An Exploration into The Psychotherapeutic Needs of Males Who Have Been Sexually Abused by Their Biological Mother in Australia: A Qualitative Description Study

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Abstract

This thesis explores the experiences of males who have sought psychotherapeutic support for sexual abuse perpetrated by their biological mother in Australia, using a qualitative description research design. The research's findings fill a gap in the existing body of sexual abuse knowledge, specifically regarding the requirements and needs of males who have been sexually abused by their mothers. The information in this thesis establishes recommendations for practitioners—whether sexual assault support workers, mental health nurses, relationship psychologists, medical doctors or psychiatrists—to use in an environment of limited resources for providing effective and appropriate support for maternally sexually abused males accessing their services.

The sexual abuse experienced by these men when they were boys was often highly traumatic and, at times, extremely violent. The maternal sexual abuse has not only adversely affected their childhood, but their lives as adults. The research shines a light on gender stereotypes and myths of mothers as only gentle and caring nurturers and protectors of their children, and of males as only perpetrators of child sexual abuse. Important research outcomes include acknowledging the sexual abuse of boys by their biological mother and the therapeutic inclusion and comprehensive integration of this type of abuse into child abuse prevention—to protect boys from maternal sexual abuse in the future.

Acknowledgements

First, I acknowledge Greg, whose heartbreaking experience of abuse by his biological mother compelled me to undertake this necessary research.

My heartfelt thanks to the men who were part of this important research—your voices are heard here.

Undertaking a PhD is a serious endeavour. It is a test that does not occur in a vacuum—major life events continue to occur, and mine was the tragic death of my husband. My grief was overwhelming for some considerable time, but his final written message to me was to continue this important research. And here it is.

The complex and traumatic form of sexual abuse of children is an important research topic. I have shed many tears over the research participants' experiences of abuse and of seeking help. Staying grounded has thus been important for this researcher; my marvellous horse Mocha provided me with a crucial emotional break from the secondary trauma of undertaking this much-needed—if heartbreaking—research, as did the calmness and companionship of my wonderful rescue dogs Tash, Sophie, Dougal and Dobbs.

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Dedication

This is for Greg.

14 November 1956 – 3 September 2012.

A truly decent man, defeated by indecent acts perpetrated upon him by his mother.

To the male victims of maternal sexual abuse

It is not your fault.

Foreword

This foreword comprises two essays sent to the researcher by the research participants regarding maternal sexual abuse: one participant has provided an account of his life and abuse and the other has written on sexual abuse by a biological mother. Here are their statements, in their own unedited words.

Interviewee Essay—My Story

"In my case religion provided ample excuses for my mother to not even understand that her actions constituted sexual abuse. In the guise of 'protecting me from the evils of masturbation' as taught by her religion, she would check my penis after I went to bed to make sure I had not stimulated myself. She expected to find an erection if I had, but I didn't know what she was doing and anyway 5-year-old boys don't get erections. It left me confused and with the vague feeling that my penis was not my own, others had more right to it than me. Somehow some parts of my body were not actually mine?

The dissonance this caused spread into my sexuality and after some years of marriage, difficulties with my wife. She recognized my disconnect and discomfort in our intimacy, but I didn't want to acknowledge it as I seemed normal to me. She confronted me with an inadequacy I couldn't see. I was very resistant to what seemed to me as an attack on my integrity as a person, and my ability as a man and a lover. Off course I said it was her problem and she should get help, which to her credit she did; then challenged me to join a counselling group. It was the beginning my self-awareness and consciousness.

In my mid 30's I happened to read about mothers who had sexual contact with their sons. My initial reaction was incredulity, until I slowly realized I had been subject to this

as well. I began to put the pieces together and gave my experience a name: sexual interference. It was all I needed. There had been no pleasure in the interaction, my mother feeling my penis nightly and asking if I had been doing naughty touching. In fact the opposite; the experience was clinical and judgmental. That is why it had not registered as a sexual act. With it was an assumption that without positive interference I would be bad. A conviction that a child in their natural state would be unavoidable sinful. This matches the fundamentalist belief that states we are all soaked in 6,000 years of original sin and all our actions are therefore inherently sinful.

In my late teens I rejected all religion, quite possibly as a starting point to reclaim sovereignty over my own life. And possibly to break my mother's control over me which extended into every aspect of my life. In our family we keep very poor boundaries and there is little distinction between love and control. In the sense that love is seen to be correctly expressed in the control of children's lives. My mother would tell me she loved me and it was for my own good as she beat me with a belt. Years later I was watching "Gone with the Wind' in a scene where a southern slave owner is whipping a slave. "It's for your own good" snarls the slaver. The slave drops to his knees, clasps his hands together and pleads, "yes massa, I just wish you weren't so good to us". The penny dropped for me.

All things were predetermined and controlled, not just my sexuality. I could not choose my belief: I was expected, on pain of excommunication, to become a fundamentalist Seventh Day Adventist. My choice of career was narrowed to fields that would contribute to bring Jesus back sooner. My wife had to be virginal, preferably of plain appearance, a dedicated supporter of my mission, with no interfering ideas of her own. Good luck to that.

The pathway to healing led through many counsellors, psychotherapists, psychiatrists, encounter groups, sex therapists, men's support groups and

weekend retreats. All had gold hidden somewhere, none were hopeless. It drove me, from what I thought to be a balanced bloke, to being suicidal in a very short period. This passed with support from family and friends, but I was left with panic attacks that were only triggered by my wife through our sex life. I couldn't believe who I had become. I went on anti-depressants, I accepted I had sleep apnoea and started treatment. My chronic tiredness eventually left, my mood lifted, maturity, age and awareness helped me deal with the triggers that caused panic attacks.

Fifteen years later, this opportunity to add my experience to the public record of this dissertation, has allowed me to feel some sense of closure. It is an issue that deserves public awareness. This process informs the religious perpetrators that irrespective of their strongly held and erstwhile God-given rationalizations, their actions are wrong. And it tells the survivors that they are not at fault, they are not damaged goods and they can be whole once more.

My work, I realized, was not to just heal, but to ensure that my children had a safe home. The abuse had to stop with me. We had a familial history, the total control exercised by parents over their children, we found, went back at least 5 generations on my mother's side. It wasn't just me, it was multi-generational family pattern. Thankfully I managed to make sure it stopped with me. In my parenting there were no beltings, no physical punishment, no emotional abuse and no sexual interference. I learnt my job was to provide love, support, food, shelter and safety. The rest they could do themselves. In my theology children come into the world perfect and are ours to not damage.

My parents were refugees, immigrants and strangers in a strange land. In the absence of an extended family or native culture, they relied on their church to instruct them on how they dealt with children, Australian society, the nature and purpose of their

relationships with friends, what they wore, how they looked, what they ate, how they spent their money, what jobs they took, where they went on holidays, in which suburbs they lived, where they would be buried, what schools they sent their children, what political parties they voted for, what music they listen too, what movies they watched and which songs they sung. The church provided a template, simplifying all those difficult choices. I get that. I also get they gave me opportunities they never had and in their own muddled way they loved me. I forgive them.

For me, assimilation allowed me the freedom to make my own decisions and make my own life. I didn't need rules and instructions and I wanted sovereignty over my own life. It was harder to achieve than I ever imagined, but it is now the most precious thing I have.

Sept 8, 2015”

Participant Essay—My Look into What Is Maternal Sexual Abuse of Sons

“Societal awareness of the horrors, impact and extent of child abuse has been slow in coming. Whilst it is very likely that the sexual/physical/and psychological mistreatment of children has occurred right throughout the history of human existence. Indeed, in almost all cultures there are strong social, religious and legal taboos regarding these very matters. Yet is has taken until the last two decades of the twentieth century for western culture of attempt to explore the extent of such abuse and its consequences on those among us who have been exposed to its destructive forces.

Everyone who has been so abused as a child will be affected in some way. The circumstances of that abuse will greatly if not entirely dictate what the affects will be. For much of our modern history our public knowledge of such horrors has been satisfied by gruesome stories about deranged strangers abducting children off the street, at the shops, on

the way home and raping and in many cases murdering them. Our focus has been drawn to the external nature of the threat (stranger danger) and is concerned with the physical damage inflicted. However, since the 1980s there have been perceptible changes on both these issues. Firstly, the public gaze has been reluctantly drawn towards the unpalatable realisation that abuse by strangers is but a small percentage when compared to that inflicted by people known to the abused children. Teachers, clergy, scout leaders etc have been included in an ever-widening spectrum of recognition. More recently still, members of the extended family grandfathers, uncles and cousins have had their immunity lifted. Finally, the family itself is seen as a haven of abuse.

Secondly, there has been movement away from an almost exclusive focus on the physical effects of abuse (burns, bruising, broken bones, etc) to the behavioural and psychological impacts on the child (both at the time and later in life) but more about that later.

Returning to the change in awareness and the acceptance that the family unit is not always a place of safety but for a significant number of children it is where the abuse takes place.

Why some people (parents etc) abuse can be best understood as a misuse of power. What enables one person to mistreat another is their ability to force their will and therefore their intentions onto the other person. That intention can be physical, sexual or psychological in its design but it is the imbalance of power that allows it to occur and, in many cases, to recur.

Other than the exercise of power over prisoners by their captors is the power imbalance at its great when exercised by an adult over a child.

For much of the child's early (formative) years adults are physically much stronger and their intellectual and emotional maturity affords huge opportunities to any of them who desires to control a child for whatever purpose.

The public's awareness of this is vividly expressed by reported cases mostly (but not exclusively) of men enticing and or kidnapping children and then badly abusing them. Images of men offering inducement of lollies or rides, of feigning friendliness in order to induce a feeling of safety embody the fear associated with the emotional and intellectual vulnerability of all young children. The snatching of a child and bundling them into vehicles and then physically and sexually abusing them highlight their physical vulnerability. The sensational and horrific consequences fill the pages of newspapers of the world's media with a depressing regularity.

Such horrors have not only reinforced our understanding of the extent of a child's vulnerability but have compelled action on identifying and guarding against the modus operandi used by these outsiders (as seen in Stranger Danger programs). Measures have included offender profiles of thought and behaviour education programs which have sought to raise awareness and therefore seek to deny such people the opportunity to hurt others. Children abused by such people are, if they survive the ordeal, unlikely to be targeted by the same person again. Meaning that in relation to other types of abuse it is likely to be of short duration although not exclusively so as can be seen by the Marc Dutroux case in Belgium some years back.

Survivors of that type of abuse are likely to have their trust in strangers considerably diminished at least temporarily and, in some cases, permanently. How much and how long the suffering will be is dependent on an array of factors which may include means used to facilitate abuse (gain of trust, sudden and violent snatching from somewhere), the severity

and duration in terms of physical injury and its accompanying emotional anguish or terror. And most importantly how appropriately the child and the abuse are treated after the event. Proper and appropriate acknowledgement immediately post the trauma can play a crucial role as can ongoing reassurance.

The stranger who abuses children rarely seeks or is required to gain the trust of an adult. However, someone who is external to the family but in a position of trust and responsibility like a school teacher, coach, youth leader, clergy has to gain the trust of adults as well as children."

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Chapter 1: Introduction to the Research

> *Practitioners need to know there are so many facets to the abuse—emotional, sexual, physical, deprivation of role model, and of a house, a safe place to live, of food—there are all these other parts to it.* (Interviewee *4)*

The phenomenon of a mother sexually abusing her biological son remains largely under-recognised in Australian society, as well as in the academic sexual abuse literature. One possible reason for this situation is the cultural taboo related to incest, which some suggest is strong enough to prevent such activities occurring (Male Survivor, 2009; Sanderson, 2006). Another possible reason relates to the barriers presented by the gendered dialogue of male perpetrator–female victim in sexual abuse, with the prevalence of 'other' sexual abuse remaining relatively unexplored. To assist male victims of sexual abuse perpetrated by their mothers, it is thus important to review stereotypical notions of sexual abuse, consider sexual abuse in which males are the victims and develop strategies to support male victims to overcome the consequential trauma of being sexually abused by their mothers.

This research will extend current knowledge regarding males who have been sexually abused by their biological mother by acknowledging the diversity and complexity of their experiences in seeking and receiving psychotherapeutic support. The research seeks to change current psychotherapeutic practices so that maternally sexually abused (MSA) males received the same level of acknowledgement, support and services that are currently provided to female victims of sexual abuse.

1.1 Chapter Introduction

Chapter 1 introduces the doctoral research titled 'An exploration into the psychotherapeutic needs of males who have been sexually abused by their biological mother in Australia: A qualitative description study'. The chapter commences with an outline of the research's aims and objectives, including the research questions; it then explains why the study focuses on the phenomenon of biological mothers who sexually abuse their sons. The potential benefits of the research are also explained, followed by a summary of the thesis structure.

1.2 Research Aims and Objectives

The research's aim is to explore the psychotherapeutic help-seeking experiences of males who have been sexually abused by their biological mother. The research has two research questions: first, what are the psychotherapeutic needs of MSA males and, second, do MSA males have specialised psychotherapeutic requirements?

The research seeks to provide information regarding the beneficial practices that assist victims to receive informed and effective psychotherapeutic support as part of their recovery. The research objectives are to first ensure that information on beneficial therapeutic practices is included in the sexual abuse literature, thereby highlighting the occurrence and specific impact on male victims of maternal sexual abuse, and, second, to inform people who work in the field of sexual abuse support about the skills and knowledge needed to support MSA males.

Many males who have been sexually abused by their biological mother live in isolation, fear, shame and silence because they know the incest taboos in Australian culture preventing such talk of this form of abuse (Male Survivor 2009; Sanderson, 2006). Females sexually abusing children—including their own son(s)—is deeply threatening to social stereotypes of mothers as caring nurturers and protectors of their children (Hays, 1996;

Krane, 2007). As children, the sexual abuse of these males resulted in the diminution of resilience, causing them to feel distrust, frustration and anger (McCaskill, 2002; McNamara & McClelland, 2003) As adults, the MSA males live with profound sadness of having been sexually abused by the person who society suggests can be trusted and who will love and protect them from harm (Kelly, Wood, Gonzalez, MacDonald & Waterman, 2002; Miletski, 2007).

This research into the maternal sexual abuse of males adds to the existing knowledge of abuse in all its forms. When the knowledge generated by the research is translated into services and support for the MSA males, it will support and benefit them, as well as Australian communities and societies, to become an active and contributing component of Australia's social capital.

1.3 Why Focus on Biological Mothers

The research explores sexual abuse by biological mothers only; it does not include stepmothers, adopting mothers or foster mothers. Cultural stereotypes describe mothers as natural nurturers who are loving and highly protective of their biological children (Fine, 2010; Heenan, 2005; Welldon, 1992). The research focus does not suggest that mothers of non-biological children do not abuse their children, or that they do not carry with them their own cultural stereotypes (e.g., 'wicked stepmothers'). Rather, the research aims to reflect the experiences of males who have been sexually abused by their biological mother in the context of widening the current literature on the sexual abuse of children. This explanation is, in turn, a means of informing service providers and practitioners of how to provide the best possible assistance to these victims. Further discussion on the research focus on biological mothers is at Chapter 2 in Section 1.2, and at Chapter 3 in Section 13.3.

1.4 Potential Benefits of the Research

Research is an important means of improving practice (Campbell, 2013; NHS Education for Scotland, 2018). For this study, practice improvements include those utilised by psychotherapists, counsellors, psychologists, mental health nurses or psychiatrists. Practice can be improved through the provision of clear and applicable information. Regarding this study, the information provided relates to the psychotherapeutic needs of MSA males who seek help or who access sexual abuse–focused support services.

There are several positive flow-on effects of raising awareness and improving knowledge in relation to the needs of MSA males. For practitioners who deal directly with the MSA males, these positive flow-on effects include the modelling of inclusive and respectful behaviours towards abused males and the delivery of more appropriate interventions to support them. For the MSA males themselves, the positive flow-on effects include improved coping skills and behaviours, improved family functionality and parenting skills, and the reduction of potential post-traumatic stress. This, in turn, has the potential to establish and maintain a healthier social and community capital (Campbell, 2013; NHS Education for Scotland, 2018).

1.5 Thesis Structure

Following Chapter 1, Chapter 2 of this thesis provides background information by reviewing the academic literature on the phenomenon and the scale of maternal sexual abuse of males in Australia. The chapter contextualises the importance of the research to the victims first and to people who directly or indirectly support victims second. In Chapter 3, the researcher presents and justifies the theoretical framework of the research, with this framework providing the lens through which the researcher interprets the data. The gendered aspects of sexual abuse of males as children by their biological mother is discussed and analysed throughout the thesis. Chapter 4 illustrates the research design, including the

methodology and methods used to collect the data. This includes a rationale for utilising the qualitative description approach and an explanation of the process to be followed when conducting the research, together with a description of the sampling, interviewing processes and the analytical approach.

Chapter 5 thematically unpacks data generated by the online questionnaire and the in-depth interviews of MSA male victims regarding the psychotherapeutic support they believe has benefitted their recovery. After this, the researcher discusses the findings of her research in Chapter 6, including the original findings. These relate mainly to the MSA males and include the consequences of participating in non-maternal sexual abuse related therapy; their concerns regarding skills for fatherhood; the gendering of sexual abuse; overcoming barriers to accessing a practitioner; and Medicare and Centrelink limitations. Equally important is the consideration granted to the way in which MSA males as adults can be psychologically manipulated by their mothers to hide their abusive actions through techniques such as ‘gaslighting’.

Finally, in Chapter 7, the researcher offers recommendations derived from the research findings. These recommendations relate to the work of sexual abuse support services, domestic violence support agencies, the justice and the police services, the Family Court, all levels of Australian government and the Australian education system.

Chapter 2: A Review of Sexual Abuse in Academic Literature

*My mother said to me 'I'm not a paedophile—I do it for control'. (*Interviewee *3)*

2.1 Introduction

This chapter contextualises the study by way of a literature review. The researcher commenced analysing the literature on the maternal sexual abuse of sons in 2009 and soon realised that most of the research on child sexual abuse was focused on the male abuse of female children. Comparatively, there was little research pertaining to the female perpetration of sexual abuse on males and almost none on mothers' sexual abuse of their biological sons. This finding raised several questions for the researcher: How often are males sexually abused as children? How often are they abused by their biological mother? How is sexual abuse defined when males are the victims? What is the impact of sexual abuse on children and, in particular, boys? These questions, and others, are addressed in this chapter.

2.2 Method of the Literature Review

The researcher commenced with a formal search of the academic research literature for studies related to the sexual abuse of males by their mother. This literature search included academic databases, together with sources of grey literature—that is, literature that is either unpublished or has been published in a non-academic, non-commercial form, such as government reports, policy statements, issues papers and higher degree by research dissertations or theses. These sources are outlined in Table 2.1.

Table 2.1

Sources Searched for Literature Review

Academic Sources	Grey Literature
PsychInfo	Mednar
Medline	Google Scholar
Scopus	Google Books
Web of Science	Amazon
Proquest Dissertations and Theses	No to Violence
Database	Australian Centre for the Study of Sexual
Google Scholar	Assault (ACSSA)/Sexual Violence Research
Trove.	Australian Institute of Criminology (AIC)
	Australian Institute of Family Studies
	Australian Bureau of Statistics (ABS)
	MINCAVA Electronic Clearinghouse
	Living Well
	South Eastern Centre Against Sexual Assault &
	Family Violence (SECASA)
	MINCAVA Electronic Clearinghouse
	Trove.

The literature review's search terms were derived from a trial and error approach over time and included the following keywords: 'sexual abuse' OR 'sexual assault' OR 'incest' OR 'rape'; AND 'mother*' OR 'maternal' AND 'male' OR 'boy' OR 'son' NOT 'father' NOT 'daughter' AND 'female perpetrator' AND 'impact' (see Table 2.2). No date limit was applied. Inclusion criteria were developed to enable a more specific focus on the

search topic and were selected based on a wider reading on the topic. Inclusion criteria for the articles or other material included being published in the English language only and pertaining only to health, social sciences and social history. An exclusion criterion included all pornographic websites or material.

The number of relevant articles identified was small (n = 33) and originated mainly from North America. References from published research that included maternal sexual abuse were also examined for more source material and identified the occasional case study or passing reference to mother–son sexual abuse, only in the broader context of sexual abuse or incest. Duplication of the results was checked and removed using Refworks. A final search of the literature was undertaken on 14 February 2019.The search results are outlined in Table 2.2. Of particular interest is the decrease in the number of papers published when the perpetrator is identified as mother and the victim as her son.

Table 2.2

Results of Search and the Combination of Search Terms Used

Search Term	PsychInfo	PsychArticles	Medline	Scopus	Web of Science	Proquest Dissertations and Theses, A&I Database	Grey Literature
'Sexual abuse' OR 'sexual assault' OR 'incest' OR 'rape'	41,498	12,017	28,819	6046	104,739	108	1,620,000
AND 'mother*'	98,038	20,569	28,435	1360	4,632	1279	2,190,000

OR ‘maternal’							
AND ‘male’ OR ‘boy’ OR ‘son’	136,293	25,176	21,380	939	1,978	1390	2,690,000
NOT ‘father’ NOT ‘daughter’	142,140	21,050	21,201	178	1,888	1037	2,550,000
AND ‘female perpetrator’	132,841	15,133	21,102	341	250	956	968
AND ‘impact’	133,911	15,133	21,102	112	226	652	969
AND ‘male victim’	35,597	1,496	21,309	107	10	600	33

Table 2.2 results were problematic, in that the blend of search terms did not result in literature specifically on the maternal sexual abuse of sons by biological mother. This became apparent when considering the literature titles. For example, one of the ten Web of Science results was an article on the maternal perceptions of and responses to child sexual abuse, and another was an exploration of the association between disgust sensitivity and post-traumatic stress symptoms among mothers of sexually abused children. Moreover, while the Scopus-search article ‘Balancing between caregiving and professionalism—Women’s narratives on fostering a victim of maternal sexual abuse’ included the term maternal sexual abuse, the article focused on four foster carers of victims who had been sexually abused by a mother figure.

2.3 Descriptions and Definitions of Sexual Abuse

By analysing articles and other material identified through the literature search, the researcher derived a description of 'sexual abuse' that would guide the way in which data were collected and interpreted. This section outlines the rationale for this description and the description itself.

This description was necessary due to the lack of terminology standardisation that was evident in the literature and the community. The researcher realised that this lack of standardisation or clarity had the potential to challenge, even undermine, the research. For example, research participants needed to understand what was meant by sexual abuse for the purposes of data collection. It was also important that questions could not be raised in the future over whether a woman (including a mother) had or had not perpetrated sexual violence against the research participants. This was important because questions regarding the occurrence of sexual violence would deter the research.

Researchers agree that the discrepancy shown in the statistics indicating occurrence of sexual assault of boys is partly due to the various descriptions of sexual abuse evident in the research literature (Australian Bureau of Statistics, 2003; Finkelhor, 1986; Neame & Heenan, 2003; Wakefield, 1990, 1991). For example, research studies may define sexual abuse in various ways according to their particular research aims and design, with some relying on the legal descriptions of state and territory jurisdictions. Others may employ broader descriptions that capture a wider range of experiences (Australian Bureau of Statistics, 2003, p. 121; Finkelhor, 1986; Neame & Heenan, 2003; Wakefield, 1991, 1990), while others again may note that sexual abuse (including incestuous sexual abuse) can constitute emotional, psychological and physical abuse and neglect (Lamont, 2010; Love, 1991).

Indeed, within Australia, sexual abuse has different descriptions for legal, governmental (national, state and territory), bureaucratic, research-related, institutional and service provision purposes. There is such a variety of descriptions that the Australian Centre for the Study of Sexual Assault (ACSSA) has stated that the non-standardisation of terminology has become an issue (Neame & Heenan, 2003). This view is supported by the Service Assisting Male Survivors of Sexual Assault (SAMSSA) (2009).

In the next section, legal, scholarly and community descriptions of sexual abuse within Australia are considered. These descriptions are all drawn from the literature review. The section concludes with the description that is used in this study, which the researcher synthesised from the various descriptions identified in this chapter.

2.3.1 Legal descriptions.

The New South Wales Attorney-General's Department (New South Wales Government Attorney-General's Department Victims Services, 2009) stated on its web page, *NSW Government Justice*, that sexual abuse occurs when a person is forced, coerced or tricked into sexual acts, or if a child or young person under 18 years is exposed to sexual activities against their will or without their consent. The department confirms that sexual assault is a crime, that it is not the victim's fault, that it can happen to anyone in the Australian community and that women and men as victims of sexual assault are treated equally under the law. Regarding sexual abuse that occurs within families, the Attorney-General's Department web page further stated that "incest is known in the community as sexual assault by a family member or close relative. Some people in the community see incest as child sexual abuse, however, the legal definition of incest is different" (New South Wales Government Attorney-General's Department Victims Services, 2009). The legal definition of incest is:

> When a person who is 16 years and over has sexual intercourse with another person who is a close family member who is 16 years and over. A close family member is a parent, son, daughter, sibling (including a half-brother or half-sister), grandparent or grandchild, being such a family member from birth. (New South Wales Government Attorney-General's Department Victims Services, 2009).
>
> The department further described sexual assault as:
>
> Any sexual act or threat to a child or young person under the age of 16 that causes them harm or causes them to be frightened or fearful. Children and young people are sexually assaulted when a person uses their age, size, authority or position of trust to force the child into a sexual activity. This can include a range of behaviours such as forcing a child or young person to: look at pornographic magazines or DVDs; watch someone masturbate; be kissed, touched or fondled in a sexual way or to sexually penetrate them (New South Wales Government Attorney-General's Department Victims Services, 2009)

Thus, from a legal point of view, sexual abuse, incest and sexual assault are three distinct and different acts of violence; sexual assault is a broad term that describes all sexual offences against adults and children and it is a specific offence when a person has sexual intercourse with another person without their consent.

These differences are reflected in the Australian Institute of Criminology's (AIC) description of sexual assault as a physical assault of a sexual nature directed towards another person, in which that person does not give consent, gives consent as a result of intimidation or fraud, or is legally deemed incapable of giving consent due to youth or temporary/permanent incapacity (Australian Institute of Criminology, 2008). While this description includes examples of physical acts, it excludes unwanted sexual touching and incidents that occurred before the age of 15 years old—which is an offence under state and

territory criminal law. The exclusion is important, as this description was used by the Australian Bureau of Statistics (ABS) for its 2005 Personal Safety Survey. It is possible that a boy responding to this telephone survey would not include covert sexual abuse (unwanted sexual touching) that his mother inflicted on him—such as the example of a mother regularly and needlessly touching her child's penis to 'check it' or bathe it (see Table 2.3). This would result in under-reporting the prevalence of the maternal sexual abuse of males.

2.3.1.1 Consent, male sexual abuse and incest in Australian law

Different legal descriptions of sexual abuse and of consent affect prevalence data. The young victim may not comprehend what consent is, or that his consent is required prior to engaging in a sexual activity. He may thus not realise that he is experiencing sexual abuse by his biological mother. In cases of incest, consent cannot be used as a defence in legal settings. The age of consent refers to laws stipulating that a young person is deemed legally capable of making a choice regarding engaging in sexual activity with another person. Australian states and territories differ in their regard to the age of consent: New South Wales, Victoria, the Australian Capital Territory, Western Australia, the Northern Territory and Queensland define 16 years as the age of consent, except in cases in which the perpetrator is in some way responsible for the person. South Australia and Tasmania define the age of consent as 17 years. Sexual intercourse with people under these ages is generally considered a crime. Additionally, most legislation also defines a 'lower' age at which sexual intercourse is considered a more serious offence: Victoria, New South Wales and the Australian Capital Territory define this lower age as 10 years; Queensland and South Australia define it as 12 years; Western Australia defines it as 13 years and the Northern Territory as 14 years. Tasmania does not prescribe a greater punishment for ages younger than 17 (Australian Bureau of Statistics, 2003).

If any sexual activity is unwanted and not consensual, it is a crime, regardless of the age of consent. The Australian Capital Territory recognises that young children do not understand sex in the same way as adults and, therefore, they cannot be deemed to have consented to any sexual activity with an older person (SAMSSA, 2009). The New South Wales Attorney-General stated that consent occurs when a person freely and voluntarily agrees to sexual intercourse; however, under the law, children under 16 years are not able to give consent or to agree to any sexual act or threat (New South Wales Government Attorney-General's Department Victims Services, 2009).

However, on laws pertaining to sexual abuse within Australia, Taylor argued that the term 'incest' is inappropriate, misleading and resulting in 'horrific' implications in the legal context (Taylor, 2008, p. 1). For example, Heath (2009) explained that 'rape' has a clear association with 'force and violation', while 'incest' is considered a less serious offence and is associated with intense social stigma, including a sense that the victim–complainant is in some way culpable. In some incest trials, the defence counsel insists on a clear distinction between incest and rape, with the clear implication that incest is not rape; this is a perception that fails to recognise the non-consensual nature of sexual abuse within families (Taylor, 2008). Taylor (2008) asserted the inappropriate response of former President of the NSW Law Society, Hugh Macken, in his claims that the legal position of incest is in serious need of change. Quoted in Taylor (2008), Macken stated his opinion that 'incest whilst illegal is a consenting sexual relationship—rape is not … consent is not a defence to an allegation of incest. They are quite distinct' (Taylor, 2008, p. 7). Despite Taylor (2008) providing impact statements from victims of incest, Taylor noted that Macken defended current criminal charges with no supporting data and allowed incest to be regarded as less serious than child abuse committed by a non-family member (Heath, 2009; Taylor, 2008).

Aware of these variations, the Australian Law Reform Commission undertook a national legal response to family violence (Australian Law Reform Commission, 2010). Western Australian law now uses the term ‘sexual offences by relatives’, while every other jurisdiction still has an offence labelled ‘incest’. The Victorian Law Reform Commission has recommended that the name of this offence should be changed to reflect the changing focus away from prohibiting sexual intercourse between close relatives and towards ‘protecting children and young people from exploitation and abuse within the family’ (Heath, 2009, p. 30). The range of family relationships that fall within incest offences varies widely across the country. South Australian law addresses the narrowest range of relationships. It deals only with biological relations and it criminalises sexual intercourse between a biological parent and child, and between biological siblings. Other jurisdictions (e.g., Queensland and Victoria), take a broader standpoint by recognising family relationships rather than biological relationships as central to the behaviour that should be considered incest. Consequently, de facto relationships, half relationships, step relationships and relationships through adoption and fostering are included in incest offences. Queensland also extends the reach of incest legislation further into biological relationships by criminalising sexual intercourse between people biologically related as aunt, uncle, niece or nephew (Heath, 2009).

While legal definitions of sexual abuse provide the framework by which perpetrators can be held accountable, they are not necessarily useable in this research, or even in a social context. For this reason, scholarship descriptions and definitions of the term are considered in the next section.

2.3.2 Scholarly descriptions.

The research literature also provides many scholarly descriptions and definitions of sexual abuse and consent, with these descriptions and definitions differing to those provided

in the legal context. For example, David Finkelhor (1990, 1994) undertook ground-breaking research on sexual abuse by including male participants in his research. Finkelhor's description of abuse included several sexual acts: attempted and actual intercourse, oral or manual contact between a child and an adult, exhibitionism and photography of the child for sexual purposes. The validity of his research has also enabled it a key global reference work. Finkelhor (1986) cited nine different descriptions of sexual abuse that have been used for research by Burnam (1985), Fromuch (1983), Kinsey (1953), Lewis (1985), Russell (1983), Seidner and Calhoun (1984), Wyatt (1985) and his own research, Finkelhor (1979, 1984). Finkelhor (1986) also noted research undertaken by Hamilton (1929), Landis, Landis, Bolles, Metzger, Pitts, D'Esopo, Moloy, Kleegman & Dickinson (1940), Landis (1956), Walters (1975), Fritz, Stoll and Wagner (1981), Keckly Market Research (1983) and Kercher and McShane (1984), all of whom provided no description or definition of sexual abuse. In contrast, Willows (2009) stated that the sexual abuse of a child involves a sexual act that is intended to provide the adult perpetrator with sexual gratification; a child victim of these acts is not under any circumstances able to give appropriate consent.

The description of sexual abuse developed by Dorais (2002) extends to include the removal of clothing, sexual touching, or sexual relations—that do not necessarily involve penetration—between people who are different in age and power, both physically and psychologically. These activities are not solicited by the younger children or adolescents; they were manipulated by an abuse of trust, blackmail, coercion, threat or violence. Welzer-Lang (1988), cited in Dorais (2002), defined sexual abuse involves a situation of dominance in which the dominant person imposes sexual activities on the other (Welzer-Lang, 1988). Watkins and Bentovim (1992) stated that sexual abuse comprises dependent and immature children or adolescents being implicated in sexual activities that they do not truly

understand, for which they are unable to give well-informed consent and for which, in the case of incest, violates taboos and accepted family roles (Watkins & Bentovim, 1992). Dorais maintained that whether there is sadistic or violent aggression, or a more subtle use of subterfuge, the dynamic remains the same: the child is disadvantaged by the older person's ability to impose their desire and they have difficulty opposing it—the child is directly or indirectly obliged to participate in sexual acts (Dorais, 2002).

Sexual abuse can also include excessive hugging and kissing, which may over-stimulate and sexually arouse the child and provide the mother with emotional, physical, intimate and/or sexual satisfaction (Miletski, 2007). Physical intimacy between a small child and that child's mother may also conceal incidents of sexual exploitation (Margolin, 1987). For this reason, Miletski (2007) separated sexual abuse into covert and overt behaviours, as outlined in Table 2.3.

Table 2.3

Miletski's Descriptors of Abuse: Overt and Covert

Overt abuse includes:	Covert abuse includes:
• Inserting her fingers and other objects into the son's anus • Forcing the son to have sex with other people • Using the son for masturbation by rubbing him against the mother's genitals • Making him perform cunnilingus on the mother • Masturbating in front of the son • Performing fellatio on the son • Masturbating the son • Having the son fondle and suck the mother's breasts • Coercing the son to be sexual with animals • Engaging one son in a sexual act to make another son jealous for control purposes	• Intruding upon the adolescent son's privacy in the shower, when he is getting dressed or when masturbating in his bedroom • Bathing the son until he is in his teens and excessively cleaning his penis • Bathing together with the son • Wiping the son's anus until he is old enough to go to school and giving him frequent enemas for no apparent reason • Sleeping in the same bed and hugging the son during the night • Substituting the mother's son for an absent husband in bed • Giving the son sensual massages • Open-mouth tongue kissing the son • Excessive holding, kissing and caressing • Exhibiting seductive behaviour • Leaving the bathroom door open on purpose • Dressing and undressing in front of the son, including asking for his help • Openly flirting with the son while semi-dressed

	• Walking around naked, or in transparent garments • Having the son witness the mother's sexual activities with other men • Showing the son pornographic movies • Photographing the son for sexual purposes • Ridiculing the son's sexual development, penis or preferences • Humiliating the son sexually by making mocking or emasculating remarks • Engaging in sexualised talk with the son, or confiding to him about sexual issues • Questioning the son about his sexual behaviour • Treating the son as a female—for example, making him wear girls' outfits and refusing to cut his hair • Using guilt to ensure the son will submit to yet more abuse • 'Parentifying' the son by making him feel responsible for the mother's wellbeing and emotional support and treating him as a 'substitute husband' or 'lover'—also described as the emotional incest syndrome, covert emotional incest and silent seduction by a parent. • Accompanying the abused son when attending a health care provider to prevent him from speaking out

The acts outlined in Table 2.3 importantly differentiate covert sexually abusive behaviours that may otherwise be dismissed as a mother being overly maternal towards her child. Identifying covert acts of maternal sexual abuse is crucial because the mother can coerce or betray her son into being sexually abused and, subsequently, into being deceived about it. For example, a mother may sexually abuse her son, but she may describe it as an expression of maternal caring and may suggest that any sexual arousal on his part is his fault or responsibility (Hunter, 1990; Krug 1989; Miletski, 2007). This deceit by his mother and her declaring him responsible for his sexual arousal can consequently result in the abused boy feeling responsible and guilt for his physical responses, and lead to great difficulty in disclosing what is, in fact, acts of sexual abuse perpetrated upon him by his mother. The difficulty of disclosing the sexual abuse is discussed and analysed at Chapters 3, 5 and 6, and in Section 4.10.

2.3.3 Descriptions used by the Australian community.

SAMSSA (2009) stated that there is no single description for sexual abuse. However, it has identified on its website several behaviours that are all recognised as acts of crime in Australia. These behaviours are listed below and provide some insight into those behaviours that the general contemporary community view as unacceptable. These acts have some similarities with the legal and also scholarly descriptions provided in the previous subsections. The list is less detailed however – and, perhaps, more easily understood for the lay person. It includes:

- exposing one's genitals to children
- fondling a child's genitals, or forcing a child to fondle an adult's genitals or to engage in self-masturbation
- exposing children to prostitution or pornography
- involving or attempting to involve a child in vaginal, oral or anal sexual activity

- Vaginal, anal or oral penetrating of a child with a penis, vaginal or anal penetrating by a finger or other object, or attempting to penetrate a child in any of these ways
- Involving a child in sexual behaviour with an animal
- committing acts of indecency, which may include any act with a sexual connotation involving a child, or an act in which the adult or older person seeks sexual gratification.

This section has reviewed the many definitions and descriptions of sexual abuse that are used across a range of contexts. Subsequently, these definitions and descriptions provide an important means of synthesising the main description that this thesis will use, which is provided below.

2.3.4 Description of sexual abuse used in this study.

The researcher developed a research-specific description for two reasons: first, she sought to grasp the core elements of legal, scholarly and community descriptions of sexual abuse, which have been explained in previous sections; second, the researcher provided a description for potential research participants to read when accessing the research online questionnaire, who might not have considered that their experiences constituted maternal sexual abuse.

The description that the researcher developed for this study drew from the common aspects shared between the legal, scholarly and community descriptions. The descriptions also made overt the more covert aspects of sexual abuse, with these covert aspects often being overlooked by the community and/or those who have limited experience in this area of sexual abuse. For example, and as noted in the previous sections, sexual abuse (which includes incestuous sexual abuse) can also constitute emotional, psychological and physical abuse and neglect (Lamont, 2010; Love, 1991). Moreover, while the unwary observer may

perceive some aspects of sexual abuse as parental affection, the underlying motive must be considered, as well as the relationship dynamics and impacts on the child. Inappropriate and/or sexualised parental affection that is forced on a child without consent is neither nurturing, nor giving; it is the parent's rather dysfunctional method of satisfying unmet needs by using the child (Etherington, 1997; Lawson, 1991).

A description rather than definition of sexual abuse was developed for the study due to the complex nature of the behaviour. The descriptions for sexual abuse used in this study are provided in following list. It is important to note that the description does not use the term 'penis' and instead utilises the term 'genitalia' for its applicability to male and female sexual organs. Further, the survey instrument stated that the description includes the inappropriate behaviour of an adult towards a young person aged less than 18 years of age, with the behaviour including one or more of the following activities:

- someone exposing their genitals to the child
- fondling a child's genitals, including washing genitals when the child is old enough to wash him/herself
- forcing a child to engage with an adult's genitalia, or to engage in self-masturbation
- exposing the child to prostitution or pornography, or watching other persons engaging in sexual activities
- involving or attempting to involve a child in vaginal, oral or anal sexual activity
- involving the child in simulated sexual activity
- orally penetrating a child with genitalia, anally penetrating with a finger or other object, or attempting to penetrate a child in these ways
- sexually kissing a child
- involving a child in sexual behaviour with an animal or object.

2.4 Prevalence of the Sexual Abuse of Males in Australia

In North America, statistics revealing the occurrence of sexually assaulting boys vary due to the different descriptions of sexual assault, the different methods of data collection and the non-disclosure of victims/survivors. However, it is generally accepted that 1 in 6 males are sexually assaulted by the age of 16 years (1in6, 2014).

The ABS 2005 Personal Safety Survey provided quantitative data on the experience of violence, experience of physical assault, relationship with perpetrator in most recent incidents, abuse before the age of 15 years and the experience of sexual abuse before the age of 15 years (Australian Bureau of Statistics, 2007). The 2005 Personal Safety Survey indicated that the rates of male victims of sexual assault were highest for those aged less than 10 years of age (78 per 100,000) and aged 10–14 years (95 per 100,000). Boys also comprised 32 per cent of all sexual assault victims aged less than 10 years (Australian Bureau of Statistics, 2003). Key data indicate that 116,800 (16.6 per cent) boys in Australia under the age of 15 had been physically assaulted by their mother/stepmother and that 4,800 (1.4 per cent) had been sexually abused by their mother/stepmother. The ABS data are combined and do not separate mother from stepmother.

The AIC (2006) noted from the ABS data that during the 12 months prior to the survey, 42,300 men over the age of 18 years experienced sexual assault—18,500 of these experienced sexual assault by a family member or friend. From 2006 to 2007, Victoria, Queensland and South Australia processed a total of 164,025 alleged offenders, of whom 36,237 were female (Australian Institute of Criminology, 2009). The AIC sexual assault data for 2006 have been aggregated using ABS data from New South Wales, Victoria, Queensland, South Australia and Western Australia and illustrated in charts the details of the location, gender and age of the victims. These states represent 95 per cent of all sexual assaults recorded in 2006.

The ABS 2006 Personal Safety Survey provided the data outlined in Table 2.4 and Table 2.5 (Heath, 2009) regarding the relationship between the victim and perpetrator of sexual abuse. Table 2.4 indicates that over 43 per cent of males had experienced sexual assault within the past 12 months by a family member or friend and that 30 per cent had been sexually assaulted since the age of 15 years. Table 2.5 illustrates how 1.4 per cent of males indicated that they were sexually abused by their mother/stepmother before the age of 15 years (Australian Bureau of Statistics, 2007, p. 33, 42).

In the context of this study, these statistics are important because they demonstrate that maternal sexual abuse does occur within Australia. The data also suggest that this abuse occurs when the son is at an age when he is likely to be living at home and within his mother's sphere of influence. A sensitive data-gathering approach—such as a therapeutic environment encouraging a more detailed description of sexual abuse that includes unwanted sexual touching—may elicit a higher response rate and higher prevalence rating.

Table 2.4

Relationship to perpetrator in most recent incident of sexual assault occurring during the previous 12 months—ABS Personal Safety Survey

Perpetrator	Males	
	Number	%
Stranger	*13.,00	*32.9
Current partner(d)	-	-
Previous partner(e)	Np	np
Family or friends	*18,500	*43.7
Other known person	*14,900	*35.1
Total estimated	42,300	100.0

*Estimate has a relative standard error of 25% to 50% and should be used with caution.

Table 2.5

Relationship to Perpetrator for Sexual Abuse Occurring Before the Age of 15 years—ABS Personal Safety Survey

Perpetrator	Males	
	Number	%
Father/stepfather	*17,000	*5.0
Mother/stepmother	**4,008	**1.4
Other male relative	55,200	16.4
Other female relative	np	np
Family friend	52,700	15.6
Acquaintance/neighbour	54,700	16.2
Stranger	61,900	18.3
Other known person	92,000	27.3
Total persons abused	337,400	100.0

* The ABS states estimate has a relative standard error of 25% to 50% and should be used with caution.
** The ABS states estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

The ABS 2005 Personal Safety Survey—including a total survey sample of 11,800 females and 4,500 males—provided data on the sexual abuse of males and females by mothers combined with stepmothers (Australian Bureau of Statistics, 2007). All interviewers were female (Australian Bureau of Statistics, 2007, Explanatory Notes). The ABS 2012 Personal Safety Survey does not exclusively provide data for mothers who are perpetrators; it instead combined mothers and stepmothers and again used female interviewers on the basis that ‘men and women would be more likely to feel comfortable revealing sensitive information about their possible experiences of violence to a woman ...

in line with the successful procedures followed for the 2005 PSS' (Australian Bureau of Statistics, 2007, Explanatory Notes). The ABS does not provide a rationale for its assertion, which is problematic and discussed in Sections 2.8 and 5.4 and shown in Table 5.1 and Graph 5.5.

Recent research by Dario (2018)—using a sample size of 11,860 people in the United States of America (USA) (5,922 males and 5,938 females)—examined the impacts of sexual assault on male victims. The findings indicated that sexual assault is traumatic regardless of the victim's gender; they also indicated that men may even experience depression more than women because they do not have the social outlets and support systems available to women and they may then internalise their feelings and emotions (Dario, 2018). Dario's research highlighted that male victims are being ignored due to the sexism in sexual assault research. Together with this is the need to identify appropriate support programs for men, with the intention to remove barriers preventing male victims from disclosing as well as discussing their experiences (Dario, 2018).

2.5 Prevalence and Research

The lack of consistency in defining sexual abuse, as described in Section 2.3, creates some ambiguity for the sexual abuse victim regarding whether his experience was genuinely abuse. Mothers often have daily physical contact with their children, especially young children, and they are involved in intimate activities such as bathing, dressing and cuddling. This can create a relatively 'easy' situation for abusing her child and allowing the abuse to be concealed or presented as 'motherly love', 'over affection', or 'mistaken love' (Etherington, 1997; Lawson, 1991). As Motz (2008) noted, early occurrences of sexual abuse may predispose a mother to later covert and overt sexual abuse against her son.

Sexual abuse perpetrated by females appears to be under-reported (Motz, 2008). For example, Fleming's (1997) survey found that 10 per cent of child sexual abuse experiences by females was reported to the police, a medical doctor or a help agency (e.g., community organisations, sexual assault services). Easteal's (1993) Australian national survey of 2,852 self-selected victim/survivors of sexual assault found that 52.6 per cent of male respondents had not reported their abuse to police, nor had they disclosed their abuse to anyone prior to the survey (Easteal, 1993, 1994; Heenan, 2005). With estimates indicating that 90–95 per cent of all sexual abuse is unreported, Mallett (2017) suggested that the number is probably even higher for sexual abuse perpetrated by females.

A precise knowledge of the incidence and the risk factors of maternal sexual abuse are elusive because the disclosure rates of maternal sexual abuse of boys remain largely uninvestigated. However, it is clear from the available evidence that childhood sexual abuse occurs across virtually all social and family circumstances (Willows, 2009).

Analysing data from outside Australia assists the understanding of not only the prevalence of the maternal sexual abuse of sons, but also the issues of different data resulting from different data collection methods, different descriptions for sexual abuse and whether data is sought regarding maternal perpetrators. For example, research by Cortoni, Babchishin and Rat (2017) based on 17 samples from 12 countries, found that a small proportion of sexual offenses reported to police are committed by females (fixed-effect meta-analytical average = 2.2%). In contrast, Cortoni et al stated, victimization surveys indicated prevalence rates of female sexual offenders that were six times higher than official data (fixed-effect meta-analytical average = 11.6%)(Cortoni, Babchishin & Rat, 2017). ChildLine figures of abuse by a mother from 2004 to 2005 were 16 per cent for boys and 2 per cent for girls. From 2008 to 2009, this number had risen by 132 per cent (Bunting, 2005;

Richardson, 2009). ChildLine research reported 12% of children calling about being sexually abused by a female (Beech, 2002). Mallett (2017) noted in her 2015 study of almost all substantiated child sexual abuse cases that were reported to child protective services in the USA in 2010 that more than 20 per cent of cases involved a primary female perpetrator. Mallett (2007) maintained that the 'mother molester' may comprise a significant proportion of female offenders, with research routinely indicating that child sexual abuse perpetrators are four and a half times more likely to be female if the perpetrator is the biological parent of the victim (McLeod, 2015).

While clinical descriptions tend to focus on the age difference of at least five years between perpetrator and victim, Motz (2008) noted that there are grey areas in relation to specific sexual behaviours, such as digital penetration, oral sex, penetration by an object, exhibitionism, pornographic photography, kissing, genital fondling and coercion to masturbate or touch the adult. These grey areas refer to the extent of nudity in the family, sleeping naked in bed with the child and exposing the child to sexual acts between others, extended nursing or flirting, bathing of the child's genitals, substituting the child for an absent partner and using them for emotional support and as a confidante (Motz, 2008).

Therefore, it becomes more difficult for the victim to comprehend that he is being abused by his mother, who is using her position for power, control and personal gratification. As will be discussed in Section 2.8 and Chapter 5, this has implications for disclosure, which considers the historical barriers to recognising, reporting and appropriate sentencing.

2.5.1 Prevalence of females sexually abusing boys.

Research on the sexual abuse of males commenced in the USA with David Finkelhor's work in the late 1970s, at which time he surveyed 796 male and female college students. In his research, 9 per cent of males self-reported as having been sexually victimised (Finkelhor, 1984, 1986, 1994). Finkelhor (1984) isolated data on female perpetrators from the 1978 American Humane Association study and the 1981 National Incidence Study. These studies respectively found that 14–24 per cent of males indicated that they had been sexually abused by a female (Elliott, 1993). Finkelhor, working with Diana Russell (1984), suggested that the occurrence of child sexual victimisation may increase, as the sexual norms for females changed due to ongoing waves of feminism—resulting in women becoming more assertive and more critical of male sexual performance (Finkelhor, 1984; Solomon, 1992). Finkelhor and Russell (1984) also noted that, at most, 20 per cent of male and 5 per cent of female children were abused by females.

As Finkelhor's research continued in the late 1980s, his perspective on the level and prevalence of female perpetration of sexual abuse shifted to acknowledge that it was occurring far more frequently than he previously acknowledged. In *A Sourcebook on Child Sexual Abuse,* Finkelhor (1986) examined 19 American studies undertaken from 1929 to 1985. Victimisation rates ranged from 3 to 31 per cent for males (Finkelhor, 1986). In the late 1980s, Finkelhor, Williams, Burns and Kalinowski's (1988) national research into the sexual abuse of 270 day-care centres found that 40 per cent of perpetrators were women—intelligent, educated, highly regarded in their communities and not likely to have a history of known deviant behaviour. These women engaged in extremely deviate behaviour, including oral–genital penetration, urolagnia, coprophagia and ritualistic mass abuse (Goldman, 2000).

Studies by Knopp and Lackey (1987), Faller (1987) and Fehrenbach (1988) respectively indicated that 50.9 per cent, approximately 33 per cent, and 35.7 per cent of victims of female-perpetrated sexual assault were boys (Hunter, 1990). The following decade introduced Patricia Easteal's (1993) and Fleming's (1997) research indicating high levels of not reporting child sexual abuse. Easteal's national survey of 2,852 self-selected victims of sexual assault found that 52.6 per cent of male respondents had not reported their abuse to the police, nor had they ever disclosed the abuse to anyone prior to the survey (Easteal, 1993). Fleming's survey found that only 10 per cent of abuse experiences were ever reported to the police, a medical doctor or a support agency (Fleming, 1997; Heenan, 2005).

In the 1990s, Elliott (1993) suggested that most reported child assaults, as perpetrated by males, had resulted in female sex offending being virtually ignored. Elliot (1993) cited that the popular sexual abuse self-help book, *Courage to Heal*, devotes only 3 out of 495 pages to the specific issue of child molesters who are female. Dr Fred Matthews, speaking at a conference in 1991 in Toronto, suggested that as many as 500,000 Canadians may have been abused by a female:

> [he assumes that approximately 10% of child molesters are female] … if one in seven Canadian men and one in four women were sexually abused as a child, as a study has indicated, that works out to about five million people. Ten percent of that figure would mean 500,000 Canadians have been abused by girls or women; 1 per cent would mean about 50,000. 1 don't know about you, but that doesn't seem like a minor number (Jennings, 1998).

Researcher Christine Lawson (1993) is critical of the research into female-perpetrated sexual abuse, as surveys may be an unreliable method of assessing the conception of abuse and repressed experiences, with documented cases arising from clinical

literature. Lawson suggested that prevalence studies must be designed specifically to address the diversity of behaviours surrounding the experience of this kind of abuse (Lawson, 1993).

Hunter (1990) noted that sexual molestation is grossly under-reported, making it impossible to generate accurate figures of female perpetrators.

A further inhibitor to obtaining accurate prevalence data is the non-inclusion of males as participants in research of sexual abuse. Haskett, Marziano and Dover's (1996) review of 126 articles on maltreatment research published between 1989 and 1994 revealed that adult males are dramatically under-represented as research participants—fewer than one half (47.7 per cent) of the 77 articles reviewed included males and the total number and percentage of males in research samples was significantly lower than the number and percentage of females (Haskett, Marziano & Dover, 1996)—something that also occurred with the ABS Personal Safety Survey. Haskett et al stated that only three studies exclusively included males, whereas 40 involved solely female participants (Haskett, Marziano & Dover, 1996).

Research undertaken by Straus (2007) further supports Haskett et al. Straus—a researcher of family violence for over 40 years—volte-faced when he exposed that psychological research pertaining to family violence is biased against males. Straus (2007) cited seven methods that were used to conceal and distort evidence regarding symmetry in partner violence. First, evidence that contradicts the belief that men are almost always the sole perpetrator of domestic violence is often concealed. Second, data that are inconsistent with the patriarchal dominance theory are avoided—such as to avoid asking female research participants if they had hit their male partners. Straus (2007) cited the Canadian Violence against Women survey, which omitted questions regarding perpetration by the female participants in the study. Third, only studies that show male perpetration are cited. Straus

(2007) indicated that this method of concealment and distortion is institutionalised in the publications of government, the United Nations and the World Health Organization. Fourth, results that support feminist beliefs are concluded, when they are not meant to be. Straus (2007) noted that researchers are intentionally misinterpreting the results of their own research to support their ideological commitment to feminist beliefs. Fifth, 'evidence' is created by frequent citation of research that lacks evidence. Sixth, article publication and research funding that might contradict the idea that male dominance is the cause of family violence is obstructed. Straus (2007) highlighted the resistance to fund and publish research regarding female perpetrated violence. Seventh, Straus offered examples of researchers who have produced evidence contradicting feminist beliefs of family violence being harassed, threatened and penalised for their research (Straus, 2007).

Health Canada's 1996 report 'Dynamics of female-perpetrated abuse—The invisible boy, revisioning the victimization of male children and teens' asserted that self-report studies provide a different view of sexual abuse perpetration and substantially increase the number of female perpetrators (Health Canada, 1996). Health Canada's report cited the findings of several investigations: in a retrospective study of male victims by Johnson and Shrier (1987), 60 per cent of the males reported being abused by females. The same rate was found in a sample of college students by Fritz et al (1981) (Goldman, 2000). In other studies of male university and college students, rates of female-perpetrated abuse were found at levels as high as 72–82 per cent (Fromuth & Burkhart, 1987, 1989; Seidner & Calhoun, 1984). In their research, Bell, Weinburg and Hammersmith (1981) found that 27 per cent of males were abused by females. In some of these studies, females represented as much as 50 per cent of sexual abusers (Risin & Koss, 1987). Knopp and Lackey (1987) found that 51 per cent of the victims of female sexual abusers were male. Health Canada noted the clarity that case reports and self-report studies yielded different types of data

regarding prevalence. These extraordinary differences indicate the need to question all assumptions about perpetrators and victims of child maltreatment (Health Canada, 1996).

Health Canada also suggested that there is an alarmingly high rate of sexual abuse by females in the backgrounds of rapists, sex offenders and sexually aggressive men—59 per cent (Petrovich & Templer, 1984), 66 per cent (Groth, 1979) and 80 per cent (Briere & Smiljanich, 1993; Health Canada, 1996, p. 30). This is supported by Lang and Langevin (1991) and Hanks and Saradjian's (1991) report on seven studies that indicate a much higher percentage of female abusers (ranging from 25 to 60 per cent) taken from a clinical sample of imprisoned sex offenders, incest offenders, serial rapists and male adolescents attending a health centre (Hanks & Saradjian, 1991). Groth's (1979) research indicated that 60 per cent of his interview sample of sex offenders had been sexually victimised during their childhood, of which 20 per cent were victimised by a female. Burgess reported that 56 per cent of a sample of serial rapists disclosed childhood sexual abuse, of which 40 per cent were inflicted by a female perpetrator (Elliott, 1993). However, Dorais (2002) noted from his research with male survivors that most female abusers never had to answer for their abusive acts, or were never censured for them.

In the 2000s, first-year undergraduate students at a single major urban university in Brisbane, Australia, were surveyed by Goldman and Padayachi (2000), using a modified version of Finkelhor's college questionnaire. This was modified to suit Australian society by including a question on taking nude photographs of the child and sexual activity in the child's presence. Respondents were asked to indicate if they had experienced unwanted sexual acts in five forms (Goldman, 2000).

The statistical results of the Goldman and Padayachi (2000) survey indicated that 26 out of 140 males self-classified as being sexually abused as a child; one male responded that he was maternally sexually abused. Of the survey respondent males, 54.2 per cent reported

at least one experience of incestuous abuse before the age of 17 years (Goldman, 2000), though two respondents did not disclose the gender of their abuser. The authors noted that 'sexual abuse by female relatives … accounts for about 14% of all incest reported' (Goldman, 2000, pp. 30–33). It is noteworthy that Godman and Padayachi (2000) refer to children who 'wanted sexual activity with an adult', which fails to acknowledge that a child is conceptually unable to consent to a sexual activity or relationship with an adult.

Miletski (2007) noted that surveys on mother–son sexual abuse need an environment of trust to safely explore maternal sexual abuse. Both Lawson (1991, 1993) and Miletski (2007) noted that a possible consequence of an unsafe environment is a nil response from sexually abused males. As discussed in the section on prevalence data, this has significant implications for the data collected within Australia—such as the data used by the ABS for the Personal Safety Survey.

In summary, determining the prevalence of female sexual abusers, or males who have been sexually abused by a female, is problematic for several reasons: the variety of sexual abuse descriptions; males not being included in sexual abuse data collection; the use of surveys as an inappropriate means to collect data on a sensitive topic; and victims' non-disclosure and non-reporting of the abuse. Any statistics regarding the female perpetration of sexual abuse may thus be utilised as an under-reported guide only.

2.5.2 Prevalence, disclosure and non-disclosure: Sexual abuse of boys by their biological mother

According to Etherington (1997), the maternal sexual abuse of males is unlikely to be uncovered by generalist survey methods used to establish prevalence figures. This is because disclosure often requires a safe and believing therapeutic relationship in which a male may begin to reframe, understand and come to terms with the true nature of his relationship with his mother. Non-disclosure has significant implications for determining

accurate prevalence data of the maternal sexual abuse of boys—in particular, the knowledge of how many victims exist and the provision of appropriate support services for these MSA males.

The key issues affecting the collection of meaningful MSA males prevalence data are gender stereotypes of dominant (abuser) males and weak (victim) females, cultural notions of the nature of mothers as protective and nurturing, a mother's authority as her child's primary carer, the females-are-victims focus of sexual assault service providers and the refutation of the female sexual abuser phenomenon as being purely male based and anti-woman propaganda. Considering the key issues, non-disclosure, disclosure and the myths and gender-stereotypical notions pertaining to victims of sexual abuse are discussed next.

2.5.2.1 Non-disclosure.

Male disclosure of female-perpetrated sexual abuse to a female counsellor within a predominantly female-focused (sexual assault) service potentially adds additional levels of trauma to an already complex phenomenon. For example, the counsellor may remind the victim of his perpetrator, or the victim may be unable to trust a female practitioner. Alternatively, the female practitioner may not be open to the phenomenon of females/mothers as sexual abusers. Research by both Miletski (2007) and Elliott (1993) yielded additional reasons why children generally do not disclose being sexually abused: the son loves his mother; he fears his family's dissolution; he does not want to appear unusual; and he does not want his and his family's private lives accessible to public inquiry if or when agencies become involved.

Non-disclosure by the male victim, when he is an adult, may be attributed to the fear of not being believed, or to the lack of evidence that the sexual abuse occurred, with many allegations of sexual abuse relying on one person's word against another. Additionally, cultural belief systems maintain that mothers are 'good' and 'natural nurturers', so by

implication, they do not have the potential to harm their children and there is a cultural assumption that boys are not affected by sexual abuse (Elliott, 1993; Miletski, 2007). Notions of attachment between a mother and her child are discussed in Section 2.9. In adulthood, males may be embarrassed to reveal the sexual abuse, particularly if their mother has incurred their physical arousal, and there is a possible misunderstanding that physical arousal constitutes consent and willing participation (Elliott, 1993; Miletski, 2007).

2.5.2.2 Disclosure

Research by Hudson (2007) specifically examined the experiences of twenty-two males in Australia in disclosing their sexual abuse. Hudson found that the triggers for disclosure in adolescence included someone else knowing about the abuse and having the trust and confidence to disclose to that person. A disclosure 'buffer period' occurred, as the abuse mainly happened when the child was prepubescent and when he did not understand he had been sexually abused (Hudson, 2007). When the boy was older—usually adolescent—he became conceptually aware of what had happened to him. His abuse coincides with his increased awareness of societal gender norms and expectations of masculinity. Struggling with concepts of masculinity and the trauma of being abused by a female, the abused young male often does not disclose the abuse (Hudson, 2007).

Myers (1989) noted that it is not until many years after the abuse that male survivors can disclose the abuse. While MSA males and practitioners may be unaware of the connection between the mother-perpetrated sexual abuse of boys and their subsequent interpersonal relationship problems (Elliott, 1993; Miletski, 2007), disclosure often occurs in response to the detrimental impacts that the trauma of sexual abuse has had on the males' adult lives and/or their relationships in adulthood.

In Table 2.6, Hudson (2007) indicates four types of disclosure in adulthood: to enhance their relationship, to release pressure, to protect themselves and silence others and

to tell a complete story while in therapy. The main reason for disclosure to occur is the victim trusting the practitioner (Hudson, 2007).

Table 2.6

Four Types of Disclosure in Adulthood

Types of disclosure	Motivation	Trigger	Facilitator
Volunteered	Enhance relationship	Sharing	Trust
Questioned	Release pressure	Questioned	Trust
Anger	Protect self and silence others	Sense of attack	Anger
Therapy	Tell complete story	Therapy	Trust

Disclosure and non-disclosure are discussed further in Chapter 3, 5 and 6, and in Section 4.10.

2.6 The Sexual Abuse of Boys Myths

Community-based literature, which is used to support victims of sexual abuse, highlights the sociocultural 'myths' or common—but arguably misguided—understanding of sexual abuse, particularly the sexual abuse of males (1in6, 2014). These myths often represent the dominant social discourse regarding sexual abuse and may imply why some male victims are reluctant to speak about their experiences. Some myths regarding the sexual abuse of males (Male Survivor, 2009) are outlined in Table 2.7, with responses or 'challenges' drawn from the research literature.

Table 2.7

Common Myths on the Sexual Abuse of Males

Sociocultural myth	Myth challenged
A strong male cannot be raped. He must have consented.	• Physical strength is no defence against rape. Just because a man did not fight off his attacker does not mean he consented. Surprise, a weapon, threats, being outnumbered or frozen by fear make fighting back impossible for most victims. Any man can be raped when his attacker, for whatever reason, has more power (Male Survivor, 2009; SAMSSA 2009).
Boys and men cannot be victims.	• This suggestion arises from 'machismo'—that is, a type of masculine gender socialisation stipulating that males, even young boys, are not supposed to be victims or even vulnerable, that they should be able to protect themselves and that they are only active participants in sexual activity (1in6, 2014). • It is important to note that boys are children who are weaker and more vulnerable than their perpetrators and who, therefore, cannot seriously fight back. The perpetrator has greater size, strength and knowledge. This power is exercised from a position of authority and by using resources such as money or other bribes, coercion, or outright threats—whatever advantage can be had to use a child for sexual purposes (1in6, 2014).
Men are the perpetrators of sexual assault, not the victims.	• Although sexual assault is perpetrated by males, males are also sexual assault victims (SAMSSA, 2009).

Most sexual abuse of boys is perpetrated by homosexual males.	Paedophiles who molest boys are not expressing a homosexual orientation any more than paedophiles who molest girls are practicing heterosexual behaviours. While many child molesters have gender and/or age preferences, the vast majority of those who seek out boys are not homosexual—they are paedophiles (Male Survivor, 2009). A growing body of research reports significant numbers of adolescent males reporting experiences of sexual abuse at the hands of females. In one recent 2014 study, French (2015) revealed that a total 43 per cent of high school boys and young college men reported that they had an unwanted sexual experience and, of those, 95 per cent admitted that a female acquaintance was the aggressor.
If it is someone you know, it is not rape.	• A person's rights over their body are the same, regardless of who is involved. If the attacker is someone you know and trust, the abuse is in many ways worse (SAMSSA, 2009).
If a boy experiences sexual arousal or orgasm from abuse, this means that he was a willing participant or that he enjoyed it.	• Males can respond physically to stimulation (e.g., have an erection) even in traumatic or painful sexual situations. Therapists who work with sexual offenders know that one way a perpetrator can maintain secrecy is to label the child's sexual response as an indication of his willingness to participate: 'You liked it, you wanted it', they'd say. Many survivors feel guilt and shame because they experienced physical arousal while being abused. Physical (and visual or auditory) stimulation is likely to happen in a sexual situation. It does not mean that the child wanted the experience, or that he understood what it meant at the time (Male Survivor, 2009).
Boys are less traumatised by the abusive experience than girls.	• While some studies found males were less negatively affected by abuse, more studies have shown that long-term effects are quite damaging for either sex. Males may be more damaged by society's refusal or reluctance to

	accept their victimisation and by their resultant belief that they must 'tough it out' in silence (Male Survivor, 2009).
Boys abused by males are or will become homosexual.	• While there are different theories regarding how the sexual orientation develops, experts in the human sexuality field do not believe that premature sexual experiences play a significant role in late-adolescent or adult sexual orientation. It is unlikely that someone can make another person a homosexual or heterosexual. Sexual orientation is a complex issue and there is no single answer or theory that explains why someone identifies himself as homosexual, heterosexual or bisexual. Whether perpetrated by older males or females, boys' or girls' premature sexual experiences are damaging in many ways, including the confusion about one's sexual identity and orientation (Male Survivor, 2009). • Many boys who have been abused by males erroneously believe that something about them sexually attracts males, or proves that they are homosexual or effeminate. Again, this is untrue. Paedophiles who are attracted to boys will admit that the lack of body hair and adult sexual features turns them on. The paedophile's inability to develop and maintain a healthy adult sexual relationship is the problem—not the physical features of a sexually immature boy (Male Survivor, 2009).
The 'Vampire Syndrome'—boys who are sexually abused, like the victims of Count Dracula, go on to 'bite' or sexually abuse others.	• This suggestion is especially dangerous because it can create a destructive stigma for the child—that he is destined to become an offender. This stigma is applied to male, but not to female victims. Boys might be treated as potential perpetrators rather than victims who need help. While it is true that most perpetrators have histories of sexual abuse, it is not true that most victims go on to become perpetrators. Research by Jane Gilgun,

	Judith Becker and John Hunter found a primary difference between perpetrators who were sexually abused and sexually abused males who never perpetrated abuse: non-perpetrators talked about the abuse and were believed and supported by significant people in their lives. Again, the majority of victims do not grow to become adolescent or adult perpetrators; those who do perpetrate in adolescence usually do not perpetrate as adults if they receive help when they are young (Male Survivor, 2009). • It is essential to highlight how much many ex-victims wish to become 'rescuers' of other children. Among Dorais's respondents of working age, several have indeed chosen careers in the helping or teaching professions. All these men spoke of their great satisfaction in being able to give what they were unable to receive: the reassuring safe attention of an adult. Sometimes, being told that those who are abused become abusers prevented them out of fear from fulfilling their aspirations to be rescuers. Several men wanted to work with other victims of physical or sexual abuse and have done so. It attests to the need to wipe out the past, or to reinvent the world (Dorais, 2002).
If the perpetrator is female, the boy or adolescent should consider himself fortunate to have been initiated into heterosexual activity by an experienced woman.	• Premature or coerced sex—whether by a mother, aunt, older sister, babysitter or other female in a position of power over a boy—causes confusion at best and rage, depression or other problems in more negative circumstances. To be used as a sexual object by a more powerful person, male or female, is always abusive and often damaging. For a boy, this has the additional shame of the 'strong macho' male being abused by the 'weaker' sex, regardless of the power-issue reality involved (Male Survivor, 2009).

For boys who are sexually abused by their mothers, then clearly the mother or son must have been crazy.	• A convenient 'solution' is to blame the mother-perpetrated sexual abuse of the son on mental illness, thus pathologizing the behaviour (Shengold, 1980; Welldon, 1992). Research does not substantiate that highly emotionally disturbed or psychotic individuals predominate among the larger population of female sexual abusers (Faller, as cited in Health Canada, 1996). There is no evidence available that considers the incidence of personality disorder and the mother as perpetrator.

These sociocultural myths are wide ranging and useful to consider in the context of this study because they affect whether male victims disclose and subsequently receive support. They also indicate how support systems for victims of sexual assault assist these males. Additionally, the myths reflect how society perceives MSA male victims, how public policy to assist victims of sexual abuse are developed and implemented, how male victims are regarded by the legal system, how mothers are regarded by the Family Court and how abusive mothers are treated within the legal system. Finally, these myths are important in terms of the existing gender stereotypes in Western society, including those related to mothers. The links between these myths and gender stereotypes are considered in Chapter 3 of this thesis.

2.7 Sexual Abuse of Boys: Not a Recent Phenomenon

Although maternal sexual abuse remains an under-researched and under-reported phenomenon, it is not new. The abuse of boys by their mother has appeared in literature for millennia. Euripides (480–406 BCE) wrote *Medea* and *Hippolytus Who Wears a Crown*, in which mothers either kill or have their sons killed for revenge and sexual rejection, respectively. Sophocles (496–406 BCE) wrote of mother–son incest between Oedipus and Jocasta in his play, *Oedipus the King*—which was first performed approximately 429 BCE. English poet and playwright, William Shakespeare (1564–1616 AD), referenced the emotionally incestuous relationship of Gertrude with Hamlet in *The Tragedy of Hamlet, Prince of Denmark* (written from 1599 to 1601 AD), as well as that of Volumnia and Coriolanus in *Coriolanus* (written in 1608 AD) (Arata, 1997; Dorais, 2002; Welldon, 1992).

The Gutenberg Project (World Heritage Encyclopedia, 2018) noted that the sexual abuse of boys by their mothers has appeared in popular media, such as films, books and plays. This includes *My Lover My Son* (1970) by John Newland; Rolf de Heer's 1993 film *Bad Boy Bubby*; David O'Russell's 1994 movie *Spanking the Monkey*, in which Raymond's

mother sexually assaults him; and *Mother's Boys* (1994), directed by Yves Simoneau, in which the mother seduces her eldest son.

Maternal sexual abuse also appears in Tom Kalin's (2007) *Savage Grace*; in *Black Christmas* (2006), directed by Glen Morgan; and in the multi–award winning *The Manchurian Candidate*, based on Richard Condon's 1959 novel. Other examples of the representation of mother–son incest include the American horror movie *Sleepwalkers* (1992), a screenplay written by acclaimed best-selling novelist, Stephen King, and popular commercial television serials, including *Smallville*, *Boardwalk Empire*, and *Boston Legal*. In music, globally famous rock band Pearl Jam's song 'Alive' is about a thirteen-year-old boy who is molested by his mother (World Heritage Encyclopedia, 2018).

Table 2.8 outlays various reports of female-perpetrated abuse on boys. Based on occurrences noted by Miletski (2007), this list includes more recent incidents of maternal sexual abuse of a son and other violent acts including instances of maternal violence such as infanticide/filicide as drawn from reports in the media. The table is not intended to be an exhaustive list, but rather an indication that maternal sexual abuse is not a recent or rare phenomenon; it also intends to demonstrate that gender stereotypes of mothers as nurturers and protectors of their children (as discussed in Chapter 3) cannot go unquestioned.

Table 2.8:

Some examples of female perpetrated sexual abuse, assault and also infanticide/murder

Year	Incident
1932	Sandor Ferenczi presented his paper 'Confusion of tongues between adults and the child' at the International Psychoanalytic Congress in Wiesbaden, Germany. He stated that sexual assaults of boys by mature women are far more frequent than generally assumed.
1934	Wulffen briefly described over two dozen cases of female sex offenders, including those perpetrating mother–son incest.

1952	Gender and Grugett described a ten year old boy who, since age four, slept with his mother who sexually stimulated him.
1955	Weinberg cited a case of mother–son incest in a study of incestuous families, in which the mother initiated the relationship (that continued into the son's late 20s).
1962	Allen reported on a 12 year old boy whose alcoholic mother enticed him to have intercourse with her.
1966	Yorukoglu and Kemph noted an alcoholic mother who used her son for her own sexual gratification.
1967	Raphling, Carpenter and Davis detailed a case of multiple incest in a family, including mother–son incest.
1970	Masters and Johnson noted three cases of mother–son incest.
1972	Mathis provided a case in which a mother taught her son to have intercourse with her.
1973	Finch noted two cases: a mother who used her 14 year old son as a sexual object and a separate case in which a mother subjected her son to gross, intensive sexual stimulation at home.
1975	Berry cited a mother who examined her 14 year old son's penis to ensure it was growing property and who insisted he examine her genitals.
1978	Rinsley described a patient whose mother genitally masturbated him at bath time since the age of six.
1979	Groth and Birnbaum provided three cases: a mother who seduced her son, a mother who sexually abused her son as part of child battering and a mother who engaged her two sons in sexual relations over a number of years from the age of 10.
1979	Silber had a patient whose mother used him (including his face) as a sex tool for her own genital masturbation.
1979	Rothstein noted five patients who were sexually seduced by their mothers.
1980	Sroufe and Ward cited 16 mothers who were observed exhibiting sexually seductive behaviour towards their toddler sons.
1982	Yates reported an 18 month old boy who was removed from his mother's care as a result of her performing fellatio on him and encouraging him to orally stimulate her genitals.
1984	Finkelhor's (1978) study of male victims of child abuse showed that 9%, or 66 victims, had been abused by their own mothers.

1985	Wolfe's study included three female sexual offenders who abused their sons.
1986	Chasnoff, Burns, Schnoll, Burns, Chisum and Kyle-Spore noted three cases of maternal–infant son sexual abuse.
1986	Marvasti cited two female sex offenders who abused their sons.
1986	McCarty's study included ten mothers who sexually abused their sons.
1987	Condy, Templer, Brown and Veaco findings showed six men who have been sexually abused by their mother.
1987	Faller's study noted that 23 out of 40 women sexually abused their sons.
1987	Margolin cited 16 reported cases of mother–son sexual abuse—the earliest occurring in 1937, with sons aged from 18 months to 27 years of age.
1988	Dimock's sample of 25 adult males included four who were sexually victimised by their mother.
1989	Mathews, Matthews and Speltz cited three female sex offenders, each who abused two sons.
1989	Sheldon and Sheldon noted an inpatient who was treated for sexual abuse by his mother.
1989	Faller reported on a clinical sample of 87 boys who suffered sexual abuse: seven were abused by a woman alone ten times more often than girls.
1990	Mic Hunter provided five survivor accounts of sons who were sexually abused by their mothers.
1991	Allen stated that 22 female sex offenders reported that 13 of their victims had been their sons.
1991	Bass reported a serial killer whose mother sodomised him with a broomstick and forced him to orally stimulate her genitals.
1991	Carnes's study included 17 per cent of 752 male sex addicts reporting that their worst child sexual abuser was their mother.
1991	Lawson had a case of a mother who soothed her adolescent son by stroking his penis.
1991	Shoenewoelf described a man who was given enemas when he was a child as punishment by his mother.
1992	Sonkin noted two cases: a 17 year old boy whose mother had been teaching him to masturbate and a mother who sexually played with her son at night in his bed.

1993	A woman convicted of molesting her sons opted to be sterilised to avoid a prison term.
1993	Author of *Female Sexual Abuse of Children: The Ultimate Taboo*, Michele Elliott, is contacted by 29 males who were sexually abused by their mothers.
1993	*The Independent* reported on a culture of emotional incest between mothers and their sons as almost a defining feature of Japanese society—'the entire culture has this undertone', with mothers instigating sexual acts on their sons as encouragement to complete their final year of school.
1997	Etherington discussed seven men who were sexually abused by their mothers.
1997	BBC1 *Panorama* screens 'The sexual abuse by women of children and teenagers', which cited 86% of boy survivors who were not believed when stating that their abuser was a woman.
1999	Devin's study included 40 women who sexually abused their sons.
1999	Hislop's study included 43 female child sex abusers, of which nine abused their sons (or stepsons).
2002	Kelly, Wood, Gonzalez, MacDonald and Watermann noted 17 out of 67 clinic-referred men who had a history of sexual abuse and who were abused by their mother. The authors noted that these men exhibited more trauma symptoms than the other sexually abused men.
2002	ChildLine research reported 12% of children calling about being sexually abused by a female.
2007	The *San Diego Union-Tribune* newspaper reported on a mother who prostituted her 12 year old son to his female school principal for sex.
2009	*The Irish Times* reported on 23 January that a woman forced her teenage son to have sex with her over a six-year period and abused and starved her other five children for years in a rat-infested bungalow. She was imprisoned for seven years. Ireland's Courts Service stated that the woman was given seven years and concurrent sentences of six years on counts of carnal knowledge, incest and wilful neglect. Judge Miriam Reynolds said she would have given the woman a life sentence had she been a man, but the maximum sentence for women in such cases was seven years.
2010	*The Northern Echo* reported a 36 year old Middlesborough (UK) mother, Angela Sullivan, was sentenced to nine years in prison for having sex with a 12 year old boy nearly 200 times.
2010	*The Northern Echo* noted the National Society for the Prevention of Cruelty to Children statement, in which one in six cases of child abuse dealt with by counsellors in the Middlesborough region involved a female abuser.

2013	A 47 year old female teacher who committed an indecent act with her 10 year old male student, and who tattooed his name on her body, is described by South Australian Country Court Judge Taft as having engaged in utterly inappropriate conduct with the boy. The female teacher went free from court with a two-year community correction order. The boy's father stated in a victim impact statement that he felt that the outcome would have been different if the perpetrator was a male teacher and the victims was a girl.
2013	*The Daily Mail Australia* reported on the book, *Tell Me Who I Am*—written by twins, Alex and Marcus Dudley, who described their lives of being sexually abused by their mother, who also loaned them to her friends for sex.
2014	News.com.au reported that police raid the Colt family bush camp in rural New South Wales, near the nation's capital Canberra, and discover Australia's worst incest case, led by matriarch, Betty Colt. The raid found 38 adults and children who were the result of four generations of grandparents who were brother and sister. Eight of the Colt children had parents who were brother and sister, mother and son, or father and daughter.
2014	*The Morning Bulletin* reported a woman in the Rockhampton (Queensland) Magistrates Court who faced 88 charges of rape, cruelty, indecent treatment, assault and torture to family members over a ten-year period. She was granted bail by the magistrate, despite police opposition.
2015	*India* online news reported a woman in Bangalore who raped her son to cure him of India's mother–son 'incest taboo'.
2016	*The Daily Telegraph* online reported that on 25 January, 'beautiful' mum, Susan Dowdle, refused bail over her son, Digby's, murder.
2016	*The Sydney Morning Herald* reported on 21 July that a 32 year old Sydney woman dropped her day-old son into a drain beside the M7 motorway in Quakers Hill on her way home from the hospital after delivering him. The woman was sentenced in the Parramatta District Court to a non-parole period of one year and nine months—with a maximum sentence of three years and six months.
2016	*The International Business Times* reported on 9 August that a 27 year old Perth woman was charged with rape, threatening to hurt and endangering of harm to a 9 year old boy.
2016	*The Empire Herald* reported on 10 August that a 25 year old Newark, New Jersey, mother anally raped her 2 year old son with a vibrator, which required surgical removal. The son later died from complications.
2016	*The Daily Mail Australia* reported on 10 August that a 23 year old New Zealand mother escaped jail after filming herself sexually abusing her one year old baby son and selling the video to a paedophile for $300.
2016	*The Los Angeles Times* reported Veronica Aguilar, 39, who faced murder charges of her 11 year old son, whose battered, malnourished 15 kg body was

	found by police in a bedroom closet, where he had been kept in a heavily sedated state for three years.
2016	*The Australian* reported on 25 April that The Federal Circuit Court, sitting in Wollongong, has banned a mother from having any contact with her two sons after the elder boy accused her of having sexually abused them. They were also sexually abused by a chef and restaurant staff to whom she took the boys. Judge Tom Altobelli acknowledged that 'an allegation that a parent has sexually abused a child is often easy to make but difficult to refute … the court should proceed conservatively'.
2016	*ABC News* reported on 3 October that a 27 year old Perth mother has been sentenced to eight years in jail for the unlawful killing of her baby son. Five month old Lochlan Bulloch was found dead at the family's Hamilton Hill home in January 2014. The West Australian Supreme Court was told the cause of death was a traumatic brain injury. Justice John Chaney said that the victim was extremely vulnerable and dependent on Bulloch for his safety, but that she had subjected him to a significant degree of violence and trauma and then tried to blame others for the death.
2017	*LifeSite* reported on 10 January that a mother has admitted in court to trying to kill her infant son. She dumped him in a hospital bathroom garbage bin, with his mouth stuffed with tissues, after delivering him in Wigan's Royal Albert Edward Infirmary emergency room toilet.
2017	*The Daily Telegraph* reported on 15 May that a 22 year old mother has been charged after police found her four month old baby boy in an emaciated state, seriously malnourished and suffering from neglect, at his Lavington home near Albury, New South Wales. The boy, his brother and his sister were placed into State care.
2017	*News.com.au* reported a 27 year old Deniliquin mother who was charged with murder after she drowned her five year old son and attempted to drown her other nine year old son in the Murray River at Moama. The woman was found not guilty on mental health grounds and walked free from Court. Supreme Court Justice Richard Button accepted that the woman was mentally ill, that she had delusions of her former partner who was going to kill her and her children and that she believed the way to protect them was to kill them herself.
2017	*The Illawarra Mercury* reported on a mother who killed her four year old son.
2017	*The ABC News* reported an Oberon mother who killed her three year old son 'because he looked like his father'.
2017	*The Adelaide Advertiser* reported on a mother who killed her nine year old son.
2017	*The Mandurah Mail* reported on a mother who was charged over the violent assault of her five year old son.

2017	*The Daily Mail* reported a 26 year old mother who bashed her toddler (who consequently required hospitalisation) and who was given a suspended prison sentence. She bragged on Facebook about not going to prison.
2017	*The ABC News* reported a mother who has been sentenced to prison in Brisbane over the manslaughter of her four year old son. The boy suffered 70 bruises and abrasions, including a cigarette lighter burn.
2017	*The New York Post* reported on 7 February that a 40 year old Kentucky mother was sentenced to 16 years in prison after pleading guilty to incest and sodomy charges related to the sexual abuse of her four year old son.
2017	*The Daily Mail Australia* reported on 10 February that a 19 year old Michigan mother will be charged as a second-time offender, after being accused of sexually abusing and producing porn of her three month old son in her home.
2017	The *Newcastle Herald* online reported on 11 June that a NSW mother is facing the prospect of life behind bars after she filmed herself sexually and indecently assaulting her three young children and uploaded the videos to a child pornography website. The woman pleaded guilty to 26 offences, including seven counts of sexual intercourse with a person under the age of ten years, a charge that carries a maximum penalty of life in jail. Other charges include five counts of using a child under the age of 14 to make child abuse material, which carries a maximum of 14 years in jail, five counts of inciting an indecent act on a person under the of age of 16 and knowing it was being filmed and five counts of producing or disseminating child abuse material.
2018	*Abc.net.au* reported on 24 January that 51 year old Cooperoo mother, Marie Crabtree, had been arrested by police for the financially motivated murder of her disabled 26 year old son, Jonathan, to gain an insurance payout. Police also alleged that Crabtree counselled her son to commit armed robbery prior to his death, which Crabtree attempted to pass off as suicide by preparing a suicide note.
2018	*The Sydney Morning Herald* reported on 6 June that a 20 year old Sydney mother had been accused of repeatedly poisoning her 18 month old son and causing a near-fatal overdose. The mother was arrested at her Lurnea home and was taken to Liverpool police station, where she was charged with seven counts of using poison to endanger life or inflict grievous bodily harm.
2018	News.com.au reported the charging at the Penrith Local Court of a 58 year old Katoomba circus school matriarch with 43 offences, her 29 year old daughter with eight offences and a 26 year old woman with 13 charges of sexual intercourse without consent of two boys aged four and seven, indecent assault, deprivation of liberty, aggravated sexual assault in company and choking a person with intent to committing sexual assault.
2018	The *Maitland Mercury* reported on 28 April that a 31 year old mother killed her three month old son by violently shaking him and causing head injuries.

	Describing Jennifer Kennison as a loving parent, South Australian Supreme Court Justice David Lovell sentenced her to three years and three months home detention, with a non-parole period of two years and eight months.
2018	*The Daily Mail Australia* reported on 26 May that a 22 year old mother has been charged following the death of a newborn baby in Sydney's Northern Beaches area.
2018	News.com.au reported on 29 June that 41 year old Joanne Finch appeared in a Melbourne court accused of murdering her eight year old son. The details of how Brodie was found have not been released by police.
2018	ABC News online reported on 13 July that Perth mother Cara Lee Hall, 38, was found guilty last year of stabbing to death husband 33 year old Glenn Hall at the family's home in the southern Perth suburb of Leda in December 2015, before attempting to knife to death two of their four sons who, at the time, were aged 11 and four. Justice Corboy said that the attack on her sons must have been 'extraordinarily frightening and terrifying' and was likely to be something that would mark them for the rest of their lives. A restraining order is in place, banning Hall from ever having contact with her two sons. She was sentenced to spend a minimum of 18 years in prison.
2018	9news.com.au reported on 26 June that a 37 year old mother has avoided prison, despite lying to doctors about her two year old son ingesting drugs, including ice and GHB that caused him to become critically ill. The mother told doctors that her son swallowed paint thinner.
2018	9news.com.au reported on 17 July that NSW Police charged a 28 year old mother with recklessly failing between two days in April to provide her son with a necessity of life, causing a danger of serious injury. Detectives alleged that the mother waited at least 24 hours before seeking medical care. NSW Police were contacted by nurses in April after the then seven week old boy was admitted to The Children's Hospital at Westmead with brain, eye and spinal injuries. The infant is likely to have permanent brain damage and will need ongoing medical care, according to a bail document filed in court.
2018	*The Sunraysia Daily* reports on 13 August 2018 that 32 year old Coomealla woman, Tracey Sneddon, has been charged with the murder of her nine month old son Elijah, who was found by paramedics with 'a fractured skull, bruising to his eyes and face, severe brain swelling and bleeding around the spinal cord'. Expert analysis found his injuries to be consistent with shaking and blunt-force trauma. Ms Seddon is blaming her 22 month old son for the murder. A medical examiner told the court that a 22 month old would not have the strength or coordination to perform these deadly injuries.
2018	*9news.com.au* reported on 16 August that a mother who confessed to drowning three of her children by deliberately driving her car into a Melbourne lake has had her prison sentence slashed by more than eight years. Akon Guode was imprisoned in 2017 for a total of 26 years and six months, with a non-parole period of 20 years, after pleading guilty to the infanticide of her one year old son Bol, the murders of her four year old twins Hanger

	and Madit in April 2015 and the attempted murder of her six year old daughter Alual, who was pulled from the wreckage and survived the crash into the Wyndham Vale lake in April 2015.
2018	*The Daily Telegraph* reported on 29 August that a 47 year old woman and her nine year old son had been found dead at an address in Kilpa Road, Wyongah, in what Tuggerah Lakes police suspect to be a murder–suicide.
2018	*The Sydney Morning Herald* reported on 11 September a 66 year old mother who was arrested by Nowra Police and was charged with the manslaughter of her 27 year old son. Daniel Russell died of a stab wound to his chest. Mr Russell's father and his partner were also at the Sanctuary Point home at the time of the incident.
2018	*The Illawarra Mercury* reported on 11 September that a Wollongong mother cut her six year old son's throat with a knife. It was revealed in Wollongong Local Court that she had told him, 'I'm gonna kill you' during the incident and went on to try to suffocate her other five year old with a towel and to cut him with a knife. She had attended Wollongong Hospital emergency department the previous afternoon with her 18 month old son, seeking treatment for a deep cut on his foot that required surgery.
2018	*The Sydney Morning Herald* reported on 1 October that a 31 year old mother filmed herself sexually abusing her son, whom she involved in her production of child pornography over a two-year period.
2018	*The Illawarra Mercury* reported on 12 October that police arrived at a West Wollongong house after a mother slapped her five month old baby in the face, leaving him swollen and bruised. Two other offences—neglecting to provide medical aid to a child and contravening an apprehended violence order—will be taken into account at the time of her sentencing. The woman told police that she took her frustration at her partner out on their son.
2018	*Perth Sunday Times* reported on 6 December that 37 year old Tanya Mynette, who stabbed her 18 year old son to death in Fremantle, has pleaded guilty to manslaughter after fighting a murder charge. She faces a six-and-a-half year prison sentence.
2018	*9news.com.au* reported on 19 December that a Sydney jury has begun deliberating in the trial of three relatives charged over the death of a diabetic six year old boy. The boy's mother, father and grandmother have all pleaded not guilty to the manslaughter of the boy in Sydney in April 2015. The boy had insulin injections withheld as part of a 'radical' Chinese slapping and stretching therapy workshop.
2018	*Mobile.abc.net.au* reported on 21 December that a 40 year old Woodville mother, Michelle Beal, has been charged with murdering her nine week old baby son, Maxwell, after a brief hearing in Adelaide. Police initially listed the death as unexplained, with fears that Ms Beal accidentally fell asleep while her nine week old was in the bath.

2019	*Perthnow.com.au* reported on 12 January that 26 year old Perth mother Brooke Lucas has been charged with unlawful intent to kill or endanger human life when she poisoned her 13 month old son, William, by pouring bleach into his feeding tube.

Welldon (1992) stated that stereotyping mothers as natural nurturers and protectors of their children obscures the evidence that mothers are capable of sexually and violently abusing their sons, as well as causing the deaths of their sons. This raises the question, why is it that female perpetrators are not regarded in the same light as male perpetrators, both legally and in society? For example, in the media reports identified in Table 2.10, the female-perpetrated sexual abuse of young males was likely to be described as 'having sex', rather than rape; incidents of assault or murder by female perpetrators were also marked by apparent leniency or non-custodial sentences for the perpetrator. It is also significant that, in two incidents, the females found guilty of murdering their children were described as 'beautiful' and as 'a loving parent'. The stereotypes from which such media representations arise are explored in Chapter 3, in which notions of gender stereotypes are considered. Issues in relation to the barriers preventing the recognition, report and consequent sentencing of female perpetrators of sexual abuse are considered next.

2.8 Recognition, Reporting and Appropriate Sentencing: Historical Barriers

An examination of the gender stereotypes in Table 2.10 indicates that the representation of female-perpetrated abuse of boys is often minimised (or made comical) (Crome, 2006). Hunter reveals in *Abused Boys* that many of his clients who were sexually victimised by females in their childhood were told by family or friends that they 'ought to feel happy, because they were lucky to have had the opportunity to be sexual at a young

age', which endorses and glorifies 'older woman–young boy' relationships and fantasies and discourages male victims from disclosing the abuse (Hunter, 1990, p. 36).

According to Zaphiris (1978), as cited in Margolin (1987), the comparatively low rates of reporting mother–son sexual abuse may then be due to stereotypical representations and associated social stigma, leading to the reluctance of policy and social agencies to recognise that this form of abuse is occurring. For example, it is possibly more threatening for a child to admit that his mother instigated the abuse and more difficult for the child to comprehend that his mother treated him as her surrogate partner (Faller, 1987). Other reasons for the low rate of reporting could be that the males fear retaliation, humiliation or disbelief, that they do not want their private lives opened to public inquiry, as when agencies become involved, that they fear family dissolution, that they do not want to appear to be unusual, or that they love their mothers despite the abuse (Elliott, 1993; Miletski, 1995, 2007).

Being the male victim of a female perpetrator seems to add a level of victim shame: males are more likely to blame themselves—or to discount the acts as not really being abuse, especially when the perpetrator is the victim's mother (Sanderson, 2006). Abused boys may consider themselves to be participating voluntarily in some instances of sexual activities (Sanderson, 2006). This may be due to the perpetrator's psychological manipulation. To cope with the abuse, the boy may adhere to societal cultural narratives of maleness, masculinity and gender stereotypes and he may think of himself as the initiator rather than the victim (Sanderson, 2006). This narrative adaptation is less confronting for some MSA males than the inherent ramifications of 'failing' the machismo credo of the 'blokiness' stereotype—that is, male sexual activeness and female weakness and passivity.

The family unit itself is another barrier when a family member insists on undertaking therapy, particularly if the family unit prefers to approach the issue of abuse as it not

happening (Dorais, 2002). Family members often continue to accept the abuse until they are in a position to escape it alone (Lew, 2004). The adult survivor who chooses to break the family conspiracy of silence and pretence is consequently likely to be defined by his family as 'the problem' (Lew, 2004).

Similarly, males and their psychotherapists alike can be unaware of the connection between the sexual abuse of males by their biological mother and their later interpersonal relationship problems (Elliott, 1993), particularly if the abuse remains undisclosed or repressed. Adult survivors recounting childhood abuse indicate that they often felt unable to disclose at the time of the abuse for fear of family breakdown, a sense of ongoing responsibility for the safety of other children or family members and fears for their own personal safety (Easteal, 1994; Mullinar & Hunt, 1997, as cited in Neame, 2003; Rush, 1980; Russell, 1986).

As discussed in Sections 2.3 and 2.5, the complexities of various definitions and descriptions of sexual abuse within Australian legal, scholarly and social fields is affecting the process of determining the prevalence of maternal sexual abuse of biological sons in Australia. Examining prevalence data requires analysing additional contributing factors that may result in a victim's non-disclosure, such as data collection methods, using male data collectors and the inclusion of males as participants in sexual assault, violence and personal safety surveys.

2.9 Impact of sexual abuse

This section considers the impact of sexual abuse on males, including male children, as reported in the research literature. This section does not, however, examine the different classifications or categories of trauma. While there is little feedback from males regarding their experiences of their mothers sexually abusing them, the impacts of insecurity, instability, fear and lack of safety caused by sexual abuse is well documented in children.

Information about impacts is important to this research, as it demonstrates the need for appropriate health and sexual abuse services to support victims of sexual abuse, including male victims.

2.9.1 Impact of sexual abuse on males.

Sexual abuse changes the way that child victims think and feel about themselves in profound and significant ways, leading to a range of potential difficulties in later life (Willows, 2009). For the MSA male, the impacts of sexual assault include shock, disbelief, fear, anger, shame and embarrassment, concerns about his sexuality and being a man, self-blame, fear of not being believed, guilt, flashbacks, sleep disturbance, depression and relationship difficulties (Living Well, 2016; SAMSSA, 2009). The June 1998 SAMSSA needs assessment survey noted a range of impacts, which are listed at Table 2.9.

Table 2.9

Impact of Sexual Assault on Males

Issue	Percentage of respondents raising this as impacting on them
Concerns about sexuality, gender roles and/or body	84
Fear of not being believed or not being taken seriously	80
Low self-esteem and self-care	80
Depression	80
Guilt and/or self-blame for the assault or abuse	76
Relationship difficulties or breakdown	72
Anger/hurt at being a victim	72
Anxiety and stress	72
Concerns about mental health and wellbeing	64

Sexual difficulties or dysfunction	64
Thoughts of suicide	60
Distrust of others	60
Fears about safety and security	56
Anger at and hatred of men (where the abuser is a male)	52
Workaholism (to avoid feelings and memories)	52
Dissociation (psychological distancing)	48
Self-harming	44
Difficult relationships with co-workers	44
Addictive/compulsive use of drugs or alcohol	40
Feelings of anger and rage	36
Sleep disturbance/nightmares	36
Addictive/compulsive sexual behaviour	32
Extreme risk-taking behaviour	32
Flashbacks to and memory triggers of the assault or abuse	28
Suicide attempts	28
Fears of becoming a perpetrator	20
Isolation and alienation	16
Fear of other men (if the abuser is a male)	12
Eating disorders	12
Helping others a lot, training in the helping professions	12
Shame and humiliation	8
Loss of confidence and assertiveness	8
Sense of injustice/passion for justice	8

Although two decades old, the information in Table 2.11 mirrors other more current research findings in relation to the sexual abuse of males. These findings are listed together with findings from other research in Table 2.10; the findings suggest that the impacts of sexual abuse on a male can be highly traumatic in the long term. The findings listed in Table 2.12 also suggest that males are more likely to take responsibility for the sexual activity due to the male stereotypes that position males as the perpetrators or instigators of sexual acts. This is discussed in more detail in Chapter 3.

Table 2.10

Male Responses to Sexual Abuse

Response	Source
Males are less likely to report the abuse than females.	(Hunter, 2011)
A male may question his sexual identity and sexual preference more frequently.	(Dimock, 2009)
Males may perceive the sexual behaviours as positive, or they may take on the blame.	(Miletski, 2007)
Males are more prone to externalising sexual and aggressive behaviour than females.	(Elliott & Briere, 1992)
Males are more likely to view themselves and be viewed by others as responsible for the abuse than females.	(Dimock, 2009)
Sexual dysfunction and confusion about sexuality are common in male sexual abuse survivors. Dysfunction can take the	(Dimock, 2009)

form of compulsive masturbation, decreased sexual desire, erectile dysfunction, premature ejaculation or anorgasmia.	
Victims of female perpetrators tend to be less likely to come forward.	(Lewis, 2015)

2.9.2 Impact of female-perpetrated sexual abuse on males.

Researchers such as Dimock (2009), Miletski (2007), Elliott, Mok & Briere (2004), Margolin (1987), Sullivan (2004) and Lew (2004) agree on the common emotional responses experienced by male victims of sexual abuse. These responses are summarised in Table 2.11 and are subsequently discussed in the following sections.

Table 2.11

Common Emotional and/or Psychological Responses of Males after Experiencing Sexual Abuse

Common emotional or psychological response	Reasons for the response
Disbelief that the perpetrator was a female	Disbelief leads to the child feeling 'different', stigmatised, betrayed, and powerless (MenWeb, 1997). There is almost a perception within society that boys should be happy or grateful about sex with an older female, and not experience the sexual abuse with females as abusive (Lewis, 2015; Sullivan, 2004). When the boy does not feel grateful, this also leads to feelings of 'difference'.

More traumatic to be sexually abused by a female	Adults' memories of sexual abuse by females seems to be more resistant to recovery, and are more devastating and emotionally draining (Miletski, 2007).
Male survivors appear more likely to view the overall experience as neutral or even pleasurable	In a society that does not allow men to be victims, the easy alternative is to turn an abuse event into a pleasurable one, although in adulthood, male victims frequently exhibit the same problems associated with sexual abuse found in female survivors. Survivors who did experience some initial positive feelings, later experienced more aggression, self-destructive behaviour, adjustment, psychological, and interpersonal problems as adults than did men who experienced negative only feelings about the abuse (Kelly, Wood, Gonzalez, MacDonald & Waterman, 2002; Miletski, 2007).
Males experience more general psychological, physical and behavioural symptoms than females, who tend to be more depressed	Males have been shown in studies be more vulnerable to physiological and psychological dysfunction than females in stressful situations (Dimock, 2009). Elliott and Briere (1992) note that several studies document higher rates of diffuse physical complaints among male abuse survivors – anxiety disorders, sleep and eating disturbances, gastrointestinal problems, and fatigue.
A greater need for control in relationships	Some male survivors express a greater need to be in control of interpersonal contacts, possible due to feeling extreme vulnerability as children. This might manifest as

	hypervigilance in relationships, living very isolated lives or fear of being alone (Etherington, 1997).
Impaired attachment within the boy being sexually abused by his mother	One of the impacts of child sexual abuse is impaired attachment within the child (Blum, 2009). Children grow best when positively supported by someone who thinks they matter. Emotional attachment between child and family is critical in terms of the child's development. A baby in particular needs such encouragement and will do his/her best to please in return (Bowlby, 1951, 1958, 1969).

MSA males may experience several reactions to being sexually abused. These reactions can include, but are not be limited to, rationalising the abuse as his mother's expression of love—for example, an adult male could make sense of his childhood sexual abuse as his mother 'over-loving' him. Alternatively, the young MSA male may believe his mother's description of him as 'the man of the house', despite his age, and he may perceive that the show of affection was part of this role (Etherington, 1997). Another reaction, again by the MSA males, may be fetishism, including confusion about sexual identity or sexuality (Welldon, 1992).

Alternatively, some MSA males cover their childhood confusion of the abuse well into adulthood, resulting in difficulties such as the inability to sustain relationships or having distorted relationships with dominant females (MenWeb, 1997). MSA males in adulthood are also likely to feel too embarrassed to reveal their sexual activity with their mother, especially when their mother made them sexually aroused (Dimock, 2009; Lew, 2004). MSA males are unlikely to accept the notion of being the victim of maternal sexual abuse and to report that abuse (Dimock, 2009; Miletski, 2007). Over-stimulating physical contact

that may occur in the context of maternal tasks (such as when bathing the child) may never be reported as child abuse by the MSA male, even though the abusive acts may have a negative long-term impact for adult male's functioning. In therapy, these men often express rage, shame and profound sadness at having been sexually abused by the person who they expected to love and protect them from harm, and who they could trust (Kelly, Wood, Gonzalez, MacDonald & Waterman, 2002; Miletski, 2007).

Dorais (2002) noted that when the boy is aggressed in his home, his confusion is amplified because he has been abused by the person who, as he has been taught by society, is his primary carer, on whom he is most dependent and in a space that is supposed to be 'safe'. Disclosure is likely to result in disrupting the family environment, which causes the boy further anguish (Dorais, 2002). The boy can even reach the point at which allowing an adult to make use of his body has become a way of life, even if he at first deplores it (Dorais, 2002). However, the experience of sexual abuse usually carries with it a fundamental reconsideration of how the young boy perceives the world and his own masculinity, including what it means to be a man and his gender identity (Dorais, 2002).

In addition, the impacts of abuse on the abused child's thinking, feeling and behaving will affect the kinds of relationships these victims have later on in life (Willows, 2009). The extent of these impacts will depend on how coercive, threatening, intrusive and violent the abuse was; the age at which the abuse began; how long the abuse lasted; how frequently the abuse occurred; how many adults participated in the abuse; the child's relationship with the offending adult; and, most importantly, how non-offending adults respond to the abuse (Hunter, 1990). Concurrently, it is important that the abuse is individualised; one experience of being genitally fondled, after some months of manipulation, can seriously traumatise a male for many years (Elliott, Mok & Briere, 2004), while other males may process the experience with fewer effects (Dorais, 2002). In the long

term, the specific impacts of prolonged sexual violence on men has been said to produce even higher levels of trauma-specific, self-related and dysphoric symptoms than it does for women (Elliott, Mok & Briere, 2004).

Indeed, the traumatic impacts of sexual abuse on men, including infants, cannot be underestimated. In three cases of maternal sexual abuse within a few months of birth, two children later showed abnormal and sexually aggressive behaviour when relating to other children (Chasnoff, 1986; Yates, 1982). These findings are supported by Sroufe and Ward (1980) and by Marvasti's (1986) five cases of the maternal sexual abuse of a son (Sroufe, 1980; Marvesti, 1986; Hunter, 1990). Dissociating the impacts and memories from the ego provides a defence against highly intense feelings. A son would thus become controlled by repressed feelings without ever becoming conscious of their sources, remaining stuck at the developmental level of the trauma. The son might act out his fear or sexuality, or he might become overwhelmed by the need to avoid any situation that might trigger the repressed feeling. This consequently appears in the form of compulsions, addictions and re-enactments and/or isolation and withdrawal (Etherington, 1997, pp. 110–113). Unfortunately, this can result in treating the symptoms rather than the cause, or no treatment and misunderstanding the individual's behaviour.

2.9.3 Trauma.

Perry's (2006) research on the impacts of trauma indicated that the impact of catastrophic events are far greater on children than on adults and this requires adults to respond during and after traumatic events with appropriate therapies for effective outcomes. Perry (2006) noted that clinical work with troubled children revealed that most had their lives filled with chaos, neglect or violence. These children did not 'bounce back' as expected by society; in fact, if these children were adults, they would have been diagnosed with post-traumatic stress. However, the fact that they were children precluded them from

being treated by professionals, as though their histories of rape or witnessing violence were irrelevant (Perry, 2006). Neglectful or absent treatment of abuse perpetrated during early childhood affects a child's ability to envision choices, which may limit their decision-making later in life. By recognising the destructive impact that violence and threats can have on the capacity to love and work, practitioners can better understand and thus genuinely nurture children (Perry, 2006). The importance of, and capacity to build resilience is discussed at subsection 2.9.6.

There is a consequential deleterious effect on children's abilities to cope with trauma, grief and loss situations. Facilitating children's coping requires specific skills for a varied set of problems, with a diverse group of young people.

2.9.3.1 Infants and toddlers.

Children aged 0–2 years are reactive to their environment and express themselves through play therapy, with the involvement of the parent to maintain security through proximity to the attachment figure (McNamara & McClelland, 2003). Trauma results in poor health and sleeping habits and excessive screaming (Gevers, 1999).

2.9.3.2 Early to middle childhood.

Children aged 2–8 years old are self-centred—that is, they perceive that the world revolves around them and that situations arise because of them. This can result in self-blame for events that they have not caused (McNamara & McClelland, 2003). Trauma results in frequent illness, self-blame, low self-esteem, withdrawal, passivity, clinginess, anxiety or aggression, social isolation, anxiety, depression and difficulty with school work and school attendance (Gevers, 1999).

2.9.3.3 The school years.

Children aged 8–12 years old continue to blame themselves for what is happening around them, including violence within the household. These children believe that they can

intervene in problematic situations, but their inability to change the situation can lead to frustration, withdrawal or aggression. They become afraid that outsiders will blame them for what is happening in the family (McNamara & McClelland, 2003).

Research undertaken with children has found that they felt ashamed of family violence, particularly when commencing at a new school with a teacher who knows their background. They also expressed anxiety due to losing their own networks, which causes insecurity through loss of friends' parents who did not understand what the child was experiencing (Edwards, 2003; Gordon, 2005).

2.9.4 Grief and loss.

The literature demonstrates that the trauma affects children already touched by grief and loss. The severity of the trauma itself is influenced by children's own resilience and attachment networks (McKissock & McKissock, 1995), as well as by the child's age, gender, personality and level of cognitive, biosocial and psychosocial development (Gevers, 1999).

Grief and loss theorist and practitioner research (e.g., Bryant, as cited in Brown, 2006; Hope, as cited in Jurack, 2003; Macintosh, 2004; McKissock & McKissock, 1995) reveal that children, like adults, can socially develop by being involved while coping with loss, even if the child does not understand everything that is happening. There is an additional difficulty if the trauma is caused within the home by a family member. The literature on grief and loss further indicated that children should be informed honestly, without overloading them, and they should be allowed to express their grief (McKissock & McKissock, 1995). Given the developmental level of the child, an experiential rather than a verbal intervention might be more useful. This could include artwork, sandpit play or another form of play. Playing allows children to deal with anxiety through a practice that is established as safe and 'normal' for children and as encompassing an opportunity for de-

stressing and debriefing without retraumatising. The importance of allowing children to tell their story in their own way, to be listened to and reassured that they are not to blame, to link children to attachment figures and to provide protection from threats and basic physical needs within a safe environment are convergent themes in the trauma, grief and loss literature (McKissock & McKissock, 1995).

2.9.5 Delayed or impaired development.

Research shows that sexual abuse affects children in multidimensional ways and it places them at risk of short and long-term developmental delays or impairment. Developmental psychology theories and research agree that the impacts of trauma, grief and loss include delayed or permanently impoverished development of the child (McNamara & McClelland, 2003).

2.9.5.1 Impaired attachment.

One of the impacts of child sexual abuse is the child's impaired attachment to their parents or significant others. Children grow best when supported by someone who thinks that they matter. Emotional attachment between child and family is a critical component of childhood development. A baby, in particular, needs such encouragement and will do his best to please in return. When the child does not receive a positive environment from his primary (maternal) carer, his development is seriously compromised in the short and long term. Children raised without affection might lose more than their ability to relate to others; isolation and loneliness might also dull brain functionality (Blum, 2002).

These relational dynamics have been documented throughout history. During the 1950s and 1960s, Harry Harlow's work with rhesus monkeys demonstrated the effect of an available but unattached parent on a baby (Blum, 2002). His comprehensive research mirrored the work of his contemporary John Bowlby and was later supported as applicable to human babies by Bruce Perry, psychiatrist and chief of child psychiatry at Houston's

Baylor University (Perry, 2006). The research found that, if there is no opportunity for a baby to bond to a parent, the baby lacks a secure base from which to explore the world and return to the security of his parent when necessary. Harlow's research showed that babies would cling to unattached and also evil mothers (Blum, 2002), a view also stated by Lew regarding children experiencing extreme physical, emotional and sexual abuse by their mothers (Lew, 2004). Harlow's team considered that some of the techniques developed in their laboratory, such as peer therapy, might aid people trying to help severely neglected and depressed children. Harlow also noted that without a secure attachment as a child, people may struggle throughout their lives to feel secure in all relationships (Blum, 2002).

Such observations have since been confirmed by Bruce Perry's observations and work with troubled children (Perry, 2006). Additionally, Perry (2006) argued that brains need enrichment—storytelling can build up the outer cortex and play therapy can stimulate the limbic system. This is particularly necessary for neglected children, with whom he uses enrichment approaches, touch therapy, dance, art, storytelling and drama (Blum, 2002).

In the 1960s, Ainsworth, Bowlby and Rogers each undertook further work on attachment theory. Mary Ainsworth developed her 'strange situation' tests on infant–mother attachment. Mothers who responded quickly and warmly to their babies' cries during the early months of life had securely attached babies who cried less than others (Blum, 2002, pp. 165–67).

Bowlby (1969) divided early child–parent relationships into two broad groups: secure and insecure attachments (Bowlby, 1969). Insecure-disorganised attachment children experienced severe neglect and severe physical and sexual abuse. These children are extremely watchful of others and appear to lack spontaneity. They find it very difficult to engage with others due to their underlying fear. Bowlby emphasised the need for a strong, stable and loving caregiver in the first three years of life: a baby needs a reliable, loving

someone to make the world right (Blum, 2002). Research by Main and Cassidy (1988), Grossman and Grossman (2006) and Waters, Weinfeld and Hamilton (2000) found that early attachment styles can continue unchanged over time. However, Willows (2009) noted that these patterns are not concrete and that positive life events and relationships can balance the negative early experiences. It is the effective therapist's role to provide a safe space for the survivor to examine their long-held assumptions and to explore and test new ideas. (Willows, 2009).

More recently, Professor of Anthropology at Cornell University, Meredith Small, reinforced Harlow's mother–child experiments in her lectures on child care. Small (as cited in Blum, 2002) stated that, even today, people argue against the commitment of infant to mother:

> American culture is built on individual achievement … you're told to be independent, self-reliant, get through your life on your own. And that's in direct conflict with how humans are designed, evolutionarily and biologically … that's what Harlow's work showed … being disconnected is like being punished (p. 269).

Such observations highlight the importance of the mother–child relationship and the potential effect of dysfunctional mother–children relationships on the child's future.

2.9.6 Reduced capacity to build resilience.

The impacts of sexual abuse on children and on adults who were sexually abused as children includes a lack of resilience. Children develop healthy resilience through the opportunity of tackling manageable tasks and developing their problem-solving skills. Resilience assists children to gain self-esteem through achievement and the self-confidence to try again if they are initially unable to complete the task (McCaskill, 2002). Children who regard mistakes as ineptitude have little reason to rally. If this is accompanied with the early to middle childhood egocentric phase, self-blame for what goes wrong (such as sexual

abuse) results in the diminution of resilience and the child's sense of self crumbling. Without resilience, a child will feel isolation, shame, distrust and frustration (McNamara & McClelland, 2003; McNamara, 2003; McCaskill, 2002).

Resilient children can look outside themselves to answer why something goes wrong. They recognise the negative thoughts that they might have and they control them. They view failure as what they did, not who they are. These children believe that they can make a difference, that they are worthwhile and that they are loved and supported (McCaskill, 2002).

Resilience is built upon positive parental and peer relationships, a sense of control and self-efficacy, physical and mental good health, personal competence and acceptance of oneself and life (Gordon, 2005). Without positive parental and peer relationships, there is a lesser capacity to building resilience. The child lacks positive parental relationships in cases of maternal sexual abuse and he is often in an environment of confusion and emotional manipulation (Dorais, 2002; Sanderson, 2006).

2.9.7 Cognitive dissonance.

Welldon (1992) believes that the aetiology of perversion is intertwined with the politics of power and it must include the mother–child relationship and motherhood functions. Society's failure to regard females as a whole individual is one aspect of society's failure to acknowledge that mothers can abuse their power over their children. The 'mothers don't do those awful things' response to child sexual abuse hides female perverse attitudes. If women had a longer history of belonging to social power structures, perhaps some women's attitudes to men and children would not be governed by a perversion for possessiveness, domination and complete control (Zilbach, 1987), however inappropriate her demands on her child may be (Gallwey, 1985; Welldon, 1992), including the desire to isolate her child, including from his father (Greenson, 1978).

Norms that contextualise the parental sexual abuse of children include the following: parents have ownership of their children—a compliant child suggests parental efficacy; however, physical punishment of a child by their primary carer adult teaches a child to be absolutely obedient (Kramer, 1983; Welldon, 1992). Absolute obedience discourages the act of questioning (parental) authority, saying 'no' to the violation of personal boundaries and distinguishing between a good and bad touch. The brain and the body can sometimes register opposed impressions in relation to physical abuse. Psychological and physical reactions of the MSA male are not necessarily in agreement with one another: physical arousal in a male is too easily taken as consent or enjoyment. The mechanical and physical reaction that can occur in cases of rape is overlooked. This disagreement between the psychological and the physical can lead to dissonance within the child at the cognitive level (Dorais, 2002).

2.10 Conclusion

This chapter has provided information on the findings of an academic literature review of research relating to the sexual abuse of males by their mothers. While there have been reported cases of females abusing males since early last century in Western society, including mothers abusing their biological sons, there is very little academic research specifically on this phenomenon. This research, in the Australian context, focussed on norms of sexual behaviour, parenting and attachment through a Western lens; other non-Western cultures may have different considerations in relation to female power.

Descriptions of sexual abuse and consent vary within Australia across a range of disciplines: legal, academic and cultural. This variance has implications for the prosecution of criminal offences, as well as for the collection of research data and the use of that data to understand prevalence. At the same time, there are core descriptors for sexual abuse—and through the use of those core descriptors, the academic literature indicates that female-

perpetrated sexual abuse of males is similar to male-perpetrated sexual abuse. The difference resides only in the use of their genitalia in abusive acts. In the case of maternal sexual abuse, this difference includes the covert forms of sexual abuse available to a mother that are often dismissed by professional service workers and practitioners as maternal over-affection.

The prevalence of mother–son sexual abuse has proven difficult to ascertain due to the aforementioned variety of descriptions of sexual abuse and consent, as well as the exclusion within the descriptions of covert forms of abuse that are possible for mothers to enact on a daily basis under the rubric of child care. Additionally, prevalence is affected first when MSA males do not fully understand that they have been sexually abused and, second, when there is a dependence on disclosure. Specifically, the non-disclosure of maternal sexual abuse results from society's gendered perception of mothers as child-protectors and natural nurturers, and of males as perpetrators of sexual abuse (and family violence) and not as victims. Overcoming these barriers to disclosure is complex.

The chapter also considered the impact of mother-perpetrated sexual abuse on sons. These impacts are significant and reach the child's psychological development. The child's inability to form a safe and supportive attachment with his mother can have serious effects on his ability to form trusting and healthy relationships with others—which can last for the long term.

The next chapter examines this research's theoretical framework. This includes the role of gender stereotypes in the understanding of society and the MSA males in this facet of child sexual abuse. Also considered is gender stereotyping's impact on MSA males' understanding of what has happened to them, as well as their seeking and receiving of support to overcome the effects of maternal sexual abuse in their lives.

Chapter 3: Theoretical Framework—Gender Theory

'Given that the Australian Bureau of Statistics tells us that 1 in 3 victims of domestic violence is male, do you think male victims deserve a proportional level of support services as female victims?' (Senator David Leyonhjelm)

'No'. (Greens Senator Larissa Waters)

3.1 Introduction

In this chapter, the researcher presents the theoretical framework, or positioning, of the study. This theoretical framework has been drawn from the literature reviewed in Chapter 2.

The chapter commences by exploring cultural notions of male/masculinity and female/femininity. It then further discusses the social construction of gender norms, gender relations, gender roles and gender power as they relate to the sexual abuse of males by their biological mother. Following this, the researcher examines Australian cultural male and female stereotypes and considers how these stereotypes may have affected MSA males in terms of their self-understanding and help-seeking experiences.

The chapter concludes with an analysis of gendered stereotypes. This includes the ways that these stereotypes have influenced social and political constructions of sexual abuse, including government and non-government domestic violence campaigns. Additionally, important is the consideration given to the impact of gendered stereotypes on the awareness of maternal sexual abuse and the support available for MSA males.

3.2 ‘Male’ and ‘Female’ Descriptions

In humans, the terms ‘male’ and ‘female’ may be understood numerous ways—biologically, physically or sociologically, to name a few. Biologically, the terms are defined by the sex chromosomes that form one of the 23 pairs of human chromosomes in each cell. Each person normally has one pair of sex chromosomes in each cell. The Y chromosome is present in males, who have one X and one Y chromosome; females have two X chromosomes (Genetics, 2016). This determines the distinct physical characteristics of males and females.

While most people are born as either male or female, there are some who are born with an indeterminate sex characteristic. In contemporary society, these people are known as ‘intersex’—they are the result of chromosomal issues or congenital deformities (Griffiths, 2018). Intersex people are in the minority and, although some progress in relation to accepting intersex people in society, the biological state of ‘male’ or ‘female’ continues to be the accepted norm.

In Western societies, human males and females have long been understood dichotomously as two distinct groups of people with quite different traits, including temperaments, characters, outlooks, opinions, abilities and personality structures (Connell, 1987; Evans, 1994; Fine, 2010). This is commonly referred to as gender, which differentiates it from the chromosomal or physical attributes that are result of being a human ‘male’ or ‘female’. Notions of gender are discussed in later sections of this chapter, along with the construction and representation of gender in Western societies such as Australia.

Between the early 1800s and the early 1900s, noted classical sociological theorists Marx, Weber and Durkheim suggested that the social inequality between males and females, including female subordination to males, was a ‘natural given’ determined by ‘the normal

superiority of the physical and intellectual energies of the male' (Sydie, 1987, p. 59; Weber, 1978, p. 1007). The feminist and postmodernist movements in the 1980s and 1990s challenged many underlying values and presumptions that shaped this understanding of male and female in humans.

In contemporary Western societies, scholars understand the notions of male and female to be social constructs—subjective in meaning rather than a fixed or, perhaps, God-given state of being (Kimmel, 1995, 2004). Moreover, scholars argue and societies perpetuate scripted understandings, including behaviours, of what it means to be male or female (Geis, 1993; Crawford, 1995; Connell, 2008).

3.3 Male and Female Bodies

Chromosomal, biological and/or physical differences between human males and females construct notions of differences between the two sexes. For example, differences between human males and females in terms of stature, muscle tone and measurable differences in physical speed and strength separates males and females in many sporting disciplines (Milner, 2016). Separation is reflected in the school system, in which segregation continues by young male children being aligned with particular sporting activities, such as high-impact competitive sports and/or particular academic endeavours, such as science and mathematics (Connell, 2008; Fine, 2010).

Biological differences have led to some societies using the male and female body to exemplify what it means to be male and female. For example, Australia's strong cultural focus on sport tends to portray maleness through physically demanding high-contact sports, such as the football codes (Connell, 2008). While there is some female movement into football and cricket in more recent times, the dominant representation of females in these contexts are as 'dancing girls' at football matches, or as the attractive partners of professional football or cricket players who attend awards ceremonies. That women playing

beach volleyball (including at international sporting competitions) are required to wear bikini-style swimwear as their sporting attire (Atkin, 2016; Courier Mail, 2010; Lane, 2012) is also telling and reflecting a reluctance by sporting organisations and the media to acknowledge the sporting ability of the female athlete alone.

The representation of human male and female bodies in Western society extends beyond sporting activities. For example, in *Twilight Zones: The Hidden Life of Cultural Images from Plato to O.J*, Bordo (1997) warned how an image-dominated culture has entrenched the traditional concepts of the male and female body to saturation levels. Images of the female body include a focus on youth and attractiveness, including glossy hair, no wrinkles and with a particular body shape; images of males focus on men as young, with broad shoulders and glistening muscles. According to Bordo (1997), technology has made such images ubiquitous in daily (Australian) life, however illusionary. The representation of the perfect male and female body maintains society's culturally adjusted mindset that males are the 'stronger' sex and females are the 'weaker' sex (Bleier, 1984; Connell, 2002)—and that people are male or female rather than, more simply, people (Holmes, 2007). One reason for this construction and representation is that people are sexual beings.

3.4 Male and Female Sexuality

Human sexuality is a complex notion comprising many components. In this research, 'sexuality' is defined as the capacity for erotic desires, identities and practices, or components of social and personal life that have erotic significance (Jackson, 1996).

In *Sexuality*, Bristow (2004) explored sexuality as sexual desire and one's sexed being; Bristow (2004) resolved that sexuality encompasses internal and external notions pertaining to the psyche and the material world—pleasure and physiology, fantasy and anatomy (Bristow, 2004). He further indicated that there is a divergence among theorists regarding how to most effectively interpret sexual desire and thus formulate a consensus on

the notion of sexuality (Bristow, 2004). For example, when the term sexuality became commonly used in the late 1800s, it referred to human eroticism; it later described types of desires when prefixed with hetero-, homo- and bi- (Bristow, 2004). During the 1970s and 1980s, the 'essentialist' view of sexuality conceptualised the notion as an individual desire shaping the personal and social life. The sociological perspective at this time constructed sexuality as a basic biological mandate requiring control by cultural and social frameworks (Weeks, 2014).

Explaining sexuality as a component of social and personal life that has an erotic significance (Jackson, 1996) is an important element of this research, as it applies to sexual connotations that are inherent in the dichotomised gendered notions of 'male' and 'female'—and masculinity and femininity. This, in turn, influences cultural views of child sexual abuse when perpetrated by a female on her male child, and the male victim in terms of the self-identity of his masculinity and role in the abuse. Notions of masculinity and femininity are discussed and analysed in the context of being a male victim of a female sexual perpetrator in the next sections.

3.5 Masculinity and Femininity

In this research, 'masculinity' and 'femininity'—as understood in psychology, sociology and anthropology—are defined as the internalised role or identities that reflect Western culture's values and norms, as acquired through socialising agents such as the family, school and (social) mass media (Kimmel, 2004). These terms are analysed below for their importance to the young male victim of maternal sexual abuse in making sense of his masculinity. This is an activity undertaken within a narrow framework of cultural gender norms and stereotypes (Thompson & Pleck, 1995), which indicate that the sexual abuse of a male by a female does not happen to a 'real' man.

3.5.1 Masculinity.

According to Brannon (1976, 1984), masculinity comprises four main components: men should not be feminine; men should strive to be respected for successful achievement; men should never show weakness; and men should seek out adventure and risk, accepting violence if necessary. This construction and representation was later confirmed by Thompson and Pleck (1995), who examined attitudes towards men and what it means to be masculine; they concluded that several instruments measuring masculinity ideology erroneously assumed a single definition of masculinity.

Regardless of the erroneous nature of such definitions and/or perceptions, they have not changed over time. For example, in *Male Role Norms Inventory–Revised*, Levant (2013) itemises seven male norms: avoidance of femininity, negativity towards sexual minorities, self-reliance through mechanical skills, toughness, dominance, importance of sex and restrictive emotionality. This single definition or perception of masculinity has significant implications for the MSA male, as discussed and analysed in Section 2.6.

3.5.2 Femininity.

Traditional notions of femininity are characterised by the concepts of humbleness, empathy, expressiveness, honesty, domestic focus, loving, kind, nurturing, passivity, dependence (on men) and submissiveness (Dalla, 2015; Williams, 2012). As stated by the World Health Organization (World Health Organization, 2006) in its report 'Defining sexual health: Report of a technical consultation on sexual health', femininity has also been linked to sexuality, with female sexuality often characterised by ideas that females 'should not want sexual activity or find it pleasurable, or have sexual relations outside of marriage' (p. 6–7). Likewise, WHO (2006) observed that females seem to be responsible, in many cultures, for their own sexual safety (unwanted pregnancy, sexually transmitted infections

including HIV/AIDS). In contrast, males are commonly taught to 'feel entitled to have sexual relations and pleasure and that their self-worth is demonstrated through their sexual prowess and notions of authority and power' (World Health Organization, 2006, pp. 6–7).

Of particular relevance to this study is the link between traditional notions of femininity and motherhood, with the mother often constructed as a-sexual or as representing 'love', 'nurture' and 'security' (Elliott, 1993, p. 53). Indeed, Elliott (1993) suggested that society continues to consider that children remain sexually safe with females, as the alternative concept is that there is no safe place for children from sexual abuse.

Understanding the social constructs of masculinity and femininity are key to this study because these notions influence whether male victims are believed and whether male victims are acknowledged and supported. This is discussed in the next section, which explores the notions of gender and gender norms, relations, roles and identity.

3.6 Gender

Plotting the history of gender theory is complex: for example, it depends on the world view of the writer. Specifically, this applies to providing a historical account of gender. Meyerowitz (2008) noted Scott's (1986) *Gender: A Useful Category of Historical Analysis*—which summarises the advent of gender history and remains highly relevant two decades after its writing, as reflected by its high access, citation and reproduction rate.

Drawing on Scott (1986), Meyerowitz wrote that gender referred to a form of grammatical classification. In the mid-to-late 1950s, researchers at Johns Hopkins University introduced the term gender into scientific literature, stating that children learned gender in early childhood as they do language. In 1968, psychoanalyst Robert Stoller and his colleagues at the University of California in Los Angeles opened the first Gender Identity Research Clinic (GIRC) and, in 1968, Stoller published *Sex and Gender*, in which

he referred to the particular balance of masculinity and femininity found in each person as based on psychological or cultural rather than biological connotations.

In the 1970s, USA feminists assumed the word ‘gender’ and rejected the notion that the perceived sex differences in behaviour, temperament and intellect were simply natural or innate (Meyerowitz, 2008; Scott, 2007). In 1975, Davis suggested the goal of USA feminists ‘is to understand the significance of the sexes, of gender groups in the historical past’ (Scott, 2007, p. 1054).

By the 1980s, feminists had already adopted the term gender to refer to the social construction of sex differences (Meyerowitz, 2008). It was at this time that Scott’s (1986) essay noted ‘gender’ as a term offered by those who claimed that women’s scholarship would transform disciplinary paradigms—in which the writing of women into history redefines traditional notions of historic significance to encompass personal and subjective experience (Scott, 2007). In this way, history would include and account for women’s experience of gender becoming a category of analysis (Scott, 2007). Scott also asked historians to analyse the language of gender, to observe how perceived sex differences had appeared historically as a natural and fundamental opposition—for example, the history of gender could go farther than the history of women, by examining the history of war, politics, and foreign relations (Meyerowitz, 2008).

Poststructuralists took a different perspective to Scott, arguing that her approach erased woman as a category of analysis and damaged political activism for women’s rights (Hoff, 1994). This position arose from the seminal poststructuralists (e.g., Derrida, 1973), who advocated that the best approach was to deconstruct the very notions of male and female, together with the dichotomies they perpetuated, to highlight the inherent biases of any concept framed by history or culture and to discuss the essential arbitrariness of the whole notion of gender

Regardless of the different views or positions, Scott influenced scholars in the 1990s, who wrote on gender history across a range of forms and fields, including on sex differences and power in hierarchical regimes (Meyerowitz, 2008). These various scholarly works pointed to the multiplicity of meanings that gendered the language conveyed, as Scott (2007) predicted. For example, in different historical contexts, masculinity represented strength, protection, independence, camaraderie, discipline, rivalry, militarism, aggression, savagery and brutality; in contrast, femininity represented weakness, fragility, helplessness, emotionality, passivity, domestication, nurturance, attractiveness, partnership, excess and temptation. Even so, while the so-called multiple natural differences between the sexes were represented as having no fixed meaning (Meyerowitz, 2008); the binary construction and representation of the two different genders remained.

Since the late 1990s, gender in everyday usage also became a synonym for the differences between the sexes (Scott, 2007). At this time, Reber (1995) suggested that gender described societal expectations regarding the ways in which males and females are to act and tasks they are to undertake, and the public expression of attitudes and behaviours that indicate one's affiliation to maleness or femaleness. Marshall (1994) noted that within most industrialised Western societies, traditional female roles are linked to service or domestic occupations and attract lower wages, while male occupations occur outside the home, attract a higher salary and have a more prestigious status than the role of females as 'home makers', undertaking 'service' or in health-related nurturing roles.

Edwards (1983) observed that the sociological approach to gender in terms of 'sex role theory' oversimplifies the complexities of gender by narrowing all masculinities and femininities to the single dualism (Edwards, 1983). Courtenay (2000) also noted that gender is most often understood in terms of 'two fixed, static and mutually exclusive role containers' (Courtenay, 2000, p. 1387). The sociological approach assumes that women

and men have innate psychological needs for gender-stereotypic traits (Thompson, 1987). The notion of a singular female or male personality has since been effectively disputed as obscuring the various forms of femininity and masculinity that women and men demonstrate (Connell, 1995). Rather than two static categories, gender is 'a set of socially constructed relationships which are produced and reproduced through people's actions' (Gerson & Peiss, 1985, p. 327). Gender, then, is active, or dynamic and relational.

The fundamental importance of the sociological approach includes understanding that gender is a social construction created by social environments (Holmes, 2007, p. 2). Connell (1995) and, more recently, Reeser (2011) have highlighted differences within gender, including the idea of numerous forms of masculinities and femininities. Gender stereotypes, therefore, require constant challenging of their raison d'être, as well as who they benefit and who controls the dominant gender stereotype discourse (Connell, 1995; Reeser, 2011).

For this research, the maintenance of theories that differentiate between the social construction of human females and males perpetuates difficulties in deconstructing the sexual abuse theories of the male perpetrator–female victim. According to Forbes (1992), feminist theories and theorists that emphasised female victimisation and male dominance, especially in the sexual abuse field, discourage awareness of the existence of female perpetrators as sexual assault offenders. Forbes (1992) also argued against 'redirect[ing] attention and resources to the "new problem" of female sexual abuse when research analysis and resources in relation to the larger social problem of abuse by men are so inadequate' (p. 3). Moreover, Forbes' (1992) emotional refutation of female perpetrators of male victims queries whether feminists have been wrong on the issue of female sexual abusers; by using out-of-context quotations by researchers of this phenomenon, it concludes that feminists in research and practitioners must 'take into account the dynamics of gender inequality and

male power over women and children ... a new moral panic which is thoroughly anti-woman' (p. 8).

Courtenay (2000) cited numerous researchers' gender socialisation theories of 'the male sex role' (Courtenay, 2000). Dorais (2002) maintained that this must be questioned and redefined away from the ongoing discourse of domination or aggression behaviours in which aggressors still often have the last word over their (child) victims. This is because, as adults, they know the weak points of the sociojudicial system and exploit or evade it (Dorais, 2002; Lew, 2004, pp. 31–46).

The notion of gender forms an important framework for this research, as it provides the stereotypical lens of male/masculinity and female/femininity through which Australian society views the gender of perpetrators and victims of sexual abuse—that is, as being male and females, respectively. The impact of such societal views when the victim is male and the perpetrator is a female fall outside the Australian traditional cultural notion of men as perpetrators of sexual violence. This has a serious and long-term impact on the MSA male who is seeking and receiving victim support, is being believed and who is disclosing the abuse.

3.7 Gender as a Social Construction

As considered in the previous section, the description of gender provided by the WHO (2015) included the feelings, behaviours and attitudes of a person, or group(s) of people. Feelings, behaviours and attitudes are shaped by a complex combination of social, cultural, political and religious beliefs and norms (Charles & Bradley, 2009; Fine, 2010). Consequently, descriptions of gender suggest that the term is not a fixed, pre-ordained or unchanging state that is purely determined by chromosomal configurations or physical attributes—rather, it is an arbitrary construct influenced by numerous factors, including time.

West (1987) defined gender in the 1970s and 1980s as an achieved status that was founded on psychological, cultural and social means. West and Zimmerman (1987) further suggested that gender is 'something that one does, and does recurrently, in interaction with others' (West & Zimmerman, 1987, p. 140), suggesting that gender is a social construct to be followed. This is supported by suggestions that gender is achieved or demonstrated and is better understood as a verb than as a noun (Bohan, 1993; Crawford, 1995; Kaschak, 1992).

For example, psychologist Steve Biddulph's bestselling *Manhood* books focus on the importance of role models in children's lives; they acknowledge gender differences and encourage the active role of fathers in parenting. Biddulph motivated for 'time for a new kind of man', who is free again through individual-level male liberation and who is not a soldier or drone worker (Biddulph, 1995, pp. vii–xii, 11–15). Biddulph advocated a return to the characteristics of manhood that were founded prior to the 1970s—those of the honourable husband and father and of positive and passionate masculinity rather than the 'new invention' of domineering bullies (Biddulph, 2000, pp. 1–6). Biddulph drew from his work as a psychologist and family therapist specialising in the needs of men. Interestingly, while Biddulph's *Manhood* series of books are Australian bestsellers and suggest a template for how men can behave, they propose a single way of being for males, which does not embrace (for instance) diverse LGBTQI communities within Australian society.

Most importantly, some commentators have argued that gender does not reside in the person, but rather in social transactions that are described as gendered (Bohan, 1993; Crawford, 1995; Holmes, 2007). Similarly, Courtenay described the social construction of gender as arising from culturally influenced notions of masculinity and femininity (Courtenay, 2000; Pleck, 1994). Fine (2010) also suggested that gender is best regarded as relational to the family, society and to the nation state—all within economy, religion, demographics, exploration, war, urbanisation and industrialisation. While such definitions

may be useful, they have the effect of placing masculinity in assigned roles that serve to sustain the nation state – procreators, soldiers, labour or leaders.

In both sociology and interpretive branches of psychology today, the social framing of gender continues to be embraced (Fee, 2015). This framing includes the use of gender-related key constructs, such as gender norms, gender roles, gender relations and gender identity. These key constructs are discussed in the next section.

3.8 Gender Norms

Gender norms have already been considered in Sections 3.5 and 3.7. They are the social rules underlining how each gender 'should' behave as men or women and they may differ from one culture to another (Hussain, 2015). Indeed, what may be acceptable behaviour for a male in one culture may be unacceptable in another (National Sexual Violence Resource Center, 2012). For example, as Brislin (2008) suggested that a Chicago man inviting a woman to dinner and the theatre can be an act of friendship; whereas, in Shanghai and many other Asian countries or cities, this would be considered an important step towards a serious romantic relationship. A Japanese woman who works in an office may not wish to speak fluent conversational English to an American man, as her Japanese male co-workers may feel threatened at her language fluency—as young Japanese women often meet their future spouses in their workplaces, the fluent English speaker may want to hide her language skills to increase her chances of interactions with male co-workers (Brislin, 2008).

Notions of gender norms are integral to both gender theory and this study. This is because they shape the way in which Australian society creates the stereotype stipulating that power and, by association, domination is generally held or perceived to be held by men rather than women. However, the experiences of men who have been sexually abused by their mothers reverses such gender norms; the power resides in the female mother, as

compared to the male child or MSA adult male. Research findings are then challenging to Western cultural gender norms.

3.9 Gender Relations

Social structuralists indicate that gender relations specify how people interact and communicate with one another, both within individuals and group social relations (Connell, 2002). This includes notions of what it means to be a 'man' and a 'woman', which is socially constructed and maintained within a complex system of accessing power and material resources; or it is allocated a societal status (International Fund for Agricultural Development, 2000). The social position of groups within society determine their behaviour towards other social groups. Within groups, the social position of group members determines their roles and occupations and their place in the status and power hierarchy. For example, gender relations within and between groups are informed by the need to achieve shared goals. This may include defeating a common threat or enemy, or competing for limited life-sustaining resources (Rudman, 2012).

Gender relations experience differences and contradictions when structural variations of groups are influenced to change through influences, such as power inequalities or interdependent motivations. For example, just as there are gender relations around groups and between groups, there are gender relations within male subgroups, female subgroups and hierarchies of power within these subgroups. Specifically related to this thesis, this has the potential to affect MSA males, who may feel they must maintain their position in a male gender group by exerting their masculinity, as defined by the gender stereotype. Disclosing maternal sexual abuse would then invite a loss of position in the male hierarchy and potential loss of respect from females who adhere to the stereotypical notion of what it means to be a male. This may lead to the MSA male losing his position or state in the group. Such

relations also lie outside what may be accepted as ‘normal’—even ‘acceptable’—by or within the group, leading to the victim being blamed or ostracised.

3.10 Gender Roles

Cultural theorists identify gender roles as relating to a person’s place in the family, the workplace and the community (World Health Organization, 2015). Gender roles are significantly based on gender stereotypes, which affect children’s socialisation through cultural beliefs that are expressed primarily by the media and authority figures, including parents and peers. The consistently reinforced messages about sex differences from these groups ensure the continuation of gender stereotypes. These messages are consequently adopted by the child. In acting out these learned behaviours, the stereotype appears to be accurate (Rudman, 2012).

Young male children are taught the importance of appearing to be hard and dominant from a very young age, whether they feel this way or not (Connell, 2002; Fine, 2010; Holmes, 2007; Tarrant, 2009). Moreover, in relation to being steered towards competitive, contact sports at school, peer pressure forces them to be tough—in adulthood, this translates to the military, police, private security and blue-collar crime. Females, within this dichotomy, are funnelled to nursing, social work and other helping professions (Tarrant, 2009; Connell, 2002; Evans, 1994). In relation to this research, these gender notions have a significant role within female-led support services for victims of sexual assault or sexual abuse.

Such gender arrangements are sufficiently common to appear in a natural order, with non-heterosexual love subsequently seeming to be unnatural. However, the heterosexual arrangement for males and females is fluid; it is a condition under active and constant reconstruction, as suggested by the rising awareness of LGBTQI groups in contemporary society, for example. In short, one is not born masculine or feminine, but one becomes a

man or woman in responding to and conducting oneself in everyday life (Connell, 2002; Fine, 2010; Holmes, 2007; Tarrant, 2009).

Indeed, gender ambiguities are not uncommon and are visible in varying combinations through masculine women and feminine men, same-sex couples, female breadwinners and male house-husbands and androgynous dressing and appearance (Connell, 2002; Fine, 2010; Holmes, 2007; Tarrant, 2009). However, some agencies within society seek to maintain traditional notions of family and of the gender categories of feminine and masculine (which also excludes intersex persons) and thus relations between them—denying the inequalities that this causes (Connell, 2002). Under this arrangement, females continue to be marginalised and portrayed through industry campaigns as objects of male desire (Evans, 1994; Connell, 2002). The benefit of this inequality to males is itself not equal, particularly for males who may have feminine characteristics, who eschew the stereotypical male labels or who are gay (Tarrant, 2009). Gender is fundamentally political, and gender reform to remove inequality has resulted in ongoing changes to gender arrangements since the nineteenth century (Connell, 2002; Evans, 1994; Fine, 2010; Holmes, 2007; Tarrant, 2009).

The notion of gender roles is particularly important for this research. For example, in response to the academic progress of feminist scholarship, Levant investigated the traditional notion of masculinity as a problematic construct (Levant, 1996). Interestingly, Levant's framework for a psychological approach to masculinity questions traditional norms of the male gender role and indicates that male problems are by-products of the male gender-role socialisation process. Building on the work of Joseph H. Pleck's (1981) *Myth of Masculinity*, Levant considered gender roles as psychologically and socially constructed entities in which traditional constructions of gender serve patriarchal purposes and non-traditional constructions serve more egalitarian purposes (Levant, 1996).

In applying Levant to this research, MSA males' experiences of female-perpetrated sexual abuse does not align with socially constructed patriarchal notions of masculinity, which indicate that males are aggressors/perpetrators rather than victims of sexual abuse. Separate research by Allen, Bolton, Morris, MacEachron, Neilson, Finkelhor and Lawson (Etherington, 1997) concurred that the male participants of their research self-reference power and domination more often than they describe themselves as victims. This causes considerable confusion for the male victim when confronting the reality of his being sexually abused by a female—a member of the 'weaker' gender, as well as by his mother—which complicates the male victim's recovery process within the existing rigid gender-laden cultural context. Therefore, the male victim questions his gender identity in the context of having been sexually abused by a female, as will be discussed in the next section.

3.10.1 Gender identity.

Gender identity is closely related to gender roles and refers to how individuals consider themselves male, female or transgender (American Psychological Association, 2011). Gender expression refers to how a person communicates their gender identity to others through behaviour, clothing, appearance or physical characteristics. When gender identity and biological sex are not congruent, the individual may identify as transsexual or another transgender category (American Psychological Association, 2011).

Interestingly, the Australian Human Rights Commission (AHRC) consulted on the protection from discrimination on the basis of sexual orientation and sex and/or gender identity. In 2016, the AHRC noted that lesbian, gay, bisexual, transgender and intersex (LGBTI) people 'form a diverse group and sexuality or sex or gender identity is only one aspect of a person's total identity' (Australian Human Rights Commission, 2016, p. 1). The AHRC recommended that people who are LGBTI enjoy the fundamental rights of non-discrimination and equality before the law. This recommendation was in line with the

United Nations Human Rights Committee, which upheld the principle of non-discrimination and equality before the law, thereby protecting LGBTI people under international law (Australian Human Rights Commission, 2016).

Notions of gender identity are important in this study, as the young male child or youth who has been sexually abused by a woman is likely to experience confusion and denial at being overpowered by a female—albeit an adult female during his childhood—and will thus question his sexual identity as defined by societal descriptions of masculinity and notions of men as strong, the initiators of sexual act, and holders of power over women.

3.11 Gender and Power

In both politics and social science, interpersonal power is defined as the capability to control how other people think and/or behave; legitimate power by a social structure is often referred to as 'authority' (Greiner, 1989). Within the social family structure, interpersonal and legitimate power includes parental authority over a child.

Sociologists also refer to the 'balance of power', which operates relationally and reciprocally. Sociological exploration of power focuses on identifying relative strengths—equal or unequal, stable or changeable—and to acquire power, one must thus possess or control a form of power 'currency' (McCornack, 2016). The 'currency' within traditional gender roles of Western society is the role of mother as primary carer of her son.

Types of power were examined in a classic study by social psychologists French and Raven (1959), who developed a schema of power sources to analyse how power is used: legitimate, referent, expert, reward and coercive. Galbraith (1983) summarised power types as the result of persuasion, based on force, or through the use of various resources—conditioned, condign, or compensatory.

In relation to gender, radical feminism argues that men oppress women because they have the power to do so and that this power imbalance needs to be broken (Connell, 1987).

The power analysis of gender at its simplest connotes men and women as social entities directly linked by power relations. Connell (1987) suggested that at a more complex level, powerful men and subordinate women are the outcomes of influences outside the male–female relationship. This has included the economic or political exploitation of wives by husbands and the institution of families for child-raising, with the woman playing the role of 'home maker' (Connell, 1987). To overcome this 'role' for females, Firestone (2000) advocated the elimination of sex distinction—a pansexuality that could replace hetero/homo/bi-sexuality, with the introduction of artificial reproduction and communal child raising, thus removing dependence between child and mother (Firestone, 2000). This elimination, it was argued, would break the tyranny of the biological family (Firestone, 2000).

Cannon and Buttell (2016) suggested that broadening community thinking about power within the family to include who is violent in intimate relationships would provide a better lens through which to examine parental abuse of children. Further, Cannon and Buttell (2016) also contended that these intimate relationships should extend beyond heterosexual partnerships to include same-sex relationships, arguing that current policy is restrictive with its privileging of heteronormativity over other types of relationships, including the LGBTQI community.

Arndt (2015, 2016) agreed with this view in her interview with the *ABC Central Coast* on family violence by females towards their children. Arndt questioned government gender-biased policies and programs regarding family violence and cited government domestic violence funding was provided to Men's Referral Service, a well-known misandrist organisation that seeks out acts of violence against females under the guise of providing support to the service's male clients. This view aligns with the abundance of gender power research that documents the forms and extent of male violence in human

societies (Australian Bureau of Statistics, 2004, 2007; Australian Institute of Criminology, 2008; Hagemann-White, 2001; Nicholls, Cockbain, Brayley, Harvey, Fox, Paskell, Ashby, Gibson & Jago, 2014; Mouzos, 2004). However, much of this research is feminist informed. This perhaps explains why sexual abuse research has largely excluded female-perpetrated sexual abuse.

Indeed, there has been some neglect of the need to confront issues of the power that mothers have over their children. This neglect maintains the questionable stereotype that aggression is inherent only in men (Welldon, 1992). Similarly, the exploration of a mother's access to and use of violence within the home has been largely avoided (Welldon, 1992). This raises the question of why—particularly as children are the group over which mothers have socially legitimated power. As indicated in Table 2.10, females, including mothers, can exhibit a range of characteristics that have negative connotations, including behaviours that are abusive, vicious, cruel, possessive, domineering, violent, manipulative, aggressive, dishonest, self-deceptive and criminal (Koonin, 1995; Welldon, 1992). Questions must be asked, then, as to how best society can best protect children who are exposed to women of this nature.

Notions of power are important to this study, as the balance of power within the adult mother–child son relationship is held by an adult over a child. The role within the family and society places a mother as the primary caregiver and natural nurturer of her child. It rarely described mothers as sexual abusers, as discussed in Chapter 2 and Section 2.15.4.

3.12 'Stereotyping' Described

In representing persons, stereotyping involves simplification, reduction and naturalisation. Unlike social typing, in which people are accorded a type based on cultural classifications, stereotyping rigidly reduces, simplifies and naturalises, as well as fixes differences into normal and abnormal (Sullivan, 2004). Stereotypes tend to be directed by

those with power over subordinate groups, which forms part of the hegemonic struggle, that is, the cultural leadership of the dominant—the establishment of normalcy (what is accepted as 'normal') through social and stereotypes by the dominant to arrange society to their own world view. In succeeding, they establish their hegemony (Dyer, 1977). These ruling groups use advertising industries to arrange subordinate groups or cultures into consumers and target markets, according to demographic characteristics including social class, disposable income, age and sex. Hegemonies are never complete; though they are a result of resistance to ideological domination (Fiske, 2002).

The empirical study of stereotypes began with Katz and Braley (1933) and continues today with the same measure they first used—subjects are provided with a list of traits and are asked to check the five traits that 'most typical' of a particular group (Katz & Braley, 1933). A stereotype is said to exist to the extent of which the subjects agree on the choice of traits. This stereotype is a properly social stereotype because it is a group measure defined by agreement across the subjects (McCauley, 1978, p. 929). This can be extrapolated to societies. Reviewing the stereotype literature since 1933, Brigham concluded that little has been discovered regarding how stereotypes are learned, how they change or how they affect behaviour (Brigham, 1971; McCauley, 1978).

Research on stereotypes by Bargh (1996) indicated that stereotypes become active automatically on the mere presence of physical features associated with the stereotyped group (Bargh, 1996; Brewer, 1988; Devine, 1989; Perdue & Gurtman, 1990; Pratto & Bargh, 1991). For example, and in terms of this research, categorising behaviour in terms of personality traits (e.g., Carlston & Skowronski, 1994; Winter & Uleman, 1984) and then making dispositional attributions about the actor's personality (e.g., Gilbert, 1989; Gilbert, Pelham & Krull, 1988) have both been shown to occur automatically to some extent (Bargh, 1996). Based on his clinical trials, Bargh posited that automatic social behaviour is like any

other psychological reaction to a social situation; it is capable of occurring in the absence of any conscious involvement or intervention. The implication of this is considerable for many social phenomena, including conformity, imitation and modelling, and the behavioural confirmation of stereotypes (Bargh, 1996). The implications for this research include MSA males assuming guilt for the abuse perpetrated on them and believing perpetrator manipulation that the young male child instigated the sexual activity with the perpetrator of his abuse. This manipulation draws upon gender stereotypes of male sexual dominance and female weakness and sexual passivity, which is discussed next.

3.13 Gender Stereotypes

In Sections 3.1, 3.2 and 3.5–3.7, it has been discussed that the male and female gender are societal constructs, or 'man' and 'woman', including the characteristics that are generally believed to be typically male or female in humans. For example, in Western societies, there is consistent agreement about masculinity or femininity (Golombok, 1994; Street, 1995; Williams, 1990), demonstrated by Gray's (1992) highly popular pop-psychology book *Men are from Mars, Women are from Venus* (Gray, 1992, p. xviii, 2, 323). This book dichotomises gender into two distinct, even stereotypical, types. Moreover, the author, John Gray, suggested, 'We have forgotten that men and women are supposed to be different …' (Gray, 1992, p. xviii, 2, 323), thereby suggesting that the blurring of dichotomised stereotypes is problematic. Gray separated what it means to be male and female by chapter: the way males and females communicate, cope with stress, motivate themselves, use language, their need for intimacy, the kinds of love they need, how they keep score of acts of love and the way that they argue. The popularity of Gray's Mars–Venus concept has continued into the twenty-first century, with nine sequel books and 9.5 million copies sold, a one-man stage show, a Facebook web site, and a web site with

recordings, online seminars and advice, as well as multi-vitamin powder and other health products (McClurg, 2013).

Such gender stereotypes provide collective, organised and dichotomous meanings of gender and often become widely shared beliefs about men and women and how they are represented (Pleck, 1983). People are encouraged to conform to stereotypic beliefs and behaviours and they commonly do conform to and adopt dominant norms of femininity and masculinity (Bohan, 1993; Deaux, 1984; Eagly, 1983; Kaufman, 2015).

If asked to write a list of the typical attributes of female and male, is it likely that the writer would include in the first list: weak, passive, subordinate, dependent, sensitive, nurturing, loves children. In the second list, the writer would include strong, active, dominant, independent, competitive and ambitious (Fine, 2010). Even for those who do not ascribe to gender stereotypes, there would be understanding of which list describes a female and which list describes a male, reflecting the saturation of these stereotypes within society generally. To understand the impact that gender stereotypes has on male victims of maternal sexual abuse, it is critical to explore the origins and purpose of current societal gender stereotypes.

3.13.1 Male Stereotypes

Australian society remains organised regarding the constructed differences between males and females, including physicality, capability, needs and desires (Holmes, 2007). Research suggests that males' behaviours and beliefs about gender are more stereotypic than those of women and girls (Katz, 1994; Rice, 1995; Street, 1995).

A man's perception of his masculinity may be influenced by his relationship with his mother during his childhood (Reeser, 2011). The sexual abuse of a young male child by his mother correspondingly brings with it different and additional issues for the male victim of female abuse, as noted in Section 3.5 by Brannon and Levant. The male victim of abuse

must contend with these stereotypes, as well as the abuse itself; moreover, in most cases, the societal ideas will make it vastly more difficult for a male to deal with the abuse (Starman, 2009).

According to Bem (1974, 1977), prior to the 1970s, behavioural scientists and society viewed masculinity and femininity as opposite ends of a one-dimensional gender scale. Clinicians presumed psychological adjustment related to how well a person aligned to their biological sex—that is, the masculine or feminine stereotype. Anne Constantinople (1973) challenged these stereotypes, stating that masculinity and femininity are two separate dimensions on which individuals could be measured—that is, one person could have high or low masculinity and high or low femininity at the same time. Bem subsequently proposed that a healthy individual can incorporate both behaviours (androgyny). A woman or man could be gentle, sensitive and soft spoken and also ambitious, self-reliant and athletic, combining the stereotypical opposite sex characteristics (Bem, 1974, 1977). This theory had significant implications for overturning the stereotype of 'feminine' characteristics, as it posits that women can have the so-called masculine characteristics of anger, desire for power and control, cruelty and lack of a nurturing and care giving persona. In a society in which rigid sex-role differentiation has already outlived its utility, Bem's theory has significant implications for societal reviewing of its current stereotyping (Hock, 2005).

It was the women's movement during the 1970s that exploded the traditional view of what it means to be a woman and, therefore, a man; it challenged the inevitability of a patriarchal system that accepts the exploitation of smaller and physically weaker individuals (Tobias, 2018; Watkins, 1999). Feminists attempted to change attitudes and behaviour towards women, men and children. To a large extent, they succeeded in later waves of feminism. Lew (2004) maintained that adult male survivors of child abuse are among the

beneficiaries of the work of the feminist movement that helped realise the potential for being human by challenging stereotypes (Lew, 2004).

Even so, it could well be argued that public and government campaigns, including White Ribbon and Violence Against Women: Australia Says No, have perpetuated the gendering of sexual abuse by presenting males as the predators/perpetrators and females as victims. This is considered in Section 3.13.2.

3.13.1.1 Males stereotyped as predators/perpetrators.

The aims of White Ribbon, the campaign to prevent men's violence against women, and the Australian Government's National Awareness Campaign to Reduce Violence Against Women and their Children are for women to live free from all forms of men's violence (Butler, 2016). According to 2015 Australian of the Year Rosie Batty, violence against women is an epidemic:

> The degree of terror that a man exerts over his family is profoundly different. So a woman is violent but I don't know how many men will be living in total fear of their lives without any capacity to make any decisions ... we have to come back to statistics ... we need to be mindful that this is a gender issue. (ABC, 2015)

Such statements, while serving a purpose, also work to prolong the gendering of sexual abuse, which requires a gender-neutral approach to ensure that all victims' needs can be met—especially child victims. For example, in *An Open Letter to Rosie Batty*, Dent (2015) expressed his concern that Mrs Batty took a stereotypical approach to domestic violence in her Australian of the Year work, with her 'we must protect our women and children' platform (see Appendix E).

Dent sought to neutralise male-perpetrator comments, citing statistics from the Australian Institute of Criminology that during 2010–2011 and 2011–2012, 75 males (38 per cent) were killed in domestic homicides; that 33.3 per cent of victims of violence

experiencing violence by a current partner within the previous 12 months were male and that 127 children were murdered by women (‘mums’) between July 1997 and June 2008 (compared to 140 by males) (Dent, 2015). Dent (2015) summarised the problematic nature of the family violence gendering within Australia by suggesting that Batty’s approach promoted the stereotype that only males are capable of harming children, which contributes to deterring male victims from disclosing their abuse and from having a public voice about the abuse they have experienced.

3.13.2 Female stereotypes.

The second wave of the feminist movement in the late 1960s opened the examination of Western societal notions of masculinity and femininity. Female sex stereotypes were highlighted by several researchers of sex-related attitudes and behaviours (Williams, 1975). Research by Deaux and Lewis (1983) reported strong stereotypes of females and males in traits, social roles, occupations and physical characteristics. Thirty years later, Haines (2016) compared data collected by Deaux and Lewis to her own new data collected in 2014. Results from Haines’s research indicated that people continued to perceive strong differences between men and women, with these differences strengthening the gender stereotypes.

Recent research by the National Centre for Social Research in the UK provides data on British social attitudes to gender roles (Scott, 2013). The report concludes that females continue to remain within the stereotype of preferred child carer and still undertake the bulk of domestic chores and child/family care (Scott, 2013).

3.13.2.1 Females stereotyped as victims.

The second wave of the feminist movement also shone a spotlight on issues of violence within the home (Hunter, 2006). The response to this violence against women in the home led to an increasing awareness across society of domestic and family violence and

its effects on females. Centres were established to undertake research on domestic violence and effective support for female victims of violence. This included academic, religious, feminist, private and public-sector organisations.

Research undertaken within Australia on violence against women continues to provide an evidence base for policy and program delivery at all levels of government. Examples include the Australian Bureau of Statistics 1996 Women's Safety Survey on the prevalence of physical and sexual violence experienced by women. In part based on these findings, the Australian Government Department of Health and Department of Social Services developed and implemented specific national strategies, including the 'Family and domestic violence strategy' and the 'National plan to reduce violence against women and their children 2010–2022'. The vision of the national plan, released in 2011, is for Australian women and their children to live free from violence in safe communities. The aim of the plan is a significant and sustained reduction in violence against women and their children (Council of Australian Governments, 2011). The 2018 'Family, domestic and sexual violence in Australia' report by the Australian Institute of Health and Welfare uses the phrase violence against women 99 times and the phrase violence against men once—suggesting an ongoing focus on female victims and males as perpetrators (Australian Institute of Health and Welfare, 2018).

3.13.3 Mother stereotypes.

The cultural stereotype of mothers is of nurturers and carers of children (Solomon, 1992; Lew, 2004). Welldon (1992) agreed that Western society's positive description of motherhood has resulted in maternal incest being unacknowledged as a possibility in the 1980s, despite the opportunity that mothers have to abuse their children (Welldon, 1992).

The stereotyping of females as the weaker and passive sex and of mothers as natural nurturers with inborn maternal instincts suggests that their biological and emotional

closeness to their child diminishes any possibility of ambivalence or hostility towards their biological child. This, in turn, provides an almost insurmountable barrier to disclosure by male victims of maternal sexual abuse.

A decade after writing her Master of Arts–based advocacy paper to raise awareness of maternal sexual abuse of sons, Miletski (2007) noted that society's denial of mother–son abuse is as 'strong as ever. We still face significant obstacles to preventing child sexual abuse … the recovery needs of survivors … men who were sexually abused as children, continue to encounter ridicule, minimization, and dismissal' (Miletski, 2007, p. 7). Elliott (1993) noted that feminists are divided on the issue whether to acknowledge maternal sexual abuse of sons' existence and set back the cause of feminism (as they see it), or to stop abuse regardless of the sex of the perpetrator (Elliott, 1993). Welldon agreed: 'We have all become silent conspirators in a system in which change could not be envisaged since no one would acknowledge that such behaviour existed' (Welldon, 1992, p. 16). Part of the cause of this lies in patriarchal power politics, which several waves of feminism have fought to overturn. It was the second wave of feminism in the 1970s that fought not only for equal rights with males across the board in education, the workplace and at home, but which also highlighted the politics of power within the home that were resulting in violence against women and children.

3.13.3.1 Biological mother stereotypes.

This research specifically explores the maternal sexual abuse of their biological sons in Australia. The biological mother forms the framework for this research in terms of 'the good mother' concept that constructs and defines what females should do—the 'biological imperative' of having children (Goodwin, 2010, p. 3). There is also the good mother concept that positions females as intuitive nurturers naturally equipped and as always readily available to care for their children, no matter what the circumstances (Krane, 2007).

Hays explains that ‘a good mother would never simply put her child aside for her own convenience. And placing material wealth or power on a higher plane than the well-being of children is strictly forbidden’ (Hays, 1996, p. 150). This concept, which ties females to undertaking roles as child bearers/nurturers/raisers (Kaplan, 2013), underpins regulating females to perform specific functions (with a political thrust—prescribing her aspirations, norms and desires for state nation–building agendas); it channels females into the production of the next generation workforce (Goodwin, 2010). It is in this context that biological mothers are imaged by government and in public policy, by the media and popular culture, and are pressured to conform to set standards against which they are judged and judge themselves (Goodwin, 2010).

It is the notion of the relationship between a mother and her child, through gender roles, identity and stereotypes, that makes the sexual abuse of a young male child by his mother ‘the ultimate betrayal’ (Ricker, 2006) and ‘the unthinkable broken taboo’ (Miletski, 2007).

3.14 Gendered Stereotypes and Social Constructions of Sexual Abuse

Sexual abuse literature within Australia continues to position males as perpetrators of sexual violence and public campaigns describe males as the perpetrators of family violence, as noted in Table 3.1. However, this literature does not consider non-disclosure of abuse by males sexually abused by female perpetrators. Non-disclosure has a significant impact on prevalence statistics, which has implications for understanding frequency (of the maternal sexual abuse of males) and the provision of effective levels of support services (for MSA male victims). Table 3.1 provides examples of paramount statements by some campaigners clearly positioning males as the only perpetrators of sexual violence.

Table 3.1

Examples of Gendering of Sexual Abuse: Male Stereotypes as Only Perpetrators

Examples	Source
'Family Violence stems from men who think they are better than women. It's that simple. Respect women, by watching and sharing our new films'.	Department of Premier and Cabinet, Victoria, published 14 December 2016. family violence response centre video advertisements https://www.youtube.com/watch?time_continue=1&v=YOd46kVZE50
'More programming from the ABC about domestic violence, but Call Me Dad takes the unusual step of examining the perpetrators of such violence: men.'.	Kylie Northover, 'The Guide' in *The Canberra Times*, 23 November 2015, p. 10
Some will argue that men are also the victims of domestic violence, that those who are should not be dismissed—but it is overwhelmingly a crime carried out by men against women and children'.	Louise Rugendyke, 'The Guide' in *The Canberra Times*, 23 November 2015, p. 10
'Launched by the ACT Government on Monday 17 August, the priorities identified by the [Second Implementation Plan under the ACT Prevention of Violence against Women & Children Strategy 2011–2017] plan include ... improving perpetrator interventions so that men are held accountable and supported to change their behaviour'.	'Plan sets out priorities to tackle domestic violence', *Canberra Weekly*, Thursday, 20 August 2015.

‘The vast majority of perpetrators are men and that's why it's considered very much a gender issue across the world and here in particular. So when you talk about neutrality, yes, we have to engage men ... understanding that there are different definitions of the severity and the impact on women, who are disproportionately affect [sic], when you take that into account, we have to acknowledge that this is still a gender issue - gendered issue. So neutrality doesn’t always cut it ... There is a gender aspect to this issue.’	Natasha Stott Despoja, Australian Ambassador for Women and Girls 23 February 2015 (Australian Broadcasting Corporation, 2015)
‘Where does violence come from? It comes from gender and inequality ... It comes from men feeling a sense of entitlement toward their children and partners ... Even though women are violent as well, the statistics are clear, it is very much a male issue’.	Rosie Batty, on becoming 2015 Australian of the Year (Cox, 2015)
‘The overwhelming majority of perpetrators are male, but that’s about the only thing we have right’. Professor Stephen Smallbone, Queensland's Griffith University.	Sarah Dingle, ABC *The Drum*, 12 August 2013, 2:44pm (Dingle, 2013)
‘in which men overwhelmingly perpetrate violence and in which women and girls overwhelmingly are victims’.	What about men? Lies, statistics … and peddling myths about violence against women—words by Michael Roddan, http://www.thecitizen.org.au/features/what-about-men-lies-statistics-and-peddling-myths-about-

	violence-against-women#sthash.p90LBjcA.dpuf Wednesday 11 December 2013
'We know that from all the evidence that exists that women are overwhelmingly the victims of family violence and men are overwhelmingly the perpetrators. It's not an ideological stance that we take: it's an uncomfortable reality'.	Alison Macdonald, Domestic Violence Victoria, What about men? Lies, statistics … and peddling myths about violence against women are words by Michael Roddan, http://www.thecitizen.org.au/features/what-about-men-lies-statistics-and-peddling-myths-about-violence-against-women#sthash.H4OherOd.dpuf Wednesday 11 December 2013
'Every woman's son is her potential betrayer and also the inevitable rapist or exploiter of another woman'.	Andrea Dworkin, American radical feminist and writer (Dworkin, 1982, p. 20)

This has a fundamental and long-term impact on males who have been sexually abused by a female, and for MSA male victims receiving effective support, and to recover from that abuse.

3.15 Conclusion

This chapter provided the theoretical framework that is used to shape the research study, including the research design and the collection and analysis of data undertaken. The gender theory explicated in the chapter included a discussion of the notions of male, female, masculinity, femininity, gender and gender stereotypes. Consideration was also given to the impact of gender stereotypes on the gendering of sexual abuse, including the potential impact on MSA males. These impacts include the perspectives of MSA males of their own masculinity, their role in their abuse and their perceptions of their abuse by their mother.

Within Australia, institutions including family, school and social media are perpetuating the cultural mindset of what it means to be male or female. This is visible in representations of the perfect male and female body, of males perceived as stronger than females and of how males and females are to act and what tasks they are to undertake. There are expectations regarding how males and females should behave and how they interact and communicate with one another within individual and group social relations, and in the family, workplace and community. There are also societal expectations regarding how male and female sexuality is expressed in social and personal life.

These sociocultural representations and expectations are based on gender stereotypes. Stereotypes tend to be directed by those with power over subordinate groups who establish what is accepted as normal to arrange society to their own world view. The current world view of child sexual abuse is not inclusive of maternal sexual abuse of a son, but is framed by stereotypes of males as perpetrators of child sexual abuse and of mothers as protective carers of their children. Sexual abuse literature within Australia continues to locate males as perpetrators of sexual violence. Public anti-violence campaigns also continue to describe males as the perpetrators of family violence.

Dichotomising males and females in relation to sexual abuse has gendered this form of abuse. The gendering of sexual abuse is highly problematic for MSA male victims: consider the commentary such as that by Libby Davies (2016), CEO of White Ribbon, who suggested that the source of all violence is men. This focus limits societal ideas to males as always dominant instigators of abuse against female victims, leaving little room for MSA male victims to have a voice or a discussion regarding mothers as perpetrators of their sexual abuse.

Gender stereotyping has implications for prevalence data (discussed in Sections 3.12 and 3.13) and, consequently, for effective services for MSA male victims. Staying within gender stereotypes fails to consider non-disclosure, appropriate data collection methods and equal gender participant representation. MSA males are a vulnerable group that are unlikely to disclose their abuse for many possible reasons, including that the abuse was perpetrated by their mother, which does not align with gender stereotypes and myths. The collection of data on sexual abuse victims requires appropriate data collections methods for research participants to disclose sensitive information. Research on sexual abuse or family violence needs to include equal representation of male participants in the role of victims, not perpetrators, as well as females as participants. Prevalence data is unlikely to reflect the actuality of male victims of maternal sexual abuse if male victims continue to be constrained by cultural and gender myths that form barriers to disclosure. Sexual abuse stereotypes and myths need to be critically explored in a space that is gender neutral, and in which this phenomenon is not diminished or described as rare, or erroneously labelled as an attack on female rights.

Ongoing descriptions of family violence within Australia as a gendered issue continues to promote disinformation through the stereotype that mothers are not capable of harming their own biological son. This contributes to deterring male victims of maternal sexual abuse from disclosing their abuse, from having a public voice about the abuse they have experienced and from having effective and sufficient services to support them as victims of sexual abuse.

The focus of the next chapter is the research design of the research study. This research design aligns well with this theoretical framework and, thereby, it provides a means of giving male victims a choice.

Chapter 4: Methodology and Method

My mother was so domineering and controlling that she turned up in South America where I was having my honeymoon. (Interviewee 20)

4.1 Introduction

As already explained, this research study explores the experiences of males who have been sexually abused by their biological mother in their seeking and receiving of psychotherapeutic support. The research aims to discover if these males have specialized requirements that should be considered by psychotherapists. This study also explores the approaches taken by practitioners—psychotherapists, counsellors, psychologists or psychiatrists—who have provided support for the male survivors of maternal sexual abuse. Finally, the research aims to include information on the beneficial therapeutic practices that are included in the sexual abuse literature.

In this chapter, the researcher explains and justifies the research design. The explanation and justification include the qualitative research methodology of qualitative description (Sandelowski, 2010, 2014) together with the process of conducting the research, including the sampling, data collection and analysis. Also explained are the ethical considerations of the research study.

4.2 Researcher's Preparation

This research was undertaken to explain the psychotherapeutic needs of male survivors of maternal sexual abuse. The literature review in Chapter 2 highlighted several issues that informed the research design and methodology: differing descriptions and definitions of sexual abuse, the prevalence of maternal sexual abuse of boys, issues regarding disclosure and non-disclosure and the impact of maternal sexual abuse, including

trauma. Consideration of the research's theoretical framework provided in Chapter 3 examined gender theory, gender roles, gender stereotypes and the way in which these notions could affect MSA males and the support services provided to males.

In light of these findings, the researcher further considered the research design. It was important that the research approach aligned with the aims of the research, the research questions and the theoretical framework. These questions are: What are the psychotherapeutic needs of MSA males? Do MSA males have specialised psychotherapeutic requirements? To develop the research design with the best fit, the research examined notions of ontology and epistemology.

4.2.1 Researcher's ontological and epistemological approach.

The researcher reflected on her world view regarding reality and knowledge, including ontology and epistemology. The researcher initially decided on aspects regarding this 'doing', such as methods for data collection. The researcher noted that ontology and epistemology constitute different approaches to social investigation and carry with them important ontological and epistemological considerations: respectively, what is the nature of reality, and what is the nature of knowledge and what constitutes good knowledge (Bryman, 2008).

Determining the methodological framework for the research proved to be a complex process for the researcher, primarily due to the need to understand her philosophical world views and how they consequently sat within the multitude of layers that commonly comprise philosophical and sociological research theories. In reading Riggs (1992), the researcher learned of the philosophy of science: of the structure of scientific theories; methods and procedures employed in scientific research; choices made between different scientific theories; and the metaphysical status of scientific theories. Within each theory, the researcher noted that there are 'schools' with various opinions, arguments and theories. The

researcher needed to determine whether the research was 'science', whether theory preceded research (quantitative), or whether theory emerged from it (qualitative) (Bryman, 2008).

To understand the elements of research design more clearly, and how the elements mesh, the researcher utilised Goodrick's elements of design flowchart (see Figure 4.1; Goodrick, 2012, p. 6). The application of this flowchart is explained in the next sections.

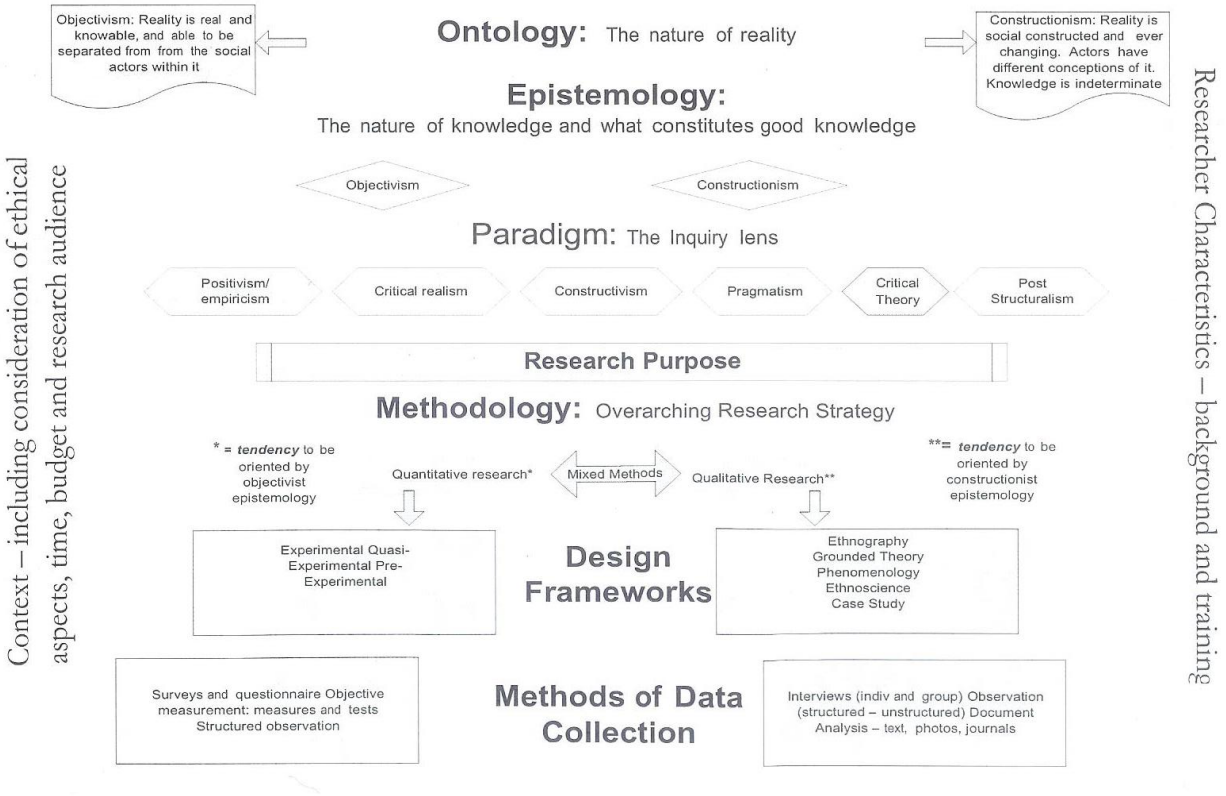


Figure 4.1. The big picture—Elements of research design. Source: Goodrick (2012, p. 6).

4.2.2 The nature of reality and of knowledge, and the inquiry lens.

The overarching philosophical elements of a research methodology comprise ontology, epistemology and paradigm, respectively. Each of these elements are now considered, in turn.

4.2.2.1 Ontological considerations.

The researcher noted that ontologies inform methodologies regarding the nature of social reality—whether there is reality or truth, whether it can be known and whether culture is knowable, or what social research does it focus on (Sarantakos, 2005). As the researcher

developed her research question, she reflected whether she viewed the social world as external to the research participants, or as being fashioned by the research participants (Bryman, 2008). The researcher identified her ontological framework as the environment, which influences individuals (stereotypes of males as strong and perpetrators only of sexual abuse, and females as weak and victims only of sexual abuse), and of individuals' actions influencing society (males challenging myths by speaking about their experiences as victims of female-perpetrated sexual abuse). This self-understanding played an important role in the choice of methodological approach to explore the voice of research participants as they answered questions on what they considered assisted their psychotherapeutic healing.

4.2.2.2 Epistemological considerations.

Epistemologies inform methodologies on the nature of knowledge—that is, what kind of knowledge the research is seeking (Sarantakos, 2005). Epistemological considerations figure in considerations of research strategy and comprise two categories: objectivism and constructionism (Bryman, 2008). Epistemology was questioned often by the researcher on what is regarded as appropriate knowledge of the social world (Bryman, 2008). The researcher reflected on the importance of understanding her epistemological stance, as the nature of knowledge and legitimation of knowledge will have implications for her selection of methodological approaches and the dimensions of qualitative/quantitative contrast (Bryman, 2008).

The researcher had several key topics to relate to her epistemological standpoint: dominant discourses framing child abuse within Australia, appropriate knowledge shining a light on the phenomenon of maternal sexual abuse, barriers to disclosure by male victims, the lack of prevalence data, the myth of all mothers being natural nurturers and challenging the highly gendered approach to family violence by women's services and government programs within Australia.

The researcher noted upon further reading that Goodrick (2012) introduced a third epistemological option: subjectivism. While the two main epistemological stances comprised objectivism and constructionism, the researcher opted for Goodrick's third option of subjectivism. This is because subjectivism is associated with a more post-structuralist critical form of research (Goodrick, 2012). Subjectivism reflects social, political and cultural values and shifts over time. What is accepted as being the truth is often flawed due to the oppressive nature of society (Goodrick, 2012). Riggs (1992) noted that all societies exert pressures on their citizens to conform to established rules, beliefs and values. These pressures can be overtly imposed, including the use of harsh laws that are physically and/or ruthlessly enforced. Alternatively, the pressure to conform may be psychological, including where a particular sort of behaviour is adhered to due to concerns about how one may be judged by others (Riggs, 1992). The history of the world is full of such pressures imposed on individuals and populations to convince them to agree or conform with certain norms or beliefs; many varied political repressions and religious persecutions that have occurred over millennia attest to this (Riggs, 1992). As explored in Chapter 3, this research challenges the male perpetrator–female victim stereotype and myths surrounding male victims of sexual abuse, which result in male victims of maternal sexual abuse not disclosing that abuse (see Sections 2.5.2, 5.3, 5.7.1 and Graph 5.5 and Table 5.2).

Subjectivism within research is to question accepted knowledge and spotlight social injustices so that social change can occur (Goodrick, 2012). In this context, this research aims to question the accepted knowledge of mothers as gentle and caring protectors of their children and spotlight the social injustice of the disbelief and obscurity MSA males face, particularly when seeking psychotherapeutic support. Subjectivism places the researcher as an engaged advocate: the research provides a voice for the silent and hidden voices of MSA males. Further, by making explicit the researcher's non-objective (i.e., subjective) social

position, her characteristics on claims can be understood and the status quo—what is accepted as knowledge—can be challenged. Finally, values are inherent in all research, and particular values can—and should—be adopted for the purpose of empowering and transforming oppressive social structures. Subjectivism aims to produce knowledge that leads to social change by challenging existing knowledge that confirms and maintains the status quo (Goodrick, 2012). The social change sought by this research is to raise awareness of a little-known facet of child sexual abuse; the challenge to existing 'knowledge' is of mothers as nurturing carers, thereby broadening the knowledge of sexual abuse services to include these males within their client group (Goodrick, 2012).

The researcher's focus on the particular personal experiences of individuals (being the help-seeking experiences of males sexually abused by their mother) places the researcher with the epistemological approach that lends itself to aspects of phenomenology. That is, according to Denscombe (2007) and Bryman (2008), investigating the experiences of those who have found themselves victims of maternal sexual abuse include multiple realities; detailed descriptions of the experience that is being investigated (counselling experiences); seeing things through the eyes of others; and how individuals make sense of the world around them (Goodrick, 2012). The researcher noted that the experiences of these males are not the commonly held view of sexual abuse, so their experiences require specific sense making by the male victims of maternal sexual abuse (Denscombe, 2007). Denscombe (2007) referred to this as suspension of common sense. If the sense of what is happening is based on the most commonly held view of the issue, then common sense is suspended, as this research is exploring out-of-common experiences and sense as made by the respondents of their experiences.

The researcher needed methods of data collection that elicit the telling of a person's personal story or narrative of their life experiences (DePoy & Gitlin, 2011). One approach

that provides a framework for this is the interpretive, naturalistic inquiry. The structure of naturalistic design is exploratory, enabling new insights and understandings to be revealed without the imposition of preconceived concepts, constructs and principles (DePoy & Gitlin, 2011). Naturalistic design seeks to describe, understand or interpret daily life experiences and structures within the contexts in which they occur—whether they are action oriented social criticisms, where narratives are replaced by local theories fitted to specific problems and specific situations. This approach is well suited for examining and revealing phenomena to guide health and human service practitioners that arise in clinical context (DePoy & Gitlin, 2011). Naturalistic research, DePoy and Gitlin (2011) explain that it is used to generate theories about cultures that have not yet been studied.

When the researcher proceeded inductively—that is, with human reasoning that involves a process in which general rules evolve or develop from individual cases or from observation of a phenomenon—the data may suggest which theory (if any) might be relevant to understanding and explaining observations (DePoy & Gitlin, 2011). For researchers working inductively in the naturalistic tradition, shared experience may include meanings and interpretations of human experience. There are multiple meanings attributable to a shared experience, as naturalistic inquiry research provides levels of abstraction (DePoy & Gitlin, 2011). Abstraction is the symbolic (naming, representation, frequent communication) of a shared experience: in this case, maternal sexual abuse. DePoy and Gitlin's (2011) Levels of Abstraction in Figure 4.2 represent their four levels of taxonomy for the parts of a theory: concept, construct, relationship and proposition/principle. The higher the level of abstraction, the more complex the theory. At the construct level, meanings become important to consider as individuals expressing the same construct may place different meanings on it. For example, the word 'horse' at the lowest, concept level may be four legs, head and tail, fur and neighs. However, at the construct level, abstractions

carry diverse meanings such as fear (falling off a horse or being bitten or kicked) or happiness (warm, soft and cuddly horse). Each type of experience is equally important to acknowledge, as are the different meanings attributable to a single word (Depoy & Gitlin, 2011). Thus, the word 'mother' carries diverse meanings for the male participants of this research: not as their primary carer, but as their abuser.

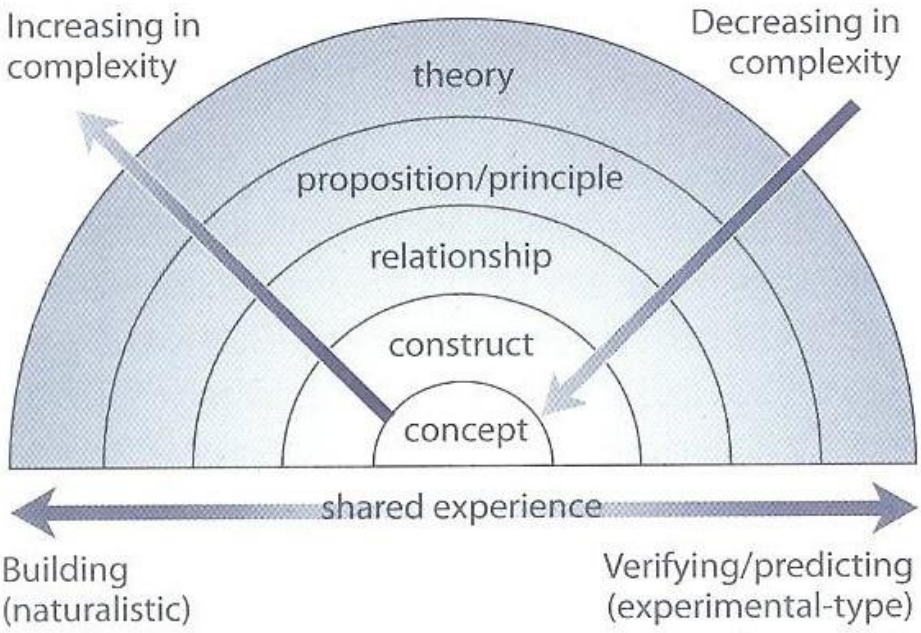


Figure 4.2. DePoy & Gitlin's Levels of Abstraction. Source: Depoy and Gitlin (2011, p. 61*)*.

The researcher concluded at this point that her research—based on Rigg's (1992) examples—would fit inductive argument as in the naturalistic tradition, and the shared experience may include meanings and interpretations of human experience. The research design would draw conclusions from data derived from research participants and then theoretical considerations guide the selection of research participants (Bryman, 2008).

4.2.2.3 Paradigmatic considerations.

Returning to Goodrick's elements of research design (Figure 4.1), the researcher moved on to consider the element of research paradigm, or the inquiry lens (Goodrick, 2012)

described by Bryman (2008) as ‘a cluster of beliefs and dictates for which scientists in a particular discipline influence what should be studied, how research should be done, how results should be interpreted and so on’ (Bryman, 2008, p. 605). Three traditions of research appear: positivist (reality is stable and measurable); interpretive (research generates multiple meanings); and critical (research involves a critique of power and privilege). Initially, the researcher was drawn to critical, with its focus on knowledge for social change. However, more important for the aim of this research was the interpretive school that focuses on the perspectives of people and lived experiences of a phenomenon. Specifically, the qualitative component seemed to be better suited to data collection for the research question (Bryman, 2008).

The researcher also took note of social reality. Bryman (2015) described social reality as having meaning for humans and, therefore, human action is meaningful for humans who act on the basis of the meanings that they attribute to the acts of others. The researcher also noted critical realism. This is recognising discourses of the social world and the structures that generate those discourses. The researcher posited these respectively as the gendering of child sexual abuse, domestic violence campaigns and agencies—such as Domestic Violence New South Wales and Domestic violence Victoria that both state that women and children are ‘overwhelmingly’ the victims of ‘overwhelmingly’ male-perpetrated violence (Domestic and Family Violence, 2018; McCormack, 2015). While critical realism introduces change for transforming the status quo, its generative mechanisms depend on observable effects. However, the observable effects here do not consider maternal sexual abuse hidden from public view within the home (Bryman, 2008).

Riggs (1992) described the standard view of science as setting out the aim of science, its appropriate methods and the epistemic status of scientific knowledge, all the while seeking to discover truths about the external world. The researcher considered her research

against the two types of scientific laws: observational and theoretical. The former is determined by the inductive generalisation from data accessible to the human senses, with subjective factors removed via methods of discovery and scrutiny (Riggs, 1992). Theoretical laws do not have an empirical basis (that observational laws do) and they change as new evidence comes to light which builds upon existing facts; therefore, it is cumulative scientific research. However, the researcher questions the concept of 'truths' (Riggs, 1992). Her concerns are alleviated by Bertrand Russell, who argued that all knowledge is tainted with doubt to some extent (Riggs, 1992).

The researcher commenced the process of determining which theory 'box' her research fits within; however, there did not appear to be a box to match her research aims. The researcher realised that she needed to develop her own approach, comprising a range of existing theories and methods that together will meet her research needs, or fill her theory box: that is, an approach for this type of research that draws on overlapping theories that combine to answer the researcher's aims. The researcher was thus comforted by Sandelowski's (2010) insight that 'there is no perfect execution of any method as methods are always accommodated to the real world of research practice and, by virtue of that very accommodation, they are reinvented' (p. 82). The researcher noted that a framework containing various coexisting approaches was provided by qualitative description. First, the researcher examined qualitative research methodology.

4.3 Using Qualitative Research Methodology

As noted previously, the research seeks to explore the psychotherapeutic needs of males who have been sexually abused by their biological mother. To collect the data, the researcher needed to ask research participants (that is, MSA males) to answer specific questions regarding the psychotherapeutic support they had sought and received. In light of the research aims and questions, and also due to the sensitivity of the content, a qualitative

design approach was undertaken. This is because qualitative research provides an in-depth method for studying a real-world setting, discovering how people cope and thrive in that setting, and it captures the contextual impact of that setting on their everyday life (Yin, 2015).

Qualitative design can represent the views and perspectives of research participants and can capture the meanings given to real-life events by those who lived them, rather than the values, preconceptions or meanings held by researchers (or practitioners) (Yin, 2015). Qualitative approaches to research are exploratory and are used to gain an awareness and comprehension of a phenomenon (Venkatesh, Brown & Bala, 2013). Qualitative research is often used for research that focuses on human experiences, relationships, interaction or behaviour, at the individual or collective level; it considers the 'how' or 'why' of these matters (Reeves, Albert, Kuper & Hodges, 2008). Consequently, findings tend to be inductive and conclusions were produced from observations rather than numbers (Miles, Huberman, & Saldana, 2014). For this research, a qualitative approach was used to collect rich data that is not possible when using only quantitative or empirical measures, and to provide a more distinct depth of understanding of the main issues. The specific qualitative research design chosen aligns best with the method described by Sandelowski (2000, 2010).

4.3.1 Qualitative description.

Qualitative description is the fusion of a range of approaches that are adapted by the researcher to fit the needs of the research, researcher and research participants in complex and 'real-world' settings (Sandelowski, 2010, 2014). Sandelowski (2000) explained that qualitative descriptive studies offer 'a comprehensive summary of events in the everyday terms of those events", for researchers whose studies seek descriptive validity and interpretive validity' (p. 334). She goes on to suggest that qualitative descriptive researchers stay close to their data or are 'data-near' (Sandelowski, 2010, p. 78), as per thematic surveys

and to the surface of words and events, in which language is a vehicle of communication and not an interpretive structure (Sandelowski, 2000, 2010).

Sandelowski (2000) stated that the aim of qualitative description is a rich and honest description of an experience or an event in a language similar to the informants' own language. In the context of this research, qualitative description is a firsthand description of research participants' experiences using their own words (Sandelowski, 2000).

Qualitative description is particularly relevant in research that seeks firsthand knowledge of personally experiencing a specific topic and in questionnaire development (Sullivan-Bolyai, Bova & Harper, 2005). The researcher was impressed by Sandelowski's explanation that qualitative description is especially open to obtaining straightforward answers to questions of a special relevance to practitioners and policymakers (2000). Qualitative description designs usually comprise a heterogenous but practical blend of sampling, data collection, analysis and communication techniques for the straightforward description of phenomena (Sandelowski, 2000). Sandelowski (2000, 2010) indicated that qualitative description's theoretical orientation tends to draw from the general tenets of naturalistic inquiry: the researcher incorporated several approaches to her qualitative description framework, which comprised working inductively in the naturalistic tradition with overtones of phenomenology (explained in Section 4.2.2.2; see also Section 4.2.1 for the researcher's explanation of her ontological and epistemological approach). Further, as per qualitative descriptive design, the researcher utilised moderately structured individual interviews (see Sections 4.6.3.2 and 4.11), purposive sampling (discussed in section 4.8) and qualitative thematic analysis (described in Section 4.12) (Sandelowski, 2000, 2010).

4.4 Role of the Researcher in This Research

The researcher brought a trained approach to the research through a Master of Arts in Counselling degree, the completion of Mental Health First Aid training and experience as a telephone counsellor for a crisis telephone counselling service.

The sensitive content of this research was expected to have an impact on the researcher (Denscombe, 2007; McNeill & Chapman, 2005). Coles and Mudaly (2010) noted that child abuse researchers are reminded of their own vulnerabilities, particularly if family members are survivors. Dickson-Swift, James, Kippen and Liamputtong (2007) noted that data collection and analysis, writing and presenting results where there is prolonged exposure to trauma material probably inevitably affects sensitive-content researchers. The researcher heard painful and sensitive stories from research participants, particularly during the in-depth interview phase, which challenged her ability to remain objective and detached and to not develop a counselling role to research participants (Coles & Mudaly, 2010).

The researcher reflected on her position within the research and on the ways that the interviewer–interviewee interaction may be exacerbated by presumptions arising from her age, gender, cultural background, socio-economic status and political orientation. The researcher's support of a close friend who experienced maternal sexual abuse led to pre-research assumptions arising from Australian cultural and some practitioners' gendered approach to the maternal sexual abuse of sons and the significant impact of Western societal stereotypes regarding males as perpetrators and females as victims (see Appendix A). The researcher's Supervisory Panel ensured the researcher remained as objective as possible throughout the research process by providing verbal feedback regularly and on thesis drafts. The researcher's support resulted also in awareness and development of relevant skills for sensitive data collection.

Reflexively (Lazard, 2017; Roller, 2012), the researcher noted her partial, positioned and affective perspectives in undertaking this research. The researcher self-identified that she had experienced Australian society's gendered stereotypes of sexual abuse that include notions of male perpetrator and female victim, within the medical and mental health professions, sexual abuse service providers, and within national government policy and programs such as the national campaigns to end violence against women and children, and the White Ribbon campaign. However, the in-depth interviews undertaken with research participants of this study indicated they had experienced considerable support from female practitioners and counterproductive reactions from male health practitioners. This resulted in the researcher's increased awareness, through introspection, that it is the skills, knowledge and personal attributes rather than gender that made an effective practitioner for MSA male victims.

4.5 Researcher's Vicarious Trauma Management

Strategies for the researcher to minimise the potential for secondary trauma included effective personal support networks, including non-familial support to prevent traumatising family members, but rather utilising the skills available from the researcher's supervisory team and university health services. Use of Coles and Mudaly's (2010) five-point-safety recommendations for child abuse researchers comprises 1) preparing for the research, 2) setting up support networks, 3) strategies for the research interview, 4) strategies during data collection and analysis, and 5) ensuring the research has a positive outcome. These five points formed the framework for the researcher's personal wellness plan.

4.6 Research Methods

To make sense of research participants' own interpretations of their experiences and of their life histories, the research design was specific for the collection of sensitive data—discovering the thoughts, feelings and actions of the research participants regarding their

experiences receiving psychotherapeutic support for maternal sexual abuse (Sarantakos, 2005). The design was necessarily attuned to the highly sensitive nature of its focus and vulnerability of its primary research cohort through every phase of fieldwork.

With little data available on the phenomenon of maternal sexual abuse of sons, several approaches were utilised to ensure credibility, dependability and authenticity of this research. This comprised testing the questionnaire and interview questions prior to them being made accessible to research participants, an appropriate sample size for data saturation and participant quotations in a thematic analysis, and the researcher checking regularly with the context of knowledge construction throughout the research process, especially to the effect of the researcher throughout the research process (Minichiello, Madison, Hays, Courtney & St John, 1999). Given the uniqueness of this research, research participants were invited to provide an uncensored comment on their abuse for readers of this research. These research processes sought to ensure that the research reflected the reality of research participants in terms of the aims of this research and, thereby, its usefulness for practitioners in numerous fields providing support for these MSA males.

The researcher undertook three phases to collect the necessary data to answer the research questions and aims: preparing the data collection methods, recruiting research participants, and data collection through online questionnaire and in-depth interviews of research participants.

4.6.1 Phase 1—Preparing the data collection methods.

The data collection methods were required to be flexible for participant accessibility and a reasonable response rate. The researcher undertook an exploratory, sequential qualitative thematic approach to this research, allowing for limited available resources (Denscombe 2007; Goodrick, 2012). The number of possible MSA research participants

was relatively unknown—this research has not previously been undertaken. The research data collection design took a two-pronged approach.

First, the design sought to attain information from MSA males on their experiences of seeking and receiving psychotherapeutic support. Second, the design sought information from sexual assault service practitioners on their approach to providing psychotherapeutic support for these males. The purpose of the design was to determine how the needs of MSA males matched the support approaches provided by practitioners, to provide recommendations to practitioners who may benefit from this information in terms of service provision to MSA clients. The researcher acknowledges the view of Gomm (2008), who stated that questionnaires are a created environment; however, an online questionnaire is accessible, cheap, anonymous and fast.

4.6.2 Phase 2—Recruitment process.

The researcher anticipated a sample size of approximately 25 MSA research participants, based on the Australian Bureau of Statistics 2005 Personal Safety Survey, which indicated that approximately 4,800 boys in Australia had experienced sexual abuse by their mother/stepmother before the age of 15 years (Appleton, 2010). There are no Australian statistics on the number of males who have sought counselling support for maternal sexual assault. The researcher also anticipated a sample size of 25 participants for the practitioner cohort, based on the number of sexual assault service providers and Australian Psychological Society members who indicated that they provide a service for victims of child sexual abuse.

The researcher planned to recruit these participants by taking a multifaceted approach. For the MSA male participants, this included an ethics-approved poster being provided at relevant conferences for practitioners to provide to their male clients, who might be victims of maternal sexual abuse. In addition, an ethics-approved email invitation was

sent to relevant agencies with a letter of introduction and research participation advice. For practitioner data collection, an introductory letter was emailed to sexual assault service providers, with information inviting the participation of practitioners and MSA male clients. Denscombe (2007) noted that an introductory advice letter provides greater accuracy regarding the research (Denscombe, 2007). The emails provided advice on the research project, the online questionnaire and The University of Canberra's complaints procedure; they also assured anonymity and confidentiality ethics requirements. The information on the research included contact details for Lifeline, MensLine or personal support networks for participant support, as required by the Committee for Ethics in Human Research of The University of Canberra (CEHR). Despite the media coverage, the update by practitioners to complete the practitioner online questionnaire did not match the MSA male questionnaire, with respondent numbers remaining very low: 13 respondents, one of whom had not provided any assistance to an MSA male and 5 of whom provided no responses (see Appendix G).

4.6.3 Phase 3—Data collection.

Qualitative research methods for data collection, including those utilised in qualitative description, include in-depth one-to-one interviews (Gill, Stewart, Treasure, & Chadwick, 2008). In this study, the approach comprised two strands.

First, an online questionnaire was used to obtain general information, including demographic data. As noted in subsection 4.6.1, the researcher used an online survey instrument.

Second, MSA males volunteering via the online questionnaire participated in an in-depth interview with the researcher by phone or Skype. It is important to note that qualitative interviews can be of therapeutic benefit to the participant of sensitive research, by providing the opportunity to have a voice on experiences, which in the case of this

research is not in the sexual abuse mainstream literature. Qualitative interviews are supportive when the interview facilitator has counselling skills and the capability to be empathetic without adopting a therapeutic role (Coyle, 1996).

4.6.3.1 Online questionnaires.

The researcher developed a questionnaire for the MSA males (see Appendix I) to gather information regarding the therapy/support they received from each psychotherapist they had seen, as noted in Table 4.1. The questionnaire's structure was based on those conventionally used in counselling-related studies to obtain baseline information. The options provided in the online questionnaire were drawn from research into non-disclosure by males who were sexually abused. One hundred and fifty-six MSA males commenced the online questionnaire. Ninety-four respondents fully completed the questionnaire. and 96 respondents confirmed that they had been sexually abused by their biological mother.

Table 4.1

Research questions relating to the psychotherapy received by MSA male participants

how well the therapy/support helped him cope with the impact of the abuse
taught him ways to cope with the abuse and helped him overcome the effects of the abuse.
the number of sessions with the therapist that met their needs
the convenience of the therapy location
the therapist's willingness to understand their point of view
the therapist spoke in a way that they understood
the therapy was affordable
the knowledge and skills of the therapist
whether the therapist was committed to working with them
whether the therapist worked at their pace

The online survey of practitioners ascertained their target group, what they say regarding the sexual assault of males and maternal sexual abuse of sons, the philosophies, therapeutic approaches, service target, qualifications and/or other skills/knowledge regarding the needs of males who have been sexually abused by their mothers.

4.6.3.2 In-depth interviews.

The research sought to obtain the MSA research participants' views further through in-depth interviews. This approach aimed to delve into these research participants' understandings of their experiences and highlight commonalities across interviews. The in-depth interviews included only those respondents who volunteered and provided their informed consent to be interviewed via the MSA male online questionnaire. The researcher undertook interviews by using open/semi-structured interviews (Kvale, 2008; Denscombe, 2007, p. 176).

Initially, the researcher planned to interview a maximum of six MSA male participants. However, over sixty MSA male online questionnaire respondents volunteered to undertake an in-depth interview. The researcher contacted each of these males and was able to follow-up with 22 being interviewed. The researcher then decided to interview as many MSA research participants as possible, on the basis that this would provide a greater level of data saturation and that it would also offer these males the opportunity to have a voice on an under-researched phenomenon.

These interviews were semi-structured within the topic of the research and provided further information to that collected from the online questionnaire: Table 4.2 provides a list of the in-depth interview semi-structured questions regarding the psychotherapy received by the MSA research participants.

Table 4.2

In-depth interview questions

What did you find worked best for you?
What was the least helpful for you?
What would you do, if you were the counsellor for a maternally sexually abused male?
What would you not do if you were the counsellor of a maternally sexually abused male?
What advice would you give to a maternally sexually abused male?

Telephone and Skype (as requested by three males) interviews affect the participant the least, allow the respondent to be more honest and are less costly and quicker for a researcher than face-to-face interviews (Denscombe, 2007; McNeill & Chapman, 2005). The research design utilised electronic media for interviews and the opportunity for research participants to provide their experiences within a framework of semi-structured questions. Data were collected verbatim and read back to research participants to ensure correct wordage, emphasis and intention. The MSA research participants were invited to provide an open statement regarding the impact of their abuse on their daily lives for practitioners, supporters and other MSA males, and these have been included unedited.

Researching sensitive data provides its own issues for the researcher and the research participants, including interview experience of the researcher, confidentiality, role conflict, cost to research participants, reciprocity and isolation, as noted by Johnson and Clarke in Miller and Tewsbury (2006).

The researcher was aware that the data collection process might cause pain and trauma, or that it could benefit the participant by allowing him a voice on this issue. Recruitment information clearly stated that the interview was not for counselling purposes and that it would ensure an existing link with support in place. Both researcher and research

participant required a support framework to be established prior to fieldwork, which formed part of the research design. This comprised a counselling or other strong support network for the participant, as well as for the researcher. As the MSA interviewees would be unaware prior to the interview of what they would disclose during the interview, the actual risk was unknown prior to the interviews.

The researcher is experienced with interviews due to her work as a crisis telephone counsellor, which provided beneficial skills for sensitive data collection and adherence to the findings of researchers on undertaking sensitive research. The researcher reflects on this as part of the research findings.

As with the MSA research participants, the researcher sought to obtain further data on the practitioner research participants' views through in-depth interviews based on the practitioner questionnaire.

4.7 Location of the Research

Data were gathered nationally across Australia. This is the first ever study to be undertaken in Australia of men's experiences seeking and undertaking counselling for sexual abuse that was inflicted by their biological mother. The researcher considered it imperative that this group has the opportunity to provide its voice, regardless of location within Australia.

4.8 Purposive Sampling

For this research, research participants were specifically MSA males who have sought or received some form of counselling, either directly or indirectly, as a result of maternal sexual abuse. The researcher applied purposive recruitment practice in the research design recruitment method to ensure that the sample was targeted for the research purpose (Denscombe, 2007; McNeill, 2005).

Directly contacting sexual assault services provided a clear, purposive sampling approach—selected agencies within Australia providing a service most likely to support MSA males. A further selective method of the MSA males' cohort resided early in the MSA males' online questionnaire through a confirmation question that he had been sexually abused by his biological mother: a negative response closed the questionnaire to that respondent.

4.9 Snowball Sampling

To ensure appropriate participant numbers, snowball sampling was utilised. This non-probability sampling technique alerted potential participants of the research to invite future subjects from among their acquaintances as possible research participants, with the intention to increase the number of research participants. This took the form of a poster provided to sexual assault services to alert practitioners and male clients of the research and online questionnaires.

4.10 Demographic Information

The online questionnaire for MSA males collected demographic information regarding the respondent's circumstances: current age, age when abused, duration of abuse; size of town/city, disclosure—any disclosure, to whom, age when disclosed, professions contacted, disclosure to male or female, length of counselling, type of therapy provided, number of therapists/counsellors seen for the abuse, number of counselling sessions and rating scales pertaining to the practitioner.

4.11 Questions and Interviews

As noted in Section 4.6, two online questionnaires were developed. The questionnaire for MSA males was developed in consultation with a male-based sexual assault service, a male who was sexually abused by his mother during childhood, and a male who was tested with male counsellors prior to being made accessible, as advocated by

McNeill (McNeill, 2005). The second questionnaire was developed for sexual assault service practitioners, including Australian Psychological Society (APS) members who indicated on the APS website that they provided a service for child sexual abuse victims.

The online questionnaires were live from 21 July 2014 to 31 January 2016.

Both online questionnaires asked open, qualitative questions: for the MSA males, it offered a further opportunity for additional information not covered by the questionnaire's specific questions. For example, question 35 invited respondents to add comments if the questions did not cover what they needed to input, and question 39 invited any other comments regarding their therapy/counselling experiences for the abuse, with an essay box to provide an example for more information.

4.12 Qualitative Thematic Analysis

Braun and Clarke (2006) maintain that analysing themes offers various advantages for research, as it provides flexibility of use across numerous clinical and health research, encompassing individual views and experiences. Results are generally accessible to the educated general public due to its low technological and low-key format. Thematic analysis identifies patterns in data that are important or interesting and it uses these themes to address the research (Clarke & Braun, 2013). Additionally, thematic analysis aligns with the qualitative description methodological approach utilised.

Thematic analysis is a useful method for working within participatory research paradigms and with participants as collaborators, although in this research, there existed a clear boundary that excluded therapy. Key features of a large body of data can usefully be summarised using thematic analysis, allowing for a dense data set. Thematic analysis can highlight similarities and differences across the data set, which can generate unanticipated insights. Given the specific social frameworks of this research, thematic analysis is useful for social and psychological interpretation of data. Finally, given this research's aim to

provide information and recommendations for therapeutic practitioners who may work with MSA males, thematic analysis has the potential to produce qualitative findings suited to informing policy development (Braun & Clarke, 2006).

Braun and Clarke (2013) advocated a six-phase approach to the thematic analysis of qualitative data. First, familiarisation with the data is common to all forms of qualitative analysis—the researcher must immerse themselves in and become intimately familiar with their data by reading and re-reading the data and noting any initial analytic observations.

Second, coding is another common element of many approaches to qualitative analysis and it involves generating concise labels for important features of the data that is relevant to the (broad) research question guiding the analysis. Coding is an analytic process; codes capture both a semantic and conceptual reading of the data. The researcher codes every data item and ends this phase by collating all their codes and relevant data extracts.

Third, thematic analysis involves searching for themes. A theme is a coherent and meaningful pattern in the data that is relevant to the research question. Searching for themes identifies similarities in the data. This searching is an active process in which the researcher constructs themes. The researcher ends this phase by collating all the coded data relevant to each theme.

Fourth, thematic analysis involves reviewing themes, such as checking that the themes work in relation to both the coded extracts and the full data set. The researcher should reflect on whether the themes tell a convincing and compelling story about the data and begin to define the nature of each individual theme and the relationships between the themes. It may be necessary to collapse two themes together, or to split a theme into two or more themes, or to discard the candidate themes altogether and begin again the process of theme development.

Fifth, there is a need to define and name the themes, which requires that the researcher conducts and writes a detailed analysis of each theme (the researcher should ask 'what story does this theme tell?' and 'how does this theme fit into the overall story about the data?'), identifying the essence of each theme and constructing a concise and informative name for each theme.

Finally, the researcher must write up the themes. This involves weaving together the analytic narrative and data extracts to tell the reader a coherent story about the data and contextualise it in relation to existing literature (Clarke & Braun, 2013).

In applying Clarke and Braun's approach to thematic analysis, the researcher coded data as it was received. The researcher's coding was cross-checked by new members of the supervisory panel, who joined the panel after the data analysis was complete.

4.13 Ethics in This Research

The highly sensitive content of MSA research participant experiences led the research design, particularly the in-depth interviews and privileged these research participants' words. Research participant safety and wellbeing was at the forefront of all interaction between the researcher and participants, in accordance with ethics requirements. Ethics approval was granted by the Committee for Ethics in Human Research (CEHR) at The University of Canberra on 17 June 2011, under the ethics application number CEHR 10-137 (see Appendix H); annual declarations were not required. Due diligence was ensured in accordance with Section 8.4. of the approved National Ethics Application Form, such as the ownership of the information collected during the research project and resulting from the research project of the ethics application; this also included subsection 8.4.2, in which it is understood that the researcher owns the information resulting from the research—for example, the final report was written and will become the intellectual property of the researcher.

Consent to participate in the research was established through the online questionnaire. The online questionnaire commenced with advice to potential research participants on the aims, benefits, study outline, participant involvement, confidentiality and anonymity, ethics committee clearance, queries and concerns. Following this information, the online questionnaire's first question established that the research participant had read and understood the information, that they had agreed to participate in the survey, that they could skip a question in the survey, or withdraw at any time by closing the browser. The research participant then had to tick a box that had a mandatory setting and thus had to be ticked before the research participant could commence the survey and hence be a research participant. Research participant consent resided anonymously in a password-protected document on a dual password-protected computer on a secure site.

The researcher was aware that the data collection process might cause research participants pain and trauma, or that it might conversely benefit research participants by allowing them a voice on this issue. Recruitment information clearly stated that the interview was not for counselling purposes and ensured an existing link with support was in place. The wellbeing of research participants was ascertained at the commencement of their telephone/Skype interview, during the interview and in closing the interview. The researcher checked what each research participant proposed to do for the remainder of the day to ensure their wellbeing as far as possible: several research participants indicated that they had arranged to contact their counsellor immediately after the interview. A few interviewees indicated, during their interview, that it was the first time they had disclosed their abuse by their mother to anyone and that it was a relief to be able to do so. These research participants asked what type of counselling other research participants had found helpful and types of counselling were discussed as part of the interview. For research participants without counsellors, the researcher and the research participant's self-care and

self-awareness options were discussed to ensure steps were in place to maintain as much wellness as possible for those research participants post-interview.

Researching sensitive data, as noted by Johnson and Clarke (2003), provides its own issues for the researcher and research participants, including interview experience of the researcher, confidentiality, role conflict, cost to research participants and reciprocity. Both researcher and research participants required a support framework to be established prior to fieldwork, which formed part of the research design. This comprised a counselling or other support network for the research participant and for the researcher.

The dilemma for the researcher was to remain in the role of researcher and determine whether taking a counselling role might either limit or enhance the interaction with the research participants and thus the quality of data collected. For this, the research methods needed to ensure research participants had information and access to post-interview support before the research interview occurred. This released the expectation of the researcher undertaking a therapeutic role when undertaking field research.

4.14 Conclusion

In this chapter, the researcher identified her ontological framework as the environment influencing individuals and of the individual's actions influencing society. The researcher opted for Goodrick's epistemological approach of subjectivism, which states that what is accepted as being the truth is, in fact, often flawed due to the oppressive nature of society. Subjectivism within research questions accepted knowledge and spotlights social injustices so that social change can occur. The research study highlights the accepted knowledge of mothers as caring protectors of their children and the disbelief facing MSA males seeking help.

The researcher made the decision to employ a qualitative description design for the fitness to represent the views and perspectives of research participants—a major purpose of

this research. This, in turn, allows the researchers the means of capturing the meanings given to real-life events by those who live them using their own words, rather than the values, preconceptions, or meanings held by researchers or practitioners.

In the next chapter, findings of the data collection and analysis are provided. This includes the provision of answers to the research questions—that is, the attributes of the psychotherapist/support persons who have provided a supportive therapeutic environment to MSA males; together with the skills and knowledge of psychotherapists that MSA males found most useful

Chapter 5: Findings

U really wonder if this will be read. (Respondent 88)

5.1 Introduction

As already explained in previous chapters, this research study aims to answer two research questions: What are the psychotherapeutic needs of MSA males? Do MSA males have specialised psychotherapeutic requirements? In Chapter 4, the researcher justified her decision to utilise a qualitative description research design (Sandelowski, 2010, 2014) to frame her study. This research design incorporated two standard approaches to collecting data: the online questionnaire, to obtain baseline data; and the in-depth interview to generate richer, more penetrating data. Also explained in Chapter 4 was the data analysis strategy utilised, which was Braun and Clarke's (2006) six-phase approach to thematic analysis. It was noted that this thematic analysis would be informed by the theoretical framework explained in Chapter 3, including gender theory.

This chapter reports findings from analysing the research data. The chapter commences by presenting findings related to the recruitment. This includes an explanation of why data collected from the practitioner participants was not included in the data analysis. The chapter then continues to report findings related to the MSA male participants of the research, including demographics of the MSA males who engaged with the online questionnaire ('respondents'). The demographic information includes age when sexually abused by their mother; duration of the abuse; and reasons for non-disclosure of the abuse.

Following this, thematically categorised data are presented, with this data drawn from the responses of research participants who engaged with the in-depth interviews ('interviewees'). To ensure clarity, it should be reiterated that the term participant is used to

denote the MSA males who participated in the research via the online questionnaire, interview, or both. The ‘respondent’ is the MSA male who responded to the online questionnaire and the ‘interviewee’ is the MSA male who participated in the interview.

The chapter concludes with data provided additionally to the research aims and objectives, in the form of an ‘open’ statement from interviewees. These statements provide for the first time, in Australia, the previously unheard, unknown and profound voices of male victims of maternal sexual abuse, and it provides insights for practitioners and support workers/people on the way in which the experiences of maternal sexual abuse have affected research participants.

5.2 Recruitment data

As sometimes occurs with data collection, the recruitment of participants for this research presented several challenges. This section provides an explanation of these challenges and the findings in relation to the sample numbers. It also includes and explains why the small amount of data provided by the practitioners of MSA males was not analysed or reported in this study.

5.2.1 MSA male research participants.

As noted in Chapter 4, a multifaceted approach to the recruitment of participants was taken. Specifically, in 2011, the researcher submitted a poster presentation as part of the Australian College of Applied Psychology Conference at its Sydney campus. This poster alerted conference attendees to the forthcoming recruitment process for the research (see Appendix D).

An email invitation was sent on 21 July 2014 to 430 agencies and practitioners in the field of sexual abuse service provision (see Appendix D). On 25 July 2014, email notification regarding the study and the online questionnaires was provided to the Australian Centre for the Study of Sexual Assault (ACSSA), MensLine, Menslink, Australia Men’s

Shed Association, Heartfelt House, the Ted Noffs Foundation, Adults Surviving Child Abuse, the Australian and New Zealand Association for the Treatment of Sexual Abuse, Living Well, One in Three, Centres Against Sexual Abuse, Australia's National Research Organisation for Women's Safety (ANROWS) and the Canberra Rape Crisis Centre—these groups were all invited to post information on their websites for potential participants. In early September 2014, a second follow-up email invitation was sent to the original 430 agencies and practitioners, with an additional 100 emails send to small, individual sexual abuse support service provider offices and Headspace mental health counselling service offices. Consent was sought in the first question of both the online questionnaires.

On 22 August 2014, the researcher undertook an interview with *ABC News Online*. This interview related to the research topic, with a focus on males who have been sexually abused by their biological mother. This interview attracted considerable interest. Consequently, a second interview took place in July 2015, during which ABC journalist Tegan Osborne noted the difficulty she experienced since first interviewing the researcher for finding information on this phenomenon. The researcher advised that Ms Osborne could contact Survivors & Mates Support Network (SAMSN), read Dr Hani Miletski's short booklet on cases on maternal sexual abuse of sons and read recent news articles regarding an Australian seminar for police presented by UK researcher, Dr Joe Sullivan.

The resulting news article was published on the *ABC News* website on 6 August 2015 (and it was updated 8 August 2015; see Appendix B). This news article provided links to both online questionnaires for MSA research participants (including the ethics committee approved participant information sheets and consent forms) and saw a significant increase in completed questionnaires by MSA research participants over the two days following the article release. The news article went on to be ranked the top news story on the *ABC 24 News* channel on 8 August 2015. It was also replicated internationally, including by the

New Zealand Herald online on 16 January 2017 as 'Life-long trauma: When mothers sexually abuse their sons'. It was referenced on the White River Academy in California website on 20 September 2017 as 'Rape, abuse & incest national network day: Mothers who sexually abuse their sons' (see Appendix B). Over 220,000 accesses were made on the online article within 24 hours of it appearing on news.com.au, and over 80 MSA males completed the MSA male online questionnaire within 48 hours of the article being posted online.

Two later radio interviews were undertaken by the researcher: with *ABC Counterpoint's* presenter Amanda Vanstone on Wednesday, 1 March 2017, with it aired on Monday, 13 March 2017; and with *ABC Life Matters,* produced by Ginger Gorman on Monday, 15 May 2017, which aired on Wednesday, 7 June 2017, and was further posted at broadagenda.com.au.

5.2.2 Practitioner research participants.

Despite considerable effort, including the media coverage that influenced the increases in the number of MSA males participating in the research, practitioner responses did not mirror the increase in respondent numbers that occurred with MSA males. The number of child sexual abuse practitioners who completed the online questionnaire for practitioners remained low (13 responses; see Appendix G). In addition, there were only three volunteers to undertake an in-depth interview, which were subsequently conducted by the researcher.

After discussion with the research supervisory panel, the practitioner research participants' data were not analysed. The main reason for this was the overwhelming and quite unexpected response received from MSA males to participate in the research. The researcher thus made the decision to focus her attention and resources on the qualitative input from the higher than anticipated number of MSA male research participants. The

researcher considered that, as this was the first research of its kind undertaken in Australia, this was an important opportunity to make the best possible use of her limited resources and of the data that would be generated from the MSA research participants. Consequently, all further reported findings relate only to the MSA research participants.

5.3 Demographical Information

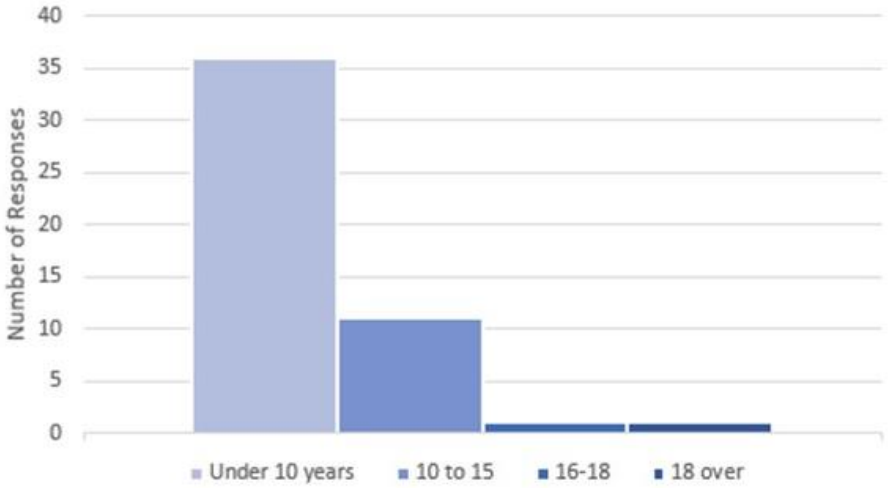
As explained in Chapter 4, the online questionnaire collected demographic data of the research participants. This included the duration of the abuse, age of the respondent when the abuse occurred, how many practitioners the MSA male saw for the abuse and the population size of the community in which the participant lived when the abuse occurred. The purpose of collecting demographic information of MSA males was two-fold: first, to address the dearth of research in this area, with no such data collected in Australia prior to this research; and, second, to provide additional information on the MSA respondents seeking and receiving of psychotherapeutic support.

One hundred and fifty-six MSA males commenced the online questionnaire. Ninety-four respondents fully completed the questionnaire. and 96 respondents confirmed that they had been sexually abused by their biological mother.

The demographic data indicated that maternal sexual abuse can commence mainly when the son is younger than ten years of age (and, therefore, is in a highly vulnerable age group); the abuse can occur over a very long period of time (including for decades); and not being believed accounted for 21 per cent of respondents not disclosing the abuse. MSA respondents indicated that they received psychotherapy from 1–50 therapists/counsellors for the abuse.

5.3.1 Age of research participants when maternal sexual abuse occurred.

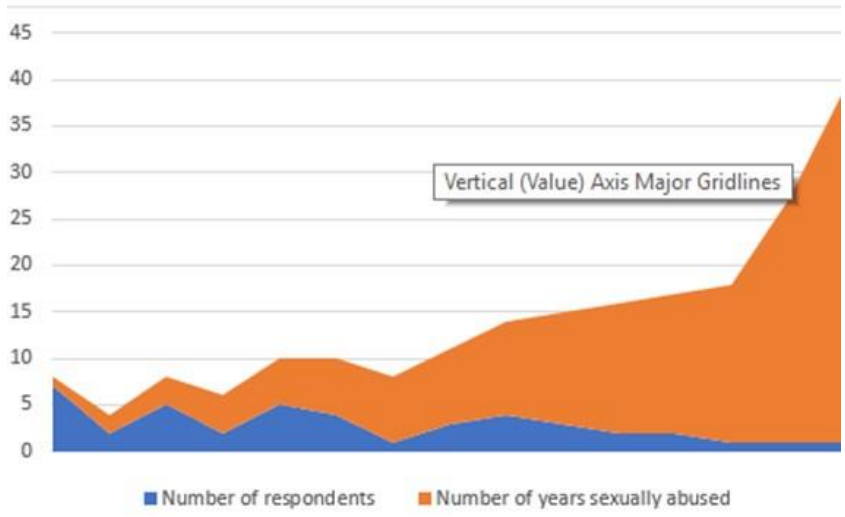
Graph 5.1 provides data on the age of the respondents when the maternal sexual abuse first occurred. For most respondents, the abuse commenced when the male victim was under the age of ten years.



Graph 5.1. Age when the maternal sexual abuse first occurred.

5.3.2 Duration of maternal sexual abuse.

Graph 5.2 illustrates the duration of the abuse. Respondents indicated that the abuse ranged from 1–38 years. For seven respondents, the abuse continued over a period of one year and for one respondent, the abuse continued over a period of 38 years.



Graph 5.2. Duration of the maternal sexual abuse.

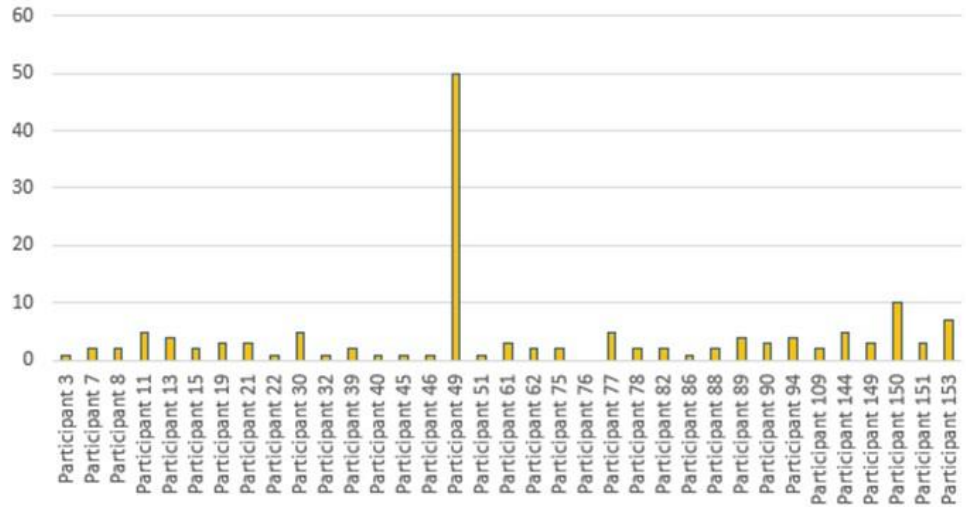
5.4 Size of Community in which Victim Was Located

Graph 5.3 provides information given by 47 respondents regarding the size of their community when the abuse occurred: five respondents indicated that they were living in an isolated community, of which two clarified this to be farmland and an outback New South Wales farm respectively. Data indicated that maternal sexual abuse occurred in several locations, including a farm, regional settings and a city with a population of over 100,000 people.

Graph 5.3. Population size of community when the abuse occurred.

5.4.1 Number of practitioners seen.

Graph 5.4 illustrates the number of therapists/counsellors seen by each respondent regarding the abuse: this ranged from 1 to 50 therapists or counsellors.



Graph 5.4. Number of therapists/counsellors seen for the abuse.

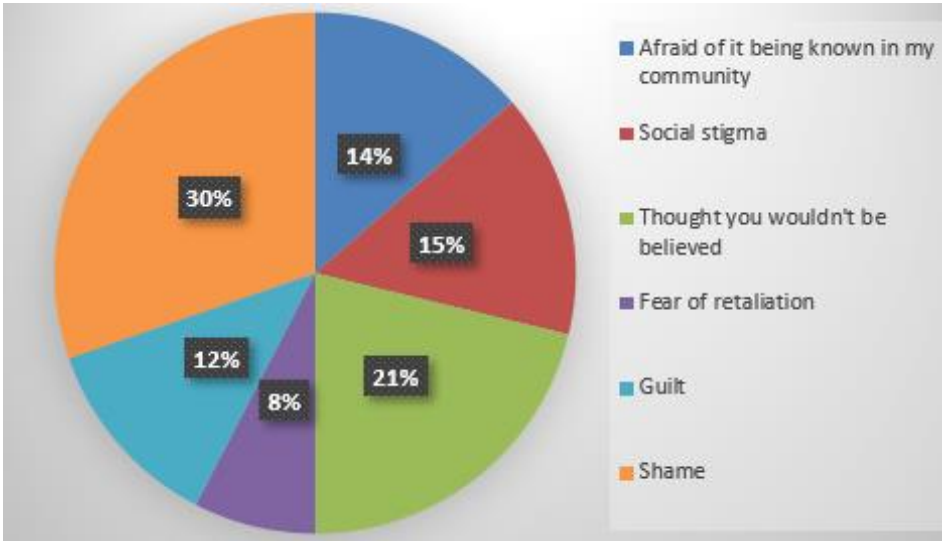
In summary, the demographic data provided in Section 5.2 indicate that maternal sexual abuse as experienced by the MSA respondents predominantly commenced when the son was under the age of ten years old and prepubescent and, in most cases, this occurred for over a period of more than a year. Most respondents were abused when residing in a city with a population of over 100,000 people; however, the abuse was also perpetrated in smaller townships and on isolated locations. Most respondents also sought support from more than one practitioner.

5.5 Why the Abuse Was Disclosed or Not Disclosed

Data was sought from research participants regarding disclosure and non-disclosure of their abuse. Specifically, the online questionnaire for MSA males asked respondents 'Have you spoken to anyone about being sexually abused by your mother?'

5.5.1 Non-disclosure.

Twenty-nine respondents stated that they had not disclosed their abuse to anyone for the following reasons: shame, fear that it would be known in his community, social stigma, he thought he would not be believed, guilt and fear of retaliation. Graph 5.5 provides statistical information on the responses provided.



Graph 5.5. Reasons for non-disclosure.

Additional reasons given by MSA respondents as ‘other’ for non-disclosure of the maternal sexual abuse are noted in Table 5.1, in their own words.

Table 5.1

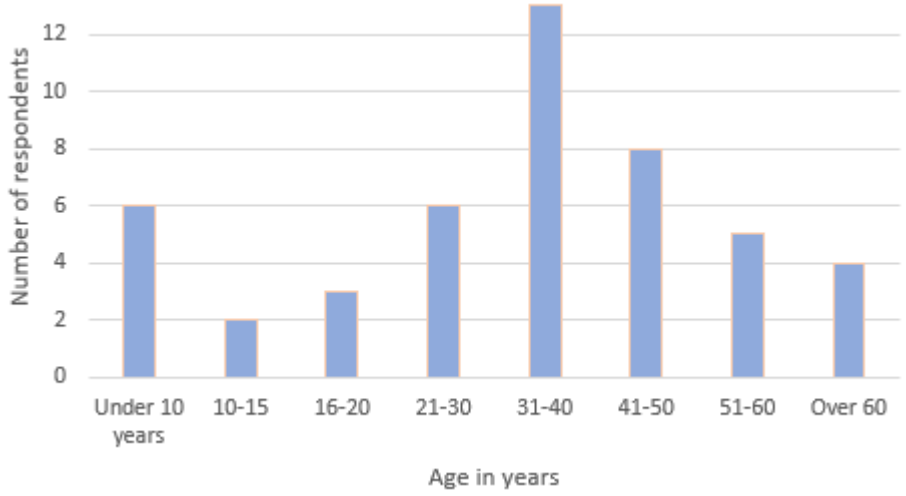
Additional Reasons for Non-Disclosure of the Maternal Sexual Abuse

Reason	Research Participant
Fear of having no place to live and being under 18 without the ability to get a job due to age and emotional abuse that made me feel worthless/inhuman/invalid from both parents.	Respondent 9
Because of the harm it would do to others and I do not want to be pitied.	Respondent 29
Wasn’t sure it constituted abuse.	Respondent 48
I’ve had a good mum, wouldn’t want people thinking less of her.	Respondent 56
Didn’t know it was.	Respondent 58
Thought of it as my recollection/issue to deal with.	Respondent 70
Fear of misremembering its occurrence.	Respondent 72
Have never felt any need to do so.	Respondent 81
To protect her.	Respondent 85

These additional reasons align with findings from sexual abuse academic researchers, as discussed in Section 2.5.2.1, and include protecting others (including the abusing mother), the MSA respondents feeling that they had to deal with the issues alone and variations of not being aware that they were being abused. The latter reason for non-disclosure may also have resulted from the perpetrator’s psychological manipulation, as will be discussed in Section 7.5.6.

5.5.2 Disclosure

Graph 5.6 provides data on the MSA respondents' age when they disclosed the abuse. The highest number of disclosures occurred when the MSA respondents were aged 31–40 years old.



Graph 5.6. Age when maternal sexual abuse was disclosed.

These findings align with important information identified in the literature review (Chapter 2). As discussed in Section 2.5.2.2, disclosing abuse primarily occurs in adulthood due to the detrimental and traumatic effects that the sexual abuse has had on their adult lives and relationships (Myers, 1989). They also disclosed when the abused boy was old enough to become conceptually aware of what had happened to him and he has a trusting relationship with a practitioner to whom he can disclose the abuse (Hudson, 2007).

5.6 Emergent Themes from the Data

Research participants were also asked about the therapeutic and non-therapeutic support they had received. These questions occurred in both the online questionnaire and in-depth interviews, with the former seeking brief answers and the latter inviting the MSA males to provide more detailed information, with examples. Specifically, research participants were asked what the therapeutic practitioner/s did well for them in terms of their counselling support. They were also asked for information on what they found unhelpful

during their counselling therapy. Analysing the data resulted in numerous themes that highlighted similarities and differences between the experiences of the MSA respondents. Findings also generated some unanticipated insights.

Two primary themes emerged throughout the analytic process in relation to what the therapeutic practitioner did well: first, the 'attributes of the practitioner', such as sensitive support; and, second, the 'competence of the practitioner', which included skills and knowledge. These are discussed in Sections 5.7 and 5.8. The main subthemes of these two primary themes comprised, for the first primary theme, 'being believed by their practitioner', 'being listened to and heard' and 'the practitioner's compassionate support of the MSA male victim'. For the second primary theme, the subthemes of 'the practitioner's competence comprised having relevant skills and knowledge' in relation to trauma and the childhood sexual abuse, 'providing reliable and constant support' and 'providing contextual information around childhood sexual abuse'. The contextual information included the practitioners 'confirming that they had experienced sexual abuse', 'the impact of the abuse during childhood and in later life', 'the impact of experiencing trauma' and 'coping strategies for the trauma and abuse'.

In addition to the two primary themes, unanticipated information was provided by research participants. This included information regarding 'the benefits for the MSA male victims in connecting with other victims' and 'how they helped themselves to overcome the trauma of their abuse'. These two themes also overlapped with the subthemes of being believed, compassionate support and understanding the trauma of being sexually abused. Connecting with other victims provided an environment in which the MSA male was believed and emotionally supported. In helping himself, the MSA male engaged with friends who provided emotional support and who believed his mother had sexually abused him. Self-help also comprised personal validation (rather than validation from a

practitioner), seeking information on how childhood sexual abuse had affected him and his relationships in adulthood, disengaging from unhelpful 'friends', learning to identify people who are safe and finding a good psychotherapist and/or men's support group.

The respondents' comments on what was psychotherapeutically helpful are provided and grouped thematically in Sections 5.6 and 5.7. These sections are based on themes and subthemes, with each respondent's identifying number indicated, based on their access to undertaking the online questionnaire and in-depth interview. The respondents' comments are unedited and appear as they were completed on the online questionnaire, or during their interview with the researcher. It should be noted that not all MSA research participants completed all questions on the questionnaire and that several respondents indicated that they saw more than one practitioner or a non-professional supporter. Respondents also indicated practitioners' actions that were unhelpful or that exacerbated their trauma; these comments are in Appendix F and are discussed in Sections 5.12 and 5.13.

5.7 Psychotherapeutic Approaches Provided to MSA Males

MSA research participants were supported therapeutically in various ways, including cognitive behaviour therapy (CBT), body work therapy and talking therapy. Examples are provided in Table 5.2.

Table 5.2

Psychotherapeutic Approaches Provided to MSA Males

Approach	Research Participant
Talking therapy, and safely controlled physical expression of internal chaos. Time to heal.	Interviewee 7
Best help was CBT, and a very helpful female psychologist.	Interviewee 1

Body work therapy—working in a quiet space and dealing with the emotions as they rise.	Interviewee 7
Because I am not covered by the Medicare mental health plan, I focus carefully for each session on what has been happening, and I keep a journal which helps me reflect on where I was back in January, and that I am not that bad here in September.	Interviewee 19
In talking to my psychiatrist, and discussed with psychologist, that it might help if I stayed for a couple of weeks in a psychiatric clinic to get help with my depression, which I will do in 3 to 4 weeks' time.	Interviewee 19
Mike Lew weekend was really helpful.	Interviewee 21
It has been more positive for me seeing a psychologist and social workers. I felt like I was going somewhere when I walked out of their office. They approached me as a human being—as a person—they don't just see the mess but the person with the mess. And they see you as a person in terms of relationship building, building rapport. They don't look down on me from a pedestal the way psychiatrists do; its more levelled. I felt it was more productive.	Interviewee 22
I also saw a GP who helped me, who had some mental health training.	Interviewee 22
I did a community-based residential program run by survivors for survivors called 'Heal for Life' which had a profound beneficial impact on my life, by Liz Mullinar, which opened a door to my subconscious and I was confronted with the mess.	Interviewee 22

I was an inpatient at the psych hospital mentioned earlier, at the Trauma and Dissociation Unit. What a relief! Over a series of admissions I at last began to realise where I fitted into treatment spectrum and got some real help. The psych in charge is a specialist in DID and at last I was able to get some insight into my condition and get some really effective treatment. I improved markedly. I also discovered that I wasn't alone, and there were others battling on too. It was noteworthy that I was only the second male ever admitted to the unit.	Respondent 11

From the respondents' and interviewees' comments, it would appear that beneficial psychotherapy was not based on a specific therapeutic approach, but on a client-centred approach that focused on the needs of the individual. Further, several respondents noted that complementary to their preferred psychotherapeutic theoretical approach were the attributes, skills and knowledge of the practitioner that were provided in a quiet and safe space, conducive for a safely controlled physical expression.

5.8 Practitioner Attributes: Sensitive Support

This section considers the sensitive support provided to the research participants—that is, the personal behaviours/attributes of the practitioner/support person that the respondents indicated as a beneficial part of their therapy: empathy, concern and being non-judgemental. This is described by MSA respondents as believing, listening, compassion and providing a safe place to talk, which are subthemes explored in subsequent sections.

5.8.1 Belief When I Disclosed

As noted in Graph 5.5, fear of not being believed formed a significant component of respondents' non-disclosure of their abuse (21 per cent). There was relief for these MSA male victims when they did disclose and were believed, as they stated in Table 5.3in their own words.

Table 5.3.

Belief When I Disclosed the Maternal Sexual Abuse

Belief	Research Participant
2009 disclosure. In Victoria CASA, counselling for 6 years. Still hard to disclose. But they believe me!	Interviewee 3
Seeing a practitioner who believed me; marriage counsellor who referred me to a clinical psychologist with appropriate training.	Interviewee 7
Listen and believe me ... u really wonder if this will be read.	Respondent 88
Finding someone who believed it happened, who listens. The incest plays more havoc on my mind than the later abuse by a boarding school worker, because my mother crossed a line that was much more significant.	Interviewee 5
Validating what happened to me.	Interviewee 20

As discussed in Sections 2.5.2 and 2.9.1, being believed that they were sexually abused by their biological mother is an important framework for the beneficial psychotherapeutic support for MSA males. Many respondents indicated that the non-belief of therapists/service providers was traumatic and counter-productive for them, and that it

had prevented them from seeking help (see Appendix F). These research participants expressed awareness—and the difficulty that this was causing their recovery—of the current environment in which victims of childhood sexual abuse are assumed to be female and perpetrators to be male. Findings related to this are considered in more depth in Chapter 6, which discusses the research findings together with their implications.

5.8.2 Being Heard

MSA respondents noted that active listening, as well as being asked relevant questions to help talk about the abuse, was a beneficial part of their psychotherapy. Examples of the relevant data are provided in Table 5.4.

Table 5.4.

Being Heard

Opinion	Research Participant
Very good communication.	Respondent 19
Listen.	Respondent 22
She asked good questions that helped me to talk about it.	Respondent 39
Listen.	Respondent 49
Listen. Talk. Teach. Make me feel less awkward … taught me a lot about self-worth etc. Wish I had that now.	Respondent 49
1st person to listen.	Respondent 77

Being heard through active listening has assisted the MSA respondents, which is complemented by a compassionate therapeutic approach. These findings will be discussed in more depth in Chapter 6.

5.8.3 Compassionate Support

The MSA respondents highlighted support in terms of how they were regarded by their practitioner/support person (see Table 5.5). This comprised personal attributes of their support person that were demonstrated as compassion, patience, encouragement, safeness, acceptance and genuine concern. Additionally, MSA respondents indicated that their support person provided an environment in which they felt safe to disclose the maternal sexual abuse, as noted by research Respondents 13 and 15 (see Table 5.5). These findings are discussed in more depth in Chapter 6.

Table 5.5

Practitioner Attributes: Provided Compassionate Support

Attribute	Research Participant
He was able to empathize with my situation. He was very patient and seemed to show genuine concern. He took my experiences very seriously.	Respondent 8
I felt accepted, there was compassion and genuine concern. Very personable and approachable, and sympathetic. Genuinely concerned for me.	Respondent 11
Had empathy.	Respondent 22
Highly positive and accepting, non-judgemental, experienced, calm, practical, professional.	Respondent 40
He made me feel seen—helped me a lot.	Respondent 77
Understanding and patience.	Respondent 86
Empathy at times.	Respondent 89
Gave me a safe space to tease out issues.	Respondent 13
Initially, provided safe and encouraging environment.	Respondent 15

MSA respondents indicated that they considered they were better supported when their practitioner/support person provided a compassionate environment for them to work through their issues resulting from their abuse. They also indicated the importance of their practitioner having relevant skills and knowledge to provide them with strategies to manage the impact of their abuse.

5.9 Practitioner Competence: Relevant Skills and Knowledge

The MSA research participants also described the support that they received as per the actions of their support person to include belief (that the MSA males' abuser was their biological mother), context of the abuse, affirmation that the experience was traumatic and coping strategies for the symptoms. Examples from the data are provided in Table 5.6.

Table 5.6

Practitioner Competence: Relevant Skills and Knowledge

Practitioner Competence	Research Participant
Talking to someone who understands about the abuse is empowering—really helpful.	Interviewee 20
He has a lot of training which was reflected in his care of me. I still see him. He has developed a good understanding of who I am as a person.	Respondent 89
He understood me and helped me work through my confusion and horror. He knew his stuff and he accepted my story without question. It was a whole new phase for me and such a relief!	Respondent 11
The most help I got help from was a friend who was a qualified counsellor—but she was acting as a friend, not a paid counsellor; she	Interviewee 13

had an abusive childhood, and had lived rough on the streets, and she taught me life skills that I had no idea about. She and her partner were the only ones in my life who looked out for me, who stuck up for me.	
Talking to someone that is safe to talk to is helpful; to be heard and understood and not judged is helpful; someone with some level of understanding that it occurs, who specialises in this field.	Interviewee 10
Felt comfortable with the psychologist whom I had seen some years ago for relationship counselling. Disclosure to him was a physical and emotional outpouring, which he didn't interrupt. It was a safe place to disclose. I felt the psych did not judge me, believed me, and understood the hurt. I was the first person the psych had had present that [MSA] to him. I had anticipated—in a low place—that once started thought it would improve, but it became more difficult as the avalanche came down. Psych said any time I needed to talk I should call him and he would make time that day to see him—that would be really helpful. Having set sessions gave me comfort that I would talk about it the next week. I felt that I had someone helping him. Even the GP (for the Medicare referral) was good—someone I had known for some time also. It was knowing someone understood and was going to help me, because I hadn't told anyone. Saw him regularly in the first four weeks. Psych said, what I was experiencing in my head was normal to feel this way, as I had experienced a trauma. It was virtually impossible to live. Psychologist acknowledged my pain, and my wish for death: saw	Interviewee 19

him for 3–4 sessions then referred me to someone who had greater skills in dealing with this—referred me to a psychiatrist.	
When I saw a psychiatrist, he said the same thing to me and received the same acknowledgement of the pain I was experiencing and wish to suicide if the pain did not alleviate. Speaking about my experiences again was very difficult. Luckily I was still seeing my psychologist during this time.	Interviewee 19
He was a great psychologist, but we had to do a lot of searching to find someone who specifically dealt with my issues.	Respondent 8

MSA research participants also indicated within these themes that the relevant skills and knowledge of the practitioner—together with an understanding and acknowledgement of the significant impact the abuse has had on their wellbeing—was a beneficial part of their therapy. A regular and steady support environment also provided stability for the MSA research participants, as noted in subsequent sections.

5.9.1 Reliable and constant support.

Two MSA male research participants specifically indicated the importance for them of stability in their support environment, in contrast to the psychological and emotional disorder of their abusive childhood. Examples are provided in Table 5.7.

Table 5.7

Reliable and Constant Support

Support	Research Participant
Had a psych for 20 years who died a couple of years ago. He was very gentle; acknowledged what I said; he never gave up through	Interviewee 9

psychiatric and self-harm periods; he was there when needed—and walked the extra mile; felt I was never a burden to this psychiatrist, who acknowledged the pain I was experiencing.	
He was constant and reliable. My parents were incongruent and chaotic.	Respondent 7

Specifically, these two research participants revealed that the environment of their abuse was chaotic and inconsistent, which suggests that psychological turmoil was part of their abuse. It is thus important for practitioners to include coping techniques for the ongoing impact of psychological turmoil for male victims of maternal sexual abuse.

5.9.2 Practitioner provided options for action/coping techniques

MSA research participants stated that beneficial assistance from their support person/therapist, in the form of action and coping techniques, assisted them with managing specific actions. These actions included confronting his mother; coping techniques such as mindfulness, and unhelpful thought processes such as suicidal ideation together with feelings arising from the abuse, such as fear of being around his children. Examples are provided in Table 5.8.

Table 5.8

Provided Options for Action/Coping Techniques

Options	Research Participant
Identify motivators.	Respondent 13
Intervened to help me out of a relationship with my psych which had become toxic.	Respondent 13

Listened. Also, challenged me to confront the enormity of the impact this abuse had on my development and perspective. She also made me feel safe to be around my children again, as I had developed an irrational fear of being near them.	Respondent 45
When I told him I was going to speak to my parents about it he cautioned me on what to expect. I believed at the time that they would admit that it happened.	Respondent 62
Tips on how to manage the thoughts.	Respondent 75
Helped me confront my mother.	Respondent 77
Listened and gave information about medication and other therapy.	Respondent 78
Help me see that I had achieved my goal of establishing a relationship with my daughter and that it was now time for me to get away and repair my own life. He has said that only 1 man in 1,000 would have stuck out what I had to put with in order to be in my daughter's life.	Respondent 82
Help me to get out of a very difficult situation.	Respondent 82
Current female counsellor pragmatic, straightforward, acknowledged whether her being a female was an issue—it wasn't, as she was qualified for my needs. Processing intrusive thoughts. Acknowledgement of events, but also control over my current life and not being a perpetrator. It's something now that happened in the past. Talking to friends about what happened and my struggles. The acknowledgement from a female (counsellor) that it was not my fault was very helpful.	Interviewee 11

There was a female psychologist I was seeing for a while who helped with my suicidal thoughts.	Interviewee 13
The psychiatrist made no assumptions, she treated me like an intelligent human—an equal; she had a better sense of not wasting time and gave me a diagnosis of borderline personality disorder, connected to the early childhood trauma—all in just two sessions. She put me onto mindfulness and meditation, and acceptance rather than trying to change everything, because there isn't something wrong with me, and to accept the moment rather than try to change myself. She reviewed my medication, and prescribed medication that has actually worked.	Interviewee 14
And counsellors who understood the terms I was grappling with. Acknowledging that apology from the mother not possible, so the journey is my responsibility to take.	Interviewee 15
Regarding cutting off all ties with my parents—the psych agreed with me.	Interviewee 18
Reaching out to the psychologist. Being able to talk and releasing it. Knowing that my feelings will pass, that the abuse ends with me. Getting perspective through the Psych—checking for how I was feeling physically with information on the impacts and symptoms it can have on others. I don't have PTSD or depression. Talking about what the adult would say to himself as a child when it was happening. She established rapport and found commonalities generally. She brought my wife in for a chat, as wife was having	Interviewee 18

difficulty processing what had happened to me. 3–4 chats with her helped me.	
My psych also has gently pushed me that it is up to me to look about to see what will make me happy in my life. I generally feel better after seeing this psychologist.	Interviewee 19

As part of this theme, the MSA research participants also provided information on the type of support that they had needed as a result of being abused, which includes therapeutic approaches such as mindfulness, meditation and narrative therapy.

Additionally, the MSA research participants indicated that their practitioners also provided guidance on a wider range of life issues, including confronting the abusive mother regarding their abuse, reconnecting with his own daughter and exiting a difficult relationship.

5.9.3 Practitioner-provided context regarding abuse and its impact on victims

In undertaking in-depth interviews, several MSA research participants were not aware of the context of maternal sexual abuse. That is, they were unaware of what constitutes sexual abuse/incest, of the impact that it can (and does) have on the victim, including their understanding of maleness, their difficulty to form relationships with others and their inability to trust others. Additionally, this context revealed a validation that MSA males received that they had been sexually abused and that this abuse has left them feeling traumatised.

Examples of MSA research participants who had received external validation and context of the abuse from their therapist/support person, and the benefits they experienced, have been provided in Table 5.9.

Table 5.9

Practitioner-Provided Context Regarding Abuse and Its Impact on Victims

Practitioner-provided Context	Research Participant
Yes helped me understand that it wasn't 'just one of those things' as I made myself believe.	Respondent 32
Confirm that sexual interference had occurred and it was wrong.	Respondent 61
Listened and gave me an understanding of what I have been through and why I feel like I now do.	Respondent 78
An understanding of the issues around childhood sexual abuse.	Respondent 89
Last counsellor said I do what the women want to keep them happy, rather than doing what's right for me.	Interviewee 7
Psych put event in perspective as nasty after the event, constant mental abuse unbearable—'when you were young they were awful, but you are an adult now, and they can't hurt you—you can walk out'. Keep it clinical. It happens in all socio-economic backgrounds.	Interviewee 6
One other thing my psychologist said (about 4 months into sessions), when I said maybe I was making too big a deal of it. Reminded me that we had spoken about this a few times, so he reframed it by saying 'You have had a really fucked up childhood', which did help me to make sense of what had happened to accept that it was a trauma.	Interviewee 19
Psych said to me it is such a taboo that not everyone will want to know about it, nor know how to deal with it.	Interviewee 19

My ex-wife opening my eyes that the behaviour of my mother towards me was completely inappropriate.	Interviewee 20
Seeing a psychotherapist who was really useful in my local town. The psychotherapist was a crash course in emotional intelligence, very slowly unpacking very carefully, and putting words to things that are just never spoken about. She put the pieces back together. Someone once described it as a 'white noise of emotion'. And having no concept of why the emotional turmoil was happening—it was a long time before I worked out there is a reason for this emotional turmoil. Confirmation from a psych unit psychiatrist that this is what the symptoms were indicating was causing the emotions, from childhood sexual abuse trauma.	Interviewee 21

Clarification of what had occurred and the trauma of those actions were important concepts for these MSA research participants. It was stated that the 'white noise of emotion' (Interviewee 21) had a significant role in blocking their ability to step back from the whirlpool of emotional turmoil and understand what occurred and how to manage and overcome the effect of their abuse.

5.10 Connecting with Other Sexual Abuse Victims

Connecting with others who had experienced childhood sexual abuse was beneficial for some MSA research participants, with related activities helping victims to feel that their experiences and the impact of these experiences were acknowledged. Examples of these research participants' words, relating to this theme, are provided in Table 5.10.

Table 5.10

Connecting with Other Sexual Abuse Victims

How Interviewees connected with other victims	Research Participant
Acknowledging abuse, group therapy— males and females with dissociative disorders, acceptance and validation of the trauma, and CBT treatment.	Interviewee 1
Talking to other victims—the understanding was the best benefit and support; it was traumatic but not re-traumatising.	Interviewee 4
Men's group was very helpful, and focused on feelings.	Interviewee 15
Meeting other men was extremely good. Validated that it is real, and also the ongoing contact of my mother that kept going for several years afterwards.	Interviewee 21

One research participant attended a group counselling session and indicated that it had been a highly negative and traumatic experience for him, specifically because he disclosed that his perpetrator was his mother. This suggests one possible reason why some MSA males may consider connecting specifically with only male victims of female-perpetrated sexual abuse.

5.11 How I Helped Myself

Self-care and reviewing their environment were beneficial, as noted by three MSA male participants in Table 5.11. These research participants clearly indicated how they were able to reflect on the impact of the abuse inflicted on them and their environment, thereby enabling them to progress and work towards overcoming the abuse.

Table 5.11

How MSA Male Victims Provided Self-Support

Self-Support	Research Participant
Personal validation.	Interviewee 6
Worked out myself how the abuse has affected all my life and the decisions and choices I have made, including my partners, only 18 months ago—this occurred by reading some info that joined the separate into the whole by thinking about it.	Interviewee 2
Boundaries—you probably need to have these reset; learning to identify people who are safe and not like your mother. Supportive friends who validate you, and leave behind those friends who don't; men's groups sooner than later; find a good therapist; don't self-medicate on drugs and alcohol; keep active with something you enjoy doing.	Interviewee 20

5.12 MSA Research Participants Share Thoughts and Advice

As explained in Chapter 4, in-depth interviews were undertaken with the intention to generate more profound data than that which is ordinarily provided in the online questionnaire. During these in-depth interviews, interviewees were invited to expand on the two research questions by sharing their thoughts and advice for other MSA males and/or those who work and support them. This aligns with the aim of qualitative description which, according to Sandelowski (2000), provided a means of generating a firsthand account or a rich and honest description of an experience or an event in a language similar to the

informants' own language. This firsthand account is provided in Table 5.12 and offers a much deeper explanation for answering the two research questions.

Table 5.12

MSA Research Participants' Advice to Other MSA Males, Support Persons and Practitioners

MSA Research Participants' Advice	Research Participant
If he has the right temperament and compassionate heart, he might go on to discover he has DID. If a man presents with aberrant behaviour he will end up in prison or a psych, diagnosed with a personality disorder. Many diagnoses are probably DID, which can be helped.	Interviewee 1
Talk to another survivor/s. Group work with other victims of both sexes. Practitioners don't need to know the abuse event/s, just that it happened, when it happened and for how long, and to believe that it happened. The societal myth that an abused male will automatically become a perpetrator—his children were not concerned for themselves, but that his grandchildren could be seen by society as potential victims. Professor Freda Briggs focused on guys becoming offenders. Where do you think the hen-pecked husband comes from? The media is very male perpetrator-based, rather than looking at female perpetrators.	Interviewee 4

Ensuring the MSA male knows he was not complicit, but manipulated—he was not party to what happened.	Interviewee 5
Find a practitioner who you can work with, it might take a few attempts to get the right practitioner.	Interviewee 6
Don't doubt yourself. Don't let the bastards beat you. Surviving is the best form of winning.	Interviewee 7
Apply the principles of health care—not just treat the symptoms, but the cause. Practitioners could try to glean more information to assist disclosure, and follow-up on disclosure of a dominant mother and emotional abuse that could be the tip of sexual abuse. Don't see the perpetrator as incapable of being an abuser, particularly if it is a female doing the abuse. Look between the lines of what is being 'unsaid'.	Interviewee 8
It's almost impossible to get counselling for this. Getting the counselling is extremely challenging; for men's its extremely difficult to confront the subject at all to do anything about it and have any follow up therapy. Each step of the path is so difficult for a male—society sees in the press and DV campaigns everywhere only male perpetrator-female victim as the mainstream.	Interviewee 10
It helps to disclose rather than hold it in. You need someone who has the intellect to hear; has disclosed to 3–4 people, and	Interviewee 12

each time it has helped. Disclose to someone you trust, to ensure they keep it confidential. Counselling can be helpful if you get the right counsellor. Self-reflection, asking myself why I am thinking the way and acting the way I am really helped me. The more you remember, the more you talk about it, and the less important it is in your life.	
People don't understand that my mother not only abused me, completely controlled me as a child, but my father was completely controlled by my mother too, and he was a big tough brave war veteran. Men were taught that marriage was for life, and not to raise a hand to their wife—he was completely under her control. People don't believe she was breaking my bones. In a country town, the local police thought it was a mother's right to discipline her children however she wanted. Let me know when you want to go, and I will go with you. Because we will know we both go happy. Don't give them platitudes or false hope, or blow sunshine up them, or say it will be better tomorrow, or to pull my socks up.	Interviewee 13
Avoid your GP, because they generally refer to psychologists and I don't think either are well-placed to deal with this phenomenon. Psychiatrists, might again one must get to a GP to get a referral.	Interviewee 14
The desire to be as whole as I can possibly be.	Interviewee 15

Not troubled at this point. Provide societal neighbourly intervention to protect the children but also provide assistance/support for parents to cease the behaviour before it becomes high level/overt.	Interviewee 17
Firstly, they need to confide in their wife/girlfriend/someone important and trustworthy in their life. Need to reach out to share. Secondly, need to let their GP know—not a family Dr that their mother goes to, a different Dr that you have established trust/rapport with over time. Then, get that GP refer them to a psychiatrist or psychologist who specialises in this type of area. Do not—GP don't disbelieve him and be very careful on what you put in his patient notes as other GPs might read this and jump to any conclusions; other practitioners should not be seeing this confidential information. Do not—ask specifically what happened in terms of the details. Do not—breach confidentiality on what you have been told with anyone. Disclosure to friends etc should be kept confidential, and not placed on Facebook or other social media, or told to others in any way.	Interviewee 18
Don't wait until you hit crisis point before getting help. Being believed and supported.	Interviewee 19

I come across guys every day who are experiencing the abuse in some form from females, such as intervention orders. The domestic violence against women are overly influencing what is happening in family courts, and men who are being treated as the bad person. I have kept this secret for 20 years—my friends even say my mother behaves in the way of a highly jealous girlfriend, and they say it's disturbing. You absolutely need to get away from your mother—or anyone—who abuses you and have no contact with her or anyone who she is friendly with, who keeps invalidating you. Validation is very very important. Finding the right practitioner who validates you and gives you concrete tools to help you with it. I have been part of different men's groups who have helped validate the emotional and mental abuse I experienced.	Interviewee 20
The gendering of sexual abuse of children by society, has this bravado for the young male having sex (regardless that it was his mother sexually abusing him), and no acknowledgement that it can and is very damaging. Generally, there is an 'is that even possible' view within society, which is totally wrong.	Interviewee 21
Get help and have courage to face the reality of what happened to you. Find a therapist who is very validating for you.	Interviewee 22

The accounts provided in Table 5.12 by the MSA interviewees—messages from one MSA male victim to another—cover many areas, from suicidal ideation, to encouragement to cease contact with their mother (and her supporters) and to finding a practitioner/support person with whom he can connect. The latter includes a practitioner who validates his experience and who provides concrete tools to help the victim overcome the impact the abuse inflicted on him. Interviewees also provided insight into the societal gendering of males as the only perpetrators of child sexual abuse, which has resulted in a bias within the domestic violence and family court spheres against male victims of female perpetrators. Moreover, they warn against the societal misbelief that females—especially biological mothers—would not sexually (and violently) abuse her own biological son.

The MSA male participants also provided advice for practitioners. These included referring the MSA male client to another qualified practitioner if the practitioner does not have the skills and knowledge to effectively help him; considering how the gendering of child sexual abuse might be influencing their understanding of female abusers; understanding that biological mothers can and do sexually abuse their son/s; listening to what is not being said—their MSA male client may not feel able to disclose; treating confidentiality around disclosure with care; and being aware of others within your practice who might have access to your MSA male client's highly sensitive notes and whose gender bias might consequently negatively affect your client.

In addition to providing their thoughts and advice regarding maternal sexual abuse, the MSA male participants were invited to provide free-range words beyond other MSA males and sexual assault practitioners. These are examined thematically in the following section.

5.13 Open Statements from MSA Research Participants

Research participants provided an additional 'open' statement in relation to the maternal sexual abuse that they had experienced, or its impact on their life. This data were provided additionally to the research aims and objectives, based on research participants' need to have their voice heard and as this data provided further richness to the data findings. The statements provide, for the first time in Australia, unheard and unknown qualitative data directly from male victims of maternal sexual abuse; they also provide a broader context for practitioners to gain significant and important insight into how the experiences of maternal sexual abuse affected these males.

The researcher analysed this additional data, drawn from the open statements from MSA males, using the same approach to thematic analysis utilised for the other data (see Section 4.12). Some twelve themes emerged from this additional, 'free form' data: 'seek out the right help'; 'advice to practitioners/supporters of an MSA male'; 'impact of the abuse on relationships'; 'feeling powerless'; 'getting perspective of being the victim'; 'the need for societal understanding and support'; 'feeling disregarded'; 'sexual ambiguity', or confusion as a result of the abuse; 'lack of self-identity'; 'supporting other victims'; 'feeling isolated'; and 'taking control'. The importance of this additional data, which allowed research participants to speak their minds regarding their experiences without any possible perceived limitation of a specific research question, warrants placement within this dissertation rather than as an appendix. This is because the thematic analysis, presented in Table 5.13, reveals that many of the preoccupations expressed by the MSA males can be related or linked to these research questions, with some of these themes overlapping with the primary themes discussed in Section 5.4. For example, seeking out the right help aligns with comments by research participants that effective practitioners are compassionate and empathetic, as well as competent in working with traumatised clients. Another example is

using the abusive experience to help others, which complements research participants who found that connecting with other victims was helpful for them (see Section 5.8). Analysis of the information provided in Table 5.12 is undertaken in Chapter 6.

Table 5.13

Open Statements from MSA Research Participants

Statement theme	MSA research participant statement
Seeking out the right help	• One of the key things for someone who has never come out regarding their abuse is their life can and will change if they get the right help—and getting the right help quickly. Interviewee 4 • Don't stop looking for the right person to help you. Keep looking until you find the right one for you and your needs, including stepping out of your comfort zone when it leads to healing. Interviewee 11 • Counsellor suggested current coping strategies might not be most effective in the long term. Interviewee 11 • Taking the first step is the most important thing. Interviewee 12 • The friends/Hong Kong cousin I did disclose to validated my experiences and sympathised what had happened to me. My female cousin did not make me feel ashamed; others were shocked that my mother would do that, and I felt ashamed. Interviewee 12

- It's never too late to do something about getting help—30, 40, 50, 60 years later is still not too late. Just go and do it, there are people who can help, it won't happen quickly, it's a life changing thing. Interviewee 19
- Fear to disclose to others. Being alone would have been really hard to go through this. Interviewee 19
- The 10-session mental health plan under Medicare is just not long enough from people like me overcoming PTSD from child abuse. Centrelink's attitude towards going on the DSP is a real problem—they need to be able to put people who have tripped on the DSP for a short period; I was working before, and am back in part-time employment now, but I needed DSP when I was going through the worst of this PTSD. Centrelink needs to allow people to go more slowly back into employment than pushing us in quickly before we are mentally/emotionally well enough. Interviewee 20
- Being told by a psych that 1 in 15 counsellors are good—so having to keep looking to find the right psych to help. Interviewee 4

Advice to practitioners/supporters of an MSA male	• If you can't treat it, sent him to somebody who can—don't waste his time. Interviewee 1 • I have an undisclosed anxiety disorder, so counselling focuses on anxiety and dealing with current issues, rather than what happened when mother abused me when I was very young. Interviewee 8 • What is your understanding of what happened to me? Interviewee 9 • Triggers started when attending post-operative pain counselling, and disclosed, but female counsellor didn't provide any advice. The disclosure removed the physical post-op pain. I think a lot of the physical and emotion pain is linked to the abuse whilst it was repressed. Interviewee 12 • I have sought counselling on two occasions, fifteen years apart. One a psychiatrist, the other a psychologist. One male, the other female. One on the eastern side of Melbourne, the other the west. Yet the reflexive question that both of them asked when I told them I had been abused by my mother was 'How do you know?'. It may seem innocuous when written down here but at the time, both times, it caused a range of negative feelings including disappointment and rejection. I was not expecting an outpouring of love and compassion but at the same time I was not expecting the brick wall that little question represented, nor the dismissive silence that followed it. Both attempts to receive counselling were short lived and I do not have the stomach for a third. Interviewee 16

Impact on relationships	• My family has been a victim of my abuse. They have been affected by what the abuse did to me as a person. The abuse is not just physical, its emotional/psychological. Interviewee 4 • Disclosure to partner has at times changed the dynamic, the sympathy, but also being treated as damaged goods. The abuse becomes the defining of who I am, rather than all the other components of me. Interviewee 7 • It's really messed up my adult life. It's really messed up my ability to have a relationship with a female. There has been this presence in my whole adult life that has felt neglected. Interviewee 22 • My experiences have resulted in dominant women being drawn to me and having a child with a psychopathic woman resulted in my losing my house, my child, my wellbeing, everything. Interviewee 20 • I have constantly chosen partners who were totally non-compatible, and unable to leave those relationships. The only good relationship I sabotaged. Interviewee 2 • Causes shame and trauma for many years and with relationships. Interviewee 10
Feeling powerless	• My mother scrutinised everything I did. Physical assaults, psychological abuse, manipulation, criticised my friends, curbed my activities, had me completely under control in my life. Interviewee 2

- My mother said to me ‘I’m not a paedophile—I do it for control’. Interviewee 3
- My mother’s toy. Interviewee 3
- Intrafamilial sex is an abuse of power. Interviewee 4
- These abusive mothers are incredibly manipulative and can isolate the victim from the rest of his family so that there is no later support from family members when the abuse is disclosed. Difficult for aunties and uncles to understand what is happening, as they do not know about the abuse. You just don’t know who knows what. Dad was a complete bystander—he didn’t engage at all. Interviewee 18
- My mother’s abuse was sexual. I became my mother’s husband. She had me sleep in her bed. She emotionally blackmailed me to control me. She forced me to take an adult role when I was a youth, including taking a fathering role to my older brothers. Trying to function in society with the added complexity of what is happening at home. Interviewee 4
- Being the so-called ‘man of the house’. Interviewee 5
- No socio-economic differences in abusive situations. When a good student starts getting poor grades, it could be as a result of maternal sexual abuse. The powerlessness ... The worst thing about being

	abused by a parent; they have total control over you. I would have run away, but I couldn't cross the road on my own. Interviewee 6 • I confronted my mother who put the blame back onto me. Interviewee 12 • Shoulda, Coulda, Woulda. Interviewee 13 • My experience was about manipulation of the power dynamics to have seemingly control over me. Interviewee 10
Feeling disregarded	• I have been getting help locally by a psychologist, but find it difficult to talk to him, no feedback from him on what to do, I just talk to the psych. Interviewee 2 • When you access mental health services, if the doctor deems you need 10 sessions, it still is not enough not for sexual trauma. Interviewee 11 • For a long time, I felt I wanted to raise charges against my mother—I felt the relationship counsellor didn't hear me, and there was overcoming family shame. Interviewee 15
Feeling isolated	• Ostracised by my family as having made it up. Interviewee 3 • Everything was hidden. It was a prison sentence in solitary confinement in a dungeon—it was amazingly lonely, overwhelming feeling of loneliness. Only 3 people I have told—psychiatrist,

	psychologist and my wife. Fifty-eight years old now, and events happened when I was 14 years old. Repressed until mid-40s. Flashbacks and slow memory. Withdrew from family. End last year glimpses became bigger, and realised I needed support. Called counsellor for session, had some relationship counselling a few years ago, but didn't mention it. I didn't do this earlier as it was easier then to lock the memories away; and I did not know how to deal with it and how I could possibly tell my wife that I had 'had sex with my mother'. Interviewee 19 • My male school teacher was in horror that no-one would help me, then he was moved to another school for sticking his nose in. Interviewee 13
Lack of self-identity	• All my life I felt I was odd, I just wanted to be normal. Interviewee 4
Getting perspective of being the victim	• Seeing how young my son was and linking it to me at that age helped me realise I was a victim and not a perpetrator. Interviewee 10
Supporting other victims	• I have used my abuse experience to help others. Interviewee 4
Taking control	• Raised with the cops—making a statement about the abuse, taking back control of the disempowerment. Interviewee 7

	• I really want to live a better life than I am, and I will do what I can to do that. I hope I am heading uphill and being a bit positive now. Brought this up with my mother for recognition that she abused me—she went quiet and maintained the 'I just want to talk about happy things' response. Interviewee 19 • I have serious PTSD, but the prognosis is that I can work through this. Interviewee 20
The need for societal understanding and support	• Society needs to know males are victims. Interviewee 4 • Hearing people say why raise this now after 30 years—because you want money? Interviewee 5 • Thinking I will become an abuser. Interviewee 7 • Hong Kong Asian culture mothers are sweet and caring and do not do these things. Interviewee 12 • Rosie Batty is defending women who can't defend themselves, and I can't fault what she is doing, but that is only one side of the story—there is more than one group out there who are hurting. Interviewee 13 • Perhaps like with many topics bringing the topic up for general discussion helps clear the space and brings some new understanding that most of the world has no understanding of and not just talk about one's personal experiences. Interviewee 14

- If adults can observe other adults being strange and misbehaving towards their children, then they should do something about it—intervene to ensure the family is OK, because the kids might not be. Interviewee 17
- There is nothing for guys over 30 out there in terms of support. In Victoria the men's peak health has shut down, and services are being focussed on women and not males. There need to be more services for men. Police need to stop laughing at men who contact them stating they are being abused by a female. Police need to take seriously estranged fathers who are contacting Police saying they are concerned about the wellbeing of their children with their mothers. Family Court orders need to take a non-gendered approach to children being with their abusive mother rather than their father. DV has become a tactic within the Family Court. Family Court needs to treat violence, not gender. Interviewee 20
- The Family Court and legal system need to understand how abusive and toxic mothers are. My mother was so domineering and controlling that she turned up in South America where I was having my honeymoon. Interviewee 20
- I think if I told the public they wouldn't believe me and would think I am crazy. Interviewee 22

Sexual ambiguity or confusion as a result of the abuse	• Engaged in homosexual sex. Interviewee 2 • The abuse manipulated my sexuality, and set it onto a tangent, so what is my real sexuality? Interviewee 4 • Couldn't form a female relationship until my 40s. All relationships have been with males; and looked for the fairy tale relationship with a male. After disclosure, forced myself to change, and encouraged myself to start having friendships with females. Knew I wouldn't be happy with a female relationship and did not want children as I did not know if I could cope with it; felt unable to relate to children due to a strict and emotional/physical/sexually abusive parenting. Interviewee 12

5.14 Unhelpful Practitioner Practices

The MSA research participants also described adverse psychotherapeutic experiences with professionals. Thematic analysis identified them as disbelief, harmful attitudes and behaviours of practitioners, psychologists and psychiatrists, or other service providers. Many of these experiences were traumatic and counter-productive for the MSA research participants and the examples they have provided of their experiences give a disturbing insight into shortcomings that exist within the professional ranks (see Appendix F).

The most common responses from research participants regarding unhelpful therapeutic experiences were: not being believed by the practitioner; the practitioner not having any understanding or knowledge of the level of trauma of the abuse inflicted on him; the practitioner not demonstrating genuine concern or empathy; the practitioner not having the necessary skills and knowledge of maternal sexual abuse of a boy; and practitioner gender bias that males are sexual abuse perpetrators and not victims—and mothers in particular are not sexual abusers. Examples of unhelpful practitioner practices are provided in Tables 5.14, 5.15, 5.16 and 5.17, using the unedited words of the MSA males. These examples are an important guide for people working with MSA males on practices; it demonstrates what not to do when providing support to an MSA male.

Table 5.14

Practitioner Did Not Believe That My Mother Was My Sexual Abuse Perpetrator

Statement	Research Participant
Psychiatrists who say it's a fantasy and made up … that the abuse did not occur … and this to a highly vulnerable victim of abuse.	Interviewee 1

He didn't believe I had been sexually abused by my mother. My eyes 'went to the wrong side' when he asked me questions about the abuse, according to his paradigm.	Respondent 90
He was the first person I had ever spoken to about it. His immediate response was 'How do you know?' It made me feel like he did not believe me. He offered no support.	Respondent 43

Table 5.15

Practitioner Did Not Understand the Impact of Maternal Sexual Abuse on a Boy/Male

Statement	Research Participant
Single-tracked path of psychiatry: they are locked into their paradigm and that is very unhelpful. There is so little help for people with my experience, and then having to fight the psychiatrist to get them to understand.	Interviewee 1
One psych always referred to it as potential abuse. They are comments in passing, rather than that this was full-on sexual abuse—like a disbelieving or disengagement of the actual abuse which has brought me to seek support.	Interviewee 14
The psych was working in a holistic way with my depression rather than focussing for too long on the mother/child sexual specifics.	Respondent 40
Saw a male counsellor but did not confide in him, I had the feeling that he did not want to know the depths of what I had to talk about and met with him only once.	Respondent 75

This therapist didn't seem to really be able to understand my situation.	Respondent 1
Becoming the family scapegoat, the family and others dedicated to keeping it a secret, the dirty little secret, and described by my family as being mad to isolate me.	Interviewee 1

Table 5:16

Practitioner Lacked Genuine Concern and Empathy

Statement	Research Participant
He was at times appearing to be a bit aloof which I found annoying at times. I got the sense he had heard me talk about the issues many times and so didn't want to engage in further talk about it.	Respondent 89
I don't like psychiatrists because they treat you as a mental illness—it is not empowering. They just give you the medication. I wanted a breakthrough and not just a medical diagnosis. They make you feel like you are a broken person. So, it wasn't a good experience for me going to a psychiatrist.	Respondent 22
I felt shamed when he spoke about masturbation. Felt yucky, abused. It was like he was leering.	Respondent 12
Laughed at me.	Respondent 53

Table 5:17

Practitioner Lacked the Necessary Counselling Skills and Knowledge

Statement	Research Participant
I was getting nothing back from the counsellor—she listened and believed but offered nothing back. The counsellor I went to after her, validated and gave me context.	Interviewee 5
Counsellors are rocked by this form of abuse and it causes me to feel unsafe. Practitioner judgement that males are the perpetrator, always an issue in the victim's mind. The physical response is purely mechanical and has nothing to do with desire to have sex.	Interviewee 10
First was a man and referred by GP female; but discussions had an undertone of misogyny. The stereotype of 'mother nurturers in all event'.	Interviewee 11
Forced me to sit and try to become grounded ... learn to sit in trauma, somewhat like bioenergetics (somatic) but when defences melted away I became worse.	Respondent 90
Using the term survivor is too soon—we are victims who need to make sense of what happened to be able to heal, before we can be called survivors—which is not about really living anyway.	Interviewee 4
2nd female counsellor was uncomfortable with the subject matter re level of trauma.	Interviewee 11
The female psychologist tried hypnosis that brought up issues that I was not ready to deal with, and that was really bad for me. I found it	Interviewee 13

too difficult to use public transport to the psychologist, and they couldn't transport me.	
Medication didn't work for me—a new psychiatrist changed my medication after talking to me for 15 minutes, and when I started vomiting, he told me to just stick with it. I contacted my GP who took me off it immediately. The psychiatrist tried four other medications but we ended back on what I was originally on. It was so damn frustrating.	Interviewee 13
People who saw me gave me diagnoses, but not how to overcome my difficulties.	Interviewee 13

5.15 Practitioner Unethical Behaviour

Unfortunately, some males experienced unethical behaviour towards them by their practitioner/s. It is likely that these practitioners provided inappropriate behaviour and attitudes towards other clients, as well. Where the 'toxic' practitioner was female, their behaviour towards the MSA male victim was perceived as 'feels like my mother all over again'. Such practitioner behaviour often exacerbated the impact of the abuse experienced by these vulnerable males.

Table 5:18

Unethical Practitioner Behaviour

Statement	Research Participant
After 12 months, the GP started to belittle me, she made sexual jokes and innuendoes to me, have tantrums in her office towards me, has	Interviewee 2

now abandoned me, and is trying to get me off her patient list. It feels like my mother all over again.	
He tried to sleep with me.	Respondent 77
When I was a child, a psychologist told me the abuse was all my fault, and I was sent off for a test where I had to kneel on a board with wheels on it and was spun around and asked lots of questions—I don't know why they did that. They decided I should not eat chocolate.	Interviewee 13
Initially GP provided non-threatening, encouraging environment. Then has become increasingly impatient, dismissive and angry that my progress is not a quick as she would like. I feel betrayed as I have revealed far more to her in the way of very private and uncomfortable incidents and feelings.	Respondent 15
I mentioned this to the therapist when I was going through a divorce. She didn't seem to give a shit, she was more interested in 'fixing' my behaviour and mistakes I had made in my former marriage. It was a 'nothing' issue for her. If I had been female, and my father had abused me, it would have been straight off to court. My mother was still alive at the time too. I felt like she was a man hater (the therapist) and I have never been to another therapist again.	Respondent 51
She offered to arrange a Prostitute for me. She really did not treat my sexual abuse.	Respondent 10

The goal of practitioners is to make a positive difference in their clients' lives. The paramount precepts of bioethics that all health care professionals must adhere to is *Primum Non Nocere*—first, do no harm—which must be implemented at all times. The comments from research participants on counter-productive and inappropriate behaviour they have experienced indicates the need for practitioners to remain mindful of the intention and impact of their interaction with clients, and whether they are being influenced by gender stereotypes and the gendering of sexual abuse in Australia. The principal dictum for psychotherapists is to provide unconditional positive regard—the basic acceptance and support of a person regardless of what the person says or does, especially in the context of client-centred therapy pertaining to victims of childhood sexual abuse.

5.16 Conclusion

In this chapter, MSA males have given voice to their experiences of beneficial psychotherapy and other forms of support. The demographic data in this chapter indicates that the research participants in this research mostly experienced abuse from under the age of ten years and for many research participants, their abuse continued for many years (and decades). As a result of the young age when the abuse began, disclosure was often not made until adulthood, or it wasn't made at all due to feelings of shame, guilt and society's misbelief of males as only perpetrators of sexual abuse. Additionally, MSA research participants were not always aware until adolescence or adulthood that the behaviour of their mother constituted sexual abuse. MSA research participants also stated that they did not disclose their abuse because they were trying to protect others—including their mother. When the abuse was disclosed, this was often due to seeking to manage adulthood relationship difficulties, or having a relationship of trust with a practitioner.

The online questionnaire and the in-depth interviews sought information regarding what the therapeutic practitioner/s did well for them in terms of counselling support. The MSA participants were also asked for information on what they found unhelpful when receiving therapy. Two primary themes emerged through the analytic process in relation to what the therapeutic practitioner did well: first, the attributes of the practitioner–sensitive support and, second, relevant skills and knowledge. The main subthemes of these two primary themes comprised being believed by their practitioner, being listened to and heard and the practitioner's compassionate support and unconditional positive regard of the MSA male victim; there is also their relevant skills and knowledge in relation to trauma and the childhood sexual abuse, providing reliable and constant support and confirming experiences of sexual abuse, the impact of the abuse during childhood and in later life, the impact of experiencing trauma and providing coping strategies for the trauma and abuse.

In addition to the two primary themes, unanticipated information was provided by research participants, on the benefit for the MSA male victim connecting with other victims and in the guidance on self-help to overcome the trauma of their abuse. These themes and subthemes overlap; providing context and coping strategies for the abuse was beneficial when provided in a safe, unchaotic and empathetic environment in which the MSA male was believed and not judged. The gender of the practitioner was problematic when behaviour reminded the victim of his mother; it was problematic when their attitude was unsupportive, disbelieving, judgemental, or encompassing a gender bias of males as perpetrators and females as victims of sexual abuse.

These findings are now considered, in more depth, in Chapter 6. This includes consideration of how the findings, including the MSA male participants' perceptions of

practitioners, have been influenced or are framed by the gender theory explained in Chapter 3 and the implications for MSA males and practitioners alike.

Chapter 6: Discussion and Implications

> *Perhaps bringing the topic up for general discussion helps clear the space and brings some new understanding that most of the world has no understanding of.* (Interviewee 14)

6.1 Introduction

This chapter provides a discussion of the research findings in light of the academic literature and also the theoretical framework by which the research findings were interpreted. As explained in Chapter 5, the research findings comprise data obtained from males who have been sexually abused by their biological mother. The chapter commences by explaining how the research findings align with the existing academic literature regarding maternal sexual abuse, and illuminate the gaps in the literature. This explanation includes consideration of how and what the findings add to the academic literature.

Following this, the research findings are discussed in line with the theoretical framework explained in Chapter 3, including stereotypical notions of masculinities. This theoretical framework provided the lens through which the research findings were interpreted. This lens enabled an examination of the dominant social norms that many research participants indicated caused considerable confusion for them as children, adolescents and then adults because they experienced abuse by their mother rather than a male figure. The process of working through the abuse, by the research participants, was thus complicated by hegemonic notions of what is means to be ‘male’, female’, ‘mother’ and ‘son’ in the society in which they live. In addition, consideration is given to the

cognitive or cultural dissonance that is generated due to identity confusion—sexual, gender or otherwise—and how the findings of the research enable a way forward for MSA male victims.

The original findings of the research are then explicitly stated and their relative importance discussed. These original findings include the triggers and disclosures that often arise from attending psychotherapy for non-MSA issues; issues related to fatherhood or perceptions of fatherhood for MSA males; the gendering of sexual abuse in Australia; the limitations in the support provided by practitioners, Medicare and Centrelink; and additions to the descriptions or definitions of sexual abuse. These aspects of the original findings are in addition to the fact that research on the experience of boys who have been sexually abused by their biological mother has not been undertaken in Australia until now.

The chapter concludes by examining the limitations of the research. This examination considers how these limitations could have been overcome to improve the research study and what future researchers could do to avoid the pitfalls.

6.2 Research Findings and the Academic Literature

6.2.1 Revisiting the academic sexual abuse literature.

The research findings aligned with—and also built on—the small body of existing academic literature on the sexual abuse of males by their mothers that was considered in Chapter 2. In that chapter, it was noted that there was a dearth of research in this area related to the sexual abuse of males inflicted on them by their biological mother.

For example, while there have been reported cases of maternal sexual abuse of males since early last century in Western society, the researcher found that there was little academic research related specifically to the phenomenon, either nationally or internationally (in the English language). This includes a lack of rigorous prevalence data.

Instead, research undertaken prior to this study essentially comprised case studies that formed part of research related to female perpetration of sexual abuse, but that was not specifically focused on biological sons as victims, or male victims of sexual abuse not necessarily perpetrated by biological mothers. Findings of this research study make an important contribution by building on the research literature available. First, the research undertaken by the researcher is the first of its kind in Australia. Second, the study has enabled further development of definitions/description of the sexual abuse of male children; provided rigorous prevalence data; and identified additional ways in which the males are impacted by the sexual abuse and highlighted the need for additional services to support MSA males.

Such findings are significant when considered in light of the gendered nature of the academic literature on sexual abuse. For example, as part of her review of the literature, the researcher became aware of MA Straus (2007), Professor of Sociology at the University of New Hampshire, who has researched family violence for several decades (see Chapter 2). Straus's (2007) examination regarding how domestic and family violence is being researched cited methods that have been used to conceal and distort evidence on symmetry in partner violence, with a bias against males. Straus suggested that there was intentional misinformation disseminated about family violence through seven methods of actions: suppressing evidence; avoiding obtaining data that is inconsistent with the patriarchal dominance theory; citing only studies that show male perpetration of domestic violence; concluding that results support feminist beliefs when they do not; creating 'evidence' by citation; obstructing publication of articles and of funding research that might contradict the idea that male dominance is the cause of personal violence; and harassing, threatening and penalising researchers who provide evidence that contradicts feminist beliefs. Findings of

this study have provided an important step forward in addressing these issues through awareness raising and the dissemination of the findings.

6.2.2 Emending the academic literature: Descriptions and definitions.

Issues identified by the researcher in her literature review included a multitude of descriptions of sexual abuse within Australia (see Section 2.3). This gave rise to difficulties in ascertaining the prevalence of MSA.

For example, the definitions and types of sexual acts described included both overt and covert forms of abuse, as provided by Miletski (2007) and as detailed in Table 2.3. Covert acts can be perpetrated daily under the rubric of 'child care', such as a mother continuing to wash her son's genitals when he is old enough to do this himself, or telling her son that the activities are not sexual but natural maternal caring, thereby placing all responsibility of any sexual arousal on her son (Etherington, 1997; Fergus, 2005; MenWeb, 1997; Miletski, 2007).

Findings of this research study confirm the importance of using definitions that include both overt and covert forms of sexual abuse. Specifically, the MSA male participants of this research described their own experiences of being sexually abused by their biological mother. These experiences included ongoing inappropriate psycho-sexual and overt sexual behaviour that continued into the males' adulthood; verbal, emotional, mental and financial abuse; manipulation, lies and 'mind games' (this is explained further in Section 6.5.6, regarding gaslighting); emotional blackmail; behaving towards him like a jealous girlfriend; and being forced into a pseudo husband/spouse and taking a fathering role to his siblings.

6.2.3 Emending the academic literature: Prevalence.

The research findings emend and also build on the existing academic literature by providing data through the voices of males who have experienced maternal sexual abuse. As noted in Chapters 4 and 5, there were 156 respondents who commenced the online questionnaire, with 94 full completions. Ninety-six respondents confirmed that they had been sexually abused by their biological mother. These respondents provided demographic data including the age when the abuse occurred, the duration of the abuse, the age when the abuse was disclosed and the population size (number of inhabitants) of the community in which the abuse took place, as well as the reasons for not disclosing the abuse. This information has enabled a deeper understanding of the activity, how often it occurs, the ages at which it occurs and the locations of where it occurs. This, in turn, provides an important means by which researchers and health service providers can address the issues involved.

6.2.4 Emending the academic literature: Impact

The academic literature has stated that the impact of sexual assault on a male include shock, disbelief, fear, anger, shame and embarrassment, concerns about his sexuality and being a man, self-blame, fear of not being believed, guilt, flashbacks, sleep disturbance, depression and relationship difficulties (Living, 2016; SAMSSA, 2009; Willows, 2009). Where the boy is the victim of abuse in his home, his confusion is amplified: he has been abused in his home by the person who, he has been taught by society, is his primary carer and upon whom he is most dependent (Kelly, Wood, Gonzalez, MacDonald & Waterman, 2002; Miletski, 2007). There follows a fundamental reconsideration of how he sees the world and his own masculinity, what it means to be a man and his gender identity (Dorais, 2002); together with the cultural discourse surrounding mothers as caring nurturers. Children do not ‘bounce back’ from sexual abuse, as may be expected by society; instead,

they are likely to develop post-traumatic stress. As adults, the related symptoms may be perceived by health professionals as having an 'unknown cause'—alternatively, the victims may not receive the help they need from health professionals, as their histories of rape or witnessing violence may be deemed as irrelevant to the 'current presenting problem(s)' (Perry, 2006). Neglectful or absent treatment of abuse perpetrated during early childhood affects a child's ability to envision choices, which may limit his best decision-making later in life (Blum, 2002). By recognising the destructive impact that violence and threats can have on the capacity to love and work, practitioners can understand better and thus genuinely support and assist abused children (Perry, 2006).

Findings of the research indicated that the experiences of the MSA male participants, and impact of those experiences, was similar to that described above and explained at length in Chapter 2 (e.g., Section 2.9). In addition, and as already noted, findings of the research add to this very small body of literature.

Specifically, five themes identified in the academic literature (see Chapter 2) are also evident in the research findings from this study. These themes are listed, with new information derived from this study in Table 6.1. Of particular interest is the new information, provided by the MSA male participants of the research, related to the reactions of MSA males and disclosure. For example, while the academic literature indicated that adult male survivors of child sexual abuse were too embarrassed to reveal what had occurred (Lew, 2004; Dimock, 2009), research participants of this study provided more detail. This additional detail included that which is related to their feelings of shame, social stigma, guilt and fear of retaliation; and the difficulty for MSA males in forming trusting and healthy relationships with others (see Table 6.1).

Table 6.1

Male Reactions to Being Sexually Abused by Their Mother

Existing information: From the academic literature	New information: Findings of this research
Adult male survivors of child sexual abuse are too embarrassed to reveal their sexual activity with and arousal by their mothers (Lew, 2004; Dimock, 2009).	Research participants stated they had not disclosed the abuse for a range of reasons, specifically shame, afraid of it being known in their community, social stigma, thought they would not be believed, guilt and fear of retaliation.
Rationalising the abuse as mother's love—adult males make sense of their relationship with their mothers in terms of her over-loving them. He believes her statements that he is 'the man of the house', regardless of his youth (Etherington, 1997, p. 114).	Two research participants' non-disclosure of their abuse was specifically to 'protect' and prevent 'people thinking less' of their mothers. Participants confirmed being told by their mother that they were 'the man of the house'.
Boys are less likely to accept being the victim and to report maternal sexual abuse (Dimock, 2009; Miletski, 2007).	Additional reasons for research participants' non-disclosure of their abuse was that they did not realise their mother's actions constituted sexual abuse.
Over-stimulating physical contact that may occur in the context of maternal tasks may never be reported as child	Research participants have expressed the importance of their practitioner providing a safe environment to speak about their anger

abuse, even though the abusive acts may be quite detrimental in the long term for adult male functioning. In therapy, these men often express rage, shame and profound sadness at having been sexually abused by the person who they expected would love and protect them from harm and who they could trust (Kelly, Wood, Gonzalez, MacDonald & Waterman, 2002; Miletski, 2007).	and the inability of some younger female practitioners to provide this environment. Research participants have described the physical violence their mothers inflicted on them, as well as the emotional and psychological abuse. A participant indicated that the breadth of the abuse comprised constant verbal abuse, emotional abuse, mental abuse, financial abuse, manipulation, lies, mind games and sabotage on a daily basis. Additionally, his mother exhibited overtly sexual behaviour towards him. One participant indicated that he does not like to talk about and think of the sexual abuse, that he still does not believe it happened and that he hates himself for talking about it, which results in wanting to self-harm. Another participant stated that as a result of the abuse, he does not trust anyone, including his wife of 13 years.

Fetishism arises in children as a result of seduction and overstimulation, especially by their mother (Welldon, 1992).	Homosexuality, sadomasochism and transgenderism were indicated by three research participants. One respondent described the abuse as manipulating his sexuality and setting it onto a tangent, 'so what is my real sexuality?'
Some of these boy survivors become adult victims who face difficulties; some will mask their confusions as children and go into adulthood unable to sustain relationships or have distorted relationships because of their childhood experiences with their mother (MenWeb, 1997).	Research participants indicated their difficulty in forming healthy and trusting relationships, including with female partners. One participant described his inability to have a relationship with a female until he was in his 40s. Another participant indicated that his brother was not aware of the abuse until he told him when he was in his mid-30s, and he did not commence counselling until he was 45 years old.

6.3 Research Findings and the Theoretical Framework

In Chapter 3, the researcher introduced the study's theoretical framework and considered notions of male and female, masculinity and femininity, mothers and sons, sexuality, gender (including gender theory) together with gender stereotypes and associated myths. It was noted how these gender stereotypes aligned with cultural norms and the

influence—even power—of these norms in shaping the way people view themselves, others and associated identities. It was also noted that this theoretical framework would be used to frame and inform the way in which the data was collected and analysed.

The researcher and research participants were from a contemporary Western culture, with their identities or self-perceptions, as well as their perceptions of others, a product of this culture. This includes contemporary Western understandings of male and female, masculinity and femininity, mothers and sons, sexuality, gender stereotypes and associated myths. While raising our awareness of our own status as cultural beings provides one step towards deconstructing notions of selfhood, it is nevertheless arguably impossible to step outside of ourselves, including perceptions of who or what we are. Dominant sociocultural influences will inevitably frame one's understanding of themselves and others—including how one relates to one's self and others. This became evident not only in the perceptions and experiences shared by the research participants, but also in the way the researcher analysed the data.

For example, many of the research participants noted that the abuse they experienced at the hands of their mother left them feeling confused about who they were and how the world operated. What was upheld as 'normal' or 'the way things are' was, for the research participants, a lie. Moreover, their confusion did not change as they grew older—particularly for those whose mother continued with the covert abuse. Instead, the males found themselves feeling marginalised, not only by family members or friends who could not accept their stories of sexual abuse if or when they disclosed, but also those who are upheld in society as being part of the 'helping profession'. For example, some health professionals or psychotherapists considered the stories of the MSA male victims

unbelievable or ‘mad’ because they did not fit with the ‘accepted’ construction and representation of the perpetrator of sexual abuse in Western society.

Such experiences gave rise to cognitive or cultural dissonance for many of the research participants, with this dissonance leading to or even exacerbating their trauma. This view was confirmed by the research participants, who identified issues that they found problematic, such as triggers and subsequent disclosures during counselling for other issues relating to pain management or relationship counselling and the lack of confidence of MSA males regarding fatherhood. Certainly, it is possible for such trauma to be addressed by psychotherapists using the approaches described by the research participants and reported in Chapter 5. Concurrently, and from a broader perspective, another possible way forward is suggested by the theoretical framework of the research itself.

Specifically, there is evidence that the ways in which gender and sexuality are viewed in contemporary Australia society are shifting, with recent changes occurring in family laws that accept same-sex marriage and a growing awareness of transgender considerations. Notions of ‘other’ in relation to perceptions of men and women are now more acceptable. Therefore, it could be suggested that society is becoming more open to viewing females/mothers as sexual equals of males—and, consequently, as equally capable of being perpetrators of sexual abuse. For example, while females have historically been viewed as non-initiators, limit-setters and anatomically the receivers of sexual activities (Elliott, 1993; Koonin, 1995; Miletski, 2007; Welldon, 1992; Zilbach, 1987), the time may have arrived for society to accept that females, including mothers, are capable of physically, emotionally, psychologically and sexually abusing others, including their own sons. Gender theory provides a means of considering how the breaking of stereotypes could benefit MSA

males—and whether this is more likely to occur as gender and sexuality become a more fluid concept in contemporary society.

6.3.1 Appropriateness of the researcher's theoretical framework.

In light of the research findings, the researcher considered that gender theory formed a relevant and appropriate theoretical framework from which to undertake her research, as gender provides the lens through which Australian society views perpetrators and victims of child sexual abuse. Males as victims and mothers as perpetrators of sexual abuse of their children falls outside the traditional, stereotypical view of males as perpetrators of sexual abuse and of mothers as gentle nurturers and child protectors. This societal view of gendered stereotypes has a detrimental and long-term impact on the MSA males when seeking and receiving psychotherapeutic support.

Indeed, as noted in Chapter 5 and Graph 5.5, 86 per cent of research respondents indicated in the online questionnaire that they did not disclose their sexual abuse for several reasons. Such reasons included those related to gender stereotypes and the impact of these stereotypes on their self-identity as a male and perception of their own masculinity (e.g., notions that males are sex initiators, that they are the stronger sex and can, therefore, not be victims of sexual abuse by a female). They also did not disclose for fear that they would not be believed when they revealed they were victims of sexual abuse by their biological mother.

When reflecting on the appropriateness of the theoretical framework chosen to frame and inform the study, the researcher also considered how a different theoretical framework could have influenced the research findings. For example, a different theoretical framework may have resulted in the selection of research design and methodology (including analytical approaches). Specifically, a radical feminist theoretical framework may have led to a focus

on male perpetration of female victims, or male victims who subsequently abuse females. Indeed, and as noted in the Chapter 3 regarding gender and power, the feminist movement's radical wing argued that men oppressed women because they had the power to do so and that this power imbalance needed to be broken (Connell, 1987). The power analysis of gender at its simplest connoted males and females as social entities directly linked by power relations. As such, a theoretical framework drawn from feminism may have noted Dworkin's (1982) statement of 'every woman's son is her potential betrayer and also the inevitable rapist or exploiter of another woman' (Dworkin, 1982, p. 20). Likewise, this approach may have highlighted ideas such as those advocated by Firestone (2000), who argued for the elimination of sex distinction through a pansexuality, together with the introduction of artificial reproduction and communal raising of a child, to break the tyranny of the biological family. At the other end of the continuum, within the radical feminist context, the research questions might simply not have existed.

Alternatively, the researcher may have opted for a purely narrative inquiry and associated theoretical framework. In this case, the focus would have been on the individual human experience with a holistic quality rather than on the social context (Connelly, 1990). The researcher would have entered a closer relationship with the research participants in a collaborative partnership style. Moreover, the complexity of narrative would have resulted in the living, telling, retelling and reliving of stories by research participants. This would have led to a far richer body of data.

Even so, the associated theoretical framework may have generated ethical issues for the researcher in terms of how far to probe into the participant's past and future, with the potential to traumatise the MSA male in the process. Moreover, this theoretical framework may have pushed the researcher into a counsellor role, given the highly sensitive subject

matter being researched. Additionally, the researcher might have had to limit the number of research participants she interviewed, due to limited resources, which could have resulted in the generation of less data overall (Connelly, 1990).

It is important to note that the researcher did use aspects of narrative inquiry through interpretive, naturalistic inquiry (Depoy & Gitlin, 2011) by undertaking in-depth interviews with research participants and by inviting autobiographical writings from MSA males (Connelly, 1990). These feature in the Foreword of this research. As is consistent with qualitative description research design, this aspect of the research forms part of the eclectic qualitative approach that characterised this study's design.

The theoretical lens used to frame and inform the design (gender theory) provided a more focused means of considering just how gender's social construction affects the sexual abuse of males by their biological mother. Indeed, the gendering of sexual abuse—an issue raised in Chapter 2 and discussed in Chapter 3—reflects that gender roles are a social construct underpinning gender myth within sexual abuse literature. The social dichotomy of male sexual aggressors and female sexual defenders within Australia has had an ongoing impact for victims of maternal sexual abuse. This false dichotomy maintains the notion that males are the perpetrators of sexual abuse or become perpetrators as a consequence of experiencing childhood sexual abuse. There is little notion within the Australian social construction that female victims of childhood sexual abuse will become sexual abuse perpetrators, or that male victims will become advocates of child protection.

Moreover, the gendering of sexual abuse within the sexual abuse academic literature and the Australian community has led to assumptions regarding maternal sexual abuse, specifically its exclusion within academic research and research for policy development. The implications of this is a gap in sexual abuse literature (and government services) and in

the collection and application of prevalence data leading to assumptions that maternal sexual abuse of sons is rare.

In addition, the research findings evidenced how the gendering of sexual abuse has not only detrimentally impacted MSA males, but also their families in their daily lives. Research participants indicated that the gendering of sexual abuse has resulted in bias towards them, as indicated by two examples: the first relates to the family general practitioner and the second to group counselling for sexual assault victims. For example, Interviewee 18 recounted taking his daughter to the doctor as she was feeling unwell. As his usual female practitioner was unavailable, he and his daughter were seen by an unknown male doctor at the practice. Interviewee 18 indicated that the male doctor exhibited a 'vampire syndrome' attitude towards Interviewee 18 after reading in his medical file of the maternal sexual abuse he suffered. Interviewee 18 found the male doctor's attitude towards him very offensive and the follow-up by his wife with the medical practice returned an unsatisfactory response. Respondent 90 also experienced gender bias when he was referred to attend group therapy. When Respondent 90 stated within the group counselling session that his sexual abuse perpetrator was his mother, he was verbally attacked by others in the group.

These participants' experiences of maternal sexual abuse indicate that the gendering of sexual abuse of males as perpetrators and not victims continues to result in cultural misinformation and in incorrect assumptions that, as male victims of childhood sexual abuse, they will become perpetrators. Therefore, it is unsurprising that MSA males are cautious regarding whom they trust to disclose their abuse and if that information will be kept confidential. This component of the researcher's findings indicates that health practitioners must become conversant with the phenomenon of maternal sexual abuse of

sons to dispel any existing myths they may hold regarding these victims and to be aware of the trauma and support that these victims require by all health care practitioners.

6.3.2 Role of the study in challenging gender stereotypes.

An unintended outcome of this research study was the way in which it has added to the grey literature, which served to raise public awareness and, in the process, challenged gender stereotypes. For example, the research findings suggested that maternal sexual abuse of males is occurring within a framework of myths and misinformation that is contributing to the ongoing silence of MSA males. This framework is being bolstered by public campaigns that focus predominantly on male violence against females, which conceals the lived experiences of the MSA males who have participated in this research. In turn, concealment of mothers sexually abusing their biological sons results in a lack of awareness in practitioners and a lack of training that enables practitioners to provide effective support to MSA males. This lack of awareness, together with the framework of myths and the consequent victim silence, has also led to little research or data collection related to this phenomenon and the assumption that maternal sexual abuse of males is rare. The assumption of rarity leads to very few support programs and services for MSA males.

However, the process of undertaking this research has led to an increase in public awareness of the sexual abuse of males by their mothers, through the media. Specifically, one news article with *ABC News Online* journalist, Tegan Osbourne, was accessed over 220,000 times and was the top story news slider on the *ABC News* television channel on 8 August 2015. While this article generated an increased response by MSA males accessing and completing the research survey instrument, it also offered the opportunity to shine a light on the maternal sexual abuse of boys to the broader community. This suggests that social and other media provide an important means for future researchers and that it

advocates to change perceptions regarding male victims of maternal sexual abuse, in much the same way that Rosie Batty influenced public opinion regarding family violence.

Both the MSA research participants and the researcher have identified what must occur for MSA males to receive accessible, informed and effective psychotherapeutic support as part of their recovery. Even so, this raises the question, how can this occur? There are two approaches that would begin the process. First, contemporary Australian society is gradually evolving to accept notions that go beyond the dichotomous male–female gender view. As discussed in Chapter 3, and specifically in Section 3.10.1, gender identity has grown to include lesbian, gay, bisexual, transgender and intersex people. Acceptance of gender 'otherness' reflects a society's ability and willingness to review notions of gender stereotyping. This ability and willingness can similarly grow to change cultural norms by accepting the phenomenon of maternal sexual abuse of males, thereby protecting vulnerable children.

The second approach is raising public awareness, including through the media, to engage and educate. For example, one of the media interviews undertaken by the researcher resulted in the subsequent electronic media article being accessed over 220,000 times within a 48-hour period—a great response and a positive step forward to raising public awareness. The maternal sexual abuse of boys was thereby brought directly into the public domain and the public engaged with this information. Specifically, awareness raising through the media proved to be an effective method of engaging and educating public knowledge for Rosie Batty. Indeed, Batty's engagement and agitation with the media regarding the death of her son resulted in society supporting her point of view regarding family violence; it is an example of how 'getting out there and speaking about them can turn things on their head'.

For practitioners, raising awareness of the maternal sexual abuse of sons can occur at professional functions as well as in the non-professional public domain.

6.4 Research Findings and the Research Design

As noted in Section 4.2, the researcher identified her ontological approach as an environment influencing individuals (stereotypes of males as strong and perpetrators only of sexual abuse and of females as weak and victims only of sexual abuse) and of individuals' actions influencing society. The researcher described her epistemological stance as the post-structuralist critical form of research subjectivism, as it reflects social, political and cultural values and shifts over time; and maintains that what is accepted as being the truth is often flawed due to the oppressive nature of society (Goodrick, 2012, p. 8). Additionally, the researcher identified key so-called truths that related to her epistemological viewpoint: dominant voices leading discussions of child abuse within Australia, knowledge exposing the phenomenon of maternal sexual abuse, barriers to disclosure by MSA males, the lack of maternal sexual abuse prevalence data, the myth that all mothers are natural nurturers and protectors of their own children. All these would challenge existing stereotypes experienced by MSA males within Australia's gendered approach to family violence by women's services and government programs.

As the researcher collected data from the MSA males who participated in her research, she noted that subjectivism continued to provide an appropriate framework for the research design. Subjectivism as a framework worked in two ways: first, the pressures of gender stereotypes on MSA males resulted in confusion and loss of their self-identity as a male and, second, the pressures of the MSA male to obey their abusive mother who did not conform to societal norms of a loving, caring and protecting female (Goodrick, 2012).

Subjectivism within research aims to question accepted knowledge and to highlight social injustices for social change to occur (Goodrick, 2012). The researcher has challenged accepted knowledge of mothers as gentle and caring protectors of their children and has highlighted the social injustices that MSA males face, particularly in being believed when seeking psychotherapeutic (as well as child protection) support. The researcher's focus on the psychotherapeutic experiences of MSA males epistemologically crosses into phenomenology by investigating multiple realities, detailed descriptions of the experience that is being investigated (counselling experiences), seeing things through the eyes of others and understanding how individuals make sense of the world around them (Goodrick, 2012, pp. 8–15). The experiences of MSA males is not the commonly held perspective of sexual abuse, but it requires specific sense making by victims and the suspension of 'common sense'. The researcher explored victim experiences that are not the commonly held views of sexual abuse; therefore, common sense is suspended (Denscombe, 2007, p. 81) until the maternal sexual abuse of sons is included in sexual abuse literature and males are equally represented as participants in data collection.

Based on these reflections, the researcher considers her research design was sufficiently distilled to provide an appropriate framework within which to collect data that would answer her two research questions, and to provide relevant information that would assist sexual abuse counsellors and psychotherapists to provide beneficial support to male victims of maternal sexual abuse.

6.5 Appropriateness of the Research Design

As explained in Chapter 4, the researcher developed a three-phase exploratory approach using qualitative data to explore the little-researched phenomenon of sexual abuse within Australia: first, recruiting research participants; second, data collection through an

online survey; and third, in-depth interviews of online questionnaire respondents who volunteered to be interviewed by the researcher. This design was described as 'qualitative description' (Sandelowski, 2010, 2014).

The researcher used a qualitative approach to provide an in-depth method for studying a real-world setting, determining how people cope and thrive therein and captured the contextual influence of the situation on their everyday lives (Coyle, 1996). The researcher noted that qualitative research studies can represent the views and perspectives of research participants and do represent the meaning given to real-life events by those who live them, rather than the values, preconceptions or meaning held by researchers or practitioners (Yin, 2015). Additionally, qualitative interviews can be therapeutically beneficial to research participants of sensitive research by allowing them a voice on their experiences, particularly experiences outside the mainstream sexual abuse literature (Denscombe, 2007; Goodrick, 2012). This was confirmed in the research findings, with interviewees expressing thanks for the opportunity to share their stories and with some interviewees disclosing their abuse for the first time.

The researcher's use of thematic analysis highlighted similarities and differences across the data set also generated unanticipated insights. For example, thematic analysis allowed for a social interpretation of data, which has resulted in data that will help to inform policy advice and service development, as well as make recommendations for psychotherapists, counsellors, psychologists or psychiatrists working with MSA males. Strategies to enable this are recommended in Chapter 7.

6.6 Research Findings and Research Questions

This study's research explored the psychotherapeutic needs of males who have been sexually abused by their biological mother in Australia. As explained in Section 1.2 (and

reiterated throughout the thesis), there were two primary research questions: What are the psychotherapeutic needs of MSA males? Do MSA males have specialised psychotherapeutic requirements?

As the research examined the academic sexual abuse literature within this framework, further issues arose for the researcher. There was a clear lack of specific prevalence data regarding maternal sexual abuse of sons (see Section 5.2), a reason for which was attributable to the variety of descriptions and definitions of child sexual abuse (see Section 2.3); however, it was also due to the lack of data being collected from males and the inclusion of males as sexual abuse research participants (see Section 2.5.1). The impact of sexual abuse on a young male (see Section 2.9) were also examined. There were issues relating to female practitioners, such as whether the MSA male's female psychotherapist reminds him of his perpetrator (see Section 5.14), whether he trusts a female practitioner (see Section 5.14) and whether a female practitioner is open to the phenomenon of mothers being the sexual abusers of their biological sons (see Section 5.13). An additional important issue was that female perpetrators appeared to not be equally regarded as male perpetrators of sexual abuse, both legally and culturally (see Section 2.8). These issues were considered by the researcher in her research design development and were substantially answered by research participants in various forms. The next section discusses in detail participants' answers to the research questions.

6.6.1 Psychotherapeutic needs of MSA males

The researcher discovered that the psychotherapeutic needs of the MSA research participants can be categorised into two distinct groupings. The first grouping focuses on how the MSA male is treated by practitioners (i.e., the attributes of the therapist or support person). These attributes include genuine compassion, encouragement and non-judgement.

The second grouping focuses on the skills and knowledge that provide helpful contextual and coping strategies for MSA males. These two groupings are discussed next.

6.6.1.1 Helping MSA male victims: Attributes of practitioners/support persons

The research online questionnaire and follow-up in-depth interviews asked participants about their positive experiences when seeking and receiving counselling for maternal sexual abuse. The research participants described receiving a range of therapeutic approaches (from one or more professional practitioners), including CBT, body work therapy, talking/narrative therapy, mindfulness and meditation. However, it was the practitioner or support person's personal behaviours and attributes that the research participants found to be of the most benefit to their therapy: empathy, genuine concern for their welfare, compassion, patience, encouragement, and belief that their abuser was their mother, provided in a quiet space to voice emotions in a 'safely controlled physical expression'.

MSA research participants also noted that active listening and being asked relevant questions to help talk about the abuse was useful for them and they were not unnecessarily asked for details of abuse incidents. Being asked to provide details of the abuse risks re-traumatisation of the MSA male client and thus the possible development or exacerbation of PTSD-like or complex trauma symptoms; it is consequently an issue of counsellor ability and competence. Examples of positive experiences voiced by research participants are provided below, in Table 6.2.

Table 6.2

Helping MSA Male Victims: Practitioner Attributes

Statement	Research Participant
Finding someone who believed it happened, who listens. The incest plays more havoc on my mind that the later abuse by a boarding school worker, because my mother crossed a line that was much more significant.	Interviewee 5
He was constant and reliable. My parents were incongruent and chaotic.	Respondent 7
He was able to empathise with my situation. He was very patient and seemed to show genuine concern. He took my experiences very seriously.	Respondent 8
Initially, provided safe and encouraging environment.	Respondent 15
Validating what happened to me.	Interviewee 20
Highly positive and accepting, non-judgemental, experienced, calm, practical, professional.	Respondent 40
He made me feel seen—helped me a lot.	Respondent 77
Listen and believe me.	Respondent 88

In response to the research aim of meeting their psychotherapeutic needs, the MSA research participants indicated that they benefitted from the personal attributes demonstrated towards them by their practitioner/support person—such as a genuinely caring

interest to help expressed through patience, genuine concern, validation via belief that the perpetrator was his mother and a safe environment to disclose. In addition to these personal attributes, the MSA research participants also described practitioner-specific skills and knowledge that benefitted them, as discussed next.

6.6.1.2 Helping MSA male victims: Practitioner/support person skills and knowledge

The research participants emphasised the importance of their practitioner/support person having relevant skills and knowledge for providing them with coping strategies to manage the consequences of their abuse; to understand and acknowledge the significant impact of the abuse on their wellbeing; the context of the abusive relationship; and affirming that their experience was traumatic. A regular and steady support environment also provided stability for the MSA research participants, as they had often experienced a chaotic home of psychological and emotional disorder. Examples are provided in Table 6.3.

Table 6.3

Helping MSA Male Victims: Practitioner Skills and Knowledge

Statement	Research Participant
He was a great psychologist, but we had to do a lot of searching to find someone who specifically dealt with my issues.	Respondent 8
Talking to someone that is safe to talk to is helpful; to be heard and understood and not judged is helpful; someone with some level of understanding that it occurs, who specialises in this field.	Interviewee 10

He understood me and helped me work through my confusion and horror. He knew his stuff and he accepted my story without question. It was a whole new phase for me and such a relief!	Respondent 11

MSA research participants stated their support person/practitioner helped them with guidance on relationship issues; examples included reconnecting with their own daughter and exiting a difficult relationship. Effective practitioners also provided strategies to manage a wider range of life issues, such as confronting the mother regarding the abuse, coping techniques (mindfulness), overcoming unhelpful thought processes (including suicidal ideation) and managing feelings arising from the abuse (fear of others). Examples are provided in Table 6.4.

Table 6.4

Helping MSA Male Victims: Practitioner Guidance

Statement	Research Participant
Listened. Also, challenged me to confront the enormity of the impact this abuse had on my development and perspective. She also made me feel safe to be around my children again, as I had developed an irrational fear of being near them.	Respondent 45
Helped me confront my mother.	Respondent 77
Regarding cutting off all ties with my parents—the psych agreed with me.	Interviewee 18

When I told him, I was going to speak to my parents about it he cautioned me on what to expect. I believed at the time that they would admit that it happened.	Respondent 62

Clarification of what had occurred and the impact of those actions were important concepts that the MSA males learned. Several participants were unaware that their mother's actions constituted sexual abuse/incest and the full scale of the impact that her actions has had on them; on their understanding of being a male/masculinity; their difficulty forming relationships with others; their inability to trust others; acknowledging that they were sexually abused and traumatised by that abuse; and the 'white noise of emotion' blocking their ability to step back from the whirlpool of emotional turmoil. Reviewing the impact of the abuse on the research participants and their environment and taking steps to work towards overcoming the abuse were all beneficial practitioner skills. One participant described his counsellor as 'an external point of reference to counter the chaos in my head'. For more examples, see Table 6.5.

Table 6.5

Helping MSA Male Victims: Practitioner Confirmation of What Happened to Me

Statement	Research Participant
Confirm that sexual interference had occurred and it was wrong.	Respondent 61
One other thing my psychologist said (about 4 months into sessions), when I said maybe I was making too big a deal of it. Reminded me that we had spoken about this a few times, so he reframed it by saying 'You have had a really fucked up childhood', which did help	Interviewee 19

me to make sense of what had happened to accept that it was a trauma.	
Listened and gave me an understanding of what I have been through and why I feel like I now do.	Respondent 78

The researcher notes that connecting with other male victims who had experienced childhood sexual abuse was beneficial for some research participants, with related activities helping victims to feel that their experiences and the impact of these experiences were acknowledged. However, in the current gendered environment of family abuse, male victims of female perpetrators are not necessarily accepted by female victims of male violence: a research participant who attended a victims' group counselling session indicated that it had been a highly negative and traumatic experience for him, specifically because he disclosed that his perpetrator was his mother.

6.7 Original Research Findings: Further Examination

In this section, the original findings considered in Sections 6.2 to 6.5 are examined in more depth, particularly in relation to those issues raised by research participants that have not been previously identified by mother-perpetrated sexual abuse of males academic literature. These issues are wide ranging and impinge upon life matters outside sexual abuse psychotherapy and include the triggers that lead to disclosing the sexual abuse experience in the counselling room, the MSA males' perceptions of fatherhood, the difficulty in accessing appropriate help, the limitations of the Australian 'Mental Health Plan' that is funded by Medicare and the notion of 'gaslighting' in relation to the experiences of the MSA male victims.

6.7.1 Triggers and disclosure arising from attending counselling for other reasons

Participants indicated that they had initially commenced psychotherapy for reasons other than managing the impact of their sexual abuse, though they had disclosed the maternal sexual abuse during therapy. Seeking psychotherapy due to a relationship breakdown was possibly the most common initial form of psychotherapy; however, flashbacks or disclosure of the maternal sexual abuse often arose during a range of self-care therapy. This is not unusual in itself, though what is original is the relationship between somatic pain and maternal sexual abuse, as indicated by Interviewee 12 and research Respondent 59.

Interviewee 12 spoke of attending post-operative pain counselling, during which unexpected flashbacks of his abuse occurred. While he disclosed these flashbacks to his therapist, she did not provide any advice. However, his disclosure removed the physical post-operation pain. Interviewee 12 believes that his physical and emotional pain was linked to the abuse, in that the pain was a manifestation of repressing his mother's abuse of him. His disclosure thus released the repression and the pain.

Respondent 59 attended therapy for anxiety and anger, which caused a blood pressure–related health event. This participant indirectly spoke to his counsellor about his abuse. This was also the case for Respondent 46, who attended therapy for pain management, but which led him to disclosing his sexual abuse by his mother and finding relief from the pain management. Respondent 89 started having flashbacks of his abuse when undertaking a program that tapped into the 'inner child', after which 'everything came out for the next four years'.

The critical element of this part of the researcher's findings is the somatic impact of the maternal sexual abuse on the male victim, and hence the importance for health care providers to recognise that he or she may be treating a trauma symptom caused by maternal sexual abuse. It is also important for that health care provider to acknowledge any direct or indirect disclosure of maternal sexual abuse and to immediately support or offer to refer the victim to an appropriately qualified psychotherapist.

6.7.2 Fatherhood

The researcher uncovered that most research participants had not experienced good parental role modelling during their childhood. Consequently, these MSA males felt unable to relate to children, had difficulty forming a bond with their own child or needed good parenting strategies from their practitioner regarding their fathering role towards their own child.

Specifically, Interviewee 12 spoke of the strict and emotional/physical/sexually abusive parenting that he experienced during his childhood and felt unable to relate to children. Respondents 82 and 45 both expressed how their practitioner helped them develop the skills to establish a positive bond with their children, to overcome the irrational fear of being with their children and to now self-focus and repair their own life respectively.

This concern about relating to children reflects MSA males' own sense of self concerning their children and their own childhood. These MSA males did not have a good parenting role model during their childhood—quite the opposite—and they consequently lacked the confidence and skills to undertake fatherhood. Importantly, it was essential for these MSA males that they were a good father for their children. The researcher's findings here provide important information for practitioners to recognise the fear, lack of confidence and lack of parenting knowledge that MSA males experience. Practitioners were an

important source of knowledge, support and guidance for MSA males to help them reconnect with their children.

It was also critical for MSA males, as fathers, that their practitioners did not fall into the gender trap that assumes male childhood sexual abuse victims become sexual abuse perpetrators. This gender trap—the 'vampire syndrome', discussed in Table 2.8—and the impact of the social construction of gender regarding MSA males is discussed next.

6.7.3 Accessing practitioners: Difficulties experienced by research respondents.

The research participants have accessed a range of practitioners that included case managers, psychotherapists, psychologists and psychiatrists, both male and female. Research participants experienced a range of assistance from very poor (and unethical) to very helpful. There appeared to be no preferred profession or gender of the effective practitioner, but rather a practitioner with relevant skills and knowledge and empathetic attributes. This component of the research is important, as it highlights that victims of maternal sexual abuse do not necessarily require a male practitioner—with rape crisis/sexual assault services predominantly excluding male practitioners.

Research findings revealed auxiliary concerns of MSA males, including waiting times and processes to access a practitioner when in emotional distress. Obtaining an appointment quickly after having made the decision to seek psychotherapeutic support was often not possible, with wait times often months long. The ensuing wait was found to be difficult when there was a high level of distress and desperation for help. Research participants also noted the inconvenience and distress caused by having to make numerous calls for an appointment because the practice did not return calls.

Participants also noted the distress that practitioners caused, pertaining to medication. This comprised waiting for the medication to work and being prescribed the

right medication. For some research participants, practitioners cycled them through numerous types of medication, which resulted in distress while waiting for each medication to take effect, to check its efficacy, experiencing debilitating side effects, then to cease the medication and start the process again with another form of medication. One research participation described it as 'it all takes so long whilst I am really in distress'.

This facet of the research findings highlights the importance for practitioners to be aware that the sexual abuse victim is likely experiencing considerable emotional distress and possibly suicidal ideation. Appointments with practitioners must be available within days and not months, and be administratively quick and easy to negotiate for clients who are highly vulnerable and distressed. Practitioners also must be aware of the distress caused by the delay in medication taking effect and the delay in cycling through numerous attempts to ascertain the most efficacious medication.

6.7.4 Mental health plan limitations: Medicare and Centrelink.

Several participants indicated that the current ten-session mental health plan under Medicare is insufficient for a person overcoming PTSD from child abuse. In addition, research participants indicated that Centrelink's attitude towards going on disability support pension is problematic and that government policy needs to be able to put people on the disability support pension for a short period when experiencing short-term severe post-traumatic stress symptoms that interrupt employment.

Research participants suggested that government programs administered by Centrelink/government policy needs to allow victims of childhood sexual abuse to go more slowly back into employment than pushing them quickly before they are mentally/emotionally well enough. Further the type of employment being offered by Centrelink and government-funded employment agencies is often inappropriate for the

MSA male experiencing traumatic stress, as he has difficulty trusting others and forming any type of working relationship.

Placing the male victim of maternal sexual abuse into employment, in which he has a dominant female supervisor, is also likely to compound his distress, as it may replicate his childhood mother–son power and control dynamic. Research participant experience indicated that employment agencies are focusing on receiving government payments for job-matching MSA males seeking employment, regardless of how inappropriate and ultimately traumatic the process and the job itself may be for the mental and emotional wellness and capabilities of the employment-seeking MSA male.

6.7.5 "Gaslighting": an addition to Miletski's descriptions of maternal sexual abuse.

The academic literature has provided information on the impact that childhood sexual abuse places on the victim: physical, emotion and psychological. In Table 6.1, Miletski (2007) described covert abuse, which includes psychological manipulation to make 'normal' the sexual abuse (e.g., normalising sexualised nudity within the house by showing the child nude statues and paintings at public art galleries). Systemic psychological manipulation—sometimes referred to as 'gaslighting' after the 1944 movie 'Gaslight'—causes a person to question and second-guess their reality, memory, perception and sanity, when the perpetrator manipulates their environment through persistent denial, misdirection, contradiction and lying to deliberately destabilise the victim and delegitimise the victim's belief (Dorpat, 1994, 1996).

In addition to being sexually abused and experiencing ongoing psycho-sexual behaviour from his mother, Respondent 82 indicated gaslighting by his mother:

‘Manipulation, lies, mind games, sabotage and more was my daily diet. As well as creepy, skin crawling overtly sexual creepy, skin crawling behaviour towards me ongoing.’

The researcher revealed that, when some participants confronted their abusive mothers regarding the sexual abuse, she denied it occurred or refused to engage in discussion about the abuse. The MSA male victim was told that what he experienced simply had not happened. Consequently, the MSA child is likely to question his reality and memories of being abused by his mother: was he sexually abused, or was his mother’s behaviour ‘normal’ and motherly over-affection as she described it?

With adulthood, the realisation that he was sexually abused by his mother might resurface. Alternatively, the memories will possibly continue to be blurred by the mother’s denials and misinformation. The adult survivor who breaks the family conspiracy of silence and pretence is likely to be denounced by other family members as mad or as the problem, as described by Interviewee 1: ‘Becoming the family scapegoat, the family and others dedicated to keeping it a secret, the dirty little secret, and described by my family as being mad to isolate me’.

The researcher has revealed that it is crucial for practitioners to be aware that psychological manipulation and gaslighting behaviour, as described above, can occur in the context of maternal sexual abuse. It is also important that practitioners recognise occurrences of maternal sexual abuse that may not be recognised as such by the MSA male victim. Further, this aligns to the ‘believing’ (or not) of the research participants’ stories by practitioners and the impact this has on MSA males’ trust and disclosure, including fear that a female practitioner might also manipulate him as did his mother.

6.8 Research Limitations

6.8.1 Identifying the limitations.

The researcher is aware of limitations to the research that had a potential impact on the quality of the findings and the researcher's ability to effectively answer the research questions. The limitations having the greatest potential impact were the focus and skill sets of the early supervisory panel, which in turn influenced the research design. Also of concern was the initial small number of research participants who accessed the online survey and the uncompleted online surveys.

6.8.2 Explaining and overcoming the limitations.

The researcher initially commenced the research within the Faculty of Education of her university. It was clear that the skills and knowledge necessary to meet the objective of the research required other research expertise pertaining to the collection of data. This was achieved when the researcher transferred to her university's Faculty of Health, with new members on the supervisory panel having expertise in online survey instrument development and data collection. The theoretical framework of the research was benefitted when the supervisory panel members were again replaced by specialists in mental health nursing, gender theory, men's health and mental health recovery.

However, with CEHR ethics approval already granted, and the research already commenced, the new supervisory panel was limited in guiding the research and researcher with 'retro-fitting'. For example, upon reflection and in hindsight, the research may have been better served with a grounded theory or phenomenological study design that enabled a greater depth of analysis and/or explored the experiences of MSA males rather than focusing on their specific psychotherapeutic needs. As a learning journey, however, the

doctoral study has enabled the researcher to consider the benefits and challenges of these different approaches—and it equipped her to undertake future research more effectively.

The limitation of initial low participant numbers was partially overcome by the researcher undertaking an interview for an online news article. The ensuing online news article increased the number of completed MSA online questionnaires from six to over 90 in less than 48 hours. However, the number of child sexual abuse practitioners completing the online survey for practitioners remained low (see Appendix G). This could be overcome by future university-based researchers utilising the auspices of their university to appeal to peak industry bodies such as the Australian Psychology Society, the Australian Counselling Association and the Psychotherapy and Counselling Federation of Australia to engage with their membership to become research participants.

The limitation of online questionnaires that were not completed by the MSA research participants was due to the researcher electing to make particular survey questions optional for completion. The researcher determined that uncompleted answers to some questions was preferable to abandoned surveys and it, therefore, required a mandatory response only to questions that provided critical qualitative information pertaining to what practitioners/support persons did or did not do that assisted the research participants. To address this, in future research, all questions could be mandatory and use tick-box only options, or be limited to a smaller number of questions—say, a maximum of 10–12—to encourage research participants to complete all research survey questions.

6.9 Conclusion

In this chapter, the research findings were discussed at length. This includes consideration of the implications of the research findings in light of the academic literature and theoretical framework.

Original findings from the research are discussed at length in this chapter, comprising participants' own experiences of being sexually abused by their biological mother. This is the first time this data has been provided in Australia. The reactions of the MSA research participants to being sexually abused by their mother have been presented in comparison to the academic literature in Table 6.1. Original findings also include the correlation between MSA males' somatic pain/health-related events and the maternal sexual abuse. MSA males also experienced fear and uncertainty that they could be a good father of their children, particularly in a gendered environment that places sexually abused boys as potential—or likely—abusers simply because they are males.

The chapter also explored this gendering of sexual abuse as it has impacted on MSA males and other issues raised by research participants. These include the difficulties they described in accessing practitioners quickly and easily, the limitations of mental health plans and government policy that worked against job-seeking MSA males. It also included discussions of the use and extent of manipulation of MSA males by their mothers. Mothers gaslighting their sons was discussed as an addition to academic research by Miletski.

The chapter concluded by addressing what were, and suggestions on overcoming, the limitations of the research, specifically the initial low number of research participants and online questionnaires that were not completed.

The next chapter provides recommendations, derived from the research findings, for practitioners, sexual assault/abuse prevention policy and services, child services providers and rape crisis centres. It is important to note that the research participants' experiences apply equally and, therefore, they inform recommendations aimed at domestic violence services providers, family courts and law enforcement agents and agencies with the aim of

broadening their existing scope to become inclusive of the needs of male victims and survivors of sexual abuse by mothers upon their son.

Chapter 7: Recommendations and Conclusion

> *The gendering of sexual abuse of children by society, has this bravado for the young male having sex (regardless that it was his mother sexually abusing him), and no acknowledgement that it can and is very damaging. Generally, there is an "is that even possible" view within society, which is totally wrong.* (Interviewee 21)

7.1 Introduction

In this chapter, recommendations are made for persons who may directly or indirectly provide psychotherapeutic support for an MSA male. These recommendations are drawn from the analysis of data and research findings provided in Chapter 6 and include the research participants' stated experiences of seeking and receiving psychotherapy. Further, these recommendations go beyond psychotherapeutic support to include advice for persons and agencies coming into contact with MSA males: partners and carers, sexual abuse and assault services providers, domestic/family violence and child protection services, justice and policing, family courts, government policy and program developers and implementers, and educational institutions.

The chapter concludes with a precis of the research undertaken for this thesis, which includes explicit links to the original research questions and a reiteration of the original findings of the doctoral study.

7.2 Recommendations

> *The Family Court and legal system need to understand how abusive and toxic mothers are. My mother was so domineering and controlling that she turned up in South America where I was having my honeymoon.* (Interviewee 20)

The researcher's exploration into the psychotherapeutic needs of males who have been sexually abused by their biological mother has identified that these victims' needs cannot be met only by the practitioner who works with the MSA male, such as psychologists, counsellors, psychiatrists or mental health nurses. The researcher has found that the impact of maternally sexually abusing sons ripples across the community into waves that call upon administrators, policy developers and program implementers, frontline officers and managers in the fields of sexual abuse and assault, domestic and family violence, all levels of government, the Family Court, justice and policing and education. For this reason, this research informs a broad component of the Australian community. Reciprocally, MSA males benefit from this informing of individuals and agencies, from whom the male victims need support.

Using Hudson's (2007) model as a template, the researcher has designated recommendations for six major areas to meet the needs of males who have been sexually abused by their biological mother: sexual abuse and assault, domestic violence and child protection, law and order, family courts, government, and educational institutions.

7.2.1 Recommendations for sexual abuse and assault services providers

Based on the findings provided in Chapter 6 and Sections 6.4 – 6.8, the thematic analysis suggested that participants felt supported by practitioners with the relevant skills and knowledge and who demonstrated unconditional positive regard for the MSA males.

People who work with MSA males directly or indirectly within sexual abuse/assault support services would help these males by updating their skills and knowledge for gender-impartial service provision that includes male victims of maternal sexual abuse. This would include an awareness in health professionals that biological mothers—within any demographic—can sexually abuse their son/s. People working in this field would be open to acknowledging this form of child sexual abuse or would check their own assumptions regarding the maternal sexual abuse of sons.

The practice of unconditional positive regard is paramount. By raising their own awareness, practitioners would be aware that mothers can be perpetrators of the crime of rape/sexual abuse/incest (at times with great violence), which mostly has a long-term and seriously traumatic impact on the son, well into adulthood. Believing and providing a non-judgemental and genuinely compassionate approach to the MSA males is crucial to assisting victims. It is important to listen to what is not being said, as the male client may not feel able to disclose. Counsellors in a shared practice would treat confidentiality carefully and be aware of others in the practice who might have access to their client's notes, such as when a practitioner might take leave and another practitioner sees their MSA male client. Stand-in practitioners would, in any case, have a clear understanding of the phenomenon of maternal sexual abuse as part of their workplace skills and knowledge.

Practitioners and practices may need to include a service for victims of the maternal sexual abuse of sons. Practices may also need to include professional development that provides practitioner expertise on maternal sexual abuse of sons, female perpetrators of sexual abuse and male victims of sexual abuse. Additionally, effective counsellors would provide compassionate support to any victim of sexual abuse, or would refer the MSA male client immediately to another specifically qualified person.

7.2.2 Recommendations for domestic violence and child protection services

Drawing on the findings provided in Chapter 6 and Sections 6.2 – 6.8, the thematic analysis suggested that the stereotyping of males as perpetrators rather than victims of female-perpetrated sexual abuse is resulting in an ongoing silence and non-disclosure of maternally sexually abused boys; it is recommended that domestic violence and child protection services providers update their skills and knowledge to ensure that they provide gender-impartial services that are inclusive of male victims of maternal sexual abuse of any age.

Support services for victims of sexual abuse/assault, rape crisis and domestic/family violence and child protection support would include male victims of mother-perpetrated sexual abuse/assault. Persons working in this field would raise their awareness and be inclusive of this component of sexual abuse and family violence. It is necessary to reflect on possible assumptions that mirror gender stereotypes regarding mothers and the perpetrators of sexual violence. It is critical to understand how the gendering of child sexual abuse might be influencing any understanding of female abusers, and thus the policies, programs and resources provided to all MSA males. The gendering of violence must be removed if all victims are to be effectively assisted.

A service must be provided for MSA males and training on maternal sexual abuse of sons, female perpetrators and male victims. There should be no exclusion of male victims of maternal sexual abuse by support providers for victims of sexual abuse, sexual assault, domestic and family violence.

7.2.3 Recommendations for justice and policing.

Educed from the findings provided in Chapter 6 (see also Section 2.8), from which the thematic analysis suggested that the current gendered approach is based on disinformed

stereotypes of male as perpetrators and females as victims of sexual abuse, it is recommended that Australian law and policing agencies update their knowledge and skills to ensure gender-impartial service provision that recognises and is inclusive of male victims of maternal sexual abuse.

The maternal sexual abuse of sons has implications for the legal and policing fraternities, when a boy (or adult male) seeks protection from his sexually abusive biological and primary-carer mother. Awareness, knowledge and acceptance of maternal sexual abuse must be part of everyday policing when a boy discloses to police, and when a mother is charged and sentenced for this form of crime. From a legal point of view, sexual abuse, incest and sexual assault should not constitute three distinct acts of violence; sexual assault is a broad term that describes all sexual offences against adults and children and a specific offence is when a person has sexual intercourse with another person without their consent. The crime of incest is arguably a more traumatic crime when it is perpetrated by a boy's mother upon him, and it cannot be regarded or judged within the criminal code as less traumatic for a victim than rape, as discussed below.

This is reflected in the description of sexual assault provided by the AIC, as a physical assault of a sexual nature, directed toward another person where that person does not give consent, gives consent as a result of intimidation or fraud, or is legally deemed incapable of giving consent because of youth or temporary/permanent incapacity (Australian Institute of Criminology, 2008). While this description comes with examples of physical acts, it excludes any reference to unwanted sexual touching and incidents that occurred before the age of 15 years old, which has implications for consent by the child and which is deemed to be a criminal offence within Australian jurisdictions The exclusion of unwanted sexual touching and occurrence prior to 15 years of age is important, as the

description was used by the Australian Bureau of Statistics for its 2005 Personal Safety Survey. It is possible that a boy responding to the ABS Personal Safety Survey would not respond 'yes' to acts of covert sexual abuse perpetrated upon him by his mother. He might not be aware that 'unwanted sexual touching' is sexual abuse and that he should have responded positively to the survey that he had been sexually abused by his biological mother. This consequently results in incomplete data collected by the ABS for the PSS regarding the prevalence of maternal sexual abuse of sons.

Further, the term incest is inappropriate and misleading and is resulting in 'horrific' implications including in legal context, as stated by Taylor (Hudson, 2007). While 'rape' has a clear association with 'force and violation', 'incest' is regarded as a less serious offence and is associated with intense social stigma, including a sense that the victim-complainant is in some way culpable.

The legal position and attitudes towards incest are in serious need of change. Former President of the NSW Law Society Hugh Macken stated his opinion as 'incest whilst illegal is a consenting sexual relationship—rape is not … consent is not a defence to an allegation of incest. They are quite distinct' (Taylor, 2008, p. 7). Macken defended criminal charges allowing incest to be viewed as less serious than child abuse committed by a non-family member (Heath, 2009; Taylor, 2008).

It is imperative that all Australian jurisdictions adopt Western Australian law by using the term 'sexual offences by relatives'. Likewise, incest must be deemed no less serious than rape.

Officers working within the police forces must be aware of and trained to work with male victims of maternal sexual abuse, particularly very young boys who are unlikely to be able to disclose or put words to their abuse. Frontline officers must be aware that mothers

as primary carers perpetrate abuse upon their sons, which includes violent assault and psychological and emotional abuse. As noted in Chapter 2 (see Section 2.8), abused boys are isolated from seeking help and are fearful to speak out for reasons including repercussions, family dissolution, protecting siblings and because they are not believed.

Cases of female-perpetrated child abuse have resulted in short or non-custodial sentences (see Table 2.10). The gendering of sentencing of mothers and females guilty of child sexual abuse must cease, as the crime is no less traumatic for the son when perpetrated by his mother.

7.2.4 Recommendations for family courts.

Derived from findings provided in Chapter 6 the research findings suggested that the current gendered approach to sexual abuse is based on gender myths and stereotypes of males as perpetrators and females as victims of sexual abuse. This results in the maternal sexual abuse of boys being diminished or dismissed. It is recommended that Family Courts be aware that the maternal sexual abuse of sons occurs with traumatic and long-term implications for victims. It is recommended that Family Court staff and judges have the requisite skills and knowledge to ensure that they provide a gender-impartial service that takes account of male victims of maternal sexual abuse and mothers as perpetrators of sexual abuse.

It has been the position of family courts, with agencies responsible for child services, to place boys in the custody of their mother when marriages and de facto relationships break down. The ongoing notion that a child's place is naturally with its mother, and the gender stereotyping of mothers as protective and nurturing primary carers of their child, requires immediate reanalysis in light of this research. It is noteworthy and relevant that former Manhattan Family Court Judge Judy Sheindlin stated 'when women use [domestic violence]

as a weapon, and not a shield, it's offensive to the system' (Sheindlin, 2013). Sheindlin's statement borne directly from her experience as a family court judge highlights the abusiveness that occurs by mothers towards their children and mirrors the trauma in childhood being experienced by the MSA male participants of this research.

7.2.5 Recommendations for all levels of government.

Drawing on the findings provided in Chapter 6, the thematic analysis suggested that family violence policy and programs in Australia reflect the gendering of sexual abuse, which is resulting in an ongoing silence and non-disclosure of maternal sexual abuse of boys. It is recommended that all levels of government update their child protection and family violence policies and procedures to recognise and provide effective services for male victims of maternal sexual abuse

Government policy, programs and research pertaining to domestic and family violence—and child protection— provides little data on the maternal sexual abuse of sons, as noted in Chapter 2. Data collected on the personal safety of Australians is predominantly aimed at females, comprises considerably more female participants than male and provides a significant amount of family violence data including from the Australia's National Research Organisation for Women's Safety Limited (ANROWS), White Ribbon and Our Watch. A study specifically conducted for males would potentially provide a far greater level of data on the sexual abuse of males by female perpetrators, including biological mothers, than currently exists. Such a rich source of data would certainly provide useful data for inclusion in current government sexual abuse, domestic violence and child protection policy and programs. However, there is also the need for all levels of government to commit to acknowledge and support male victims (Workman, 2016). Current policies and programs would then be re-evaluated on the findings of new ungendered research. The

current government funding for victim services advocating no violence towards a person of any age or gender, and victims' services available for all victims, regardless of gender would ensure an inclusive outcome for MSA males.

It is recommended the findings of this research be applied to the Australian Federal Government's National Plan to Reduce Violence against Women and their Children 2010–2022 to remove gender bias and include male victims of maternal sexual abuse, particularly boys under the age of 10 years.

It is also recommended that the current number of sessions per year under the Medicare mental health plan be extended. MSA males indicated the current Medicare mental health plan limit on annual sessions is by far too few.

7.2.6 Recommendations for all levels of educational institutions.

Guided by the findings provided in Chapter 6, the research findings suggested that the stereotyping of males as perpetrators rather than victims of female-perpetrated sexual abuse is resulting in an ongoing trauma and silence of young MSA males. It is recommended that all levels of educational institutions use non-gendered approaches around discouraging violence towards others. This includes No Violence–type practices that require males to pledge no violence towards females, but which do not require females to pledge no violence towards males or females. Further, existing campaigns and education pertaining to stranger danger is not reflecting the reality of children being abused within their homes, including boys who are being sexually abused by their biological mother.

Child protection and protective behaviour programs should be accurate, age appropriate, descriptive of perpetrator tactics, bodily reactions to touch, and clearly state what constitutes sexually abusive behaviour, including when the perpetrator is a boy's biological mother. School practices should be evaluated on their effectiveness to ensure

that boys recognise sexually abusive behaviour towards them. This includes sexual abuse by a biological mother. School education programs and staff practices should also be reviewed for gender stereotyping and myths pertaining to the sexual abuse of males. It is recommended that education institutions provide non-gendered practices and approaches regarding violence by advocating no violence to anyone regardless of their gender.

This research explored the psychotherapeutic needs of males who have been sexually abused by their biological mother. In undertaking this research, the researcher identified areas that consider society, legal aspects, as well as the gaps or areas requiring more research. These are discussed in the following section.

7.2.7 Recommendations for further research

The researcher has given a voice to male victims of maternal sexual abuse regarding their psychotherapeutic needs to overcome that abuse. She has also uncovered and highlighted difficulties experienced by those males in terms of the effect of the abuse on their lives. The researcher identified a wide range of issues that could not be explored specifically in any detail due to limitations of time and resources. The researcher suggests that these issues as noted below warrant further research.

7.2.7.1 The gendering of child sexual abuse in Australia

'We stop violence at the source. And the source is men.' (Libby Davies, CEO of White Ribbon)

The researcher noted that within Australia, there are many campaigns and Federal Government programs that compound the notion that males are the sole perpetrators of sexual abuse: the quotation from Libby Davies is an example of this notion. As explored in Chapter 3, mothers hold a conceptual place of natural nurturers, primary carers and protectors of their children. These notions are compounded by high-profile public domestic

violence campaigns such as White Ribbon and Red Heart, the Batty Foundation, No to Violence, and the Men's Referral Service, which erroneously perpetuate an overt gendering of sexual abuse and family violence as solely committed by males. Further, social media is shaming innocent males and actively promoting violence against males, such as Huffington Post editor Emily McCombs's tweet of her 2018 New Year's resolution to 'kill all men' (Newby, 2017). In Australia, the 'kill all men' mantra has been taken up by feminist commentator, public speaker and writer, Clementine Ford (Johnson, 2018). The consequences of these strident campaigns and social media calls to kill males have serious implications for the participants of this research seeking to have their voices genuinely heard.

There is a need, then, for more research related to the gendering of child sexual abuse in Australia. This includes the need for more data related to prevalence of sexual abuse on boys and the impact of this abuse when the perpetrator is their mother.

7.2.7.2 Filling gaps in sexual abuse literature.

The reality for participants of this research clearly challenges the gendering of sexual and family violence, and the existing myths borne from societally constructed gender stereotypes. Male victims of maternal sexual abuse have been constrained into silence by these gendered stereotypes. Critically, this silence is reflected in existing sexual abuse data and reflects shortfalls in data collection methods and purposes, resulting in a significant gap in data pertaining to incidents and incidence of males who have been sexually abused by their biological mother.

Recently, the Royal Commission into Institutional Responses to Child Sexual Abuse (2017) Terms of Reference noted:

WHEREAS all children deserve a safe and happy childhood.

AND Australia has undertaken international obligations to take all appropriate legislative, administrative, social and educational measures to protect children from sexual abuse and other forms of abuse, including measures for the prevention, identification, reporting, referral, investigation, treatment and follow up of incidents of child abuse.

AND all forms of child sexual abuse are a gross violation of a child's right to this protection and a crime under Australian law and may be accompanied by other unlawful or improper treatment of children, including physical assault, exploitation, deprivation and neglect.

AND child sexual abuse and other related unlawful or improper treatment of children have a long-term cost to individuals, the economy and society.

In the same way, opening the sexual abuse discourse to include the phenomenon of maternal sexual abuse would—like the Royal Commission into Institutional Responses to Child Sexual Abuse—have many beneficial possibilities if similarly acknowledged and accepted. Opening the sexual abuse discourse would stimulate discussion on a barely discussed element of sexual abuse and family violence that is occurring within Australian homes. Openness would assist silent victims to have a non-judgemental space to speak about their abuse and receive the support and services they need to overcome the trauma of their abuse. Victim disclosure of maternal sexual abuse would add meaningful data regarding sexual abuse within Australia and would provide a clearer indication of the needs of males from sexual abuse professionals, and service provision. It would also fill the existing gap in current Australian sexual abuse and violence data.

Further research on maternal sexual abuse of sons is required as a component of child sexual abuse that is receiving little credence and support from sexual abuse services

and government policy and programs. Specifically, the traumatic impact on the child needs to be examined, as does prevalence through population surveys that include male participants as sexual abuse victims.

In 2007, Hudson undertook her research on disclosing sexual abuse: the experience of some male survivors in Australia. In her final comments, she noted 'I think the contrasts in the reactions to the two research projects sum up the Australian response to the sexual abuse of males, that it is too sensitive to deal with in the public arena and not significant enough to warrant widespread attention' (Hudson, 2007, p. 222). In response to findings of this current research, the researcher suggests that the barriers to disclosing the abuse, for men, still exists in Australia. Likewise, the taboo of maternal sexual abuse still exists in Australia. Further research is required to explore ways and means of addressing these barriers and taboos.

7.2.7.3 Discussion relating to child abuse in Australia.

The discussion within Australia relating to child abuse needs to be ungendered and recognise males as victims of sexual abuse perpetrated by females, and that mothers are also the perpetrators of child sexual abuse upon their children.

The researcher considers it is imperative that future research seeking to explore the needs of males who have been sexually abused by their biological mother be included in all personal safety, family violence, and sexual abuse/assault surveys conducted by the Australian Federal government. A gap in data should not be equated as a phenomenon being 'rare'; data needs to be checked for appropriate data methodology and the possibility of non-disclosure occurring. It is imperative that non-gendered questions pertaining to the gender and relationship of the victim to his perpetrator must be included in all surveys, with equal representation of male survey participants, to inform domestic violence policy and service

provision for male victims. This data should be made available to all agencies relating to child protection, and domestic/family violence, it should be included in policy development and in the re-evaluation of No Violence type campaigns.

7.3 Conclusion

In summary, the importance of this research is its highlighting of the occurrence and impact on male victims of maternal sexual abuse; it informs people who work in the field of sexual abuse support about the specific psychotherapeutic needs of maternally sexually abused males.

This research into maternal sexual abuse of males provides information on an existing gap within sexual abuse literature in Australia. The research adds to the existing knowledge about sexual abuse in all its forms, when the knowledge generated by the research is translated into services and support for the MSA males.

The aim of the research was to explore the psychotherapeutic help-seeking experiences of males who have been sexually abused by their biological mother. The research sought to answer two research questions: What are the psychotherapeutic needs of MSA males? Do MSA males have specialised psychotherapeutic requirements?

The researcher utilised a qualitative description research design to frame her study. This research design incorporated two standard approaches to collecting data—an online questionnaire to obtain baseline data, and in-depth interview to generate rich and penetrating data. The data analysis strategy utilised a thematic analysis approach, which was informed by theoretical framework that included gender theory.

The key message of the research is that mothers do sexually abuse their sons—at times with great violence and immoral manipulation that results in serious trauma for the victim. The maternal sexual abuse of males and their specific requirements for support and

psychotherapy to overcome the abuse they have experienced needs to be included unequivocally in the understanding and support provided to any victim of sexual assault or abuse.

The key findings of the research indicate two primary themes emerging through the analytic process in relation to beneficial psychotherapeutic needs: first, the attributes of the practitioner—such as sensitive support, being believed by their practitioner, being listened to and heard and the practitioner's compassionate support and unconditional positive regard of the MSA male victim; and second, the relevant skills and knowledge of the practitioner—trauma and childhood sexual abuse, reliable and constant support, the impact of the abuse during childhood and in later life and providing coping strategies for the trauma and abuse. Additionally, research participants provided advice for other MSA males on the benefits of connecting with other victims, and guidance on self-help to overcome the trauma of their abuse.

Original findings comprise the correlation between MSA males' somatic pain/health-related events and the maternal sexual abuse. MSA males also experienced fear and uncertainty that they could be a good father of their children, particularly in a gendered environment that places sexually abused boys as potential—or likely—abusers simply because they are male. The difficulty of accessing practitioners quickly and easily, the limitations of mental health plans and government policy that worked against job-seeking MSA males were and their implications were raised and discussed. A further original finding was the use and far-reaching extent of manipulation by perpetrator mothers of their sons.

The research's demographic data indicates the research participants mostly experienced abuse from under the age of ten years, and for many research participants their

abuse continued for many years. Due to the young age when the abuse commenced, disclosure of the sexual abuse was often not made until adulthood or made at all due to feelings of shame, guilt and society's misbelief of males as perpetrators of sexual abuse. Additionally, the MSA research participants were not always aware until adolescence or adulthood that the actions of their mother constituted sexual abuse. For some research participants, disclosure occurred during counselling in adulthood for relationship difficulties, or when the MSA male felt he could trust his practitioner.

Further, MSA males live in isolation, fear, shame and silence as a result of incest taboos in Australian culture that deny mothers as the perpetrators of sexual abuse of their sons. Misinformation regarding males as victims of maternal sexual abuse is based on stereotypes that disinform, and which has resulted in an ongoing gendering of sexual abuse and family violence notions within Australia.

This research is the first of its kind undertaken in Australia. The research participants of this research raised issues that have not previously been identified by sexual abuse academic literature pertaining to maternal sexual abuse of sons. These are quite wide ranging and impinge upon life matters outside of sexual abuse psychotherapy.

7.4 Final Comment

To summarise this chapter, and indeed this thesis as a whole, the researcher turns to Interviewee 20, who encapsulates the research, its implications and its recommendations when he stated the following during his interview:

> *There is nothing for guys over 30 out there in terms of support. In Victoria the men's peak health has shut down, and services are being focused on women and not males. There need to be more services for men. Police need to stop laughing at men who contact them stating they are being abused by a female. Police need to take seriously*

estranged fathers who are contacting Police saying they are concerned about the wellbeing of their children with their mothers. Family Court orders need to take a non-gendered approach to children being with their abusive mother rather than their father. DV has become a tactic within the Family Court. Family court need to treat violence, not gender—the 'violent male', not 'the male'. (Interviewee 20)

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Appendices

Appendix A: Researcher's Assumptions

Men do not receive the same level of support as women survivors of any form of sexual abuse.

Men are seen by sexual assault services largely as perpetrators, not as victims. Therefore, they do not have access to sexual assault services as adult survivors of child sexual abuse.

Women are culturally still seen as carers and not covert or overt aggressive sexual abusers. Females that do sexually abuse are depicted or pathologized as deviant, or 'mad'.

The Family Court continues to view females as the best possible carer for her son, regardless of evidence that indicates she is the perpetrator of abuse upon her son.

The Australian justice system gives non-custodial or much shorter custodial sentences to females who have (sexually) abused their son.

Women as mothers have significant power over their children and are thus able to control them to a considerable level.

Women are not portrayed within the media as the instigators of child sexual abuse, but as having followed a male perpetrator into the action.

Female sexual abuse counsellors/workers continue to try to pathologically rationalise abusive women, including mothers, or that the victim must have misunderstood what happened, regardless of the physical violence involved towards the child.

MSA males continue to hide their abuse, rather than speak openly because of cultural norms around masculine domination and the patriarchal society.

Females are largely unaware of the male hierarchy within contemporary society, which stops males from speaking out to other males about being abused by a female.

Sexual abuse counsellors are predominantly women; which makes it very difficult for an MSA male to find and hence disclose to a (female) counsellor.

Appendix B: Media Coverage

Media coverage—Nationally and Internationally

Press coverage of this research has appeared nationally and internationally, including in the following examples.

Date	Location	Title of Article
10 October 2014	Prawn of the Patriarchy web blog	Is child abuse a gendered crime too?
8 August 2015	ABC News Online	New research shedding light on sex abuse committed by mothers against their sons
8 August 2015	ABC News Channel	New research shedding light on sex abuse committed by mothers against their sons
8 August 2015	Survivors & Mates Support Network website	New research shedding light on sexual abuse committed by mothers against their sons
14 December 2016	Suffragents Facebook site	UC research delves into mother-son sexual abuse
15 January 2017	Kidspot website	Unspoken abuse: Mothers who rape their sons
16 January 2017	New Zealand Herald online	Life-long trauma: When mothers sexually abuse their sons

30 March 2017	Living Well website	Common issues for men who have experienced sexual violence
8 June 2017	BroadAgenda website	Mothers who sexually abuse their sons
7 December 2017	Church of England Newspaper website	Men, boys and sexual abuse
2 January 2018	Dr John A King website	Unspoken abuse: mothers who rape their sons

Media coverage—ABC News 24 channel, 8 August 2015

Media coverage—ABC News Online, 8 August 2015

‘New research shedding light on sex abuse committed by mothers against their sons’

By Tegan Osborne

Updated 8 Aug 2015, 4:48pmSat 8 Aug 2015, 4:48pm

The mother's archetypal role is as a nurturer and protector, but challenging new Australian research is shedding light on the little-known crime of mother-son sexual abuse.

The work of Canberra PhD student Lucetta Thomas illustrates how challenging the topic is to discuss - even for seasoned health professionals.

It also highlights a need for greater understanding and awareness of this hidden form of abuse, so that victims can come forward and get the help they need.

Ms Thomas began her research at the University of Canberra after learning someone she knew was apparently abused in this way as a child.

"I want these male victims of maternal sexual abuse to have a voice," she said.

"For them to tell me about what their experience has been, in trying to get counselling, and receiving counselling... what has worked what hasn't worked."

Her thesis will investigate the psychotherapeutic needs of men and boys who have been sexually abused by their biological mother.

But it is a topic that has proved difficult to study.

Abuse can be 'psychologically, emotionally manipulative'

Just how often this type of child sexual abuse occurs is unclear.

The Australian Bureau of Statistics' 2005 Personal Safety Survey estimated about 4,800 Australian males had been sexually abused by their mother or step-mother before the age of 15.

But the figures were qualified as "too unreliable for general use", as an estimate with a relative standard error greater than 50 per cent.

Ms Thomas said reliable data on the number of Australian victims was difficult to collect, as the abuse was incredibly difficult to talk about for most victims.

"Prevalence studies on sexual abuse are problematic... It's very dependent on the questions you ask, where you go to actually recruit your participants, but also how you actually define what you're actually trying to get some information on," she said.

She said it was almost certainly under-represented in prevalence figures, and in terms of the number of men who were eventually able to speak with a psychologist.

> Nobody wants to think about it, nobody wants to deal with it, nobody wants to research it... it's like the big elephant in the room.
>
> Sex therapist Dr Hani Miletski

Anecdotally, the ABC spoke with several Australian psychologists who said they had spoken with men or boys who had been sexually abused by their mothers.

Dr Georgina O'Donnell, a forensic and clinical psychologist from Hobart, said over the course of her 17-year career she had come across approximately 30 victims and 12 perpetrators of this kind of abuse.

"Most of the male victims I work with in treatment are now adults," she said.

"They have described to me the confused feelings for their mother... love, protectiveness, anger and betrayal.

"Many have advised me that they did not speak up at the time because they did not want their mother to be taken away (or) go to jail etc.

"Many described the abuse as psychologically, emotionally manipulative, as opposed to aggressive and violent."

Prosecution of mothers in Australia rare

In Australia cases of mothers being charged with the sexual abuse of their sons are rare, and successful prosecutions are even rarer.

But Dr O'Donnell said that in the more extreme cases she had come across, the victims were identified by the police and child protection services.

"Some of the male victims have spoken up to a trusted person when they were old enough to understand what was happening was wrong," she said.

"Other children have been identified as victims by neighbours or school staff, who could see that something was wrong and referred the matter to the authorities."

Dr O'Donnell said in some cases she had been involved with, the mothers were socially isolated, and the male child has been viewed as a sexual substitute and companion.

"In other cases the mother has been encouraged to engage in abusive behaviour by a paedophilic partner... who is also involved in abusing the male child," she said.

"In these cases, some of the women have succumbed to the requests of their paedophilic partner in exchange for the supply of recreational drugs."

She said in most cases the woman perpetrator was herself a victim of child sexual abuse perpetrated by a parent or a sibling.

Sydney psychologist Mark Griffiths works for the Survivors and Mates Support Network (SAMSN), a group assisting men who have lived through rape or sexual abuse.

He began working with male sexual abuse survivors in the early 1990s and said he too met a number of men abused by their mothers.

"A fairly small minority... it would probably be somewhere between 10 and 20," he said.

Mr Griffiths said in his experience, it was probably one of the most damaging kinds of abusive relationships.

"That sort of abusive relationship, apart from being damaging, can be enormously confusing for the man who experienced it," he said.

Overt and covert abuse by mothers

Dr Hani Miletski, a sex therapist from Cleveland in the United States, has written a book on the subject.

She interviewed numerous men who were abused by their mothers.

She said the types of abuse described by victims ranged from overt acts like intercourse and inappropriate touching, to covert acts like mothers who undressed in front of their sons in a provocative way or watched pornography with them.

Dr Miletski said, as a sex therapist, she had also worked with a number of clients abused in this way.

"I worked with one client... for several years and he was very honest with me and we talked about a lot of different, very difficult issues," she said.

> Everybody wants to put their mother on a pedestal. Nobody wants to think that they're mother did something that is so horrible.
>
> Sex therapist Hani Miletski

"After about four years of working with him he finally mentioned, that when he was little his mother used to bath him, until he was able to get aroused by the fact that she was bathing him."

Dr Miletski said when the woman saw the child get an erection, she would then take a rag and rub his genitals.

"He was so ashamed of that. It was horrible for him to just describe that," Dr Miletski said.

"Everybody wants to put their mother on a pedestal. Nobody wants to think that they're mother did something that is so horrible."

Dr Miletski said some victims of mother-son abuse she had come in contact with also expressed an unfounded fear that they would be branded as sex offenders themselves.

"There's this idea... that if you were sexually abused as a child you're going to turn out into a sex abuser yourself," she said.

"I think that holds a lot of men back from coming forth and talking about it.

"And there's the whole situation where guys, and I've seen this a lot in my practice, guys tend to internalise the abuse, and they do not perceive it as a bad thing."

Five myths perpetuating the taboo

Dr Miletski said a range of myths existed about mother-son sexual abuse that allowed a kind of taboo to persist — despite a greater societal understanding of child sexual abuse and rape against males in recent decades.

"Nobody wants to think about it, nobody wants to deal with it, nobody wants to research it, nobody wants to study, nobody wants to read about it," she said.

"It's like the big elephant in the room and nobody pays attention to it."

Childhood sexual abuse as a men's health issue

Dr Miletski said the first myth was that sex abuse meant intercourse, when in fact there were a range of overt and covert ways the abuse could occur.

The second was that men, and boys, could not be victims of sexual abuse.

"It's starting to get better and we hear more about boys who are victims, and people who abuse boys. But still people tend to think that boys ... the more sex they get the better. 'Boys like sex', 'they look for it', 'they're usually the aggressors', and so forth."

Dr Miletski said the next myth was that women could not be perpetrators of sexual abuse, a societal belief illustrated by the way in which the media often played down cases of women teachers having sex with male students.

"It's usually 'oh, so they had a love affair', or something like this they call it," she said.

"If it was the opposite and it was an older man with a female student, it would be horrible."

The fourth, and possibly the most pervasive myth, is that a mother could never sexually abuse her own child.

"Even if we can accept the fact that boys can be victims of sexual abuse and women can be perpetrators of sexual abuse, to go a step further and think that mothers can be abusers... that's like a whole category that people just cannot accept," she said.

Dr Miletski said even as a sex therapist, she found it difficult to fully comprehend at times.

"Honestly, when I hear people who talk about it now in session, sometimes I think to myself 'my god it's impossible, I can't believe what I'm hearing'," she said.

"It's just so difficult for us to take it in, and accept that it can happen."

Dr Miletski said the final issue that allowed the taboo to exist was that even if these myths could be overlooked, mother-son sexual abuse was often glossed over with excuses about what happened and why.

"'Oh you know, one of them must be crazy - that's why it happened'," she said.

"So these five misconceptions together help prolong this idea of this taboo, that it doesn't happen... It does happen."

Hope for new understanding of victims' needs

At the University of Canberra, Ms Thomas's doctoral research on the topic continues.

As part of her work she is conducting confidential, anonymous surveys – with both the victims of mother-son abuse and with health professionals who have treated them.

Photo: Lucetta Thomas from the University of Canberra says prevalence figures on mother-son sexual abuse are scarce. (ABC News: Tegan Osborne)

The early results of her surveys indicated that victims wanted to speak with male, rather than female health practitioners.

Another theme was that victims were concerned they would not be believed.

"The literature is saying that in a lot of cases it's actually explained away, it's not taken seriously," Ms Thomas said.

"I think there's movement that could occur there, in terms of seeing women as (potential) perpetrators... to provide a safer place to disclose."

Ms Thomas said that while some health professionals understood the complexities of this kind of abuse, for others it was placed in the proverbial too hard basket.

She said her survey responses so far indicated that for victims to get the help they needed, that had to change.

"I think people who work in the health professions.... they really need to be aware that this can happen, that this does happen. The level of trauma that it actually causes in the male child, the long term impact of that trauma and the difficulty they are having in accessing services," she said.

Ms Thomas said the aim of her research was to identify what treatments and support options worked best for victims.

"What I'm hoping is the males that respond to this survey will provide me with an indication of what worked in terms of the counselling they received," she said.

"And what they found less effective and less useful, so that I can then draw out detail on that, then provide that to people who work in the field."

Ms Thomas said she hoped to piece together a clearer image of the help victims were seeking and how that could be provided.

"To help them manage, if not overcome, the effects of the abuse on them," she said.

Ms Thomas's surveys for victims of mother-son abuse and for health professionals who have treated them are ongoing.

Topics: law-crime-and-justice, sexual-offences, psychology, counselling, mens-health, mental-health, family, australia, act, canberra-2600, nsw, sydney-2000

First posted 8 Aug 2015, 8:25amSat 8 Aug 2015, 8:25am

Appendix C: Recruitment documentation

Email invitation to sexual abuse support services providers, peak agencies, industry bodies, psychologists, counsellors, psychotherapists

Invitation to participate in a survey about males who have been sexually abused by their biological mother

Both practitioners and male clients of your service are invited to take part in a study I am conducting through The University of Canberra's Faculty of Health.

This research focuses on practitioners' experiences of counselling males who have been sexually abused by their mothers, as well as males' needs in seeking and receiving psychotherapeutic support for maternal sexual abuse.

Your male clients who have been sexually abused (possibly still undisclosed) by their mothers and sought and/or received counselling support are invited to complete their own questionnaire online at http://canberra.az1.qualtrics.com/SE/?SID=SV_1zd1ZwJetVexXud.

This survey asks some questions about when the abuse took place (but not about the abuse itself), whether they spoke to anyone about the abuse, and about the counselling they may have received as a result of the abuse and speaking out about it.

Please find a poster for your male clients attached to this invitation.

Practitioners are invited to complete a questionnaire online at http://canberra.az1.qualtrics.com/SE/?SID=SV_3PH3S8VTl59n5xH. The online survey will be open from 1 September to 12 December 2014. This survey focuses on practitioners' background and approach to counselling this cohort.

Practitioners and male clients who choose to engage in this research are invited to so do voluntarily, and may withdraw from the study at any time without giving a reason.

Responses will only be seen by the principal researcher and the research supervisory panel. Your response will be de-identified and completely confidential, and will be securely stored in accordance with Australian privacy legislation.

If you know of other agencies or possible males that would be interested in participating in this research, please invite them to participate.

If you wish to know more about the results of this survey, the information will form part of a Doctoral dissertation through the Faculty of Health at The University of Canberra. The online survey provides a place for participants to lodge their preferred contact details if they wish to receive a summary of the results.

If you require more information or have any problems with the survey, please see the attached *Contact for Information on the Project and Independent Complaints Procedures* form. This research and the surveys have been reviewed and approved by the University's Committee for Ethics in Human Research (10-137).

Many thanks, and best wishes.

LE Thomas

Faculty of Health

University of Canberra ACT 2601

Recruitment invitation poster

UNIVERSITY OF CANBERRA

Men's Research Study

A researcher at The University of Canberra is collecting information from Australian males about males' experiences seeking and/or receiving counselling for

sexual abuse by a biological mother.

This research has been given approval by

The University of Canberra's Committee on Ethical Human Research.

This is a 40-question, online survey.

Your response will be anonymous, and only seen by the researcher and research supervisors.

To find out more about the research, and to access the questionnaire, log on at

http://canberra.az1.qualtrics.com/SE/?SID=SV_1zd1ZwJetVexXud.

Open from 22 July 2014.

Being part of this research is your choice.

Appendix D: ACAP Conference Poster Presentation

UNIVERSITY OF CANBERRA
AUSTRALIA'S CAPITAL UNIVERSITY

An exploration of the psychotherapeutic needs of males who have been sexually abused by their mothers.

Recovering from mothers without boundaries.

Aims: This PhD research project will explore the psychotherapeutic experiences of maternally sexually abused males, as voiced by those males.

Analysis: The data will be analysed to draw out themes of men's needs from psychotherapeutic services, and outcomes compared with practitioners' and services' approaches and support services.

Objectives: The findings from the data analysis will be examined to determine implications for practitioners who work either directly or indirectly with this group of sexual abuse victims.

Outcomes: Highlight and reframe gender stereotypes to open awareness and discussion of maternal sexual abuse of males in Australia; provide recommendations to psychotherapists and services for these survivors of sexual abuse.

Research Design and Methods: Three phases of data collection will be undertaken:

Phase 1 – males participate in an online survey October 2011 to March 2012.

Phase 2 – psychotherapists participate in an online survey February to April 2012 about counselling of males who have been sexually abused by their mother.

Phase 3 – In-depth interviews with 6 volunteers from Phase 1.

Your role in this Australian-first research:

1) alert male clients to the online survey October 2011 to March 2012, and
2) complete the practitioner online survey February to April 2012.

The researcher is currently negotiating with a psychotherapy peak body, a national sexual assault centre, a sexual assault service network, and a men's counselling service to post details and links to the online surveys.

For more information contact the researcher at u123015@uni.canberra.edu.au.

Appendix E: Open Letter to Rosie Batty, by Mark Dent

An open letter To Rosie Batty

March 15, 2015 By Mark Dent

Dear Rosie,

I am writing to you with the hope that you will reflect upon the statements you have made since becoming the Australian of the Year and in doing so reconsider your approach to the issue of Family Violence.

You have endured the unimaginable — every parent's worst nightmare and for that you have my deepest empathy and heartfelt compassion.

However, the suffering and grief you experienced and no doubt continue to experience should never be used as a shield to ward off criticism or questions about the position you have chosen to support. Once anyone chooses to be a public figure and uses their status to promote ideas I find highly dangerous and offensive and which have a direct impact upon the lives of many people then their personal experiences cannot be used to hinder/block or intimidate people from raising legitimate concerns.

You have made some remarkable statements in recent weeks. Some of these statements are even more astounding given they completely contradict things you said immediately after the murder of your son. In the days after your son's death, you said:

"What triggered this was a case of his dad having mental health issues…"

"He was in a homelessness situation for many years, his life was failing, everything was becoming worse in his life and Luke was the only bright light in his life."

"No one loved Luke more than his father. No one loved Luke more than me — we both loved him."

"And the very tragic thing about this is the father's life was tragic and based on … challenges in his life that we couldn't help him with and nor could anyone else.

In a recent interview before your address to a cross parliamentary group of MP's in Canberra you said:

"…things like drugs, alcohol and mental illness could exacerbate violence but they are not an excuse and they are not the reason…"

I would like you to explain the incredible change in your attitude toward mental illness as a contributing factor to the problem of Family Violence in such a short period of time. Could it be due to the fact that you are being coached to say these rather glib, very familiar lines by advisers who have taken you under their wing so to speak?

Given that you now believe that mental illness is no excuse for violence can you please let me know when you will begin your campaign to end the use of post-natal depression as a defence (and a remarkably successful one) by women who murder their babies or stress and depression when they kill their children?

Will you also be pushing to have all cases of violent assault and murder which resulted in no jail time for the perpetrators based upon their mental state, immediately overturned and have these people thrown in prison where they belong?

You have begun to use the term *gendered violence* more frequently in recent interviews and speeches. Recently I read an article in which you said:

"When you are experiencing gendered violence, people often tell you what to do — but the strongest predictor of a woman's safety is the woman herself."

I would like you to explain why you call Family Violence a gendered issue? In your position as an authority on the subject, you must be fully aware of the statistics on Family Violence which tells us that around one-third of all victims are male. This is a very large minority.

The evidence in Australia is strong that around one-third of the victims of family violence are male. For instance, during 2010–11 and 2011–12, there were 121 females (62%) and 75 males (38%) killed in domestic homicides according to the latest figures just released by the Australian Institute of Criminology.

Moreover, according to the same AIC source and contrary to what was implied in the Q&A program, the number and percentage of domestic homicides shows a moderate declining trend over the last 10 years. The Australian Bureau of Statistics' Personal Safety Survey 2012 also showed that 33.3%, exactly one in three, of the victims of violence by a current partner within the previous 12 months were male.

How is it possible for a person like you to remain silent about the suffering of one-third of the victims of this societal scourge? I watched you on the ABC program *Q&A* recently as you listened to a courageous man relate his personal experience of violence at the hands of his female partner. Not only did this poor man have to endure the vicious comments from the women about him calling him a liar but the panel of experts who sat beside you treated this man with the most humiliating contempt whilst you sat there, mute. You did not offer him one word of comfort or consolation. Why is your empathy so gender specific?

Rosie, your co-panelist, Natasha Stott Despoja rammed home the message that Family Violence is gendered violence only seconds after this man spoke of his suffering at

the hands of a woman. How can anyone who isn't driven by ideological hatred speak such transparent lies?

Why have you and Natasha never once referred to the brutal slaying of eight children by a woman in Cairns last year? Why have you not spoken out about the two children murdered by their grandmother in Northern Queensland? Why do you never refer to the fact that neglect of children is overwhelmingly carried out by mothers? I've heard people say that these statistics are misleading because it is almost always women who care for the children at home. This is an outrageous argument. Given that people like you never even insinuate that women are capable of harming children why should any child be unsafe in their company?

Neglect was the most commonly reported form of maltreatment in children in New South Wales, Queensland, South Australia, and the Northern Territory. Evidence also suggests that mothers are more likely than fathers to be held responsible for child neglect. In a large representative study that examined the characteristics of perpetrators in substantiated cases of child abuse and neglect in the United States, neglect was the main type of abuse in 66% of cases involving a female caregiver, compared to 36% of cases involving a male caregiver (US DHHS, 2005)

A literature review by the former NSW Department of Community Services (2005) showed that there was a strong correlation between chronic neglect presentations and parental drug and alcohol use, poverty, domestic violence, mental health problems, and young single mothers. In these cases, the presenting problem for the parent distracts them from providing the necessary care for their child and frequently dominates the case planning and intervention strategies provided by child protection workers (NSW Department of Community Services, 2005).

It seems the Department of Community Services believes mental health problems poverty and drug or alcohol addictions are often the main contributing factor in cases of abuse and neglect.

Will you be writing to the Department and letting them know how disgusted you are that they should let these abusive women off the hook by suggesting there is clear evidence that drug and alcohol abuse or mental illness are predictors of abusive behaviour?

When it comes to the murder and physical abuse of children women carry out a substantial proportion of these murders.

Between July 1997 and June 2008, according to the Australian Institute of Criminology's National Homicide Monitoring Program, 291 children, in 239 incidents, were victims of filicide. The research showed women were almost as likely as men to commit filicide, with fathers responsible for the deaths of 140 children and women 127 children, over that 11-year period. The remainder were killed by both parents.

127 children were murdered by women (mums) during this eleven year period and 140 by men — more boyfriends and step dads than biological fathers. Yet every campaign on Family Violence repeatedly and deliberately uses the line (mantra) "We must protect our women and children."

127 children killed by women and yet there is not one reference to women as perpetrators in any government-funded Family Violence campaign. How is it possible that people like you who claim to be a voice for those who are victims of family violence never mention the many children and men who are victims of violent, abusive women? It seems to suggest that your motivations are more ideologically driven than compassionate.

It seems many people in the Family Violence Business believe combining these two very distinct groups (women and children) somehow blinds us to the truth and reinforces

the already prevalent (and false) belief that women can only ever be victims of violence in the home, just like their innocent children. Of course this is a fanciful lie.

These statistics are from a handful of years ago. I don't know the exact figures for child murder over the past five years in Australia. As already mentioned, the most horrific child murders in our history took place last year and the perpetrator was a woman, a mother.

Here are some examples of children murdered by women from the last few months of 2014. Aside from the Cairns massacre:

Two children murdered by their grandmother in Caboolture, North of Brisbane. She attempted to burn alive another two grandchildren.

Newborn baby dumped in a Sydney drain by its mother and left to die. Since this incident the mother has been given permission to name her son.

A mother murdered one of her daughters and permanently maimed the other so badly she will require 24 hour care for the rest of her life. The daughter, according to newspaper reports was "horrifically injured." The mother has remained anonymous and had recently been granted access with the backing of the Department of Human Services to the daughter she brutally maimed.

Can you explain to me how your assertion that Family Violence is a gendered (male) issue sits in the light of these disturbing facts? Do you think Stott Despoja's aggressive, almost angry reiteration of your view on *Q and A* would bring comfort to the fathers of these dead children?

You claim "gender inequality and men's sense of entitlement-that a woman is their possession" is a major contributor to Family Violence. What then, Rosie, is the explanation for the women who kill their children with knives, stuff them down drains, burn them alive, strangle, drown or bludgeon their children to death?

Surely you wouldn't dare to suggest there were mitigating circumstances to explain this horrendous behaviour? I see the issue of mental illness has already been raised with regard to the murderous mother from Cairns. Do you condemn this outrageous excuse making? Surely the same standard should be applied to any case of Family Violence regardless of the perpetrator's gender?

Again, Tony Abbott, our Prime Minister and the man who presented you with your Australian of the Year award said, in response to the butchering of eight children by a mother:

"We know that sometimes people break. We also know there are difficult circumstances people deal with. This is a social issue as well as a law enforcement issue, but I'll be there in solidarity with them."

This sounds dangerously like excuse making, Rosie. It seems our PM is suggesting outside forces were at play. We all know however that Abbott would never utter such words if a father had just sliced up eight of his children. You and the whole industry that supports you would have launched a torrent of white hot abuse in Abbott's direction condemning his suggestion that the problem was anything other than the masculinity of the perpetrator and his sense of "male entitlement."

How would you have responded if Tony has said in relation to the loss of your son: "Rosie, sometimes people break — we know there are difficult circumstances people deal with."

I believe you would have thrown your award back in his face.

But women's violence and abuse is not confined to attacks on children.

There are many horrific accounts of men being murdered in unimaginable ways by their wives and female partners. Perhaps you are not familiar with the story of Katherine

Knight who stabbed and beat many of her male partners before finally killing John Price by stabbing him over 30 times and then expertly skinning him and cooking his head in a pot. A woman in South Australia burned her husband alive when she suspected him of having an affair. Women have hacked off their sleeping husbands' penises, shot them, stabbed them, beaten them or arranged for someone else to kill them.

A member of my family, Walter Hughes, was kicked to death by a drug addicted woman as he made his way home from the local shops. You may have read about it in one of these stories:

http://www.heraldsun.com.au/news/victoria/blind-man-kicked-to-death-court-told/story-e6frf7kx-1226022759761

His story is not unique. Others like it are not hard to find. Some random examples:

http://australian-news.net/articles/view.php?id=111

http://www.abc.net.au/news/2012-06-01/woman-admits-castration-killing-of-ex-partner/4046884

http://www.dailymail.co.uk/news/article-2698261/Woman-charged-murder-headless-torso-identified-partner-thanks-blood-pressure-drugs-system.html

Please explain to me how these facts sit comfortably with your assertion that Family Violence is a male problem for which all men must be held accountable?

You have spoken out about the fact that you believe a great deal of victim blaming goes on when tragic incidents like the one involving your son take place. In fact just this week you demanded that we stop blaming the victims of domestic violence and the focus should be on "perpetrator accountability." When are women who kill or abuse held accountable?

I find it incredibly ironic to hear you claim that any woman who chooses to live with or marry a man and then have him father their children is in no way responsible for what flows from that union, yet in the very next breath you hold all men accountable:

Ms Batty called on the Government to dedicate long-term secure funding to fighting family violence and urged the community to "speak up" against sexist attitudes.

"Do not ignore what you see and what you know is wrong,"

"To men, we need you to challenge each other and become part of the solution."

Men can only be part of the solution if you believe they are part of the problem. Could you seriously look me in the eye and tell me I bear more responsibility for the death of your son than you do? That sounds like a shocking question yet you have no hesitation in applying the broad brush of collective guilt over all men.

I find that highly shocking and offensive.

Aside from the fact that suggestions like "challenging each other" or "having a chat with your mates" is simply meaningless drivel that leaves feminist feeling warm and fuzzy and men feeling "guilty" for crimes of violence simply because they happen to share the gender of the perpetrator, it achieves absolutely nothing.

If you truly believed Family Violence will drastically decrease if men tell their mates not to beat up their wives and girlfriends then it is no surprise that the problem has not been eradicated after forty years of male demonization.

Perhaps we should encourage men to also have a chat with their mates and work colleagues suggesting they should not rob banks, steal cars, drive too fast, swear at the footy, vandalise property, take illegal drugs or drink to excess. We would be living in a veritable utopia in no time! I can't believe this is the type of advice coming from the mouths

of “experts” who sit on advisory councils to direct on the National Plan to Reduce Violence against Women and their Children.

Why have you not asked the women of Australia to have a chat about the apparent propensity of some mothers to murder and abuse their children? What sense of entitlement drives them to commit such violent abuse? Yes, a good chat with the girlfriends over a *cuppa* or *chardy* should quickly address that problem. It really is an asinine idea isn’t it, Rosie?

You may well help some women with your role as Australian of the Year and bringing attention to areas you believe will make women safer from violent abuse and that is a good thing. However, you are doing untold damage by helping to promote the evil notion that only one gender is capable of harming their children or partners.

Men who are suffering abuse will already struggle to speak out — anyone who witnessed that brave man on *Q and A* will realise that there is no empathy and no help available to them. If a man cannot receive a fair hearing and compassion on a program focusing on the problem of Family Violence, then why would he try to tell his mates or the local police? So you are a part of the industry which deliberately silences and ignores male victims. I wonder how many of the men who suicide do so because they are trapped in an abusive relationship?

I will leave you with an analogy which I think perfectly illustrates the sickening bigotry of your current approach to Family Violence.

Imagine you are the parent of a daughter who took her own life. You are in deep shock and grief and desperately searching for some support, comfort and validation. You call suicide help lines and suicide support groups but you are informed that there are no support groups or help lines for female victims of suicide because they only constitute a

minority of those who take their own life. Others simply laugh at the idea a female could take her own life or refuse to believe you.

In fact of the approximately 2,500 suicides carried out each year, a little over 1900 of them are carried out by males. There is a bigger gulf between male and female suicides than exists between male and female victims of Family Violence yet no one has ever referred to suicide as a "gendered" problem.

You give up in despair but one night you see the promotion for a television program which will have a panel of experts discussing the societal scourge of suicide. You attend the program as an audience member. You listen to the first 55 minutes of the discussion and you are told repeatedly that suicide is a gendered issue. Men and boys are the sole focus of the conversation. This is clearly just as it should be when you understand that men are over three times as likely as women to take their own lives. We acknowledge that there can be the occasional female death by suicide but we cannot let this in any way undermine or detract from the real focus of our concern–males.

With heart pounding and a sense of trepidation you meekly raise your hand and in a choking voice try to explain the incredible pain you and your family has endured after the loss of your beautiful daughter. You ask why there is no assistance offered to families who have lost a daughter. The panelists nod before aggressively asserting once again that suicide is a gendered issue and we cannot shift from this understanding or be derailed from our focus on boys and men. Rapturous applause and head nodding ensue.

End of discussion.

Many people have labelled you "courageous" for taking the stance you have on Family Violence and for becoming a public figure. You may well be a courageous person but I see nothing brave about preaching a message already supported and applauded by a

gullible, deluded public and a deceitful, manipulative government and media. It is people like the man who spoke up about the lack of compassion and recognition for male victims of Family Violence who demonstrate true courage for they are swimming against a tidal wave of hate-filled, bigoted ideology fuelled by the likes of you.

Yours sincerely,

Mark Dent

https://www.avoiceformen.com/mens-rights/an-open-letter-to-rosie-batty/ accessed 27 June 2017.

Appendix F: Negative Practitioner Responses to MSA Clients

Table F.1

Negative Responses by MSA Males Regarding Their Support Person

Theme	Sub-theme	What did this person/s do that was unhelpful?
Lacked emotional support	• Lacked empathy.	• Nice bow tie Respondent 11 • I saw a couple of other practitioners in this town but I didn't feel I could discuss my other issues and the sexual abuse with these people. I have had to 'just grin and bear it' since. Respondent 32 • As with the psychiatrist 15 years before, her immediate was 'How do you know?'. Again it made me feel as though I was not being believed. Respondent 62 • He was at times appearing to be a bit aloof which I found annoying at times. I got the sense he had heard me talk about the issues many times and so didn't want to engage in further talk about it. Respondent 89

Lacked skills and knowledge	• Didn't believe me. • Therapist breached ethical standards. • Showed gender bias against male victims. • Showed stereotype that a mother would never abuse her own son. • Didn't provide coping strategies that helped me. • Did not understand the impact the abuse has on me.	• Single-tracked path of psychiatry. Incorrect diagnoses by psychiatrist and medicated incorrectly for psychosis, bi-polar, even epilepsy. Psychiatrists have immense power over their patients—to section them, to medicate them inappropriately, when the individual is so very vulnerable and will grasp at any straw for help. Psychiatrists are locked into their paradigm and that is very unhelpful. There is so little help for people with my experience, and then having to fight the psychiatrist to get them to understand. Interviewee 1 • Psychiatrists who say it's a fantasy, and made up—that the abuse did not occur - and this to a highly vulnerable victim of abuse. Especially when I'm the family scapegoat, and the family and others dedicate to keeping it a secret, the dirty little secret, and describe me as being mad. Interviewee 1 • Saw a GP from 18 months ago, and a lot of the abuse and relationship with my partner arose, and I felt very supported and safe with this GP. However, after 12 months, she started to belittle me, make sexual jokes and innuendoes to me, have

	tantrums in her office to me, has now abandoned me, and is trying to get me off her patient list—it feels like my mother all over again. Interviewee 2 • Not being believed. And always gendered towards the males as the perpetrators, and the females and the victims. Interviewee 3 • Taking a theoretical approach—did not know about the impact first hand in the 1990s. The counsellor is not god, and if you are going to the one person for 10 years, they are shit. Being told I am a misfit in society. Using the word 'false shame' is wrong—it's the perpetrators guilt and shame, not the victims. We are not survivors yet, we are still victims. Not being believed that it was a family member. Interviewee 4 • Using the term survivor is too soon - we are victims who need to make sense of what happened to be able to heal, before we can be called survivors - which is not about really living anyway. Interviewee 4

- I was getting nothing back from the counsellor—she listened and believed, but offered nothing back. The counsellor after her validated and gave me context. Interviewee 5
- Informal chatting. Inattentiveness. Ex-clergy counsellor giving a missive. Interviewee 6
- Male counsellor in group therapy was inappropriate in his interaction with the group, i.e. talking women down. Interviewee 7
- When seeing a psychologist young female, no experience re this form of abuse, she was taken aback, scared that she was not able to handle it Interviewee 8and referred him back to his psychiatrist. Had appt and psychiatrist looked at the paperwork when he arrived for the appt—she should have done this before the appt as there were many years of paperwork, so he left. Young male psychiatrist talking about (SAMSN and ASCA) ‘maybe have a break from it [the abuse]’. Not many seemed to be trained to deal with trauma. It’s really hard for me to be counselled by a young

female—they don't seem to have the understand of what is happening within a 60-year-old male. Interviewee 9

- Counsellors who are rocked by this form of abuse and it causes me to feel unsafe. Practitioner judgement that males are the perpetrator, always an issue in a victim's mind. The physical response is purely mechanical, and has nothing to do with desire to have sex. Interviewee 10
- First was a man and referred by female GP; but discussions had an undertone of misogyny (the stereotype of mother nurtures in all events). The 2nd female counsellor I saw was uncomfortable with the subject matter re level of trauma. Interviewee 11
- The female psychologist tried hypnosis that brought up issues that I was not ready to deal with, and that was really bad for me. Interviewee 13
- When I was a child, a psychologist told me the abuse was all my fault, and I was sent off for a test where I had to kneel on a board with wheels on it and was spun around

and asked lots of questions—I don't know why they did that. They decided I should not eat chocolate. Interviewee 13

- Medication didn't work for me—a new psychiatrist changed my medication after talking to me for 15 minutes, and when I started vomiting, he told me to just stick with it; I contacted my GP who took me off it immediately. The psychiatrist tried four other medications but we ended back on what I was originally on—it was so damn frustrating. Interviewee 13
- People who saw me gave me diagnoses, but not how to overcome my difficulties. Interviewee 13
- Psychologists—focus on what they have to say, although they talk a lot about themselves, and they always have their own approach they want to use (and the 6-appt plan). No-one is interested in the path of the actual abuse, but it's put in the context of other issues. It's almost like they don't want to talk about it, but on therapies such as diaries or what CBT is, they don't really follow Talk Therapy. One psych always referred to it as potential abuse, they are comments in passing rather

than that this was full-on sexual abuse—like a disbelieving or disengagement of the actual abuse which has brought me to seek support. Interviewee 14

- Writing my sexual history came at a time when my relationship was breaking and I was too emotional at the time to look at this. Interviewee 15
- Male counsellors understood me better as they came from the male perspective; the female was more scared of the topic and not able to deal with it. Allowing the anger out in a safe way in a safe place. Interviewee 15
- I wanted someone who was interested. First guy was totally silent and I struggled with putting words to what I was experiencing. I needed advice. I really needed to speak to someone before the family reunion, and there was no-one. I needed to know about what has happened to me, my emotions, making sense of it, learning how to deal with it—I had internalised all this from an early age. But they did nothing, I was shutdown. Interviewee 16
- I took my 3-year-old daughter—who was unwell—to my GP. My usual female GP was not available so we were seen by a male GP at that practice whom we did not

know. He read my file, he looked at me, read my file again, and the look he gave me was just not right. He then suggested we take a sample from my daughter for a UTI test. I felt from this request that I was being put on trial; that it wasn't about my daughter, but putting me on trial to satisfy his own suspicions regarding me. I found this really offensive, and afterwards spoke to my wife who queried this with our usual GP, with an unsatisfactory response. Interviewee 18

- When medication doesn't work and having to go off it, then starting another medication—it all takes so long whilst really in distress. Took 6 months to get onto medication only just starting to feel better. Interviewee 19
- Therapists are extremely reluctant to look you in the face and face it because of childhood trauma. Interviewee 21
- They appear to be waiting for me to get to the answer, rather than saying this is what has happened. CBT of little use, felt like it wasn't getting to the core of the problem just fiddling around the edges of a major inner turmoil. He has produced a three-minute video on what it's like. Interviewee 21

- There were a few negative experiences, where the therapists, case managers— e.g., an exit interview the psych saying she thought he wanted to be there. Family has been disappointing (i.e., not supportive). Disclosed by letter to my mother, and another to my dad saying why didn't he stop her. Interviewee 21
- I don't like psychiatrists because they treat you as a mental illness - it is not empowering; they just give you the medication. I wanted a breakthrough and not just a medical diagnosis. Interviewee 22
- They make you feel like you are a broken person; so it wasn't a good experience for me going to a psychiatrist. Interviewee 22
- CASA in Melbourne has been quite validating—I saw a psychologist, however I felt that he wasn't open to me talking over and over again about what happened to me, but wanted me to look to the present too quickly, when I felt I needed to work at my own pace and not be rushed. Interviewee 22
- Sexual Assault Crisis Line experience was a negative experience for me, because I needed to talk about a specific event, which centres me, but they wanted to do

mindfulness, which I found invalidated me. It wasn't re-traumatising me talking about the abuse, because I wasn't listened to as child and needed to be listened to now—however long it takes. Talking about it, it isn't opening my emotional Pandora's Box—I am already there when I call the Sexual Assault Crisis Line. The reaction of the Crisis Line was actually invalidating and retraumatised me. Interviewee 22

- I went into group therapy. As soon as I mentioned my mother was the perpetrator, I was verbally attacked by the other group members: people think motherhood is the final thing sacred upon the earth. Respondent 90
- We covered general mental wellness and personal issues, following a mental health crisis. The psych was working in a holistic way with my depression rather than focussing for too long on the Mother/child sexual specifics. I do feel quite strongly that I need some specific counselling with a specialist practitioner, as there is still some understanding sought over the matter. Respondent 40
- My therapist tried to sleep with me Respondent 77

Lacked practical support.	• Not enough sessions under mental health care plan. • Long wait to see a psychiatrist. • There was no other therapist I could see. • Counselling is very expensive.	• There are not enough Medicare sessions available under the mental health plan. Interviewee 19 • The difficulty of having to wait until I got in to see the psychiatrist, and I kept having to contact the clinic to get an appt after a month of waiting for them to give me a time. Interviewee 19 • Waiting - to get in to see a psychiatrist or psychologist was so difficult when in such desperate distress. Waiting for the medication to work, and getting the right medication. Interviewee 19 • Limited sessions under the Medicare health plan—it's just not long enough for trauma cases. And how can you make a connection with a therapist when you only have 6 sessions a year with them? And I can't do face-to-face counselling—it's really hard for me. Interviewee 13 • The mental health plan limit of 10 sessions are year is by far too little. Interviewee 2 • Counselling is very expensive. Interviewee 12

	• I found it too difficult to use public transport to the psychologist, and they couldn't transport me. Interviewee 13 • There was no other and I needed to attend for ongoing insurance purposes. It was a very frustrating and sad time. Respondent 11

Table F.2

Additional Comments Regarding Person/s Visited: Online Participants

Theme	Subtheme	If these questions have not covered what you need to say, please add your comments here:
Sought help for a different reason initially	• Practitioner counter-dependency • Depression and anxiety • Relationship challenges	• I sought help to get me out of the counter dependency rut l was in with my female Jewish psychologist. Respondent 13 • I have generalised anxiety disorder and depression and sought help with these. Respondent 13 • I did not go to a psychologist for abuse counselling in the first place, was after much questioning about other things and matters that it became apparent the sexual abuse by mother and another person (male and at different times) was inextricably tied up with the other issues I had requested help for. Respondent 32 • In my case, direct sexual molestation was, as far as I know, a one-off incident. However, ongoing inappropriate 'psycho-sexual' behaviour towards me, both overt and covert has been ongoing. Ultimately, I was seeing this therapist for a number of

	reasons, not just the abuse. Perhaps it can best be summed up as having poor boundaries and continually allowing toxic, negative people into my life. I now have a child with one of these people, and my psychologist believes she may be a psychopath. As a result of the destruction she had wrought in my life, I had lost everything and ended up having to live with my mother from the age of 41 to 46. It was AWFUL and having cut her out of my life years ago, I was now at her mercy, and boy oh boy did she make me pay for my mistakes. Constant verbal abuse, emotional abuse, mental abuse, financial abuse, manipulation, lies, mind games, sabotage and more was my daily diet. As well as creepy, skin crawling overtly sexual creepy, skin crawling behaviour towards me ongoing. Thankfully I have now escaped that situation and my life is well on the way to once again becoming productive and fulfilled. Respondent 82

Appendix G: Practitioner online survey responses

Findings from the online survey for sexual abuse practitioners

Professional practitioners were invited to complete an online survey regarding their provision of support to MSA males. Thirteen practitioners responded to the online survey, one of whom indicated she had not provided support to an MSA but what approach she would take if she did. Respondents indicated their gender identification as 7 females, 3 males, and 3 did not disclose. The table below indicates the number of MSA males to whom each respondent provided support.

Table G.1

Number of MSA Males Supported

Practitioner number	Number of males supported
Practitioner 1	3 males
Practitioner 2	10 males
Practitioner 3	0 males
Practitioner 4	5 males
Practitioner 5	3 males
Practitioner 6	3 males
Practitioner 7	No data provided
Practitioner 8	No data provided
Practitioner 9	3 males
Practitioner 10	1 male
Practitioner 11	No data provided
Practitioner 12	No data provided
Practitioner 13	No data provided

The table below provides unedited practitioners' responses to the online questionnaire regarding the value of supporting MSA males, the skills and knowledge needed to support MSA males, their counselling approach to MSA males, and other open comments regarding working with MSA males. The rows in blue indicate those practitioners who have identified that they have provided support to a disclosed MSA male.

Table G.2

Practitioners' Approaches and Support Provided to MSA Male/s

Practitioner Number	What support did you provide?	What value is there in providing counselling support to males who have been sexually abused by their mother?	What do you think are the skills and knowledge needed for providing counselling support to males who have been sexually abused by their mothers?	What is, or would be, your own approach in providing counselling to a male who has been sexually abused by his mother?	Please add any other comments you might have regarding working therapeutically with males who have been sexually abused by their mothers.
Prac2	counselling	same value as providing counselling to any person who has been sexually abused, validation of what has been done to	understanding of male sexuality and being comfortable with the topic	narrative, acceptance and commitment therapy (ACT), exposure therapy	The initial contact seems most difficult, men feeling they are 'deviants' who 'should' have

		them and it was not their fault.			controlled their urges, shame and guilt rather than anger.
Prac3	No MSA male client	The same value as providing it for anyone who has been sexually abused. 100% value.	The same as for anyone who has been sexually abused. Creating a safe environment, establishing trust and a strong working alliance. Safety is key. Emphasising confidentiality.	I would listen to the client's story, and let them lead, judging it as I go. Essential components would be establishing a safe environment, establishing trust, creating a strong working alliance.	
Prac5	Scheme therapy, Exposure therapy,	Not sure what you mean by 'value'. Overall, my	Capacity to listen empathically, without	In my experience, providing therapy to	

	EMDR, Motivational Interviewing, DBT	aim is to assist client to work through related issues and return to a level of functioning that enables him to feel he can meaningful contribute to society.	judgement; capacity to provide genuine, unconditional positive regard and build and maintain rapport; capacity to provide genuine, client-centred care; capacity to follow-up and provide long-term, consistent therapy.	males who have been sexually abused by their mothers follows very similar patterns to the therapy provided to males who have experienced trauma generally, particularly sexual trauma. While there are certainly differences in relation to specific stories, and of course these differences must be validated, the

				experience of trauma during the formative years gives rise to issues that have common characteristics; and providing client-centred trauma-informed care enables the therapist to meet the needs of the client.	
Prac6	Interpretation, education, reframing, creation of safety, assertiveness training,	Great value as it helps address gender and role confusion, attachment problems and trauma	Knowledge of the effects of sexual abuse and trauma. Knowledge of male roles and male	Non-judgemental, sensitively inquisitive, use activity-based therapy to help with	That boys may have been abused by the maternal parent is often the last thing

	training in protective behaviours and emotional and behavioural regulation.	symptoms. that arose from the abuse. It helps boys to eventually become happy healthy men who can have healthy relations with significant adults in their lives. Should also mention to be good fathers.	thinking. A good knowledge of attachment theory. Able to do /use play therapy and creative arts therapies. Be able to kick a football would be helpful too.	disclosure, discussion and recovery.	considered in investigations. It can initially be missed and only be revealed later if the boys go into protective care for other matters like neglect. The boys may later disclose when in therapy for neglect or witnessing DV. amongst other issues first thought to be the main problem. Boys are often confused by

				the role they have been cast in by the mother e.g., adult sexual partner. Talking after a shared physical activity can help promote responses from boys.
Prac8	Same as for any male who has been sexually assaulted and more so. The trust and attachment with the primary caregiver has been violated. Huge conflicts	Good knowledge of Attachment and family systems theory as well as specialist sexual assault counselling training	Psych-education about child sexual assault and its impact, perpetrator tactics, CBT etc.	I believe this work should only be undertaken by specialist sexual assault workers with a great deal of experience and very

		in emotion would be likely.			good clinical supervision.
Prac10	Listening skills as I am not a qualified councillor. My role is to listen and validate and pass on relevant information.	I believe due to the long term affects this can have on both young men, and also mature adults, this is highly imperative that they are able to access resources and assistance.	Back ground information is a must, how to best support with life planning and also what other options might be available.	Depending on the age of the male. Young people need to be treated with care due to effects of re-traumatising and also trauma re-enactment. Older males I believe they would need to have heavy planning for the future. Also building up the courage to speak openly and	In my work place, we do so some young people who have been sexually abused and have experienced severe trauma. From working with young people with trauma and neglect, I think the resources for those young people are easier to obtain assistance than a

		understand that they are not at fault. Depending on the situation of course. Offering options.	young man who has been sexually abused by his mother. I believe there needs to be more trained and experienced professionals available for this specific abuse as finding assistance is almost impossible unless through a main stream counselling service. We need more professionals with skills and

				knowledge in this field.
Prac13	just the same as for any other survivors. they in particular might feel invalidated, confused about how to process, make sense, less social validation/understanding.	creating space that the person feels comfortable to talk. being able to make feminist informed practice/psychoeducation relevant and validating for male survivors. awareness of the ways that services and practice - tone of voice, body language etc etc have been	same as usual. politically oriented in a psycho-social lens i.e. person in their environment. therapeutically in a narrative approach.	

	largely tailored to meet the needs of women and that this might be different to best support men

Practitioners noted the importance of validation, non-judgemental and sensitive listening and support when working with MSA males and they provided key points that reflect comments made by the MSA males themselves. These key points are provided in the list below:

- make the existing feminist approach/services/practices relevant for male victims
- provide a safe, encouraging space for disclosure that does not take a gendered approach to sexual abuse (understand that females are perpetrators too)
- provide more resources and assistance, specifically for MSA males—currently finding assistance is almost impossible for them
- provide more practitioners with the skills and knowledge to assist MSA males—particularly regarding male sexuality, and the sexual confusion/shame and guilt created by MSA on a boy
- raise broad awareness that mothers do sexually abuse their sons, particularly for those investigating child abuse/neglect.

It would appear from comments by practitioners that there is a need for knowledge, skills and services for MSA males, indicating further research on how sexual abuse and other service providers support abused males.

Appendix H: The University of Canberra Committee for Ethics in Human Research letter of approval

UNIVERSITY OF CANBERRA
AUSTRALIA'S CAPITAL UNIVERSITY

27th October 2011

COMMITTEE FOR ETHICS IN HUMAN RESEARCH
APPROVED - Project number 10-137

Ms Lucetta Thomas
Faculty of Education
University of Canberra
BRUCE ACT 2617

Dear Lucetta,

The Committee for Ethics in Human Research has considered your application to conduct research with human subjects for the project entitled *Recovery from mothers without boundaries: An exploration into the counselling needs of males who have been sexually abused by their mothers*.

Approval is granted until 31/12/14 the anticipated completion date stated in the application.

The following general conditions apply to your approval.

These requirements are determined by University policy and the *National Statement on Ethical Conduct in Research Involving Humans* (National Health and Medical Research Council, 2007).

Monitoring:	You, in conjunction with your supervisor, must assist the Committee to monitor the conduct of approved research by completing and promptly returning project review forms, which will be sent to you at the end of your project and, in the case of extended research, at least annually during the approval period.
Discontinuation of research:	You, in conjunction with your supervisor, must inform the Committee, giving reasons, if the research is not conducted or is discontinued before the expected date of completion.
Extension of approval:	If your project will not be complete by the expiry date stated above, you must apply in writing for extension of approval. Application should be made before current approval expires; should specify a new completion date; should include reasons for your request.
Retention and storage of data:	University policy states that all research data must be stored securely, on University premises, for a minimum of five years. You and your supervisor must ensure that all records are transferred to the University when the project is complete.
Changes in contact details:	You should advise the Committee of any change of address during or soon after the approval period including, if appropriate, email address(es).

Please add the Contact Complaints form (attached) for distribution with your project.

Yours sincerely
Committee for Ethics in Human Research

Michaela Dalgleish
Ethics & Compliance Officer
Research Services Office
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E Michaela.Dalgleish@canberra.edu.au

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Australian Government Higher Education Registered Provider Number (CRICOS): 00212K

Appendix I: Online survey for maternally sexually abused males

Default Question Block

Invitation to participate in a survey about males who have been sexually abused by their biological mother

Males who have been sexually abused by their biological mother and sought and/or received counselling support are invited to complete this survey.

Study Aim

This PhD research study will explore the experiences of males who have been sexually abused by their biological mothers, to discover if they have specialised requirements that should be taken into account by professional counsellors and sexual assault services.

Benefits of the Study

This research will provide a voice for male survivors of maternal sexual abuse on their experiences of seeking and receiving counselling. It will fill a gap in the current Australian sexual abuse and gender literature, which predominantly focuses on the impact of paternal sexual abuse on daughters, and does not include the impact of maternal sexual abuse on sons.

Communication of the findings will also alert the broader counselling community to the prevalence of maternal sexual abuse of sons, and commence a new dialogue within the wider community beyond the helping and psychological professions on the impact of this type of sexual abuse on males.

General Outline of the Study

The principal researcher (undertaking this research through the University of Canberra) is committed to exploring whether there are specific counselling needs for maternally sexually abused males.

Data will be gathered from male survivors of maternal sexual abuse, and from sexual assault services, through online surveys, and 6-12 indepth interviews. Data will be examined to determine implications for practitioners who work either directly or indirectly with this group of sexual abuse victims.

The research findings will contribute to sexual assault literature on a phenomenon that appears to be receiving little attention.

Participant Involvement

Your participation in the research is completely voluntary and participants may decline to take part or withdraw at any time without providing an explanation, or refuse to answer a question.

You can exit this survey at any time by closing your browser.

You are also invited to take part in an interview with the researcher. The interview will take about one hour and be recorded with the your permission. The semi-structured interview will ask you to provide more information based on the survey questions about your experiences of seeking and/or receiving sexual abuse counselling. A transcript of the interview may be requested for checking accuracy and making comments. If you experience any distress during or after the interview, you might wish to contact Lifeline on 13 11 14 or Mensline on 1300 78 99 78, or access Living Well online. Or you can withdraw from the study.

Confidentiality and anonymity

All participant information will be strictly de-identified. Please be assured that all the data collected from participants will be stored securely and only accessed by the researcher and her supervisory panel. All privacy requirements will be undertaken.

Only the researcher and her supervisory panel will have access to the individual information provided by participants. Privacy and confidentiality are assured at all times. The research outcomes will be provided in a dissertation for the degree of Doctor of Philosophy, Faculty of Health at the University of Canberra, and may be presented at conferences and written up for publication. However, in all these reports, the privacy and confidentiality of individuals will be protected.

Ethics Committee Clearance

The study (Project No. 10-137) has been approved by the Committee for Ethics in Human Research of the University of Canberra.

Queries and Concerns

If you have any concerns regarding this survey, you can contact the Research Ethics & Compliance Officer, telephone (02) 6201 5220, University of Canberra, ACT 2601.

Consent. I have read and understand the information above and agree to participate in this survey. I know I can skip a question if I want to, or withdraw at any time by closing the browser.

- ○ I consent to participate.

Definition.
For the purpose of this research, child sexual abuse includes – but is not limited to – the following:

Someone exposing their genitals to the child.

Fondling a child's genitals, including washing genitals when the child is old enough to wash himself.

Forcing a child to engage with an adult's genitalia, or to engage in self-masturbation.

Exposing children to prostitution or pornography, or watching other persons engaging in sexual activities.

Involving a child in vaginal, oral or anal sexual activity; or attempting to involve a child in any of these.

Involving the child in simulated sexual activity.

Oral penetration of a child with genitalia; anal penetration by a finger or other object; or any attempt to penetrate a child in these ways.

Sexual kissing of a child by an older person.

Involving a child in sexual behaviour with an animal or object.

Validation. Have you been sexually abused by your mother? This does NOT include a step-mother or foster mother.

- ○ Yes
- ○ No

Q1. Please indicate your date of birth:

[ ]

Q2. Which state or territory do you live in now?

- ○ Australian Capital Territory
- ○ New South Wales
- ○ Northern Territory
- ○ Queensland
- ○ South Australia
- ○ Tasmania
- ○ Victoria
- ○ Western Australia
- ○ Other, please describe

[ ]

Q3. What is the size of the community you live in now?

○

a city with a population over 100,000

- ○ a city with a population between 10,000 and 100,000
- ○ a town with a population of less than 10,000
- ○ in an isolated location with no township, such as a mining site or farm. Please describe
- ○ other, please describe

Q4. Have you spoken to anyone about being sexually abused by your mother?

- ○ Yes
- ○ No

Q5. If no, would you please indicate your reason/s for this? You may tick more than one response.

- ☐ Shame
- ☐ Social stigma
- ☐ Guilt
- ☐ Thought you wouldn't be believed
- ☐ Afraid of it being known in my community
- ☐ Fear of retaliation
- ☐ Other, please describe

Q6. Who have you spoken to about the abuse? You may tick more than one response.

- ☐ Your sibling/s
- ☐ Your father
- ☐ Your stepmother
- ☐ A member of your extended family
- ☐ Friend/s
- ☐ Counsellor
- ☐ Doctor/General Practitioner
- ☐ Hospital staff
- ☐ Online counselling service
- ☐ Police
- ☐ Psychiatrist
- ☐ Psychologist
- ☐ A member of your religious organisation/community
- ☐ School teacher
- ☐ Social Worker
- ☐ Telephone counselling service
- ☐ Other (please specify)

Q7. Have you spoken to any of the following? You may tick more than one response.

- ☐ sexual assault service

- [ ] sexual abuse service
- [ ] a rape crisis service
- [ ] other (please specify)

Q8. Who did you speak with as a result of going to the above service? If you are not sure, please write who you think you saw in the Not Sure box below. You may tick more than one response.

- [ ] Counsellor
- [ ] Hospital staff, including nursing staff
- [ ] Mentor program
- [ ] Online counselling service
- [ ] Police
- [ ] Psychiatrist
- [ ] Psychologist
- [ ] Social Worker
- [ ] Telephone counselling service
- [ ] Other (please describe)
- [ ] Not sure (please describe)

Q9. How old were you when the abuse first happened?

- [ ] Under 10 years
- [ ] 10-15
- [ ] 16-18
- [ ] Over 18

Q10. Over how many years did the abuse occur?

Q11. About how old were you when you first spoke about the abuse?

- ○ Under 10 years
- ○ 10-15
- ○ 16-20
- ○ 21-30
- ○ 31-40
- ○ 41-50
- ○ 51-60
- ○ Over 60

Q12. What was the size of the community you lived in at the time of the abuse?

- ○ a city with a population over 100,000
- ○ a city with a population between 10,000 ad 100,000
- ○

a town with a population less than 10,000

- ○ in an isolated location with no township, such as a mining site or farm. Please describe
- ○ other, please describe

Q13. Have you tried to get counselling/therapy for the effects of this abuse on you?

- ○ Yes
- ○ No
- ○ Please add any comment

Q14. If you tried to get counselling/therapy but didn't, why was this?

- ○ No counsellor within easy reach
- ○ Could not financially afford counselling/therapy
- ○ Other reason (please describe)

The following questions are about the therapist/counsellor you have seen.

How many therapists/counsellors have you seen for the abuse? You can repeat this set of questions for each person you have seen.

Block 1

Q15. Please identify the occupation/role of the person you saw for help.

- ○ Counsellor
- ○ Doctor/General Practitioner
- ○ Mental health nurse
- ○ Psychotherapist
- ○ Psychiatrist
- ○ Psychologist
- ○ Social worker
- ○ Other (please specify, eg telephone counselling service, minister of religion)

Q16. Was this person

- ○ Male
- ○ Female

Q17. Were you comfortable to speak to a person of this gender?

- ○ Yes
- ○ No

Q18. Did you have an option to see a male or female?

- ○ Yes
- ○ No

Q19. Did you prefer to speak to a male or female?

- ○ Male
- ○ Female

Q20. When did you see this person? You can tick more than one response.

- ☐ 2010-2014
- ☐ 2000-2009
- ☐ 1990-1999
- ☐ 1980-1989
- ☐ 1970-1979
- ☐ 1960-1969
- ☐ 1950-1959
- ☐ Before 1950

Q21. What type of therapy did this person provide to you? If you are not sure, write what you think it was in the Not Sure box.

- ☐ medication
- ☐ relationship counselling
- ☐ psychological therapy
- ☐ pastoral care
- ☐ psychotherapy
- ☐ Other (please describe)
- ☐ Not Sure

Q22. How long have you been receiving therapy from this person for the effects of the abuse on you?

- ○ Less than 12 months
- ○ 1-2 years
- ○ 3-5 years
- ○ 6-10 years
- ○ 10-20 years
- ○ More than 20 years

Q23. How many sessions have you had with this person:

- ○ 1
- ○ 2-10
- ○ 11-20
- ○ 21-50

○ More than 50

Therapy.
The following questions ask you to rate the counselling/therapy that you received from this person.

Q24. How well the therapy/support helped you cope with the impact of the abuse.

Not at all helpful	Mostly unhelpful	Somewhat unhelpful	Neither unhelpful or helpful	Somewhat helpful	Mostly helpful	Very helpful
☐	☐	☐	☐	☐	☐	☐

Q25. How well the therapy/support taught you ways to cope with the abuse.

Very Useless	Useless	Somewhat Useless	Neutral	Somewhat Useful	Useful	Very Useful
○	○	○	○	○	○	○

Q26. How well the therapy/support helped you overcome the impact of the abuse.

Very Ineffective	Ineffective	Somewhat Ineffective	Neither Effective nor Ineffective	Somewhat Effective	Effective	Very Effective
○	○	○	○	○	○	○

Q27. How well the number of sessions with this therapist met your needs.

Very Ineffective	Ineffective	Somewhat Ineffective	Neither Effective nor Ineffective	Somewhat Effective	Effective	Very Effective
○	○	○	○	○	○	○

Q28. Convenience for you of the therapy location?

Very Difficult	Difficult	Somewhat Difficult	Neutral	Somewhat Easy	Easy	Very Easy
○	○	○	○	○	○	○

Q29. The therapist was willing to understand your point of view.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
○	○	○	○	○

Q30. The therapist spoke in a way you understood.

Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
○	○	○	○	○	○	○

Q31. The therapy was affordable.

Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
○	○	○	○	○	○	○

Q32. Knowledge and skills of the therapist.

Very Bad	Bad	Poor	Neither Good nor Bad	Fair	Good	Very Good
○	○	○	○	○	○	○

Q33. The therapist was committed to working with you.

Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
○	○	○	○	○	○	○

Q34. The therapist worked at your pace.

Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
○	○	○	○	○	○	○

Q35. If these questions have not covered what you need to say, please add your comments here:

Q36. What did the therapist/counsellor do well?

Block 2

Q37. Have you received support from someone who was not a professional practitioner or counsellor, such as:

- ☐ a friend
- ☐ a friend's parent
- ☐ a family member or relative
- ☐ a neighbour
- ☐ a work colleague
- ☐ other (please specify)

Q38. What did this person do that helped?

Q39.
Please add any other comments you might have regarding your therapy/counselling experiences for the abuse.

This might include what was unhelpful for you.

If you would like to provide an example or more information, please add your comments here.