and Welfare. (2020). Sexual assault in Australia. Canberra: AIHW.

Blakemore, T., Herbert, J. L., Arney, F., & Parkinson, S. (2017). The impacts of institutional child sexual abuse: A rapid review of the evidence. *Child Abuse & Neglect*, 74, 35–48. <https://doi.org/10.1016/j.chabu.2017.08.006>

Blue Knot Foundation. (2023). What is Complex Trauma? <https://blueknot.org.au/resources/>

Royal Commission into Institutional Responses to Child Sexual Abuse (2017). Final Report. <https://www.childabuseroyalcommission.gov.au/final-report>

Deering, R., & Mellor, D. (2011). An Exploratory Qualitative Study of the Self-Reported Impact of Female-Perpetrated Childhood Sexual Abuse. *Journal of Child Sexual Abuse*, 20(1), 58–76. <https://doi.org/10.1080/10538712.2011.539964>

Desierto, G. G. (2014). “*Kumibo Ka Naman Diyan*”: *Childhood Sexual Abuse Disclosures of Filipino American Men* (Publication No. 3620260) [Doctoral dissertation, Alliant International University]. ProQuest Dissertations Publishing.

Draucker, C. B., Martolf, D. S., Roller, C., Knapik, G., Ross, R., & Stidham, A. W. (2011). Healing from Childhood Sexual Abuse: A Theoretical Model. *Journal of Child Sexual Abuse*, 20(4), 435–466. <https://doi.org/10.1080/10538712.2011.588188>

Easton, S. (2013). Masculine norms, disclosure, and childhood adversities predict long-term mental distress among men with histories of Child sexual abuse. *Child Abuse & Neglect*, 38(2), 243–251. <https://doi.org/10.1016/j.chab.2013.08.020>

Easton, S. D., Saltzman, L. Y., & Willis, D. G. (2014). "Would You Tell Under Circumstances Like That?": Barriers to Disclosure of Child Sexual Abuse for Men. *Psychology of men & masculinity*, 15(4), 460-469. <https://doi:10.1037/a0034223>

Easton, S. D., Leone-Sheehan, D. M., Sophis, E. J., & Willis, D. G. (2015). "From that moment on my life changed": Turning points in the healing process for men recovering from child sexual abuse. *Journal of Child Sexual Abuse*, 24(2), 152-173. <http://dx.doi.org/10.1080/10538712.2015.997413>

Easton, S. D., Leone-Sheehan, D. M., & O'Leary, P. J. (2019). "I Will Never Know the Person Who I Could Have Become": Perceived Changes in Self-Identity Among Adult Survivors of Clergy-Perpetrated Sexual Abuse. *Journal of Interpersonal Violence*, 34(6), 1139-1162. <https://doi:10.1177/0886260516650966>

Easton, S. D., & Parchment, T. M. (2021). "The whole wall fell apart, and I felt free for the first time": Men's perceptions of helpful responses during discussion of Child sexual abuse. *Child Abuse & Neglect*, 112, 104922. <https://doi:10.1016/j.chab.2020.104922>

Gagnier, C., & Collin-Vezina, D. (2016). The Disclosure Experiences of Male Child Sexual Abuse Survivors. *Journal of Child Sexual Abuse*, 25(2), 221-241. <https://doi:10.1080/10538712.2016.1124308>

Gagnier, C., Collin-Vézina, D., & La Sablonnière-Griffin, M. D. (2017). The Journey of Obtaining Services: The Realities of Male Survivors of Childhood Sexual Abuse. *Journal of Child & Adolescent Trauma*, 10(2), 129-137. <https://doi:10.1007/s40653-017-0141-4>

Guyon, R., Fernet, M., Dussault, É., Gauthier-Duchesne, A., Cousineau, M. M., Tardif, M., & Godbout, N. (2021). Experiences of Disclosure and Reactions of Close Ones from the Perspective of Child sexual abuse Survivors: A Qualitative Analysis of Gender Specificities. *Journal of Child sexual abuse*, 30(7), .806–827. <https://doi.org/10.1080/10538712.2021.1942369>

Haslam, D., Mathews, B., Pacella, R., Scott, JG., Finkelhor, D., Higgins, DJ., Meinch, F., Erskine, HE., Thomas, HJ., Lawrence, D. & Malacova, E. (2023). *The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report*. Australian Child Maltreatment Study, Queensland University of Technology.

Jeong, S., & Cha, C. (2019). Healing from Childhood Sexual Abuse: A Meta-Synthesis of Qualitative Studies. *Journal of Child Sexual Abuse*, 28(4), 383–399. <https://doi.org/10.1080/10538712.2019.1574945>

Kia-Keating, M., Sorsoli, L., & Grossman, F. K. (2010). Relational Challenges and Recovery Processes in Male Survivors of Childhood Sexual Abuse. *Journal of Interpersonal Violence*, 25(4), 666-683. <https://doi:10.1177/0886260509334411>

Kimbrough, E., Magyari, T., Langenberg, P., Chesney, M., & Berman, B. (2010). Mindfulness intervention for child abuse survivors. *Journal of Clinical Psychology*, 66(1), 17–33. <https://doi.org/10.1002/jclp.20624>

Lev-Wiesel, R. (2000). Quality of Life in Adult Survivors of Childhood Sexual Abuse Who Have Undergone Therapy. *Journal of Child Sexual Abuse*, 9(1), 1-13. https://doi:10.1300/J070v09n01_01

Mathews, B. (2018). New International Frontiers in Child sexual abuse: Theory, Problems and Progress (Vol. 7). Springer International Publishing AG.

Mathews B., & Collin-Vézina, D. (2019). Child sexual abuse: Toward a Conceptual Model and Definition. *Trauma, Violence, & Abuse*, 20(2), 131–148. <https://doi.org/10.1177/1524838017738726>

Nielsen, B. F. R., Wind, G., Tjørnhøj-Thomsen, T., & Martinsen, B. (2018). A Scoping Review of Challenges in Adult Intimate Relationships After Childhood Sexual Abuse. *Journal of Child Sexual Abuse*, 27(6), 718-728. <https://doi:10.1080/10538712.2018.1491915>

O'Brien, J., Creaner, M., & Nixon, E. (2019). Experiences of fatherhood among men who were sexually abused in childhood. *Child Abuse & Neglect*, 98, 104177. <https://doi.org/10.1016/j.chab.2019.104177>

O'Leary, P., & Barber, J. (2008). Gender Differences in Silencing Following Childhood Sexual Abuse. *Journal of Child sexual abuse*, 17(2), 133–143. <https://doi.org/10.1080/10538710801916416>

O'Leary, P. J., & Gould, N. (2010). Exploring Coping Factors amongst Men Who Were Sexually Abused in Childhood. *The British Journal of Social Work*, 40(8), 2669–2686. <https://doi.org/10.1093/bjsw/bcq098>

Payne, J. S., Galvan, F. H., Williams, J. K., Prusinski, M., Zhang, M., Wyatt, G. E., & Myers, H. F. (2014). Impact of childhood sexual abuse on the emotions and behaviours of adult men from three ethnic groups in the USA. *Culture Health & Sexuality*, 16(3), 231-245. <https://doi:10.1080/13691058.2013.867074>

Phanichrat, T., & Townshend, J. M. (2010). Coping Strategies Used by Survivors of Childhood Sexual Abuse on the Journey to Recovery. *Journal of Child Sexual Abuse*, 19(1), 62–78. <https://doi.org/10.1080/10538710903485617>

Plummer, M. (2018). Lived Experiences of Grooming Among Australian Male Survivors of Child sexual abuse. *Journal of Interpersonal Violence*, 33(1), 37–63. <https://doi.org/10.1177/0886260517732539>

Rapsey, R., Campbell, A., Clearwater, K., & Patterson, T. (2020). Listening to the Therapeutic Needs of Male Survivors of Childhood Sexual Abuse. *Journal of Interpersonal Violence*, 35(9-10), 2033–2054. <https://doi.org/10.1177/0886260517701453>

Ray, S. L. (2001). Male Survivors' Perspectives of Incest/Sexual Abuse. *Perspectives in Psychiatric Care*, 37(2), 49–59. <https://doi.org/10.1111/j.1744-6163.2001.tb00618.x>

Roberts, S. (2020). Untold Stories: Male Child Sexual Abusers' Accounts of Telling and Not Telling about Sexual Abuse Experienced in Childhood. *Journal of Child Sexual Abuse*, 29(8), 965–983. <https://doi.org/10.1080/10538712.2020.1841351>

SAMSN (2022). 'Get to Know Us'. Accessed December 2022 <https://www.samsn.org.au/get-to-know-us/>).

Sharma, A. (2017). Lived experiences of men survivors of Child sexual abuse in India: A phenomenological exploration (Publication No. 10690337) [Doctoral dissertation, University of Minnesota]. ProQuest Dissertations Publishing.

Vollman, B. K. (2021). When Did I Become a Victim? Exploring Narratives of Male Childhood Sexual Abuse. *Journal of Child & Adolescent Trauma*, 14(2), 277-293. <https://doi:10.1007/s40653-021-00346-0>

Walsh, K., Fortier, M. A., & DiLillo, D. (2009). Adult coping with childhood sexual abuse: A theoretical and empirical review. *Aggression and Violent Behavior*, 15(1), 1–13. <https://doi.org/10.1016/j.avb.2009.06.009>

Warwick Medical School (2021). 'The Warwick-Edinburgh Mental Wellbeing Scales – WEMWBS' Accessed November 2022. <https://www.healthscotland.scot/health-topics/mental-health-and-wellbeing/wemwbs#:~:text=The%20Warwick%2DEdinburgh%20Mental%20Well,assessing%20a%20population's%20mental%20wellbeing>

World Health Organization. (2003). Guidelines for medico-legal care of victims of sexual violence. World Health Organization. <https://apps.who.int/iris/handle/10665/42788>

Appendices

Appendix A Survivors & Mates Support Network (SAMSN) Program Logic

OUR VISION	Adult male survivors heal from child sexual abuse, support others to thrive and become leaders for change			
OUR IMPACT (OUTCOMES)	<ol style="list-style-type: none"> 1. A trauma-informed space where male survivors can engage in recovery from the impacts that child sexual assault has on adult life 2. Safe peer-support and connection so that adult male survivors can overcome social isolation and strengthen their relationship to self and others 3. Survivors have the language and understanding to share their experience and the tools to regulate their emotions and wellbeing 4. Survivors are supported and recognised in their resilience and recovery 			
HOW WE MEASURE OUR IMPACT	Impact Area 1	Impact Area 2	Impact Area 3	Impact Area 4
	<ul style="list-style-type: none"> - No of survivors who make contact with our service - No of clients who engage in Planned Support - No of clients who are supported to access counselling - No of clients supported to engage with Centrelink, justice, housing, and other services - Number of clients supported to access the National Redress Scheme and/or specialist counsellors 	<ul style="list-style-type: none"> - No of clients who connect with one of our Lived Experience staff - No of clients who engage in our 8-week peer support program - No of locations where 8-week peer support program is delivered each year - Client feedback on evaluation forms regarding relationships and social connection - Feedback from supporters about survivors' inter-personal skills 	<ul style="list-style-type: none"> - No of clients who complete our Eight-week peer support program - No of group clients who access support from facilitators & staff - Client feedback on evaluation forms re emotional regulation and harmful behaviours - Client observations in consultation regarding understanding of CSA, ability to tell their story and emotional regulation skills - Supporter observations in consultation regarding survivor's understanding of CSA, ability to tell their story and emotional regulation skills - No of clients supported to engage with justice services and Redress 	<ul style="list-style-type: none"> - Client reflections on evaluation forms about self-esteem, coping and wellbeing - Client observations in consultation about self-esteem, coping and wellbeing - Supporter observations in consultation about survivor's self-esteem, coping and wellbeing - No of clients who access Planned Support after completing group program - No of clients who engage in monthly support group after Eight-week group
OUR ACTIVITIES	Impact Area 1 Our Planned Support Workers undertake initial client intake, supporting safe disclosure, identifying client hopes and risks and undertaking safety planning. Our Planned Support Workers provide person-centred support to clients to address primary needs and support men who are interested in and ready to register for the group program. Ongoing Planned Support assists clients to access Centrelink, housing services, Victims Services, National Redress Scheme, specialist Counsellors, justice and legal services and other supports.	Impact Area 2 Our Planned Support Workers can connect clients with one of our Lived Experience staff to overcome feelings of isolation and being 'different'. Our Planned Support Workers support men to access our Eight-week Support Group program for peer support. Group program participants learn about the effects of abuse on themselves and their relationships with partners, family, friends, and colleagues. Telephone support is provided by facilitators and Planned Support staff if group clients need additional support or can't make group meeting. Survivors and Supporters have access to one day peer support workshops.	Impact Area 3 Eight-week Support group program participants are engaged in discussion that explores the diverse circumstances and nature of abuse and the impacts of abuse. Eight-week Support group clients are supported to share their own story if they choose to. Eight-week Support group clients learn about grooming and are given insights to reduce feelings of guilt and shame and to regulate emotions. Access to ongoing planned support Access is facilitated to National Redress Scheme for monetary compensation, counselling and/or an apology for survivors of assault in institutional or organisational settings.	Impact Area 4 Eight-week Support group clients are supported to recognise and celebrate their progress since joining the group. Group program participants are supported to make plans for their ongoing recovery after group program completion. We provide access to monthly drop-in peer support meetings for men who have completed the Eight-week group program who wish to sustain connection with peers. Ongoing Planned Support is available to men who participate in the Eight-week group program, whether they complete or not. More broadly clients benefit from the impacts of SAMSN's advocacy for policy reform and societal change in how survivors are understood and treated. Clients benefit from SAMSN's training to build capacity in the services that clients continue to access for support.
OUR INPUTS	Funding and partnerships <ul style="list-style-type: none"> - NSW Victims Services - NSW Health - Commonwealth Department of Social Services (National Redress Scheme) 	Our staff <ul style="list-style-type: none"> - Managing Director/CEO - Community Engagement - Planned Support - General Manager - Chief Finance Officer - Clinical Services Manager - Administration support - 12 casual group facilitators 	Evidence-based practice & resources <ul style="list-style-type: none"> - Our expert Clinical Advisory Group informs our practice - Our research and evaluation raise awareness of survivor support needs - Our Program Guide supports consistency in practice across sites - Evidence-based print and audio readings are provided to group participants 	Our supporters and champions <ul style="list-style-type: none"> - SAMSN Board of Directors - Our Patron: Robert Fitzgerald AM - Our Ambassador: Rob Carlton
OUR STRENGTHS & RESOURCES	SAMSN (Survivors and Mates Support Network) is a specialist survivor-led, trauma-informed service that role models recovery for men who have survived child sexual assault. Our direct acknowledgement of and focus on child sexual assault differentiates us from other services that respond to the 'symptoms' of assault, such as alcohol and other drug misuse. Our diverse team draw from their personal and professional lived experience, culture, and other specialist qualifications to engage and support survivors at any stage of their recovery with honesty, empathy, and warmth. SAMSN's Aboriginal and Torres Strait Islander Advisory Group (SATSIAG) provide advice to SAMSN so that we can respond to Aboriginal and Torres Strait Islander clients in culturally safe ways. Our work with survivors is supported by evidence of how child sexual assault occurs and the ongoing impacts for survivors, their supporters, and families. Our support for survivors is made possible by funding from Victims Services NSW, NSW Health, and the Commonwealth Department of Social Services.			
KEY CHALLENGES OF OUR WORK	While SAMSN is supporting an ever-increasing client base we face challenges in engaging younger men, Aboriginal and Torres Strait Islander men and men with disabilities. Social isolation, fear and anxiety can make it very challenging for survivors to access support and engage in the peer-support program. There is a lack of accessible and affordable trauma-informed psychologists with the capacity to support survivors and also a lack of suitable services to support Aboriginal survivors, particularly in rural and regional areas. There is also ignorance of survivors' experience and misconceptions about child sexual assault which undermines service provision to survivors across the health and human services sector. We are committed to societal change for how sexual violence survivors are treated and understood. We face challenges in advocating and lobbying to create positive change and achieve justice for survivors.			
OUR CLIENTS	Our primary clients are male-identifying survivors of child sexual assault. Our clients are diverse, as are the circumstances and impacts of their assault. This includes men of all ages, including Aboriginal men and men from diverse cultures, men of different sexualities and abilities and men from different socio-economic brackets. Some clients present as 'high-functioning professionals' while others are impacted by unemployment, poverty, disadvantage and homelessness. Many of our clients live with trauma, anxiety, and mental illness, which in some instances has manifested in alcohol and other drug misuse and other destructive behaviours. Many survivors experience social isolation, relationship breakdown and other relationship challenges. Our clients' supporters, including partners, parents, family members and friends, are our secondary clients.			

SAMSN Client Survey

Thank you for agreeing to take part in the SAMSN Client Survey. This survey hopes to understand the impact of SAMSN's support programs & work with men. It will provide knowledge into helping improve support & healing for clients. We appreciate you taking the time to complete the survey.

Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks.

Statements	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5

Appendix B

Additional SAMSN Evaluation Questions

Statements	None of the time	Rarely	Some of the time	Often	All of the time
I have support to address the impacts that abuse has had on my life	1	2	3	4	5
I am aware of the ways that childhood abuse can impact me as an adult	1	2	3	4	5
I believe I am not responsible for the abuse that occurred to me	1	2	3	4	5
I have had positive peer support and connection with other survivors	1	2	3	4	5
I am free from thoughts about harming myself	1	2	3	4	5
I can safely talk about my experience of abuse	1	2	3	4	5
I avoid misuse of alcohol, drugs and/or other addictive behaviours	1	2	3	4	5
I have adopted strategies to help me manage my emotions	1	2	3	4	5
I feel like I can cope with the pressures of life	1	2	3	4	5
I know how and where to access support if I need to	1	2	3	4	5

Appendix C

SAMSN Evaluation Demographic Data

Participant name: _____

Participant ID code: _____ (administrative purposes)

Age:

18-19 20-24 25-29 30-34 35-39 40-44
 45-49 50-54 55-59 60-64 65-69 70-74
 75-79 80-84 85-89

Gender:

Man

Woman

Transgender/transman

Non-binary/gender diverse

My gender identity isn't listed. I identify as _____

Prefer not to say

Are you:

Aboriginal and/or Torres Strait Islander

Non-Aboriginal/Non-Torres Strait Islander, Australian born

Overseas born. Please specify where you were born _____

Prefer not to say

Do you identify as:

Heterosexual/straight

Homosexual/gay

Homosexual/lesbian

Bisexual

My sexuality is not listed. I identify as _____

Prefer not to say

Do you identify as having a disability?

Yes

No

Unsure

Prefer not to say

Do you have safe and stable accommodation?

Yes

No

Prefer not to say

Appendix D

SAMSN Planned Support Discussion Guide

1. How did you first hear about SAMSN?
2. What motivated you to make contact with SAMSN?
3. Which of the following SAMSN supports have you engaged with? – Redress – Counselling - Access Victims Services - Police/ Sexual Assault Reporting Option - Support with Civil proceedings - Application for Eight-week Support Group - Support with housing - Support to address alcohol/drug issues - Support with NDIS application - Support to access Centrelink - Support with other applications - Support to access other services - Other
4. Had you disclosed your experience of abuse before engaging with SAMSN or was this your first point of disclosure? - If no, how did you feel when you disclosed?
5. Have you had any connection with any of SAMSN's Lived Experience staff? - If so, how did you find that experience?
6. How have you felt during your dealings with SAMSN staff? - If safe, is there anything in particular that made you feel safe when dealing with SAMSN? - If unsafe, is there anything in particular that made you feel unsafe when dealing with SAMSN? - Is there anything you can suggest that would make it more safe and comfortable for men to engage with SAMSN?
7. Do you perceive any benefits or drawbacks from having engaged with SAMSN? - If so, what are those benefits or drawbacks?
8. SAMSN aims to achieve a number of outcomes for clients. I'd like to go through each of those with you and hear your thoughts on whether they did or didn't support you in regard to those outcomes and invite you to share your thoughts on each outcome area. Since engaging with SAMSN: Have you learned more about child sexual abuse and how perpetrators operate? - Have you learned more about how the experience of child sexual abuse can impact you as an adult? - Has your ability to talk about your own experience of abuse improved at all? - Have you noticed any changes in how you manage your feelings, emotions and thoughts? - Have you observed any changes in how you feel about yourself? - Have you observed any changes in how you relate to other people? - Have you experienced any improvement in your feeling of social connection? - Have you experienced any changes in your ability to cope with things? - Have you experienced any changes in your overall health and wellbeing?
9. Have you registered to participate in SAMSN's Eight-week Support Group for survivors?
10. If yes to (9) - How long have you been on a waiting list for?
11. If yes to (9) - Have you had support from SAMSN staff while you've been waiting to join a group?
12. Are there any additional outcomes that you think SAMSN should seek to support survivors to address?
13. Do you have any suggestions as to how SAMSN could improve the support they provide for survivors in any way?
14. Would you like to add anything else?

Appendix E

SAMSN Eight-week Support Group Program Participant Discussion Guide

1. How did you first hear about SAMSN?
2. What motivated you to want to participate in SAMSN's Eight-week Support Group program?
3. Did you feel safe and comfortable when you commenced the group program? - If yes, what were the factors that made you feel safe and comfortable to engage in the group program? - If no, is there anything you can suggest that would make it easier and safer for men to join and participate in the group?
4. Did you perceive any benefits or drawbacks from participating in the group? If so, what were they?
5. Was there any particular information or insights shared in the groups that you found most helpful? - If so, what was the most beneficial learning(s) for you? - Did you find any of the sessions more beneficial than others? If so, which ones?
6. Was there any particular information or insights in the groups that you found irrelevant or not beneficial? - If so, what was that information?
7. Reflecting on your time in the SAMSN group: - did you learn anything that improved your understanding of child sexual abuse and how perpetrators operate? - did you learn anything that improved your understanding of the ways the experience of child sexual abuse can impact you as an adult? - did you learn anything that improved your ability to talk about your own experience of child sexual abuse? - did you learn anything that improved your ability to manage your feelings, emotions and thoughts?
8. The SAMSN groups adopt a number of different processes intended to support survivors to learn and recover, including providing readings for group members to prepare for each session, peer group discussion around key themes and sharing of insights from group facilitators. I'd like to hear your thoughts on how effective those approaches were. - How did you find the readings? Were they easy to understand? Was the content relevant to you or not? - How did you find the peer group discussions? Were discussions in the group well managed or not? How did you feel when contributing to discussion? - How did you find the facilitation of the groups? Did you have confidence in the facilitator to manage group discussion safely and effectively? Can you suggest any ways that the groups could have been better facilitated?
9. Did you access Planned Support as well while completing the Eight-week Support Group program? If so, was that easy to access? Was that support adequate or not?
10. I'd like to hear your thoughts on whether the program benefited you in relation to some of the program goals: - Have you observed any changes in how you feel about yourself? - Have you observed any changes in how you relate to other people? - Have you experienced any improvement in your feeling of social connection? - Have you experienced any changes in your ability to cope with things? - Have you experienced any changes in your overall health and wellbeing?
11. Have you engaged with other supports through SAMSN other than the group program? (e.g. Planned Support, Justice support, Redress, referral pathways etc) - If so, what other SAMSN services have you accessed? - Did you find these beneficial or not? - Can you suggest any way to improve these other supports?



12. Are there any additional outcomes or supports that you think SAMSN should try and support survivors to address?
13. Looking back to when you first connected with SAMSN, do you think your support needs have changed over time? - If yes, how have they changed?
14. Now that you've completed the group program, have you made a plan to continue to focus on your wellbeing?
15. Have you had ongoing contact with SAMSN since completing the group program? - If yes, what SAMSN support are you accessing?
16. Can you identify any other additional support that you need now that you've finished the Eight-week Support Group program?
17. Do you have any suggestions as to how the SAMSN group program for survivors could do more to benefit survivors in any way?
18. Would you like to add anything else?

Appendix F

SAMSN Follow-up Eight-week Support Group Program Participant Discussion Guide

Introduction: When we last talked I asked you to reflect on the impacts of your participation in the SAMSN Eight-week Support Group program for survivors. Today I'd like to revisit some of those points to see if you feel any differently now that a few months have passed since you completed the group program.

1. At this point in time, do you perceive any particular ongoing benefits or drawbacks from having participated in the SAMSN group? If so, what?
2. Last time we spoke I asked your view on whether the group program had achieved some specific goals. I'd like to revisit those same questions so you can reflect on how you feel about them now. - Have you observed any change in the way you feel about yourself since completing the program? - Have you observed any changes in your ability to manage your feelings, emotions and thoughts since completing the program? - Have you observed any improvement in your ability to talk about your own experience of child sexual abuse since completing the program? - Have you observed any changes in how you relate to other people since completing the program? - Have you experienced any improvement in your feeling of social connection since completing the program? - Have you experienced any changes in your ability to cope with things since completing the program? - Have you experienced any changes in your overall health and wellbeing since completing the program?
3. Were there any benefits of program participation that you feel have diminished over time? If so, what? - If yes, can you suggest any way these benefits may have been better sustained for you?
4. Have you identified any new or emerging support needs you have since completion of the Eight-week Support Group program? - If yes, what are those needs? - How could you best be supported to address them?
5. Have you accessed any further support from SAMSN to address the impacts of abuse on your adult life since you finished the program? - If yes, what was the nature of support you accessed? - Was that support adequate to address your needs or not?
6. Can you suggest any additional supports that would benefit you and support you to sustain your recovery after completion of the Eight-week Support Group program?
7. Would you like to add anything else?

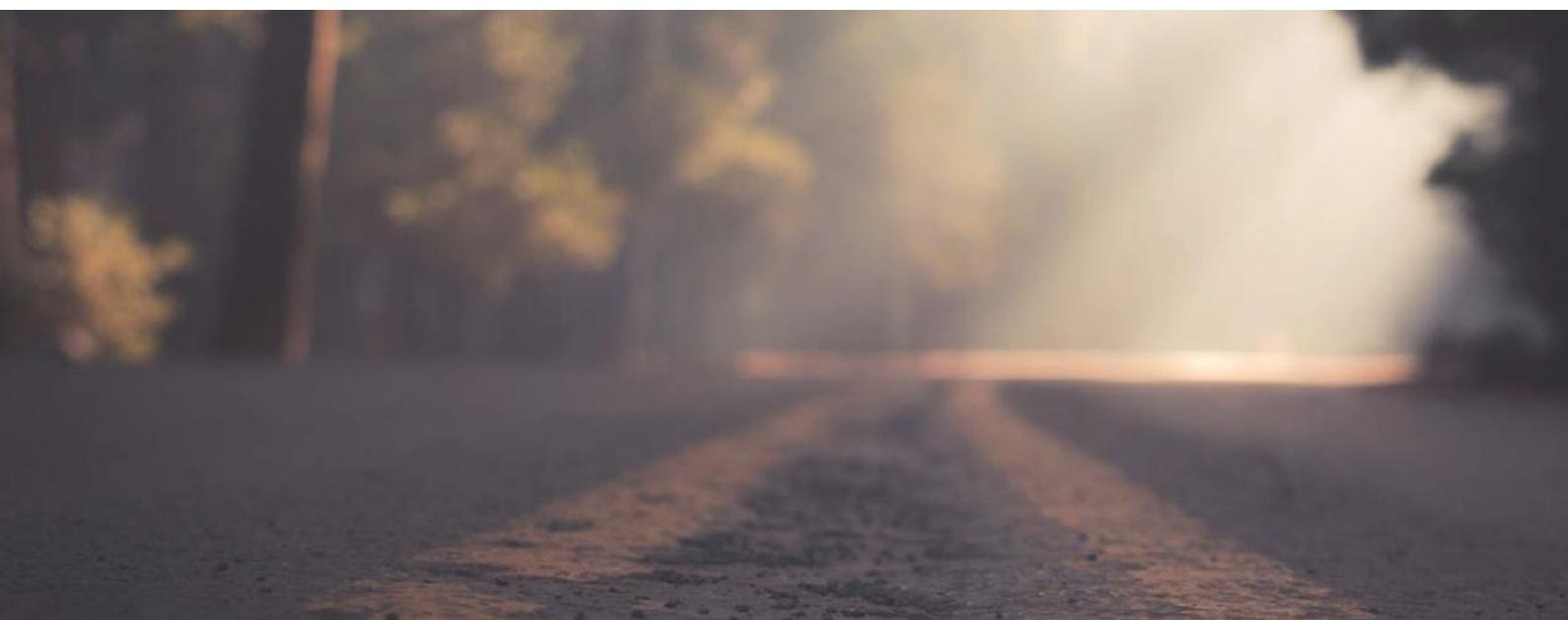
Appendix G

SAMSN Staff Discussion Guide

1. How long have you been working with SAMSN?
2. Tell me about your role.
3. What qualifications and experience do you need for this role?
4. Did you have experience working with survivors before this role?
5. From your experience at SAMSN, what do you think are the key impacts of abuse that group participants are seeking to understand and/or address?
6. What do you consider to be critical to facilitating 'recovery' or 'healing' for survivors of child sexual abuse?
7. Do you have any exclusion criteria for clients? If so, what is that criteria? Are there other services or programs you can connect those people with?
8. Given the prevalence of trauma for survivors, what do you think are the critical elements of trauma-informed practice when supporting recovery for survivors?
9. What strategies do you adopt to try and create safety when a new client is first engaging with you?
10. Do you have any strategies to try and ensure safety for clients when you connect them with another service for support?
11. Given the diversity in SAMSN's clients, how do you ensure cultural safety for everyone (e.g. Aboriginal men, men from diverse cultures and faiths, gay men and people of different sexualities, men of different ages, men of different abilities, men of different socio-economic status)?
12. How do you determine if someone is ready to transition to the Eight-week Support Group program?
13. Do you have any strategies to monitor safety for clients who transition to the group program?
14. Have you ever identified any unintended risks for clients at any stage of their engagement with SAMSN? If so, have you adopted strategies to try and manage them?
15. Do you think the strategies in place are adequate to ensure genuine trauma-informed care for survivors?
16. (For staff who engage with clients after group program completion) Do you observe any changes in the behaviour or attitudes of men after they have engaged with the group? - If so, what changes do you observe? - Prompts: Interpersonal engagement, emotional regulation, self-care, awareness of self and others, developing the language to tell their story - How do you think these changes could best be measured?
17. Do you think survivor's support needs change over time? Is so, how? Do you think SAMSN's service is designed in a way that can respond to those changing support needs or not? Is there a role for other services to address any change in support needs?



18. Do you think the policies, procedures and systems established within SAMSН are designed to support the best outcomes for clients? - If not, can you suggest any ways these could be improved?
19. Do you think the policies, procedures and systems established within SAMSН to support you and ensure your wellbeing are adequate? - If not, can you suggest any ways these could be improved?
20. Can you suggest anything else at all that you think would improve outcomes for SAMSН's group program for survivors?
21. Would you like to add anything else?



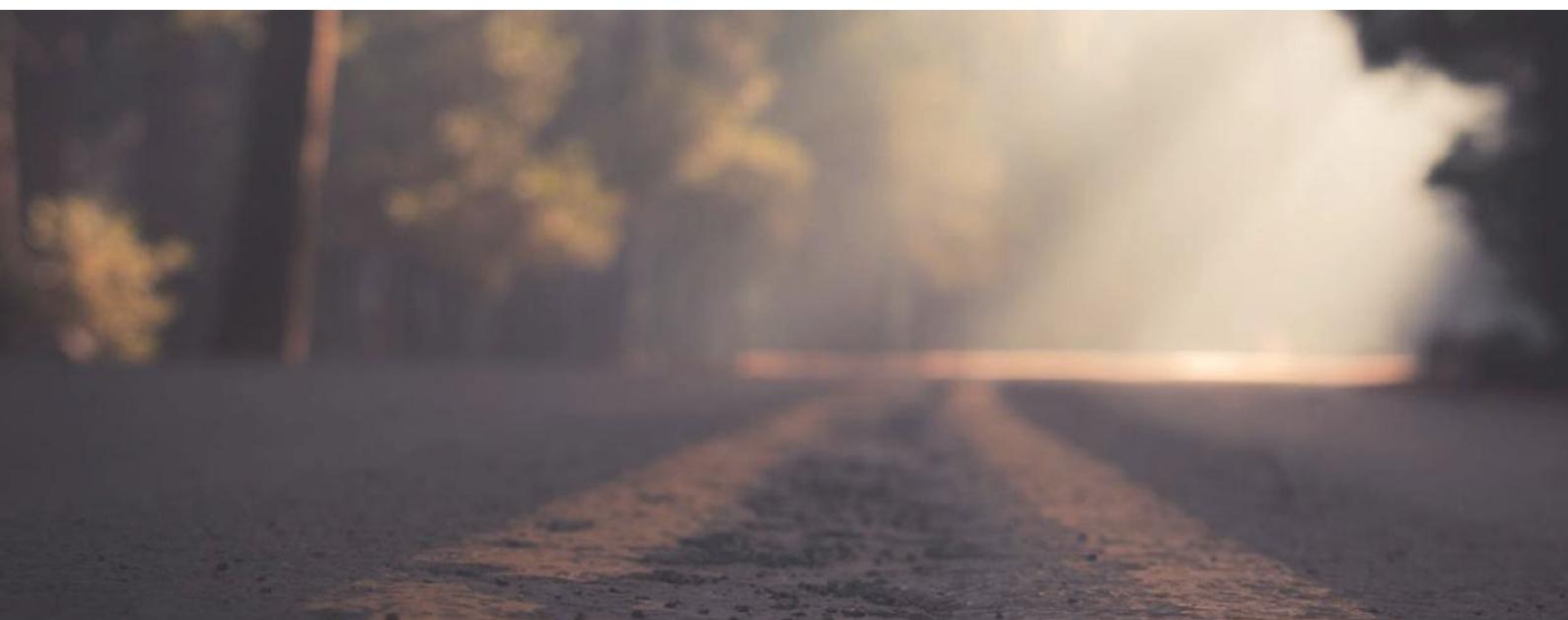
H

SAMSN Eight-week Support Group Facilitator Discussion Guide

1. How long have you been facilitating groups with SAMSN clients?
2. Can you explain your role as a facilitator and other responsibilities of the position?
3. What qualifications and experience do you need for this role?
4. Did you have experience working with survivors before this role?
5. What do you think are the key impacts of abuse that group participants are seeking to understand and/or address?
6. What do you consider to be critical to facilitating 'recovery' or 'healing' for survivors of child sexual abuse?
7. Are there specific theoretical or practice frameworks that you draw from when facilitating SAMSN groups?
8. Can you tell me about the intake process you conduct with Eight-week Support Group members before they commence the group?
9. Does that intake process ever identify men who you decide are not ready to participate in the group? - If so, what are the factors that result in someone being deemed 'not group ready'? - What process is followed for men who are not group ready?
10. Given the prevalence of trauma for survivors, what do you consider to be the critical elements of 'trauma-informed practice' when facilitating the groups?
11. What steps do you take to try to establish safety for clients during and after each group session?
12. Given the diversity in SAMSN's clients, how do you ensure cultural safety for everyone in the group? (e.g. Aboriginal men, men from diverse cultures and faiths, gay men and people of different sexualities, men of different ages, men of different abilities, men of different socio-economic status)
13. Have you observed any unintended risks for survivors participating in groups? If so, what steps do you take to try and manage them?
14. Are you aware of any strategies that SAMSN has adopted to try and maintain safety and support for men who have completed the groups?
15. Do you think the strategies in place are adequate to ensure genuine trauma-informed care for survivors?
16. Do you observe any changes in the behaviour or attitudes of men after they have engaged with the group? - If so, what changes do you observe? Prompts: Interpersonal engagement, emotional regulation, self-care, awareness of self and others, developing the language to tell their story - How do you think these changes could best be measured?
17. Are there many men who commence the group program but exit before completing the groups? - Do you have any insights into the factors that might influence some men to exit before completing program? - Do you think there are any ways the program could be adapted that would increase program retention rates?



18. Do you think the policies, procedures and systems established within SAMSN are designed to support the best outcomes for clients? - If not, can you suggest any ways these could be improved?
19. Do you think the policies, procedures and systems established within SAMSN to support you and ensure your wellbeing are adequate? - If not, can you suggest any ways these could be improved?
20. Can you suggest anything else at all that you think would improve SAMSN's group program for all survivors?
21. Would you like to add anything else?



Appendix I

SAMSN Advisory Group Member Discussion Guide

1. You were identified by SAMSN as having an advisory role to their service. What is the nature of your role?
2. How long have you been in this role?
3. What qualifications and experience do you need for this role?
4. What is involved in being in this advisory group/role? - Do you advise on policy and practice? - Do you discuss or advise on clinical practice? - Do you provide advice on individual cases? - Do you provide training for staff? - Do you provide supervision for staff? If so, is that just clinical staff? - Do you assist with recruitment of suitable staff? - How often do you provide advice to SAMSN?
5. Did you have experience working with survivors before this role?
6. What theoretical and/or practice frameworks do you draw from when advising SAMSN on how to effectively and safely support survivors?
7. What do you consider best practice when supporting disclosure, recovery and healing for adult male survivors of child sexual abuse?
8. Given the prevalence of trauma for survivors, how would you define genuinely trauma - informed practice for survivors? - Do you think SAMSN is a genuinely trauma-informed service or not? - Could you suggest anything that would improve SAMSN's capacity for trauma-informed support?
9. Given the diversity in SAMSN's clients, what practices do you think SAMSN can adopt to ensure cultural safety for everyone (e.g. Aboriginal men, men from diverse cultures and faiths, gay men, men of different ages, men of different abilities, men of different socio-economic status)?
10. Have systems and processes have been established to embed your advice into SAMSN practice? - If so, are these systems effective? - Are there any systems established to monitor compliance with SAMSN's clinical practice framework?
11. Do you think your advisory role is sufficient and adequately supported to ensure best practice support for clients or not?
12. Can you suggest anything more that SAMSN should or could be doing to ensure best practice support for survivors?
13. Are you aware of what supports SAMSN has established to ensure the safety and wellbeing of their staff, including management and facilitators? - Is this adequate? - Can you suggest any additional supports to ensure staff safety and wellbeing?
14. Would you like to add anything else?

Appendix J

SAMSN Group Program Supporters Discussion Guide

1. What is your relationship to the person you are supporting?
2. What do you think motivated your partner/son/friend/brother to engage with SAMSN and participate in SAMSN's group program?
3. Are you aware of any positive and/or negative feelings they had about the group that you could share?
4. Did you perceive any changes to the self-esteem of your partner/son/friend/brother participating in the group? If so, what were they?
5. Did you observe any changes in the way your partner/son/friend/brother participating in the group managed their feelings? If so, what were they?
6. Did you perceive any changes in how your partner/son/friend/brother communicates and relates to you and/or other people?
7. Did you perceive any changes in your partner/son/friend/brother and their ability to talk about their experiences of child sexual abuse?
8. Have you had any discussions with your partner/son/friend/brother about their understanding of child sexual abuse and how it occurs and the impact it can have on adults?
9. Did you perceive any benefits or drawbacks from your partner/son/friend/brother participating in the group? If so, what were they?
10. Are there any additional outcomes or supports that you think SAMSN should try and support survivors to address?
11. Have you yourself accessed any of the services SAMSN provides to supporters of survivors? (Such as the individual short-term counselling, supporters and survivors workshops, and resources for supporters)? If so, did you find this beneficial or not?
12. Have you ever accessed any other services for support to deal with the impacts of your partner/son/friend/brother's abuse on you? - If so, which services? What was that experience like?
13. Have you identified any gaps in the services available for supporters? - If yes, what are those gaps?
14. Are there any additional supports that SAMSN or any other service could provide to assist supporters of survivors?
15. In conclusion, do you have any suggestions as to how the SAMSN group program for survivors could do more to benefit survivors and / or their supporters in any way?

Appendix K

SAMSN Partner Agency Representative Discussion Guide

1. Can you tell me about your service and your role in the organisation? - What is your core service or program and/or purpose? - What is your role in the organisation? - What is the demographic of your core clients? - Where do you deliver services?
2. Your service was identified as a partner agency by SAMSN. What is your understanding of SAMSN's core function and the services they provide?
3. What is/are the reason(s) your service engages with SAMSN? - Do you refer clients to SAMSN to receive referrals from SAMSN? - What's the nature of the supports being sought or provided? - Who are the clients that you refer to SAMSN or are referred to your service? - Is there a particular team or role within SAMSN that you primarily engage with?
4. How would you describe your experience in dealing with SAMSN? - Have your dealings with SAMSN staff been positive, negative or otherwise? - Do you think the processes established to support referrals between your services are effective or not? - Can you suggest anything that would improve the effectiveness of interactions between your service and SAMSN?
5. (If you refer clients to SAMSN – if not go to 6) Have you observed any outcomes, benefits or challenges experienced by clients that you have referred to SAMSN? - Do you consider SAMSN a suitable support agency for a diverse client base, including Aboriginal men, men from diverse cultures and faiths, gay men and people of different sexualities, men of different ages, men of different abilities, men of different socio-economic status?)
6. Have you identified any critical gaps in the supports available for survivors from SAMSN or the service sector more broadly? If so, what are they?
7. SAMSN have identified four key outcomes that they are committed to for their clients. I'll invite you to comment on whether you think they are meeting those outcomes or not and if so to what extent. You may not be able to comment or you may choose not to comment. - (to provide) A trauma-informed space where male survivors can engage in recovery from the impacts that child sexual assault has on adult life - (to provide) Safe peer-support and connection so that adult male survivors can overcome social isolation and strengthen their relationship to self and others. - Survivors have the language and understanding to share their experience and the tools to regulate their emotions and wellbeing. - Survivors are supported and recognised in their resilience and recovery.
8. If SAMSN was to cease operating are there other services that could address the needs of your clients who currently engage with, or have previously engaged with SAMSN? - What would the impact of the cessation of SAMSN be for clients and other services?
9. Can you suggest anything else at all that you think would improve outcomes for your clients who are adult survivors of child sexual abuse?
10. Would you like to add anything else?

Appendix L

Participant Information Statement - SAMSN Eight-week Support Group Program Participants

Survivors & Mates Support Network Evaluation

Associate Professor Susan Heward-Belle (Chief Investigator)

Social Work and Policy Studies

Sydney School of Education and Social Work

Phone: +61 414-416-631 | Email: susan.hewardbelle@sydney.edu.au

(1) What is the study about?

You are invited to take part in a research study about the impact of SAMSN's work with adult male survivors of child sexual abuse. We plan to hear about how SAMSN clients, staff and supporters view SAMSN's services. We aim to find out whether SAMSN clients benefit from SAMSN and how effective the program design, management and processes of SAMSN are and if there is anything that could be improved. Taking part in this study is voluntary.

Please read this sheet carefully and ask questions about anything that you don't understand or want to know more about.

(2) Who is running the study?

The study is being carried out by the following researchers:

- Associate Professor Susan Heward-Belle, Sydney School of Education and Social Work
- Patrick Shepherdson, Independent Social Researcher
- Hayden Tucker, Research Associate, Sydney School of Education and Social Work
- Ms Anisha Gunawardhana, Research Associate, Sydney School of Education and Social Work
- Ms Maya Hammond, BSW student whose placement with the Sydney School of Education and Social Work is supervised by A/Prof Susan Heward-Belle

This study is being jointly funded by SAMSN and NSW Health.

(3) Who can take part in the study?

You have been invited to take part in this study because you are participating in SAMSN's Eight-week Support Group Program.

(4) What will the study involve for me?

If you decide to take part in this study, you will be asked to take part in the following:

- complete an online demographic questionnaire and a survey that asks you to think about your general health and wellbeing. You will be invited to complete this survey at three different times: [1.) when you have your pre-group assessment 2.) after your final group session and 3.) 12 weeks after your final group session.] This survey will take approximately 15-20 minutes to complete each time. You will receive an email that contains a link to a secure online platform (Qualtrics) hosted by The University of Sydney.
- an interview after you finish the group program as well as a follow up discussion after 12 weeks. This will help us to gain an in-depth understanding of your experiences of participating in SAMSN's Eight-week Support Group Program. You can choose for your interview to be over video, telephone or (COVID safety permitting) face-to-face. The interview is expected to take around 30 minutes – 1 hour and the interview questions are made to hear your views on program benefits, structure and contents. If you agree, we would like to audio record what you say so we can remember what we talk about.
- you will be invited to complete a SAMSN program online evaluation form on the final night of your group session.

(5) Can I withdraw once I've started?

Being in this study is completely voluntary and you do not have to take part. Your decision whether to participate will not affect your current or future relationship with the researchers or anyone else at SAMSN or the University of Sydney.

If you decide to take part in the study and then change your mind later, you are free to withdraw at any time. You can do this by contacting the researchers via email or phone.

In an interview, you are free to stop the interview at any time. Unless you say that you want us to keep them, any recordings will be erased and the information you have provided will not be included in the study results. You may also refuse to answer any questions that you do not wish to answer during the interview.

(6) Are there any risks or costs?

Your safety is our top priority and we have developed the discussion guides with safety planning in mind as we are aware these discussions could be distressing.

The Discussion Safety Plan which is designed to ensure emotional and physical safety for you includes:

- that your participation is purely voluntary, and you may choose if you wish to participate.
- allowing you to choose a time, location and/or means of engaging in an interview that is safe and convenient for you (subject to allowing confidential discussion).
- access to counselling support will be provided to you during and after participation in the evaluation.

- reiteration that you may withdraw from or cease the interview at any time.
- a strengths-based discussion guide to support the interview that focuses specifically on your perceptions of the SAMSN Group program and Planned Support, perceived benefits of the program as well as suggestions for improvements.

(7) Are there any benefits associated with being in the study?

We cannot guarantee that you will receive any direct benefits from being in the study. However, your participation will contribute to our understanding of how best to support men who have been sexually abused and their supporters.

(8) What will happen to information that is collected?

Personal information will be collected and stored in the following ways:

- The online survey information will be hosted on the University of Sydney server using Qualtrics to provide a high level of data security and privacy.
- Interviews will be audio recorded and a copy of the audio file will be uploaded to a secure, online platform for transcription. Transcripts will be used in data analysis.
- Electronic data will be securely stored on the University's research data storage that can only be accessed by the researchers.
- Study results will be published in a final report, journal publications, evidence-to-practice briefs, and conference presentations.
- Data will be retained for 5 years in accordance with University requirements and subsequently electronic files will be deleted and hard copy files shredded.

By providing your consent, you are agreeing to us collecting personal information about you for the purposes of this research study. Your information will be used only for the purposes outlined in this Participant Information Statement, unless you consent otherwise.

Your information will be stored securely and your identity/information will be kept strictly confidential, except as required by law. Study findings may be published, but you will not be individually identifiable in these publications.

We will keep the information we collect for this study, and we may use it in future projects. By providing your consent you are allowing us to use your information in future projects. We don't know at this stage what these other projects will involve. We will seek ethical approval before using the information in these future projects

(9) Will I be told the results of the study?

Yes, you have a right to receive feedback about the overall results of the study. The feedback will be in the form of a brief two-page plain English summary which will be sent to you if you select that you are interested in the findings of the research in your consent form. The plain English summary will only be sent to a location that is safe and appropriate for you. A link to the full report will also be contained in the two-page summary, if you are interested in reading the full report.

(10) What if I would like further information?

When you have read this information, the following researcher/s will be available to discuss it with you further and answer any questions you may have:

Associate Professor Susan Heward-Belle
Social Work and Policy Studies
The Sydney School of Education and Social Work, The University of Sydney
Phone: +61 414-416-631 | Email: susan.hewardbelle@sydney.edu.au

Patrick Shepherdson
Independent Research Consultant
Phone: +61 411-161-434 | Email: patrick@shepherdson.com.au

(11) What if I have a complaint or any concerns?

The ethical aspects of this study have been approved by the Human Research Ethics Committee (HREC) of The University of Sydney [HREC Approval No. 2021/737] according to the National Statement on Ethical Conduct in Human Research (2007).

If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact the University:

Human Ethics Manager
human.ethics@sydney.edu.au
+61 2 8627 8176

This information sheet is for you to keep

Appendix M
Survivors & Mates Support Network Evaluation Study

PARTICIPANT CONSENT FORM (No interview)

I, [PRINT NAME], agree to take part in this research study.

In giving my consent I state that:

- The details of my involvement have been explained to me (including specific procedures and time involvement), and I have been provided with a written Participant Information Statement to keep.
- I have read the Participant Information Statement and have been given the opportunity to discuss the information and my involvement in the project with the researcher(s).
- Any questions I have about the project have been answered to my satisfaction.
- I understand the purpose of the study is to undertake an evaluation of the impact of SAMSN's work to support adult male survivors of child sexual abuse.
- I acknowledge that the risks and benefits of participating in this study have been explained to me to my satisfaction.
- I understand that in this study I may be required to complete a demographic questionnaire and/or a survey that seeks to measure my health and wellbeing before and after participating in SAMSN, lasting approximately 15 minutes.
- I understand that the researchers will ensure that data collected from me will be reported in a way that ensures that people will not be able to identify me.
- I understand that my information may be used in future research to support future funding applications and reports to funding bodies. Findings from the evaluation may also be used to inform an article or articles by the researchers to share lessons learned about SAMSN's program with people who work with male survivors, with researchers and the broader community.
- I understand that being in this study is completely voluntary – I am not under any obligation to consent.
- I am assured that my decision to participate will not have any impact on my relationship with the research team, SAMSN or the University of Sydney now or in the future.

- I understand that I am free to withdraw from this study at any time and that I can choose to withdraw any information I have already provided (unless the data has already been de-identified or published).
- I have been informed that the confidentiality of the information I provide will be protected and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.
- I understand that the results of this study may be published, and that publications will not contain my name or any identifiable information about me.

I confirm the following:

I consent to being contacted for future studies Yes No

I consent to my data being used in future research Yes No

I would like feedback* on the overall results of this study Yes No

*Feedback will be a summary report of the key findings of the evaluation.

If you answered YES, please indicate your preferred form of feedback and address:

Postal: _____

Email: _____

- I understand that after I sign and return this consent form it will be retained by the researcher, and that I may request a copy at any time.

.....
Signature

.....
PRINT name

.....
Date

Appendix N
Survivors & Mates Support Network Evaluation Study

PARTICIPANT CONSENT FORM

I, [PRINT NAME], agree to take part in this research study.

In giving my consent I state that:

- The details of my involvement have been explained to me (including specific procedures and time involvement), and I have been provided with a written Participant Information Statement to keep.
- I have read the Participant Information Statement and have been given the opportunity to discuss the information and my involvement in the project with the researcher(s).
- Any questions I have about the project have been answered to my satisfaction.
- I understand the purpose of the study is to undertake an evaluation of the impact of SAMSN's work to support adult male survivors of child sexual abuse.
- I acknowledge that the risks and benefits of participating in this study have been explained to me to my satisfaction.
- I understand that in this study I may be required to complete a demographic questionnaire and/or a survey that seeks to measure my health and wellbeing before and after participating in SAMSN, lasting approximately 15 minutes.
- I understand that in this study I may also be required to take part in a research interview lasting approximately 30 minutes.
- I understand that the researchers will ensure that data collected from me will be reported in a way that ensures that people will not be able to identify me.
- I understand that my participation in the interview may be audio taped so the interview can then be professionally transcribed word-for-word.
- I understand that my information may be used in future research to support future funding applications and reports to funding bodies. Findings from the evaluation may also be used to inform an article or articles by the researchers to share lessons learned about SAMSN's program with people who work with male survivors, with researchers and the broader community.
- I understand that being in this study is completely voluntary – I am not under any obligation to consent.
- I am assured that my decision to participate will not have any impact on my relationship with the research team, SAMSN or the University of Sydney now or in the future.

- I understand that I am free to withdraw from this study at any time and that I can choose to withdraw any information I have already provided (unless the data has already been de-identified or published).
- I have been informed that the confidentiality of the information I provide will be protected and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.
- I understand that the results of this study may be published, and that publications will not contain my name or any identifiable information about me.

I confirm the following:

I consent to audio recordings	Yes <input type="checkbox"/> No <input type="checkbox"/>
I would like to review my interview transcripts	Yes <input type="checkbox"/> No <input type="checkbox"/>
I consent to being contacted for future studies	Yes <input type="checkbox"/> No <input type="checkbox"/>
I consent to my data being used in future research	Yes <input type="checkbox"/> No <input type="checkbox"/>
I would like feedback* on the overall results of this study	Yes <input type="checkbox"/> No <input type="checkbox"/>

*Feedback will be a summary report of the key findings of the evaluation.

If you answered YES, please indicate your preferred form of feedback and address:

Postal: _____

Email: _____

- I understand that after I sign and return this consent form it will be retained by the researcher, and that I may request a copy at any time.

.....
Signature

.....
PRINT name

.....
Date