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UNIVERSITY OF NORTHERN COLORADO

Greeley, Colorado

The Graduate School

CHILD SEXUAL ABUSE DISCLOSURE: NON-OFFENDING FATHERS

A Dissertation Submitted in Partial Fulfillment
of the Requirements of the Degree of
Doctor of Degree Philosophy

McKayla Marie Harrison

College of Education and Behavioral Sciences
School of Applied Psychology and Counselor Education
Department of Counseling Psychology

May 2024

This Dissertation by: McKayla Marie Harrison

Entitled: *Child Sexual Abuse Disclosure: Non-Offending Fathers*

has been approved as meeting the requirement for the Degree of Doctor of Philosophy in College of Education and Behavioral Sciences in School of Applied Psychology and Counselor Education, Program of Counseling Psychology.

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ABSTRACT

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Rates of childhood sexual abuse (CSA) are difficult to track due to the taboo nature and stigma surrounding the topic (McElvaney & Nixon, 2020). To address this nationwide crisis, mental health clinicians are relied upon to educate, assess, and treat accordingly. Yet, despite the ubiquitous nature of CSA, existing research has not yet examined non-offending fathers' experience, a major support system and means of healing for children. This qualitative phenomenological study sought to capture the descriptions of non-offending fathers with children that have disclosed sexual abuse in an effort to better understand the struggles and needs for these fathers, as well as the lessons and guidance they can offer from their direct experiences in this regard. The purpose of this study was to examine the experience, perceptions, and effects on fathers and their relationship with their children after a disclosure CSA. The research questions guided this study were: What are the experiences of non-offending fathers after disclosure of CSA; What are the unique challenges non-offending-fathers face after CSA disclosure; and how have non-offending fathers seen their relationship change with their child after disclosure.

Ultimately, 1- to 2-hour semi structured interviews were completed with five fathers. The subsequent data were utilized to identify seven main themes: (a) putting the child first, (b) stigma, (c) availability of supports and resources, (d) experiencing therapy as a positive support, (e) experience of support differs by gender, (f) judicial impacts, and (g) impacts on the

father-child dyad. Based on the findings of this study, implications were identified in the areas of future research directions, clinical training, and policy reform.

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Finally, I am eternally grateful to my wife and son. Erica and Graham, I will never forget the sacrifices you made to see me through to my dream of becoming a psychologist. Many times,

I came to you when I did not believe in myself. Your love and unending belief in me made this possible. This is all for you.

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CHAPTER I

INTRODUCTION

The occurrence of childhood sexual abuse (CSA) in the United States of America is a phenomenon that is difficult to track. The National Center for Victims of Crime (2012) defined sexual abuse as,

A general term used to describe the infliction of some sort of sexual activity upon a person who has not given consent or is incapable of giving such consent. This can be used to refer to sexual abuse of persons who are differently abled, a child, or an elder person. (para. 1)

The American Society for the Positive Care of Children (2016) stated over 65,000 children reported sexual abuse in 2016. Darkness to Light (2013) is an organization that aims to empower adults to prevent child abuse. This organization estimates 60% of children that have experienced CSA never tell anyone of the abuse. According to the National Center for Victims of Crime (2012), many incidents of CSA will go unreported, and it is believed by experts there are far more acts committed than reported. Seventy-three percent of childhood victims did not tell anyone for at least a year, 45% of victims did not tell anyone before 5 years, and some may never tell anyone about their experienced sexual abuse (Broman-Fulks et al., 2007).

One in 5 girls and one in 20 boys will experience sexual abuse, although rates were likely higher as sexual abuse occurs in private and was difficult to detect (National Center for Victims of Crime, 2012). The justice department approximates 44% of sexual assault victims are under

the age of 18, and one in every six victims of sexual assault are under the age of 12 (Hernandez et al., 2009). Further, the Centers for Disease Control and Prevention (2022) disclosed 1 in 4 women and 1 in 6 men were sexually abused before the age of 18, meaning there were more than 42 million adult survivors of child sexual abuse. It is very clear that CSA is a pervasive and challenging problem in society with many victims unwilling to report their abuse as demonstrated by the differing ranges of statistics. According to Sedlak et al. (2010), family structure is the most important risk factor in children that are sexually abused. When children live with two married biological parents, they are at low risk of experiencing sexual abuse (Sedlak et al., 2010). Risks begins to increase when children live with a single parent, stepparents, or foster parents (where the risk increases by 10 times), and children who live with a parent that has a live-in partner are at the highest risk (20 times higher) than children living with their biological parents (Sedlak et al., 2010). According to Rape, Abuse, Incest, National Network (RAINN, 2021), the nation's largest anti-sexual violence organization, 93% of victims knew their perpetrator, 7% of the perpetrators were unknown. Of the 93% of victims, 59% were acquaintances, and 34% were family members.

The field of psychology has thoroughly researched the parameters of CSA. There are many organizations working toward aiding families that have experienced CSA. We largely know which children are at highest risk to experiencing CSA and who is most likely to sexually abuse children. Considering most victims of sexual abuse are unlikely to report their abuse to police or a government entity, understanding the support a child has at home is proving to be critical. CSA is a pervasive problem that has its roots in human history, ridding it will be no easy task, but enabling support for each victim can aid clinicians in the counseling psychology field.

Background

Short-Term and Long-Term Effects of Child Sexual Abuse

Past research demonstrates the myriad of increased negative outcomes for survivors of CSA. Child sexual abuse (CSA) survivors may experience sleep difficulties, nightmares, regressive behaviors, and social disturbances (van der Kolk, 2014). If the effects of CSA are left unresolved, experience of CSA can lead to increased rates of suicide attempts and psychiatric hospitalization (Daigneault et al., 2009), depression and Post-traumatic Stress Disorder (PTSD) symptoms (Kendall-Tackett, 2002), being more preoccupied with sex, younger age at first voluntary intercourse, adolescent pregnancy, endorsed lower birth control efficacy, HIV infection (Noll et al., 2003; Zierler et al., 1991) domestic violence, rape, sexual problems, low self-esteem, and problems with intimate relationships (Fleming et al., 1999). Wark and Vis (2018) noted that most meta-analyses of the effects of CSA have found little gender differences. Effects and risks of CSA have been greatly researched in many fields. The many physical and psychological problems that can manifest after CSA is experienced are well documented. Understanding support for these survivors is less understood and imperative for mental health professionals.

Parental/Family Support

Family support can manifest in many positive ways for survivors of CSA. Vladimir and Robertson (2019) suggested a survivor's ability to cope and recover with the repercussions of CSA is directly impacted by family support and cohesion. Families support can be demonstrated with healthy boundaries, open communication, and family connectedness (Eisenberg et al., 2007). Families that display these characteristics experience a better prognosis after CSA (Eisenberg et al., 2007). Fassler et al. (2005) maintained that family support can aid in protecting

the survivor's self-esteem, hopefulness, positive attitude, and can contribute to reduction of developing depression as an adult. Accompanying this, another contributing factor to a child's future well-being is a supportive and affirming parental reaction to disclosure of sexual abuse, which contributes to overall positive psychological adjustments and improvements in functioning (Hernandez et al., 2009). Bal et al. (2004) posited that after victims disclosed sexual abuse to families, ones that described their families as supportive were less likely to experience internalizing behaviors, such as depression. It has also been demonstrated that decreased externalizing behaviors and increased self-esteem was correlated with parental support (Tremblay et al., 1999). Parental support was defined as,

The amount of time the parent and child spend together (Availability); the type and frequency of activities the parent and child engage in together (Togetherness); nurturance through disclosure by the child to the parent of a variety of positive, negative, and neutral experiences (Nurture-Disclosure); and the extent to which the parent encourages or aids the child in maintaining peer relations (Parent as Mediator). (Tremblay et al., 1999, p. 405)

Further, Bhandari et al. (2011) discovered differing aspects of environment, such as family functioning, had stronger impacts on later psychological distress than even the characteristics of the abuse. Connectedness has been linked to reducing risk with youth that have experienced CSA. Eisenberg et al. (2007) maintained that family connectedness was the strongest protective factor when investigating suicide behaviors with CSA survivors. In this study, family connectedness was defined as: ability to talk to parents about problems they are having, how the youth felt about how much their parent cared about them, if their parents understand them, if their family has fun together, and if their family respects their privacy.

Research has demonstrated severe consequences for the survivor when there is a lack of parental support or family cohesion. When a child is lacking parental support, future revictimization is more likely to occur (Elliot & Carnes, 2001), the child is more likely to retract their abuse story (Lawson & Chaffin, 1992), and more likely to be removed from their home (Cross et al., 1999). Many resources and years of research have been dedicated to understanding the effects of CSA as well as discovering evidence-based treatments to aid in the healing process for children and their families. These findings underscore the importance of family support for survivors of CSA and encourage researchers to further investigate avenues in which they can receive this support.

Connectedness

Prior research regarding sexual abuse and protective factors have focused on factors that were nonmanipulative such as maternal education level (Eisenberg et al., 2007). Even though this information is important, additional information is needed when addressing protective factors and outcomes after experience of CSA. Empirical evidence has been extremely well documented for the support of the relationship between social connectedness and psychological adjustment (Lee et al., 2001). Social connectedness is considered an attribute of the self that reflects cognitions of enduring interpersonal closeness with the social world (Lee et al., 2001). Individuals that experience low connectedness suffer from loneliness, anxiety, jealousy, anger, depression, and low self-esteem (Leary & Baumeister, 1995). Individuals that experience high connectedness from their families/parents have better educational, health, and social outcomes (Hawkins et al., 2021). In Eisenberg et al.'s (2007) study, it was discovered family connectedness to have strong protective factors associated with better outcomes for children and adolescents who experienced CSA. Connectedness has been linked to reducing psychological

risk with youth who have experienced CSA. While Eisenberg et al. (2007) demonstrated that connectedness plays a major role in healing from CSA, it is unclear how “family” was interpreted in their study. One important gap in the literature is how maternal and paternal support differ and how paternal connectedness is impacted after disclosure is made.

Effects of Disclosure on Parents

Disclosure of CSA exposes numerous distressing emotional experiences and psychological risk factors for caregivers (McElvaney & Nixon, 2020). Research has suggested that parental reactions can often deter the healing process for CSA survivors (Hernandez et al., 2009). Maternal response to disclosure of CSA has demonstrated negative outcomes when the mother has experienced her own abuse as a child (Schuetze & Eiden, 2005), showing increased rates of depression, anxiety, and less support for their children compared to their non-abused counterparts (Hernandez et al., 2009). Paternal responses have been studied less closely (Esquibel, 2008) with findings showing fathers experiencing intense guilt, shame, and self-perceived failure to protect their family (Hernandez et al., 2009). To my knowledge, there is a total of three qualitative studies and five quantitative studies with the specific intention of investigating either fathers’ preliminary response to CSA disclosure or the child’s perceived relationship with their father in the aftermath of CSA. This small but growing body of research emphasizes the necessity for familial support in the healing process following incidents of CSA, and the need for additional research to explore the unique experiences of fathers following disclosure.

The knowledge gained from fathers’ perspectives can contribute to a holistic approach to healing and treatment for all members of the family, knowing that both CSA survivors and their parents experience negative outcomes following CSA. There are demonstrated differences in the

ways in which mothers and fathers react to disclosure and experience disclosure as well as ways in which they influence their child. Yet, mothers have been the primary focus of the literature regarding their children and the experiences of CSA and only recently have preliminary studies explored fathers. As mentioned above, family support is one of the, if not biggest, factors that predicts better psychological outcomes for children that experience CSA. However, research has disproportionality focused on one aspect of the family, the mother-child dyad, and the mother's response to disclosure despite the many calls by researchers to investigate the father-child dyad and father's response to disclosure. Understanding the differences between mother and father support are crucial and are outlined in the following paragraphs.

Maternal Support

The mother-child relationship is a dyad that has been extensively researched among children that have disclosed sexual abuse (Cyr et al., 2018). When children describe their mothers as supportive, they display less psychological distress following disclosure (Rakow et al., 2011). Mothers that experience emotional/psychological abuse from their partners are more likely to deny, rationalize or minimize the child's experience after disclosure (Alaggia & Kirshenbaum, 2005). Further, if mothers have experienced their own sexual abuse, they are more likely to experience their own pathology which affects their patterns and beliefs when responding to their own child's disclosure of abuse (Schuetze & Eiden, 2005). When mothers have children that have disclosed sexual abuse, they have reported experiencing greater overall emotional distress, poorer family functioning, and lower satisfaction in their parenting role compared to mothers whose children have not disclosed CSA (Manion et al., 1996).

Psychological distress and stigma of CSA often deter and negatively affect the communication between family members and the relationship between the child and non-

offending parent can be compromised when intrafamilial support is most needed (Hernandez et al., 2009). Non-offending mothers that experience depression and anxiety are more likely to demonstrate in impaired awareness and communication cues which can inhibit protection or severely restrict exploration causing an imbalance in need for exploration and protection (Lewin & Bergin, 2001). With a clear delineation of the differences in the effect of disclosure on mothers and fathers, it is haphazard to assume treatment of the two would be uniform and founded in research based solely on the mother-child dyad.

Paternal Support

In contrast to the abundance of research on the mother-child dyad after disclosure, there are few studies that have explored the potential influences on the father-child dyad. The importance of the role of the father in a child's development has been well established. Fathers engage their children in ways that promote social and exploratory behavior and provide a sense of security when engaging with the outside world (Yogman et al., 2016). Regardless of the aforementioned difference between mothers and fathers, minimal effort has been put forth in understanding the impact on fathers and the father-child dyad after disclosure. In their study, Parent-Boursier and Hébert (2010) investigated 79 children aged 6- to 12-years-old and their perception of security to their father. Paternal security (i.e., being available and providing support), demonstrated to be a predictor of children's internalizing behavior problems and self-esteem even when controlling for the influence of perception of maternal security and characteristics related to CSA (i.e., duration, severity, and type of abuse). Paternal security demonstrated decreased internalizing behaviors and increased self-esteem. Later, Parent-Boursier and Hébert (2015) studied the father-child dyad with CSA survivors more in depth. This time they controlled for socio-demographic characteristics, maternal distress, and perception of

maternal attachment. Researchers discovered the child's perception, if the father was accessible/available, significantly predicted internalizing and externalizing behaviors. Additionally, higher scores of paternal security were related to lower levels of withdrawal, anxiety, and delinquency.

Aside from the two qualitative studies discussed above investigating fathers' experience after CSA, no other studies to my knowledge, have solely focused on the fathers' experience. The above quantitative studies investigated the child's perception of their father and making inferences about the healing process from the child's perspective. Esquibel (2008) interviewed three Hispanic non-offending fathers, and Vladimir and Robertson (2019) interviewed five white and one white/Hispanic non-offending fathers. A total of nine fathers have been interviewed in a qualitative research study to understand the collective experience of fathers after CSA. This number pales in comparison to the literature surrounding mothers after disclosure. Even though both studies determined family and friends were a necessary support system for fathers, only Vladimir and Robertson (2019) had four of their six participants seek mental health treatment. By investigating child's perception of their fathers, preliminary research does show that the relationship can act as a barrier to developing internalizing and externalizing disorders and symptoms. It is also known through these first few studies that when children experience their fathers as available, it directly affects their outcomes after CSA. An aspect of the research that is not clear are the barriers fathers experience to being available to their children after disclosure. By further investigating fathers' perceptions and interactions with mental health services, clinicians can begin to tailor interventions and treatment that is father-child dyad specific and in turn support the relationship and healing process. In understanding how fathers react and therefore influence their children in the healing process, clinicians will be better equipped to

encourage fathers to attend therapy to better support their child in the aftermath of CSA. These findings underscore a major gap in the literature that mental health professionals could be utilizing in their treatment of child sexual abuse. Understanding the lived experiences and needs of a father will aid in that goal.

Importance of Father's Role

Over the past 10 years, there has been a surge of attention and research on fathers and their role in the care and development of their children (Yogman et al., 2016). The public policy arena has made major shifts to focus on a supportive perspective, positive involvement, and unique ways they may contribute to their family (Coleman et al., 2004). In 2019, American Psychological Association (APA) released the first ever Guidelines for Practice with Men and Boys, denoting a clear need to understand the differences in which males experience fatherhood and masculinity. With much of the past research focusing on maternal response/experience to disclosure of CSA, the necessity to understand paternal response continues to grow with the ever-changing demographic of the nation. Coleman et al. (2004) estimated father-only households increased 25% from 1995 to 1998, and in 2000 there was an increase of 4.3 million father-only households. According to the U.S. Census Bureau (2017) of children living with one parent, 43.1% of children aged 12-17, 30.7% aged 6-11, and 26.3% aged 0-5 live with the father only. Mothers and fathers influence their children in similar ways; however, father involvement tends to differ (i.e., fathers tend to devote more time to playing with their children than mothers), during ages 0-4; fathers engage in more tactile physical and stimulating activities in middle school years; fathers engage in more recreational activities, and influence gender role development for both boys and girls (Yogman et al., 2016). Consequently, fathers play a

significant role in the development of cognitive, social, and psychological dimensions of their children.

Cyr et al. (2019) noted many authors and studies claim the protective factors of the father-child relationship are important in defending internalized and externalized disorders due to the unique relationship created by the father aiding in the child to open up to the outside world and overcome personal limitations. Studies denote fathers' physical play is positively associated with social competence, supporting the claim that fathers highly contribute to the child's development and well-being. Parent-Boursier and Hébert (2015) researched 142 parent-child relationships with disclosure of CSA. After controlling socioeconomic status and mother-child relationship, researchers found paternal supportiveness was associated with children's ability to emotionally regulate. Understanding fathers' experiences after disclosure of CSA can be crucial for mental health professionals when assisting children and families that seek support and help.

Current Lack of Support for Fathers

Efforts to contribute to paternal experiences and support after CSA disclosure is inadequate. The quality in which the non-offending caregiver can support a child that has disclosed CSA has consistently emerged as an important factor that contributes to adjustment after disclosure (Malloy et al., 2007). It is clear that the focus on the mother-child relationship has allowed clinicians to learn the importance of family support in the aftermath of CSA. We have learned why mothers and the mother-child dyad were important in providing interventions and predicting outcomes of CSA survivors. The recent work that has focused on fathers opened new avenues and aided in discovery of a relatively untapped source to support children after their sexual abuse disclosure. Continued research needs to be done to understand how fathers experience this disclosure and how the father-child dyad can be utilized to provide support in the

healing process. Shifts must be made if we are hoping to aid children and families in a holistic way.

While prior research has established that parental response to disclosure has significant effects on the healing process, little is known about how paternal response specifically may affect the healing process, family dynamic, or paternal experience in general. The few studies that have investigated paternal response have discovered fathers experience psychological distress and report symptoms of anxiety and depression (Cyr et al., 2019). When fathers display symptoms of depression, they are likely to experience decreased sensitivity, receptivity, and warmth toward their children while increasing hostility and disengagement (Wilson & Durbin, 2010) which could negatively affect their ability to be present and connected with their child and family.

In 2008, former APA President Alan Kazdin and the APA developed a task force (Post-Traumatic Stress Disorder and Trauma in Children and Adolescents) to examine the unique needs of children exposed to trauma and discover critical gaps in knowledge. Findings from this task force included:

- Parents and families are impacted by trauma and their response affects how children respond to trauma.
- Helping children to make connections with their parents aid in recovery is necessary after disclosure of abuse.
- Mental health professionals (MHPs) can support parents by reducing ongoing stressors/trauma.
- MHPs need to provide culturally appropriate interventions.

The broad term of families and parents are used throughout the findings; however, it is clear that this rarely pertains to the fathers of the children with exposure to trauma, specifically sexual trauma. The American Psychological Association has suggested we need to increase the repertoire of evidence-based treatments for children and families.

Rationale

At this point, it is clear that fathers play a role in their children's lives and have their own unique experiences when their child experiences sexual abuse. Fathers endure their own, unique psychological pain after learning about the abuse of their child. The way in which fathers experience this, has a potential to affect their availability, interactions, and relationship to and with their child. There is a clear gap in the literature that my study hopes to address. The field of counseling psychology focuses on a holistic and contextual worldview while working to understand a broad perspective from multiple viewpoints (Scheel et al., 2018), yet research on CSA and parental experience has been limited to investigating and understanding one perspective, the mothers. This area of research is missing an exponential amount of information pertaining to the healing and treatment for the child and the family, and at times, outright ignoring the plethora of research that has identified fathers as greatly impacting coping and maintenance of the systems they are in.

Despite the stressors and negative consequences that can occur to children and their families after CSA, these relationships are resilient. Exploring ways in which fathers experience CSA disclosure could be of importance to MHPs to examine how families can endure the hardship of CSA, foster resiliency, and heal from this potential traumatic experience. Understanding types of support that fathers describe as effective and helpful resources to families will only help with this cause.

I argue there needs to be a specific focus on fathers' experiences, treatment, and ability to aid in the healing process for the child with sexual abuse exposure. As rates of childhood sexual abuse are underreported and efforts to treat sex offenders is unpromising (APA, 2021) the need for holistic understanding of the healing process is as paramount as ever and inviting fathers into this process has a promising outlook.

Statement of Purpose

The purpose of this study was to examine the experience, perceptions, and effects on fathers and their relationship with their children after a disclosure CSA. In uncovering this nearly unexplored population, this study will help to fill a gap in the literature and help counseling psychologists begin to have a better understanding of ways in which they can support children and families that have been through the traumatic event of CSA. It is also beneficial to counseling psychologists to understand the general experience of the father in this situation to gain knowledge regarding the unique challenges presented to this group.

Research Questions

The following questions explored in this study:

- Q1 What are the experiences of non-offending fathers after the disclosure of CSA?
- Q2 What are the unique challenges non-offending fathers face after CSA disclosure?
- Q3 How have non-offending fathers seen their relationships change with their child after disclosure?

Delimitation

For this study, participants self-identified as a father/guardian and as a male. They must have had a child(ren) that experienced CSA, and a disclosure was made after that experience while the child was under 18 years of age. They also must have sought the help of a mental health professional at any time after the disclosure of abuse for them or their family members. To

avoid dual relationships and conflict of interest, any participants with a relationship to the researcher, previous or current, will be excluded from the study.

Limitations

There are inherent limitations when considering qualitative research, as it is not meant to be generalized, and posits there is not a singular reality; rather each individual constructs their own reality (Creswell, 1998). Thus, a potential limitation of the current study is that the findings may not be generalizable to all non-offending fathers with children that have disclosed sexual abuse. The results of this study will be representative of the specific population that is being explored and may instead be translatable, as interpreted by consumers of this research. Due to typically smaller sample sizes in qualitative research and the constructivist approach, which integrates the relationship between the researcher and the participant, or “the knower and the known” (Morrow, 2007, p. 212), it will be difficult to fully replicate this study or generalize it to the larger population.

Before beginning the interview process, I engaged in the bridling process to limit any impact of my knowledge and expectations on descriptions collected and to remain open to new information. Even though I was trying my best to practice bridling, there was still a possibility my own conscious or unconscious bias would affect design, implementation, or other aspects of the study.

CHAPTER II

INTRODUCTION

Childhood sexual abuse (CSA) is understood to be a traumatic experience that can have damaging long-term effects on its victims. The total lifetime economic burden of CSA in 2015 in the United States was estimated to be at least 9.3 billion dollars. This figure is most likely an underestimate of the true impact as it has been shown that CSA is underreported (RAINN, 2021). When CSA is left untreated, child development is affected and these children go into adulthood at higher risk for depression, anxiety, PTSD symptoms, substance abuse, and suicide attempts (McElvaney & Nixon, 2020). Furthermore, they are at higher risk of revictimization, domestic problems, and low self-esteem (McTavish et al., 2019).

In order to address short and long-term effects, however, clinicians must work with the parents/guardians to address treatment concerns and recovery. Children and some adolescents cannot consent themselves into treatment, and therefore need additional support from a parent or guardian. This implies that we need to have insight on parents' reactions and processes to learning their child has experienced sexual abuse and what factors influence their ability to aid their child in the healing process. Without greater understanding of the context in which children live and heal in, we may not be aware of the myriad of systemic and cultural factors that are impacting the healing process and the ability to decrease long-term effects of CSA. Fathers have a unique influence on their children and their ability to heal from traumatic experiences (Cyr et al., 2019). In addition, fathers experience their own psychological distress when learning of their

child's abuse. These experiences have been understudied. Awareness of fathers' experiences may then help researchers and clinicians to integrate interventions specific to the father-child dyad to better promote healing and recovery for both child and father. Considering the lack of research support for fathers and the unique ways in which they influence their children, I am hoping to gain better understanding of fathers' experiences.

To understand how this can be accomplished, it is first necessary to explore the current literature of the effects of CSA and how the family can promote healing and recovery. These factors together will provide essential details in the journey to better understand the climate of the father-child dyad and how clinicians can attempt to make effective and ethical decisions around treatment and recovery for children and their families.

Child Sexual Abuse Family Risk Factors

As stated in the previous chapter, the risk of CSA increases 20 times for children who live with a parent that has a live-in partner (Sedlak et al., 2010), with the safest children being those who live with two biological parents. Marital dissolution rates have remained high over the decades, and nonmarital childbearing rates have increased over the past two decades with no sign of declining (Ventura & Bachrach, 2000). Since 1976, the number of mothers cohabitating with men who are unrelated to their children has consistently increased (London, 1998) and by 1990, one in seven children were living with their mother who cohabitated with her unmarried male partner (Graefe & Lichter, 1999). More recently, (Manning et al., 2014) noted that over 40% are to unmarried mothers with over half of these occurring in cohabiting couples. Considering 96% of people that sexually abuse children are male (National Sexual Violence Resource Center, 2015), this leaves a staggering concern for the future of the nation's children. With such high

rates of children living with non-biological guardians in the United States, this leaves one of our most vulnerable populations at continued higher risk for experiencing sexual abuse.

Outside of the family make up, a number of risk factors have been linked to poor child/parent reactions to sexual abuse disclosure and youth outcomes (Kendall-Tackett et al., 1993). Family processes have also been linked to poorer outcomes for children that disclose CSA, including poor family coping, low levels of family cohesion and adaptability, and failure to protect or believe the child at the time of the abuse (Kendall-Tackett et al., 1993). For example, when parents respond to their children with angry facial expressions, children have poorer recovery outcomes (Kendall-Tackett et al., 1993). Non-offending parents need to address these issues to increase their child's likelihood of recovery from sexual abuse. Clinicians can better support these efforts by introducing interventions informed by effective responses and family processes.

Effects of Child Sexual Abuse If Left Untreated

Regardless of the staggering numbers of CSA, it has been demonstrated to be a preventable global problem (Stoltenborgh et al., 2011). Compared to other childhood traumas, sexual abuse is unique in that it involves sexual trauma and a betrayal of trust. This is intensified by social stigmatization resulting in abnormal development (Noll, 2008). Hoertel et al. (2015) noted the unique and direct effect CSA has on suicidal behavior over other forms of maltreatment. A meta-analysis conducted by Devries et al. (2014) demonstrated that CSA, even after controlling for a variety of factors, was associated with increased risk of suicidal behavior. Another meta-analysis conducted by Ng et al. (2018) looked at studies of suicide risk and CSA survivors from January 1988 to June 2017 and selected 3,354 papers for review. Of those selected, 47 studies with a total of 151,476 subjects were included in the final meta-analysis. The

researchers found that CSA was consistently associated with increased suicide attempts, suggesting early life sexual abuse is a significant risk factor for suicide attempts. More specifically, they found that victims of CSA were two times more likely to attempt suicide as compared to the baseline population. With their findings, researchers declare a need for public policy planning, health interventions, and support for its victims. Specifically, researchers ask for treatment strategies and factors promoting resilience following CSA. By understanding fathers' unique experience after their child discloses sexual abuse, researchers and clinicians can begin to arm themselves with yet another source to promote healing for child victims.

Perhaps the most known mental health diagnosis to develop following CSA is Post-Traumatic Stress Disorder (PTSD). Many systematic reviews have wondered about the relationship between CSA and PTSD factors that facilitate or impede disclosure of CSA, and how responses to disclosure impact the development of PTSD (McTavish et al., 2019). Theoretical work on CSA has evolved over time and some researchers have demonstrated a process in which children that disclose CSA go through: denial, reluctance, disclosure, recantation, and reaffirmation (McTavish et al., 2019). Other theorists have explained this process through a four-factor model which includes: powerlessness, betrayal, stigmatization, and traumatic sexualization. It is assumed in this model that these factors can distort the survivor's cognitive and emotional orientation to the world, which impacts their functioning (McTavish et al., 2019). Other researchers stated family members' reactions to disclosure had a major effect on the trauma response. Conversely, a meta-analysis investigating non-offending caregiver support after disclosure found that the development of PTSD was not related to caregiver support (Bolen & Gergely, 2015). Cahill and Foa (2007) noted the number of theories that account for how PTSD develops and states it is not always clear the role disclosure plays. To remedy these

discrepancies, McTavish et al. (2019) reviewed 88 articles and utilized 22 of those articles to understand the effects of disclosure on the development of PTSD in children that have experienced CSA. The researchers were unable to conclude if disclosure of CSA resulted in reduced symptoms of PTSD as conflicting evidence was collected. McTavish et al. (2019) stated the findings of this systemic review suggest that much more work needs to be done on the disclosure process and the effects of PTSD.

Another common occurrence of CSA is revictimization as an adult. In a recent meta-analysis of 80 studies, the mean prevalence of revictimization was 47.9%, suggesting nearly half of survivors will go on to be sexually victimized again (Walker et al., 2017). Of note, there is a heavy focus on women survivors with research largely ignoring men survivors, as is common in this specific area of research (Walker et al., 2017). Even though women are more likely to report sexual abuse, male sexual abuse does occur (McTavish et al., 2019), and research could improve existing interventions and treatments. Literature in this specific area shows revictimization puts an individual at higher, continued risk for poor mental health outcomes such as increased anxiety, hostility, depression, PTSD, and somatic complaints compared to their counter parts with no abuse history or those abused in adulthood (Courtois, 2004). It has been demonstrated that co-occurring maltreatment and parent-child relationships were related to future revictimization (Classen et al., 2005). Pittenger et al. (2016) uncovered evidence that family relationships and engagement in clinical treatment mediate the risk of revictimization. Similarly, Walker et al. (2017) also suggested these relationships may protect from future revictimization.

Protective Family Factors

Just as research has identified a myriad of risk factors that enhance long-term effects of CSA, protective factors have also emerged. Fassler et al. (2005) called for future research to

include a more contextual perspective to CSA. From the studies available, findings were not found to be consistent. Some studies found no difference in psychological adjustment between those who experienced sexual abuse as a child and their counterparts when adjusting for family environment (Higgins & McCabe, 1994). Conversely, Merrill et al. (2001) and others have found the occurrence of CSA contributed to psychological dysfunction after controlling for family environment. They also found that CSA and family conflict each contributed in their own way to long-term psychological distress (Merrill et al., 2001). In their study, Fassler et al. (2005) interviewed a sample of 290 women to investigate the importance of family environment on long term psychological distress. Within the sample, there was a 22.9% prevalence rate of CSA. Inclusion criteria included a conservative definition of sexual abuse as well as a conservative definition of intact families, knowing that children that live with both biological parents are less likely to be sexually abused. Researchers found family environment (i.e., cohesion, perceived connectedness, and believing the child) did in fact play a role in the long-term effects of CSA. Specifically, individuals that had a positive family environment were less likely to suffer long-term effects of sexual abuse. These findings suggest further research to investigate family environment in response to CSA is necessary in understanding the long-term effects and psychological distress. The current study contributed to this call to research with the aim to understand fathers' experiences after CSA disclosure.

Family Environment on Outcomes

Few providers have the clinical expertise to involve non-offending family members in service of rebuilding parent/child relationships and protective family processes (Hernandez et al., 2009). As the field has begun to expand its treatments for CSA, evidence indicates when parents are included in treatment, treatment efficacy increases (Hernandez et al., 2009). Early family

systems and psychodynamic interventions found little to no decrease in symptoms following CSA (DelPo & Koontz, 1991). More recent studies utilize interventions focused on psychoeducation, addressing issues of self-blame, guilt, betrayal, and hopelessness within the parent/child relationship have proven more successful (Hernandez et al., 2009). New studies have begun to focus on effective treatments for CSA survivors and applying these to the non-offending parents (Hernandez et al., 2009). Discovery of CSA often immobilizes non-offending parents and reinforces certain perceptions of parenting incompetence and self-blame (Kendall-Tackett, 2002). Communication about the abuse within the family presents a noteworthy challenge that is blocked by a lack of skills and stigma regarding sexual abuse, leaving the relationship between the non-offending parents compromised when intrafamilial support is most needed (Hernandez et al., 2009). Family involvement in treatment and improved communication and connectedness-predicts mental health outcomes and overall adjustment of children (McNeely et al., 2002).

Family Support

Research consistently demonstrates that family support is the greatest predictor of coping and healing from sexual abuse. So much so, that family support shows a stronger impact on psychological distress than characteristics of the abuse experienced (Bhandari et al., 2011). In their review of 59 studies Rind et al. (1998) demonstrated that family environment, which consists of family structure, adaptability, conflict, support or bonding and traditionalism, was the strongest predictor of later mental health problems. Family environment is another strong predictor of later mental health problems following CSA. When researchers controlled for family environment effects, the relationship between CSA and psychological distress significantly decreased from 41% to 17%. Other researchers also demonstrated the same effect--the

relationship between CSA and psychological adjustment was not significant once accounting for family environment (Parent-Boursier & Hébert, 2015). In other words, when children that experience CSA also experience positive family environments/ high levels of family support they are less likely to suffer extreme long-term consequences than their peers who lack the support and resources (Guelzow et al., 2003).

Many studies have documented the positive impact of parental relationships on outcomes without differing between the role of the mother and the father (Elliot & Carnes, 2001). In contrast, very few have worked to specifically explore the influence of the father-child relationship in cases of CSA when the father is not the offender. Despite the research that has highlighted the influence of the father-child relationship on youth adaption (Parent-Boursier & Hébert, 2015) little remains known about how the father child relationship impacts healing from CSA. In fact, in the general area of child development, studies investigating the parental role, or the influence of the parent-child relationship have almost exclusively been explored with the mother-child dyad (Parent-Boursier & Hébert, 2015). In their longitudinal study, Harris et al. (1998) discovered children and adolescents who describe their fathers as more involved in their lives displayed fewer delinquent behaviors and less psychological distress as their counterparts. Further, if the father-adolescent relationship deteriorated over the years, adolescents were more likely to endorse more delinquent behavior as well as depressive symptoms. Many studies have suggested the father-child relationship is independent from the mother-child relationship. For example, Kaczynski et al. (2006) investigated 226 families with 146 school aged boys in the family to investigate the impact of parenting on problem behaviors. Evidence from this study demonstrated the father's parenting to be strongly related to internalizing behaviors as opposed to the mother's parenting which was strongly related to externalizing behaviors. With the

obvious evidence that details the differences in mothers and fathers regarding their children, it becomes clearer the need for investigating the father-child dyad, specifically in the aftermath of CSA. The lack of information is astounding, and clinicians only stand to benefit from a better understanding of fathers' experience after the disclosure of CSA.

Connectedness

Family connectedness can be described as a particular characteristic of the family bond, also referred to as family or parental closeness, support, warmth, or responsiveness. This can be observed when families maintain emotional connections with each other. This provides family members a way to share affection, to offer emotional support/reassurance, and strength family bonds. By promoting emotionally open and clear communication and joint problem solving, connectedness can increase within the family (Nisbet & Zelenski, 2014). This might be an important factor to explore in the aftermath of CSA knowing how important family support is in the healing process.

During adolescence, many young people engage in risky behavior or have adverse experiences that can contribute to diminished life opportunities (Metzler et al., 2017). A robust body of literature has linked adverse adolescent experiences to mental health issues, violent victimization, risky sexual behavior, and substance use issues in adulthood (Whitfield et al., 2003). Adolescence is not always characterized by risk, however, as researchers have characterized protective factors to buffer the negative effects of risk. Family connectedness is a protective factor for which the evidence is particularly strong (Viner et al., 2012). Resnick et al. (1997) demonstrated protective associations between connectedness and adolescent outcomes regarding risky behavior.

Child Sexual Abuse Disclosure Effects

Effects on Mothers

A review of the literature indicates researchers have spent a considerable amount of time investigating the effects of CSA disclosure on mothers and how they are psychologically impacted by this disclosure. Following disclosure, mothers experience a wide range of impacts, including feeling general distress (Hébert et al., 2007), developing their own PTSD (Cyr et al., 2016), and symptoms of depression (Santa-Sosa et al., 2013). When mothers feel secure in their parenting role, experience perceived emotional support, and the abuse is extra-familial, they experience a more positive post disclosure compared to their counterparts (Hébert et al., 2007).

Response to Disclosure

It has been well noted that the mother's response and role to disclosure is important in protecting children from harm and facilitating continued discovery of their surroundings (Plummer, 2006). However, we know comparatively little about the role of fathers regarding this population (McElvaney & Nixon, 2020). One of the few studies that used qualitative methodology to explore mother's support found that support from mothers was multidimensional including affective, cognitive, and behavioral aspects (Alaggia, 2002). Researchers found a range of responses from unconditional belief of abuse to questioning the report of abuse in its entirety. Affective responses also had a range from acknowledging the seriousness of the disclosure and potential psychological effects, to minimizing the child's distress, assigning blame to the child, and an outward display of anger and rejection of the child. Behaviorally, mothers responded on a scale from permitting the alleged perpetrator to have continued access to the child, to accessing and participating in treatment following disclosure. Of note, Alaggia (2002) stated supportive parents in the study demonstrated support at the beginning of the process, but support faded as

time went on. It appeared parents were projecting onto their child the need to move beyond the abuse. Responses from parents can become a psychological barrier to future help-seeking behavior for their children. Difficult child recoveries from CSA have been characterized by high levels of family dysfunction, when mothers themselves had been raped, conflict occurs between parents, and a high level of substance use exists within the family (Mathews et al., 2013). Parents can experience a myriad of emotions and display different reactions to learning about their child's sexual abuse. These reactions can have a direct effect on the child's ability to heal from the traumatic experience. In understanding fathers' reactions, clinicians can holistically work with children and their families to heal from sexual abuse.

Effects on Fathers

The few studies that have investigated paternal response to disclosure represent some interesting and important findings. For their dissertation, Esquibel (2008) investigated the experiences of three non-offending Hispanic fathers that had daughters who experienced sexual abuse, utilizing phenomenological methodology. Within this limited pool of participants, Esquibel (2008) found a process in which these fathers experienced the disclosure. When first finding out, each was angry and hurt. However, they quickly moved to being protective of their daughters and reported pride that their sons had also taken on this role. As time passed after the abuse, these three fathers reported their families had become stronger and experienced growth from the traumatic experience. Esquibel (2008) made a strong statement calling for more research with a larger and more diverse group of fathers with this experience.

As important as Esquibel's (2008) study was, it leaves much to wonder about fathers' experiences. Most research regarding non-offending fathers and CSA is correlational and looks to only summarize the relationship between paternal factors and child outcomes as opposed to

digging deeper to understand how fathers' lived experiences of coping with their children's CSA may impact their own well-being and their relationship with their child (Parent-Boursier & Hébert, 2015). Fathers experience very specific and strict gender norms in the United States which may lead to differences in coping and parenting than the well-researched mothers of children with the same experience (Gentry & Harrison, 2010).

Working to continue this research, Vladimir and Robertson (2019) utilized phenomenology and Colaizzi's (1978) seven-step process to analyze the experiences of six fathers whose children had experienced CSA. Their findings proved to be interesting and important to this field of research. A finding of their study was that fathers took great pride in being the protector of their family, and when the shock of CSA settled in, pride was replaced with vulnerability (Vladimir & Robertson, 2019). From here, they proposed there was an internal, self-imposed sense of failure and shame and participants worked hard to regain their feeling of being the protector. Participants appeared to wrestle with finding a balance between being both a protector and a nurturer. The authors noted that the fathers in this study understood the importance of being empathetic in their child's healing process, but they often struggled to integrate it into their old perceptions of what it meant to be male. Researchers made a point to state even though each father came to the same conclusion, in a different way, they all seemed to understand that the CSA did not "break" their child or their family and they eventually had to come to the terms with the fact they cannot protect their child in every circumstance, which included forgiving themselves for the blame and shame they felt.

These two phenomenological studies confirm what past research has stated, that fathers experience extreme psychological distress in the aftermath of CSA (Parent-Boursier & Hébert, 2015). In some instances, fathers experienced so much fear, they in turn became hypervigilant,

indicating they took unreasonable precautions from future re-victimization (Vladimir & Robertson, 2019). This report seems especially important considering Masten and Coatsworth's (1998) study suggested stricter parenting may be helpful and necessary in protecting children from adverse experiences; however, intense hypervigilance and restrictive parenting can greatly discourage children's exploration and independence which can impede social development. As mentioned in the previous chapter, Yogman et al. (2016) highlighted the role fathers play in encouraging their children to explore the world and take risks. Balancing the role of protector and nurturer may be a difficult task for fathers whose children experience CSA.

Another interesting finding from Vladimir and Robertson (2019) involved fathers experiencing a perceived stigma of sexual abuse and thinking they needed to suffer in silence. Some of their participants' families experienced victim blaming and estranged relationships due to the abuse, which is a common finding that persists in the public arena (Theimer & Hansen, 2020). Regarding stigma, there appeared to be a major difference in the two qualitative studies presented above. Even though both Esquibel (2008) and Vladimir and Robertson (2019) found participants leaning on family and friends for support, only Vladimir and Robertson had a small amount of their participants seek mental health services for support. This finding adds to the literature suggesting that some men perceive these services as helpful and continued research in this topic is both urgent and necessary (Cleary, 2012). One explanation for the small number of men perceiving services as needed or helpful is the stigma in our society about males seeking services, especially for the sexual abuse of one of their children Vladimir and Robertson (2019). One way to remove the social stigma and barriers to treatment for this population is to understand how fathers experience the aftermath of CSA. A second way to increase help-seeking is to provide appointment times that do not conflict with work, as some men remain the primary

source of family income (Gentry & Harrison, 2010). Vladimir and Robertson (2019) called for the field to continue to research the experiences of this population considering most participants felt ostracized due to the stigma of sexual abuse. They also call for looking into the challenges and strengths between the father-child dyad.

Emotional Impact on Parents

Very few studies have investigated the differences among maternal and paternal reaction to CSA disclosure, mostly because studies regarding paternal response are scarce. This is a disturbing fact as in over 71% of cases the father is not the offender (Cyr et al., 2018). Studies have shown a differential response to disclosure of CSA of men and women in times of stressful events (Cyr et al., 2018). As of 2018, only two studies have provided longitudinal data on parents' health responses to CSA, and only five studies in general compared mothers' and fathers' symptoms after disclosure, making an obvious point that we have a limited understanding of their needs during this time (Cyr et al., 2018). Of these studies, confounding evidence has been demonstrated in the aftermath of CSA. At the time of disclosure, mothers are more likely to indicate they are in the clinical range of psychological distress (Cyr et al., 2016). Later, Cyr et al. (2018) found one-third of fathers to also fall in this range. However, 2 years after disclosure, Kelley (1990) observed more symptoms of distress in fathers than in mothers, while Manion et al. (1996) found converse results three months after disclosure. It seemed that mothers had a stronger reaction initially, but they were able to recover, whereas fathers were initially more stoic but seem more impacted over time. Considering what we already knew about gender differences and help seeking behavior, it may not come as a surprise that fathers were more likely to continue to experience psychological distress well after the incident in comparison to mothers.

Similar to their children, parents can experience symptoms of PTSD or even qualify for a PTSD diagnosis after CSA disclosure. In their sample of 17 families, M. G. Davies (1995) found 44% of the fathers that participated scored in the clinical range for avoidance symptoms, while clinical intrusive and avoidance symptoms were evident for mothers. Conversely, Dyb et al. (2003) demonstrated 33% of both parents experienced intrusive symptoms after disclosure while 25% of both parents reported clinically significant avoidance symptoms four years after disclosure. Parental and familial support is the most salient factor in the child's recovery and outcome from sexual abuse (Hébert et al., 2007). The studies above demonstrated that a significant number of parents continued to experience their own psychological distress many years after the disclosure of abuse. It was clear that their reactions and continued distress could and did affect the healing process. It was also clear that mothers and fathers differed in their experience of disclosure and would go on to influence their children in different ways.

Gender Ideologies

As mentioned above, mothers and fathers not only take on differing roles in the family unit, but they influence their children in many different ways. Gender ideology represents what individuals view as appropriate roles for men and women, which will affect their own behavior (Bulanda, 2004). An example is husbands with more egalitarian beliefs do more housework than those with traditional beliefs (Cano & Hofmeister, 2023). Gender ideology may therefore contribute to the varying responses to CSA disclosure between mothers and fathers. Little is known about the father-child dyad and this relationship to CSA disclosure. We have learned about the importance of the father-child dyad is unique in its relationships and accounts for child development in a differing way than the mother-child dyad. We have also learned parental response to disclosure can affect the healing process and positive mental health outcomes for the

child. Courtenay (2000) posited health beliefs and health behavior are used to construct gender/gender roles in North America which can affect how men construct various forms of masculinity and how these different enactments of gender contribute to help-seeking and health promoting behaviors. Considering women are far more likely to engage in health-promoting behaviors than men (Cano & Hofmeister, 2023) one must wonder how these imbedded beliefs are displayed in the aftermath of CSA. It will only stand to help families of CSA to understand the unique differences in the way fathers respond and therefore influence their child after CSA disclosure.

Social Stigma

As noted above, mothers and fathers experience different emotions, thoughts, and display different behaviors after learning that their child has been sexually abused. Vladimir and Robertson (2019) discussed an emergent theme with their participants that centered around social stigma. It seemed that the fathers in this study feared being outcast by society due to the stigma regarding CSA, but more so feared that their intimate social circles and community would reject their child. Fathers were worried about their children being labeled as victims and shared an embarrassment for their child and for their family. Fathers have reported a sense of failure to protect their child, leaving them feeling responsible for the abuse (Esquibel, 2008). It appeared that the stigma of CSA served to intensify other feelings such as shame and guilt which led to them dealing with the abuse in secrecy (Vladimir & Robertson, 2019).

In their review of examining parents' attitudes toward discussing sexual abuse prevention Prikhidko and Kenny (2021) discovered socialized shame and victim blaming behaviors that stemmed from lack of social and cultural awareness regarding sexual abuse served as a barrier. Parents agreed discussing sexual abuse with their children was not a social norm encouraging

researchers to call for more awareness and education for parents and the community at large. An interesting theme emerged in their study Castaneda (2021) when they interviewed Latina female survivors of CSA. Participants in this study already understood the feelings of shame their fathers would feel if discovered their daughter was sexually abused. Due to this, these participants chose to keep their abuse a secret from their fathers to try to lessen their father's social suffering. Mothers are more likely to engage in therapy due to perceived social stigma of men attending (Han & Kim, 2016). When interviewing therapists that work with families that have experienced CSA, they stated the importance of validating the fathers experience and reaction as it tends to lean more towards anger than mothers and encouraging fathers to attend is of upmost importance (Han & Kim, 2016). Because of the social stigma around sexual abuse and intra-familial abuse, our society needs to develop more respect and opportunities for fathers who wish to actively participate in their child's healing process and work to combat the stigma. Even though mothers and fathers are adversely affected by CSA, there are distinct gender differences to their reactions, short and long-term effects, and coping strategies which can often be affected by social stigma.

Help Seeking Behaviors in Men

As stated above, men and women differ in their reactions to learning about their child's abuse. This difference is also seen in their behavior when seeking mental health help. Due to socialization and traditional gender roles, men are thought to be deterred from engaging in mental health services (Sagar-Ouriaghli et al., 2019). Men are assumed to have experienced the social message that negative emotions are a sign of weakness which deters them from seeking help from friends, family, and other support services (Tang et al., 2014). Other explanations for the differences in help seeking behavior can be seen in how men cope with mental health

difficulties. Men are more likely to alleviate emotional distress using drugs and alcohol (Rutz & Rihmer, 2009), as demonstrated in the higher prevalence rates of substance use disorders in men (Wilhelm, 2014).

Globally, men have been 1.8 times more likely to take their own lives when compared to their female counterparts. Furthermore, more western countries see a stark difference in this rate with men 3.5 times more likely to complete suicide (Chang et al., 2019). Of note, men that do experience suicidal ideation are shown to be less likely to seek mental health treatment reducing their opportunity for prevention, intervention, and recovery (Hom et al., 2015). By interviewing fathers that have sought mental health help for themselves or their children, I hope to add to the literature on fathers' experiences when their child experience abuse and increase clinicians' ability to serve this population.

Conclusion

Upon reviewing the literature on parental response to CSA, it is clear just how little research exists on non-offending fathers. In response to CSA, the field of psychology has focused mainly on the mother-child dyad, even though over 71% of perpetrators are not the biological father. Based on the information reviewed in this chapter, fathers seem to experience many differences compared to mothers throughout the time of parenthood. While we know how fathers influence their children differently from mothers, and in return respond differently when their child discloses CSA, we have a lack of research on fathers' experiences after disclosure. Therefore, considering the importance of a supportive family, this begs the question, how are fathers influencing their children after the disclosure of CSA? How has the disclosure changed the father-child dyad? What supports do fathers need to heal from this experience and aid in the child's recovery? The current study investigated fathers' experience after the disclosure of CSA.

By examining this process with fathers with children that have disclosed CSA, it is possible to gain feedback on their experiences, father-child relationship, and challenges to healing. This research may also provide an abundance of information for clinicians to encourage fathers to engage in treatment with their children and to adapt interventions for the specific father-child dyad. This research is addressing a specific gap in the literature regarding a problem that experts do not see being remedied any time soon. Clinicians can engage this information and develop best practices that goes beyond using interventions designed for the mother-child dyad with the father-child dyad. Rather, the findings can be used to design interventions intended to engage with fathers specifically.

CHAPTER III

METHODOLOGY

Overview

Given the purpose of this study was to examine the experience, perceptions, and effects on fathers and their relationship with their children after a disclosure CSA, a qualitative phenomenological approach is the most appropriate choice for the current study. Compared to quantitative research, qualitative research includes smaller data sets as these participants provide rich, detailed, and in-depth descriptions of their unique experiences, allowing the researcher to derive commonalities and characteristics of a shared phenomenon. Additionally, qualitative research is proposed to provide an understanding of a phenomenon from the person(s) experiencing that phenomenon (Merriam & Tisdell, 2009). Creswell (2013) described phenomenology as relying on interviews and documents as the main source of data collection, which allows for an intense, in-depth analysis of data and examines the experiences of populations who have been disenfranchised or had minimal strong representation in research (Levitt et al., 2018). Due to the limited amount of research on fathers with children that have been sexually abused, and particularly fathers' unique experiences after disclosure, phenomenological qualitative methodology was chosen for this study. This chapter includes principles for the theoretical framework, methodology, and analysis of data. Ethical considerations, research rigor, and trustworthiness are also addressed.

Theoretical Framework

The theory behind this study was constructivist which allowed for participants to create and describe their experiences with the phenomenon of being a father with a child that disclosed sexual abuse. My goal was to invite a wide range of responses about participant interpretations about fathers' needs and behaviors, emotional experience, and relationship with their child that play into decisions to seek mental health treatment as well as the healing process for the family and father. This approach is complimentary to the field of counseling psychology in its innate openness to the multiple interpretations of events based on individual context and past experience (Morrow, 2007). As mentioned above, the constructivist perspective will include co-construction in which individuals experience something differently depending on how they explore their own experiences socially, and, therefore, the interaction between the researcher and each participant is fundamental to capturing and characterizing the lived experience (Ponterotto, 2005). Descriptive phenomenology uses the process of co-construction that is acknowledged and managed (Giorgi, 2009). Differing from interpretative phenomenology (Crotty, 2010), the descriptive approach utilizes extensive bracketing and a differing attitude with a goal to reduce researcher bias (Giorgi, 2009). This approach aims to neither add nor subtract from what is given by the participant, regardless of its presentation (Giorgi, 2009). The goal with this approach was to gather information that was close to each of the participant's individual constructed reality, a reality that was as little contaminated by the research as possible. This information gathered will be a truer description of the participants' beliefs and experiences and less of the researcher's interpretation about what was shared.

I also utilized a humanistic lens as many elements of this overlapped with the constructivist approach as well as counseling psychology values. Similarly, to the constructivist

approach, the humanistic viewpoint incorporates ideas of the existence of unique human experiences with a belief that all humans are innately good and have free will regarding their thoughts, actions, and emotions (Bugental, 1964). This theory highlights that individuals constantly make their own choices and hold responsibility for their own decisions (Bugental, 1964). The humanistic view allows for the assumption that external and internal factors are present in the experience of any explored phenomenon, with varying levels of individual awareness. This process involves a humanistic awareness of the self, others, and all interactions between them (Bugental, 1964). This is shown in my assumption that fathers face choices regarding their children and family and that their awareness impacts their internal process, and their decisions making. This can result in actions regarding their experience that may affect the healing process for their child and family.

Method

The current study utilized phenomenological methodology to investigate the unique lived experiences of fathers who have children that disclosed sexual abuse. Phenomenology can be understood as “the study of the structures of such phenomena as they appear to consciousness. These structures include both the given that is present and the acts of consciousness to which the given is present” (Giorgi, 2009, p.10). The descriptive phenomenological method was created as a psychological approach to phenomenology (Giorgi, 2009) and, therefore, entails some distinct methodological modifications from the traditional Husserl (1970) methodology. Thus, in descriptive phenomenology there is no search of the essence of the phenomenon; instead, one looks for the structure of the experience comprised of the participants’ psychological responses, motivations, emotional reactions, consequences, and beliefs (Giorgi, 2009). Understanding these structures can lead to the meaning derived from the lived experiences.

Many philosophical assumptions were incorporated into this study in order to employ descriptive phenomenology. These were:

- focusing on exploring constructed realities rather than an objective truth (Creswell et al., 2007),
- suspending judgment through bridling in order to reduce any biases that otherwise could alter descriptions of the phenomenon (Giorgi, 2009),
- accepting that an event or object cannot be separated from one's experience of it (Giorgi, 2009), and
- consciousness is what creates reality (Creswell, 2013; Giorgi, 2009).

I chose to employ bridling instead of bracketing, as bridling is considered a more modern approach that bolsters bracketing (Vagle et al., 2009). Bridling includes holding an attitude of openness while limiting the influence of past information (Vagle et al., 2009). It also includes the necessity of having patience within the phenomenological attitude to allow for a phenomenon to show itself (Vagle et al., 2009). For example, choosing a phenomenon of interest would be far from a neutral decision, and phenomenological researchers must realize that their quality of work would be partly judged by their ability to understand what they knew and assumed and how these influenced a proposed study (Vagle et al., 2009). Meaning, the primary issue was not that researchers would or would not influence the phenomena, but in what ways are researchers influencing the phenomena and in what ways might researchers bridle their influences. This thoughtful deviation from Giorgi's (2009) descriptive phenomenology was done with intention of engaging in the most modern and widely accepted qualitative methodology.

Phenomenology, despite focusing on subjectivity and the uniqueness of experiences, also asserts there are shared and overlapping experiences and meanings that contain a common

structure of the experience being captured by the researcher (Giorgi, 2009). By collecting data via interviews with those that have a direct, lived experience of the phenomenon, the structure and meaning can be discovered. The interview process focuses on asking open-ended questions that will aim to provide information that will allow the researcher to understand each individual experience and related contextual influences (Creswell, 2013). Through this process, the description obtained can be used to understand a more general description of the investigated shared phenomenon (Creswell et al., 2007; Giorgi, 2009).

Through the use of in-depth interviews, I was able to gain an understanding of the experiences of fathers with children that have disclosed sexual abuse. By utilizing this approach, I was able to gather information about specific contexts and individual factors of the participants while gaining an understanding of the commonalities of fathers experiencing this phenomenon. It was exceedingly important to consider contextual factors and, therefore, direct quotes were incorporated into the themes and descriptions in order to illustrate how the participants experienced and engaged with the phenomena.

Researcher Stance

My interest in the topic of childhood sexual abuse and understanding how children heal from this experience stems from my clinical interest and experiences. Most of my early clinical work was focused on children and their experience of healing from sexual abuse. It is important to me and aligns with my values as a future counseling psychologist, to work with vulnerable and underserved populations, such as children. Through my experiences working with children and their families, I have witnessed the importance of familial support when healing from sexual trauma. I feel deeply pulled to serve this population that has less rights and depends on adults for care and nurturing. I also believe the fathers' experience of knowing their child(ren) has

experienced CSA has been grossly overlooked and our field is missing a major source of support within the healing process.

Choice of Research Topic

As a future counseling psychologist, I align with the values put forth in our field. Understanding individuals in a holistic and contextual manner is necessary for providing the best care. Due to the dearth of information on fathers' experiences and how they may contribute to a child's healing process following CSA, the mental health field is less equipped to understanding children holistically. Having served a population that needs advocacy from others and is dependent on others for survival, I have developed a passion for providing services to children. By understanding the experience of a caregiver, I can implement and adapt my work as a future psychologist to provide the best care for children with the experience of CSA.

Research Methods

Participants Sampling Method and Recruitment

Criterion sampling was employed to establish all participants have experienced the phenomena (Ponterotto, 2005). For the current study, participants must meet the following inclusion criteria:

- Participants must self-identify as the father/guardian and identify as male.
- Participant must not be the offender.
- Participants must have a child(ren) that experienced CSA, and a disclosure was made after that experience while the child was under 18 years of age.
- The abuse occurred less than 10 years ago.
- Participants must have sought the help or currently seeking the help of a mental health professional at any time after the disclosure of abuse.

To avoid dual relationships and conflict of interest, any participants with a relationship to the researcher, previous or current, were excluded from the study.

In order to investigate the phenomena of non-offending fathers, voluntary participants were individually interviewed. Because the goal of qualitative research is to enrich the understanding of the experience, participant selection is purposeful and sought out. This set the groundwork for exploring a baseline of information to be reviewed to ensure a heterogenous group is recruited. Participants were recruited from the Denver-Metro area by reaching out to child advocacy centers, pediatrician offices due to the proximity of the researcher to this area. Child advocacy centers in Atlanta and South Carolina were also outreached to as the researcher was able to connect with these areas. Participants were also recruited from social media sites that host groups for parents that have children with a sexual abuse history. Also, continuous recruitment of participants based on differing cultural identities, backgrounds, and experiences will aid in this goal (Polkinghorne, 2005). Initial contact was attempted through engaging individuals I know that work in the places listed above, and then I sent emails to listservs, and flyers passed out and hung up in said offices and spaces targeted for recruitment. Of the 17-child advocacy centers I reached out to, only 1 agreed to advertise my flyer. Further, no other agencies were willing to advertise the study. I then took to social media to advertise my study. From there, I was able to recruit individuals. Snowball sampling occurred once participants were contacted to seek out others that may be interested in participating in the current research (Polkinghorne, 2005).

Interviewing participants was discontinued once saturation was reached (Wertz, 2005), meaning no new or conflicting information is being gathered by the experiences of the participants. Researchers have suggested saturation typically occurred within 5 to 25 participants

(Polkinghorne, 2005). Therefore, I anticipated data collection would occur for five participants and would continue until saturation is reached and no new themes have emerged (Lincoln & Guba, 1985).

Procedures

I completed an Institutional Review Board (IRB) application and obtained IRB approval before beginning the study. Potential participants completed a brief screening to determine that they meet the requirement of inclusion/exclusion criteria. When participants were identified as eligible to participate based upon the screening, I connected with the participant to determine a time and place for the interview to take place. When possible, all interviews were done in person by a location chosen by the participant. If in-person interviews were not possible, interviews were held via a secure platform such as Microsoft Teams or Zoom and followed the APA (2013) telepsychology guidelines. Due to location of the participants, all interviews were completed on Zoom. All interviews were audio-recorded on a password-protected device for later transcription. Field notes were completed during and after each interview (Creswell et al., 2007). Participants were offered a \$50 American Express gift card for their participation.

Data Collection

Informed consent was reviewed prior to the interview, and a consent form was signed by the participant. During this time, I established the purpose of the study, risks, benefits, and the participant's right to discontinue participation at any time. I also, to the best degree possible, guaranteed confidentiality through de-identified interviews and provided the option for the participant to choose a pseudonym prior to the start of the interview.

According to Guba and Lincoln (1994), the data collection method was based on how the researcher wished to gain knowledge. In this descriptive phenomenological study, I recognized

the participant as the expert of their own life. The constructivist approach recognizes meaning assigned to experiences and language can be used as a tool to attach meaning. These assigned meanings may not be known to the participant but through a hermeneutical approach, they will be revealed (Giorgi, 2009; Morrow, 2007). Following these understandings, data were collected through 1 to 1 1/2-hour in-depth, semi-structured interviews with each participant. Participant interviews were recorded with the use of audio equipment. I took notes throughout the interview in order to record non-verbal observations such as body language and facial expressions. The recorded interviews were then transcribed so that the full dialogue may be revisited many times from a holistic perspective, and then broken down into meaning units.

Role of the Researcher

As the primary researcher, my role was to collect the information from each participant through the interview process. I both observed and participated in the co-creation of the interview experience (Creswell et al., 2007). Prior to data collection, bridling (a process like bracketing past knowledge that also focuses on openness to new information; Dahlberg et al., 2008) of potential researcher biases were completed to ensure that data were descriptive in nature without being contaminated by past knowledge (Giorgi, 2009). Doing so also aided in bringing to my awareness any underlying researcher biases so that they may be understood and managed as needed throughout the course of the research process (Morrow, 2007). Transparency in this process further allowed readers to be able to better understand any later interpretations of the information gathered as well as what aspects of my experiences and identities may have informed my understanding. Despite my efforts to engage in bridling, my presence likely influenced what each participant shared during the interview. To ensure that I remained cognizant of each of these potential biases I held, I kept a reflexivity journal of these factors as

well as of my ongoing thoughts and reactions to my experience of conducting this research. This aided in my ability to monitor how effectively I bridled my experiences so as to remove their impacts on the research procedures and analysis of the findings. In doing so, I aimed to incorporate the idea that there are many ways in which to be an effective clinician in order to remain open to the possibility of attaining new knowledge through the findings (Dahlberg et al., 2008). In general, I hoped to ensure that my values and experiences did not significantly impact the information obtained, and that I was able to encounter each of the participants' experiences as true and valid. A researcher reflexivity process was utilized to attempt to capture accurate descriptions of the participant statement rather than how I may interpret them (Giorgi, 2009). Therefore, all transcripts and recordings were reviewed by a peer reviewer for evidence of my own bias that may influence the progression of the interviews. My goal in utilizing a peer reviewer was to acknowledge the effect that I may have on the process and work to reduce this impact on further interviews. To ensure final descriptions were as accurate as possible to the actual experience, direct quotes from the participants were used to illustrate the descriptions obtained.

Data Analysis

A descriptive analysis aims to understand the meaning of the participants' description based exclusively on what is presented in the data and does not attempt to assuage ambiguities without direct evidence from the description itself (Giorgi, 2009). Within this framework, I worked towards reflecting on the description of the participants' potential for meaning in how it related to the world instead of reducing the participants to the factuality of their experiences (Giorgi, 2009; Wertz, 2005). Data analysis occurred concurrent to participant recruitment and the

data collection process so that maximum variation sampling could occur until saturation was reached.

All interviews were first transcribed using the paid online transcription service Temi, located at temi.com. Temi utilized TLS 1.2 encryption and machine transcription to maintain confidentiality regarding all uploaded video and audio files and transcripts created. Data analysis followed once transcription was completed. Giorgi (2009) outlined clear steps for data analysis which began with transcribing the interview and working toward gaining an overall sense of the description of the experience. By completing this step first, I worked holistically to combat description without awareness of other parts of the description, which may leave room for incomplete analysis. Next, the determination of meaning units were assigned and noted whenever a shift in meaning was detected (Giorgi, 2009). In following this approach, I read each transcript and identify the meaning units through each narrative. These units, or themes, were comprised of thick descriptions, including textural (personal quotes and experiences) and structural (contexts related to themes) descriptions. Hidden meanings with individual realities were extracted hermeneutically as descriptions via the dialectical interaction of the interview (Guba & Lincoln, 1994). Once detected, these units were reflected upon to assess how they described the experience (Creswell et al., 2007). This allowed common themes to surface and postulate a structural description of what it means to be a non-offending father of a child that has experienced CSA. The focus on the psychological allows the researcher to reflect on and describe the meanings of lived-through experiences, while bridling out their own values, beliefs, and experiences (Giorgi, 2009; Morrow, 2007; Wertz, 2005). When these commonalities began to accumulate, they were synthesized to capture the essence or the phenomena. Finally, the statements were synthesized, and imaginative variation was used to write the structure of the

experience using the most invariant aspects of the experience (those without which the experience would differ; Giorgi, 2009). Once these steps have been completed in their entirety, bridling was concluded, and I utilized a theoretical lens and past research to work toward identifying interpretations (Giorgi, 2009).

Qualitative Rigor

Trustworthiness

Qualitative research utilizes the term “trustworthiness” to describe the measures a researcher must take to ensure the quality of their work as opposed to reliability and validity (Lincoln & Guba, 1985). The concepts of credibility, transferability, dependability, and confirmability must be addressed in any rigorous qualitative research (Lincoln & Guba, 1985). To warrant accuracy of descriptions and decrease personal subjectivity, bridling and reflection of the researcher was utilized throughout the research process.

Credibility

In qualitative research, credibility is defined as the degree of confidence in the research methods and data interpretation (Lincoln & Guba, 1985) and aids in demonstrating the quality of the study (Morrow, 2007). This study ensured credibility by using prolonged engagement with the participants via in-depth interviews lasting 60 to 90 minutes. I made observations about the participants and their behavior during interviews, which enriched the thick descriptions (Morrow, 2007; Ponterotto, 2005). The multiple layers of thick description also took into account the participants’ various cultural influences, such as culture of origin, and the contexts in which all human experiences are embedded within.

After the data were analyzed and themes were delineated, participant checks were employed. In order to do so, each participant was provided with a copy of their interview

transcript and subsequent descriptions and themes derived from the interview content. The participant was invited to assess the findings to ensure they align with their experiences. Participants' feedback was then integrated into the themes and description of the phenomena (Giorgi, 2009; Morrow, 2007; Wertz, 2005).

A peer check was also used in this study to enhance credibility. Individuals completing the peer check will read each participant's transcript, researcher's field notes, and behavioral observations. The peer reviewer used in this study was an individual with experience in research and clinical work who has experience with descriptive phenomenology and is also receiving a minor in statistics and the doctoral level at the University of Northern Colorado. This individual received training in the Giorgi approach, and any diverging opinions will be discussed in order to determine an appropriate course of action to establish the most accurate description of the experience. Throughout the entire research process, I also engaged in researcher reflexivity via a reflexivity journal to maintain awareness of my own bridling process and my own impacts on the study.

Transferability

Transferability refers to how generalizable the findings of a research study are across different contexts and settings (Lincoln & Guba, 1985). In large, whether the findings of this study will uphold transferability is related to the context in which they are applied and the intent/needs of the reader (Lincoln & Guba, 1985). I aimed to increase transferability in many ways. Information about participants, such as age and demographic information were given, along with thick descriptions (Lincoln & Guba, 1985; Morrow, 2007). This was done with strict adherence to the APA's (2017) ethical guidelines on confidentiality in research. The various researcher-participant relationships will also be described within the analyses of data, along with

an explanation of descriptive phenomenology's approach to describing data, absent from researcher interpretation. An attempt at sampling multiculturally diverse individuals will also support transferability by including the voices of a diverse group of participants.

Dependability

Dependability was utilized to manage consistent time and analysis with every interview (Ponterotto & Grieger, 2007). The most common method used for assisting with establishing dependability is an audit trail (Lincoln & Guba, 1985). This aided in the process of the research by describing both the end product and the process, which includes a detailed chronology of research steps, emerging themes, and codes (Morrow, 2007). Lincoln and Guba (1985) compared the audit trail with a fiscal audit, which is created to ensure the researcher could read and understand the audit trail and research process thoroughly. A fundamental part of the audit trail is the researcher journaling, detailing reflections, and decision-making processes (Merriam & Tisdell, 2009). I created an audit trail in order to detail the research process and any decision-making throughout the study and explored potential codes and emerging themes. I maintained a researcher reflexivity journal where I provided detail for how the research procedures were undertaken and the rationale for many different decisions that may be made to ensure the outside reader can evaluate the trustworthiness of the methodology used in this study. This was maintained by creating a process journal, so I am able to document any decisions and rationales from the beginning to the end of the process. This included decisions made regarding theoretical approach, methodology and analysis procedures.

Confirmability

In qualitative research, confirmability can be described as the validity of the research. This is a way to check that the researcher's interpretations and findings are being derived directly

from the data (Lincoln & Guba, 1985). Replication of the study cannot occur without strict adherence to confirmability. The approach used in this study helped to ensure confirmability throughout the research process. Giorgi's (2009) descriptive phenomenology implores the researcher to intentionally bridle values, biases, and professional knowledge during the gathering of data in order to remove the researcher as much as possible from the phenomena. The researcher clearly bridled personal background and experiences in relationship to the phenomenon under investigation, the experience of fathers with children that have experienced CSA. The tenets of confirmability also ensure that the researcher will move to giving thick, rich, detailed descriptions of the phenomena, rather than the researcher's own interpretation of the phenomena (Giorgi, 2009, 2012). Once themes were extracted, participant checks were utilized to prevent researcher subjectivity from coloring the results. An audit trail was also used (Morrow, 2007). The data, its analysis, and the resulting findings were made available to the reader in a detailed, chronological way. This helped the reader to confirm the adequacy of the findings.

Ethical Considerations

It is important to consider ethical dilemmas that may arise while conducting and reproducing research. With the inherent power imbalance that is assumed by the researcher, it is important to understand ways in which to decrease the assumed power. The researcher's role will be that of the inquirer, or learner, seeking to gather the experience of the participant and reveal the meaning of those experiences in a hermeneutical approach in the hopes of providing a better understanding of what it means to be a father with a child that has disclosed CSA (Giorgi, 2009). In the role of the learner, the researcher seeks a collaborative relationship based on the counseling psychology values of egalitarianism, focusing on strengths, and multicultural

awareness (Morrow, 2007). The researcher will also work to intentionally review informed consent, emphasizing that participation is voluntary. I also provided my participants with autonomy and the power to make their own decisions on participation and what to share. Considering the experiences of the participants may bring up a strong emotional reaction, I acknowledged the difficult experiences being shared while directing the interview toward strengths and resiliencies and providing multiple check-ins to ensure their comfortability and safety.

Summary

This chapter provided an overview of the methodology and approach used in this study, including this study's theoretical framework and how descriptive phenomenology was applied to best answer the research questions. My stance was described in this chapter to provide a context in how I aimed to approach this study. Participant recruitment and data collection procedures were outlined in this chapter as well. Finally, an outline of procedures of analysis for the descriptive phenomenological approach was discussed and the steps in which the researcher plans to promote rigor and trustworthiness. Chapter IV provides the results of this study which includes the main themes derived from participant descriptions of their own experiences with the phenomena of having a child that has disclosed sexual abuse.

CHAPTER IV

RESULTS

The purpose of this study was to examine the experience, perceptions, and effects on fathers and their relationship with their children after a disclosure CSA. This chapter covers the descriptions of those fathers that participated in the study. It also includes an analysis of the themes that emerged from the interviews that were conducted with the participants, including within-case findings, as well as cross-case findings. From the descriptions and themes, this chapter details the examination of the psychological structure of each fathers' experience with the phenomena at hand. This chapter further describes the general experience of fathers with children that have disclosed sexual abuse by using commonalities between participant's psychological structures.

After a successful proposal of this dissertation study and receiving approval from the University of Northern Colorado Institutional Review Board (see Appendix A) to conduct this research, five participant interviews were conducted and included in the analysis. While developing the study, throughout recruitment, data collection, and data analysis, I attempted to bridle (Dahlberg et al., 2008) my knowledge and experiences to reduce biases that I hold regarding this population that could impact the descriptions I collected from the participants (Giorgi, 2009). This process also involved remaining open to novel information that was provided to me within the participant descriptions.

My own process of bridling involved many steps that were dedicated to increasing my awareness of my biases about working with fathers that have children who have been abused sexually, and then assessing potential impacts of such biases on the data collection and analysis process. Before collecting participant data, I journaled thoroughly about my own experiences with the current phenomenon being studied. I aimed to bring awareness to my own expectations of the results of the study to reduce the potential impact. While interviewing participants, I maintained a researcher reflexivity journal, where I recorded field notes on my thoughts, observations, and experiences of each of the fathers and the descriptions shared. I recorded the audio of each interview and then transcribed each interview to review and analyze them. This was another step to ensure that I was accurately capturing the statements made by each participant. Lastly, the transcripts and resulting descriptions went through a peer reviewer process. The peer reviewer was another doctoral student in counseling psychology with qualitative research experience within this specific descriptive phenomenological approach.

Data analysis involved several steps outlined here. First, each participant's transcription was read in its entirety to capture a sense of the participants experience as a whole (Giorgi, 2009). Next, the participant's response was broken down into meaning units within each interview. I then worked to transform each unit into a richer psychological unit by identifying the meaning that dominates the original unit (Polkinghorne, 2005) and restating it in psychological terms (Giorgi, 2009). I then completed the analysis by synthesizing the psychological descriptions through imaginative variation in order to write the essential psychological structure of each participants' experiences (Giorgi, 2009). See appendix F for an example of imaginative variation. These with-in case analyses are presented first in this chapter. The essential structures for each participant were then compared across participants to highlight common experiences

that may indicate shared aspects that could then be generalized to the population of the study.

These cross-case analyses results are presented second in this chapter. Finally, an examination of the trustworthiness and rigor of this study is provided.

The research questions for this study were as follows:

- Q1 What are the experiences of non-offending fathers after the disclosure of CSA?
- Q2 What are the unique challenges/ supports non-offending fathers face after CSA disclosure?
- Q3 How have non-offending fathers seen their relationships change with their child after disclosure?

Within-Case Analysis

The cases in the following section have been de-identified in multiple ways in order to protect the confidentiality of those who participated in the study. Participants were instructed at the start of the interview to choose their own pseudonym. While reviewing interview transcripts I redacted any information that I felt could be highly identifiable for participants. Similarly, the participants' ages were modified to fit into groups of 10 (e.g., 20s, 30s, 40s). Furthermore, geographical location and nationality were also generalized to protect confidentiality. All other demographic information is presented accurately (see Table 1).

Table 1*Participant Demographic Information*

Pseudonym	Gender	Age	Race/Ethnicity	When Abuse Occurred	Education	Profession
Jay	Male	30s	Hispanic	Less than 5 years ago	Bachelor's Degree	Retired Military
Zeke	Male	30s	Caucasian	Less than 5 years ago	High School	Self-Employed
Alan Roth	Male	30s	Caucasian	Less than 1 year ago	Associate degree	Truck Driver
Dean	Male	40s	Caucasian	Less than 10 years ago	Master's Degree	Behavioral Health Professional
C.	Male	40s	Latin/Hispanic	Less than 5 years ago	High School	Self-Employed/ Business Owner

Zeke

Zeke identified as a Caucasian, North American Male in his early 30s. He works in information technology and has completed his college degree. He reported that his daughter had been sexually abused by his stepfather when she was in elementary school less than 5 years ago. Throughout Zeke's interview he remained highly engaged in the conversation. He also expressed interest and excitement that this topic was being studied and that he could contribute. Zeke spoke openly and at great length about his experiences in response to each interview question. The times Zeke did appear to struggle was when he described his emotional experiences about how he felt supported through the process. Zeke verbalized his own awareness of the difficulty of putting emotional words into use and took the time needed to reflect on this and share what he had noticed about himself. He provided enthusiastic feedback regarding the interview and shared that he would pass on the information to anyone that might qualify to participate. In the end, he offered thanks for the opportunity to explore certain aspects of this experience and he shared he was hopeful this would help others that are unfortunately in the same situation.

The psychological structure of Zeke's experiences as being a non-offending father with a child that disclosed sexual abuse are detailed over the next paragraphs. Based on his responses, his descriptions were organized in seven essential themes: (a) emotionality varies through stages after disclosure, (b) systemic challenges and frustrations, (c) a father's role: guilt and responsibility, (d) relationship changes with the child, (e) family dynamics and betrayal, (f) navigating the provider role, and (g) interaction with mental health supports.

Emotionality Varies Through Stages After Disclosure

Zeke identified several ways in which his emotional response changed after learning of the abuse. For example, he stated when first learning of the abuse he was confused and angry for

a few months. He shared his “brain has been all over the place,” as he and his daughter move through the various stages of healing. He noted he becomes most angry when thinking of the abuse:

Zeke: When I listen to my daughter, when I listen to her, tell the story or talk about it, it gets bad in the beginning with my stepfather, encouraging her to maybe take her bottoms off in the swimming pool and then when it transitioned into inside, when he eventually got fully naked, they were playing truth or dare. You know, and when I listened to what he asked her to do and she talks about that is when I get the most angry, when I’d actually contemplate killing him, you know, just for a brief second because it absolutely just infuriates me to think about somebody, a 55-year-old man, doing that to a 9-year-old girl and let alone that’s her grandpa.

Zeke mentioned feeling heartbroken, stupid, exhaustion, and forgiveness after the anger subsides. He shared he often goes through stages of feeling optimistic and ready to move on, but then is easily dragged back into thoughts of anger and confusion, especially when thinking about how his daughter will be affected for the rest of her life due to the sexual abuse she endured. Zeke made it clear that his emotions have been very unstable during this experience and that trying to be there emotionally for his daughter has made it that much harder.

Zeke: My brain’s been all over the place. It’s been tough to concentrate, to stay on something without kind of going back to it. Um, feeling, let down, you know, and then the other part of is just trying to figure out what the hell I’m gonna do. That’s like, I’m I struggle with trying to figure out what I’m going to do.

Systemic Challenges and Frustrations

Per Zeke, his interaction with the judicial system has been polarizing, depending on who he interacted with. Zeke stated he reported the abuse as soon as he knew his daughter was safe, which initiated his interactions with the judicial system. He tells a story of feeling understood and supported by his initial interactions with local law enforcement. He noted the local law enforcement believed him and his child and appeared to be doing everything in their power to bring charges against the offender. Zeke stated, “The Sheriff’s office for the county, that detective was amazing. You can tell, he generally wanted to help, and he cared about me.”

Zeke painted a very painful story of the ways he was unsupported by the judicial system and even blamed for not being a good parent to his daughter. He noted initially he felt happy and cared for when working with local law enforcement. He explained how that quickly changed once his interactions were transferred to the state level. He expressed how it felt as though the service he received was impersonal, and he was treated not like an individual coping with his daughter’s sexual abuse, but as a parent who did not do whatever he could to help his daughter. He expressed how he drove many hours for several meetings and court dates that oftentimes would be cancelled upon arrival. He discussed his frustration and described the victim blaming he experienced.

Zeke: The state experience was disappointing, frustrating, and honestly kind of, depending on your kind of personality would drive you on the brink of insanity because this is a time of desperate need and craziness. And then you’re basically getting treated like you’re just a customer of Comcast. You can just sit, wait forever. Nothing matters. Cause not only did they not help, they were rude it was just, oh, it was a nightmare. Absolute nightmare to get anything done like having

set appointments canceling. Them telling me they want me to drive the four hours back to their office to do the interview, and I'm like, listen, you're the one serving us. You need to come to us. And she said, well, most parents wouldn't have a problem with driving somewhere if it meant protecting and helping their child. And I'm like, the hell you did not. I was like, there's no way, you just said that to me. Like, that blew my freaking mind.

Zeke made it very clear, even with outside support, he struggled to make all the appointments and does not know how a single father or someone with limited family/friend support would be able to engage in this systemic process for their child. Finally, Zeke was adamant that it be understood the judicial system was not set up to support his daughter, the victim of sexual abuse. Rather, he felt the system seemed to support the offender and made it easy for the offender rather than Zeke and his daughter. Zeke noted many professionals (i.e., forensic interviewers, detectives) assured Zeke that his daughter was telling the truth. Then he felt confused and infuriated that after these assurances, his daughter was cross-examined and forced to tell her experience of sexual abuse five different times. In contrast, the offender invoked his 5th amendment right, hired a lawyer, and was not interviewed at all. He expressed his shock, disappointment, and frustration when the case was dropped, and he learned no charges would be brought against the offender.

Zeke: The system itself, politics aside, the system, something's obviously not right about it. And it's so crazy. I thought for sure, we have a nine-year-old kid that came forward about that and actually had every single person that interviewed her gave me specific condolences saying, 'I'm sorry, you're having to go through this.' So then we get to the state attorney level and then they tell us, oh, sorry, you know I

ethically can't take this to trial because we don't have any evidence. And I'm like, we have how many different professionals that have interviewed her and said this girl is definitely telling the truth. They're trained to look for cues in stories and after hearing stories, multiple times of maybe something that's being fabricated and there were no indicators whatsoever, they all said that our condolences were sorry, your daughter had to go through. So, it was pretty mind blowing and emotional when I got the call that they were like, we're not going to do anything about this.

A Father's Role: Parental Guilt and Responsibility

Zeke shared that initially, his only focus regarding the disclosure was getting his daughter to physical safety. He shared he had always "preached stranger danger" to his daughter and felt stupid and confused that he was unable to protect her because the person that abused her was a close family member. He expressed a feeling of letting his child down for not teaching her enough about how to be safe. Zeke noted he was confused about when and how to start talking to his daughter about sexual abuse and potential offenders. He stated as a man he feels responsible for being the protector of and teacher for his daughter. He blamed himself for not preparing his daughter enough to prevent the abuse.

Zeke: The main thing I always think of is we always preach stranger danger, but we never preach the person that's in the family. We never really teach about that. We always teach about, be aware of strangers and stuff like that. But look at the statistics, what 90% of the people that are sexually abused, know the perpetrator or you know them personally. So that's pretty rough thinking about that.

Zeke shared how his view of his role as a father changed after the disclosure of the abuse. He discussed how he took on the role of a teacher even more and wanted to help his daughter heal. He noted he focused on how he could use this experience as a way to teach his daughter about safety moving forward. He expressed how important it was to give her the power to teach others, like her friends, about how to stay safe. Zeke shared that as a father, he feels he is the one his family looks to for support and consistency, and regardless of how angry, confused, or sad he was feeling, it was imperative for him to appear stable and put together to his family. He noted as a father his main concern is his daughter and for him that meant being stable and consistent for her, but also reaching out for support when needed.

Zeke: I know it's hard to remember, but you're kind of the tone setter for the family as the father. I feel like you're the vibe and what you bring to your household is gonna dictate how the rest of the house functions. So, you gotta find a way to stay strong because at the end of the day, you have an obligation to support and be there for your child and it's bigger than you.

Relational Changes with Child

Zeke described relationship changes with his daughter after the abuse disclosure. He spoke about their relationship prior to the abuse. He stated that he and his daughter were always very close--partly because he was a single parent for most of her life. He spoke about the closeness he felt with their relationship and the importance it had to him as he was the sole caregiver. Zeke expressed his belief that it was this closeness that enabled his daughter to feel comfortable disclosing the abuse, and ultimately, it was this closeness that allowed the healing process to begin. He noted new parenting challenges after the abuse. For example, he had to learn when to give her space when necessary. He also had to learn how to balance discipline with

understanding. He recognized that some acting out behavior was probably the result of the abuse. However, he started struggling with understanding what is typical teenage behavior and what may be due to the abuse. He believed this may have affected his ability to enforce expectations and deliver consequences as he normally would have prior to the abuse.

Zeke: So especially I enjoy talking with my daughter about what she goes through, what it's like and all that kind of stuff. I don't say that it necessarily, our relationship really changed if anything, it just, it grew into another level. you know, it just, it grew in its way with adding that to the equation.

Family Dynamics and Betrayal

Zeke identified ways in which he felt supported and unsupported after learning his daughter had been sexually abused. Zeke stated his wife, his daughter's stepmother, was the biggest source of support for him during this process. He shared how he never felt judged by her for his emotions, thoughts, or reactions to the traumatic news. He noted how he could talk to her and say things he did not mean but knew she would not think any differently of him. Zeke made it clear it was necessary for him to be able to express his emotions in a space where he would not be judged. Zeke also mentioned his stepmother, his daughter's step-grandmother, was also a huge source of support for him. He shared his stepmother would not force him to speak about the abuse, but she would just listen when he wanted her to. Zeke noted his stepmother attended every court hearing and was able to provide childcare when he needed to drive long distances for events pertaining to the abuse.

Zeke: My wife, she's quiet, she's reserved, and I like to talk, and I like to vocalize my thoughts a lot and sometimes I am all over the place and she was just good at like listening, you know, and then providing a little bit of feedback here and there.

And honestly, sometimes my brain was running so fast I couldn't even process some of the feedback she was giving me because my brain's just shooting to the next thing so fast. But her just being well, her, just willing to stand there next to me and listen to me talk about this and just be supportive was the best thing.

There was never one time when I got, 'honey, I know this is huge, but I'm just tired of talking about it' or anything like that, you know, which she could have had a right to say even, but she never did. You know, which, who knows how I have took that in that moment, I wasn't even sure I was ready for input. I was just trying to get all these thoughts and anger that I'm having just out.

Zeke shared there were other people that he felt supported by, but also struggled to open up to them as it sometimes felt like he had to manage their emotions regarding the abuse. For example, when Zeke told his father of the abuse, his daughter's grandfather, he became so enraged he called the attorney general and was yelling on the phone about the pace of the process. Zeke understood the anger and appreciated his father's emotion, but noted how it made it more difficult for Zeke as he had to apologize and did not want to anger the individuals who oversaw the progress of the legal case. He noted when he was talking to his male relatives or male friends about the abuse, it was nice to open up to them and share his feelings, but that he was typically met with questions along the lines of, "how have you not killed the guy yet?" Zeke shared it was not always helpful to talk with his male friends who have not been through this experience as it often felt like he had to be aware of their emotions and provide support for them. He stated he joined a social media group for parents with children that have been sexually abused, in part to connect with other fathers that have also been through this experience. Zeke

shared that he was disappointed to learn most of the individuals posting were mothers and did not find the connection he was looking for with other fathers.

Zeke: Well, the other thing you could think about too is the aspect of dealing with other family members. Like the people, even on my side, who would a hundred percent believed my daughter, my closest and best friends are majorly upset by it. So, dealing with that too but so I'd say also add to that, dealing with the other grandparents and the other close family members is hard, 'cause they're gonna be emotionally hurt and upset by that too.

Zeke was able to quickly express ways in which he did not feel supported. First, he noted he did not feel supported by the judicial system. He shared his opinions about electing individuals to office in hopes that they will work for the people, but in his case, he felt like a customer who was not valued as an individual. He shared that being told he was not willing to do whatever it takes for his daughter made him feel angry and sad because no matter how much he worked to get legal justice, he knew he would not be supported.

Lastly, Zeke shared a devastating experience regarding his biological mother and how he no longer has a relationship with her due to the sexual abuse. Zeke expressed the offender was his stepfather, the man who raised him, and his mother's husband. When Zeke's daughter disclosed the sexual abuse, he cut his relationship with his stepfather immediately, but was hopeful, at first, that his mother would be supportive of him and his daughter. He shared how he questioned her about how it could happen in the house, and she denied any abuse. Zeke expressed how he felt betrayed by his mother as it seemed she chose to support her husband and not her granddaughter. Zeke spoke about the pain he felt having to end the relationship with his mother and the difficulty navigating that while also worrying about the future of his daughter.

Zeke: I lost the relationship with my mother and my stepfather, the guy that raised me most of my life. So, losing both my biological mother and the man who raised me the most while also juggling dealing this with my daughter. It got dark and heavy at times. I mean, never so much where I couldn't, you know, I always try to find a light at the end of the tunnel.

Navigating the Provider Role

Zeke spoke about being self-employed and the specific struggles he faced trying to manage being the main provider for the family while struggling with the experience of child sexual abuse. He stated it was difficult for him to keep his priorities as he struggled to control his thoughts and emotions at times and would get lost in thought about the abuse and the effects on his daughter and his family. Zeke noted this would often affect his ability to complete his work on time and stay focused. He expressed managing his work, worrying about his daughter, making court dates, ensuring his daughter attended her therapy appointments and so on was just one example of how he struggled as a provider for his family.

Zeke: I mean juggling my work cause I'm self-employed so, you know, I don't have a boss that just hands me a list of things that says check this off in eight hours and you're done, and you go home and turn it off. I have to manage all that and it bleeds. And so that part was tough. I struggled at first with keeping my priorities in line and keeping those things, you know, like evaluating, like where things need to fall on my list. I struggled with that because I'd jump back into this so much and then I'd get my brain running. Then I would either get emotional in some direction from that. So, it affected my personal work.

Interaction with Mental Health Services

Lastly, Zeke spoke about the importance of his family's interaction with mental health services. He mentioned his sister has a career in the mental health field and urged him to get his daughter started in therapy services. Zeke noted it was especially helpful to have someone support him in seeking mental health services and decrease the stigma. He also noted how helpful it was to receive services virtually. He expressed living in a rural area can add extra strain on finding a suitable clinician. This also aided in his ability to maintain his daughter's appointments, as he did not have to drive to and from therapy each week. Zeke was overwhelmingly happy with his interaction with mental health services. He shared that he allowed his daughter to have her space and privacy during her sessions and he described she was able to begin healing through seeking therapy. Zeke noted he "should" have gotten therapy for himself but did not end up seeking out help for himself.

Zeke: I gave her privacy during those times. I was never helicoptering her at all. She would be in her room, doors closed doing her therapy sessions. And I think me giving her, her space during that and the counselor being so good, helped, like she was able to relate to our counselor too. I think that was huge for my daughter.

Jay

Jay identified as a Hispanic, Mexican North American male in his late 30s. He completed his associate degree and is an active military member. Jay stated his daughter had been sexually abused by a family member while she was in preschool school less than 5 years ago. Jay engaged in the interview process and often took time to think through his answers before stating them out loud. His answers to the interview prompts were typically brief and direct and required extra follow-up questions to obtain richer descriptions. His responses were focused on cognitively

describing his experience and he needed extra prompting to explain his emotional experiences. He appeared to be stoic and did not express any observable changes in his emotional state when recounting his experiences of his daughter disclosing sexual abuse and following the disclosure.

The psychological structure of Jay's experiences as being a non-offending father with a child that disclosed sexual abuse are detailed below. Based on his responses, his descriptions were organized in 6 essential themes: (a) emotionality varies through stages after disclosure; (b) relationship changes with child; (c) struggles with child behavior after abuse; (d) navigating stigma; (e) searching for communal support; and (f) interaction with mental health supports.

Emotionality Varies Through Stages After Disclosure

Jay expressed his initial shock when hearing about the abuse. He noted his daughter was in the other room and disclosed to his wife, his daughter's mother. Jay stated he was in the kitchen and dropped a pan that he was holding and yelled loudly. He noted how this scared his daughter and affected their relationship, which will be discussed in another theme. He described how he was angry initially, which motivated his behavior. As the process continued, he noted how it became more relieving to have some answers and a direction to move towards. Jay discussed the emotions of guilt and blame; he shared he could not believe he missed the signs and how he should have been there to protect his daughter. Jay noted he used to be a trusting person and saw the best in people. However, after the sexual abuse of his daughter, he discussed the change he saw in himself and how he was constantly looking over his shoulder in public, thinking something bad was going to happen to his daughter.

Jay: It went back to that feeling of, you know, why was I not there. Why didn't I notice anything? You know, he, he was right there in front of me, you know, she was right there. Why didn't she tell us while she was there, or he was there? Um, so

yeah, that, I think that was the hardest part was, you know losing myself in my thoughts of all the interactions that we had with this person.

Relationship Changes with Child

Jay shared he struggled in the beginning stages of disclosure due to his reaction to his daughter's disclosure. Initially, he reacted in anger which scared his daughter and ultimately delayed her trust in him. As a result, Jay expressed that his daughter would share and connect primarily with his wife. While he was happy that she was talking to someone, he felt hurt that his daughter could not speak to him about what happened. Jay described the relationship with his daughter as detached, which he attributed to his initial reaction to the sexual abuse disclosure. He shared their relationship began to change with time and they were able to joke around, but he felt very cautious as he did not want to make her feel uncomfortable. Jay expressed he believed his relationship had to change for the comfort of his daughter. He believed he could not cuddle in bed anymore with his daughter or be physically affectionate with her for fear of making her uncomfortable. He shared that these changes made him sad and angry. Jay noted there was a disconnect in their relationship and he feared causing a relapse. As a result, he avoided her and especially hugging her, in order to not cause any emotional or behavioral disruptions in her life.

Jay: It was a mixture of anger, mostly or feelings, anger, sadness, because, you know, that relationship that I had with her, uh, wasn't gonna be the same, you know, as far as holding her or, you know, laying with her in bed and singing to her at night or reading her stories, uh, just wasn't gonna be the same, uh, because of what happened.

Struggles with Child Behavior After Abuse

Jay discussed the struggle he had with his daughter's change in behavior after the disclosure of abuse. He noted she had difficulty sleeping, which caused strain on his family. Jay related that his daughter experienced severe anxiety and flashbacks for which he felt helpless. As their relationship changed and he felt more distant from her, he also described feeling less like he could help, be a father, or a disciplinarian. Jay shared due to his initial reaction he did not want to scare his daughter further; therefore, he struggled to understand his role in parenting and setting limits and boundaries. He shared that through therapy, he was able to learn skills and be more at ease with comforting her and setting boundaries, which ultimately aided in growing their relationship.

Jay: She has difficulty sleeping and will recall things and that is when it is tough. I feel like I can't help her when she has anxiety or flashbacks, I didn't know what to do or how to comfort her.

Navigating Stigma

Jay struggled with emotion expression and regulation due to the stigma of being a father with a child that has experienced sexual abuse. He shared how this perspective stunted his ability to connect with others, like his wife, as he never demonstrated emotion in front of others. He felt, as the father, he needed to be "strong." He shared his perception that society viewed fathers as the protectors, and because he believed he failed at being his daughter's protector, he would be judged by others.

Jay: I didn't want to be judged, um, you know, in a sense of, hey, you should have been there or hey, it happened while you were in that same house. Why didn't you do anything about it? So, it was a little difficult for me again because I didn't want to

be judged for that. Um, knowing that them thinking that I let that happen. In a sense of feeling like a failure, like you didn't protect your family, uh, can be a little difficult at times that can be challenging trying to get over that obstacle that again like that stigma that everybody puts on fathers is that we're here to protect.

Jay discussed how his culture and identity of being a Hispanic male also added to the stigma. He shared in his family and culture, when a child is sexually abused, especially by a family member, it is kept within the family and not reported to authorities. Instead, the family keeps that child away from the perpetrator. When Jay decided to go against his cultural norms by reporting the abuse, he felt even more stigmatized by family and other Hispanic friends. He shared how this caused even more stress and worry for him as a father, a family member, and a member of the Hispanic community.

Searching for Communal Support

Jay discussed ways in which he felt supported as a male and as a father through the process. He shared that his wife was a key support for him. She was someone he felt he could talk to when he needed and was not worried about being judged for this situation. Jay shared how he was supported by his counselor and was encouraged to reach out for support in other areas of his life. He related how he went in search for support in the "community," meaning from other families that have been through the experience of having a child that has been sexually abused. He described being able to "open up" more, show more emotion, and trust others again. Jay felt supported when families reached out to him and shared experiences similar to his own.

Jay: It felt really good when the community started showing support towards us, you know, and then people started reaching out to us saying, hey, I went through the same thing, please let us know if you need any help or just anybody to talk to. So,

the community support was just wonderful and that helped out a lot, knowing that we weren't the only ones going through this.

Jay also discussed ways in which he was not supported. Jay spoke about the struggles he and his wife experienced due to aspects of his Hispanic culture; the way his family responded and their views about how to handle abuse. He shared how he would be shut down by family if he tried to talk about the abuse, which caused him to shut down in other areas of his life. He spoke about how the family would try to dismiss his feelings and his daughters' experience due to her age. He noted how his family would tell him he is making it worse for his daughter by pursuing any kind of legal action. Jay shared how difficult it was for him to hear his family defend the abuser and try to steer him away from pursuing legal action due to the abuser's age.

Jay: So that was very disheartening when we would talk to certain relatives about it and they would say, okay, don't talk about it anymore, but she's young, she's not gonna remember it. That was very difficult to digest, you know? It just felt like they weren't supporting of what we were trying to do. Even when we started going through the court system, a couple of our family members were saying that we were making it worse for her, uh, by reliving the situation over and over again, um, that we should have just kept quiet. Not said anything. So that just was very disheartening, you know? Not supported at all from our family side of it. Cause like I said, I guess coming from the Hispanic community uh, once you talk about it, that's it. And you stay away from that individual. um, you know, there was a lot of, hey, you shouldn't, you shouldn't go to the court systems, you shouldn't put him in jail, he's old, you know, he's gonna, you know, he's probably not gonna make it outta jail, and things like that.

Interaction with Mental Health Supports

Jay noted many interactions with mental health support through this experience. Initially, he spoke about his ability to access resources due to being active in the military. He expressed how Veterans Affairs (VA) often spoke about mental health support and since he already had an individual therapist, he did not struggle himself to find a counselor. Jay was able to speak to his primary care manager and receive therapy quickly. He noted that he was able to pause his treatment which was focused on working through his own post-traumatic stress disorder and focus instead on healing from the disclosure of his daughters' sexual abuse. Later, he was also connected to a child advocacy center. He described this as a very important time during the process of finding therapy for his family. He shared how the mental health professionals at the child advocacy center provided him with reassurance, validation, and relief. They told him that he was doing the right thing by his daughter by reporting the abuse.

Jay shared his daughter's interaction with mental health support was outstandingly positive. He reported the treatment she received gave the family guidance on how to move forward and instilled hope that everyone could heal from the traumatic event. He shared specifically that Trauma-Focused Cognitive Behavioral Therapy was helpful as it aided communication between parents and the child and provided tools that the family could work on at home. He noted that this experience was positive and reassuring. Because of this initial positive experience with mental health support, his family was more likely to seek treatment later for his daughter, after she healed from the trauma, for anxiety and depressive symptoms. He shared he had faith in the system to be able to help his daughter cope with other aspects of her life.

Jay made it clear, if it were not for his connection to the military, he would have struggled greatly to find mental health support for himself and his daughter. He stated if he was not in the military he would not know where to begin. Jay did note, his experience with the child advocacy center was paramount as he was able to connect with other fathers that had sexually abused children. He spoke of one man that reached out to him personally, which showed Jay how he can be open and vulnerable with other members of the community for his own healing and to aid in others' healing. This experience helped him and his wife create their own nonprofit group to help parents and families with similar experiences.

Jay: There's not very many resources out there or at least that I've noticed. I'm active duty military, you know, there's resources for us everywhere. Because of the, the PTSD and mental health side of it is a big part of the military. But if I were a civilian, I don't see that anywhere. I don't see that there's resources out there for us (men). It wasn't until we went to the, the child advocacy center that they offered counseling for us as well. I think that was the only time that it was offered to us, but it was offered to us as a family, so I think trying to find that one on one counseling would've been very difficult again, cause I don't see resources out there anywhere. I mean there is mental health hotlines and things like that, but I don't, I don't think there's any specifically geared towards us men.

Alan Roth

Alan identified as a Caucasian, North American Male in his late 30s. He completed his associate degree and works as a heavy-duty truck mechanic. He reported that his two daughters had been sexually abused by his ex-wife's boyfriend when his daughters were in elementary school less than 5 years ago. Alan shared openly throughout the interview and appeared eager to

have his experience heard and understood. He accessed emotional words easily while describing his experiences and often gave lengthy and detail rich responses to each interview question. He described the similarities and differences in his experience with each daughter. Overall, Alan presented as being very confident in his answers and expressed gratitude for participating in a study where he could share his experiences.

The psychological structure of Alan's experiences as being a non-offending father with a child that disclosed sexual abuse are detailed below. Based on his responses, his descriptions were organized in eight essential themes: (a) emotionality varies through stages after disclosure, (b) parental instinct and protection/standard of parenting, (c) legal and judicial challenges, (d) interaction with mental health supports, (e) financial strain, (f) attachment and loss, (g) feeling supported/unsupported after disclosure, and (h) stigma.

Emotionality Varies Through Stages After Disclosure

Alan discussed the extreme feelings he experienced from initially finding out about the abuse to reading the forensic interview and working through behavioral problems with his daughters. Alan expressed feelings of fear, stress, shock, sadness, and anger throughout various times after disclosure. Alan first noted his "father instincts" kicked in once he found out about the abuse and his only goal was to ensure his daughters' safety. Alan shared after ensuring his daughters' safety from the offender, he felt lost and uncertain at times what to do.

Alan: It's been an extreme emotional rollercoaster. When this happened, it was like nothing else mattered. My father instinct, you know, took over and I did anything and everything that I could do to keep them safe. So, it's been a, an extreme emotional rollercoaster for me it has been stress and being terrified of having to put them back in the environment that this happened, um, was a lot on me.

Alan shared that once he received a final court order of sole custody for his daughters, his ability to feel more emotions expanded. He discussed how he went through “depressive episodes” while trying to figure out everything that needed to be done. He reported feeling exhausted and overwhelmed. Alan also expressed feeling unprepared for reading what happened to his daughters once he received the final transcripts of their forensic interviews.

Alan: Another thing too is, um, when I received the final report from children and youth, it was extremely detailed in what was in it, what was disclosed in the forensic interviews. I wasn't prepared for reading what I read. I knew obviously what had happened, but there were some details in there that, um, would just tear your heart out. As soon as I received it, I opened it up. I made the stupid mistake of reading it while I was at work. I could feel my heart racing and I kind of calmed myself down and thought I was okay. I went back to doing what I was doing, and it was probably about 45 minutes later I'm walking through the middle of the shop, and I had to run outside because I threw up and I like broke down, crying, sitting outside.

Alan talked about having emotions arise out of nowhere. For example, he was caught off guard by hearing a song on the radio or having a certain memory pop into his mind. He noted he struggles to not “beat himself up” when he thinks about the details of the abuse his daughters experienced. He expressed how difficult it is to not blame himself. Alan added that there are times when he is able to be happy now that he has sole custody and knows that his daughters are safe from their abusers.

Parental Instinct and Protection/Standard of Parenting

Alan expressed that he questioned his role as a father and his ability to protect his family. He stated that since he identified as their proctor, and they were harmed, he felt he had failed as their father. From there, Alan shared that he struggled to hold a certain standard of parenting as he was fearful to discipline his daughters and only wanted to show them love and affection.

Alan: I had a real hard time with holding a standard parenting like the kind of parent that children need, because even when they weren't being good, all I wanted to do was cuddle 'em. I didn't want to yell at them, I didn't want to punish them for things that they were doing wrong because, of course in the back of my head, I'm, just rolling through everything that they went through at their mother's house.

Alan spoke about the importance of shielding his children from certain aspects of the legal process, and the toll it took on him. He told a story of receiving final custody of his daughters, knowing they would not be able to see their mother anymore. He shared one of his daughters blamed him for not allowing them to see their mother and had a behavioral and emotional outburst. Alan talked about having to sift through some boxes in the attic to get a photo of their mother. He expressed the pain he felt having to hold the blame for not allowing them to see their mother, despite the fact she was part of the abuse. He mentioned he struggled to not lash out in anger or inform his daughters that he was not to blame.

Legal and Judicial Challenges

Alan went into detail about his disappointment in the judicial system and the struggles he experienced to keep his daughters away from their abuser. He noted he believed the detective and the district attorney were doing everything in their power to help him. Alan struggled with his anger and disappointment in the system as he fully believed his daughters and had

professionals in the mental health field and judicial system reaffirm that, but he was worried that his daughters' abusers were out free and able to continue to reoffend. Alan noted, "I'm amazed at how hard it was for me to keep my children safe from their abusers. Right. It shouldn't be that way. It really shouldn't."

Alan shared how he was not prepared for the process of bringing legal charges against the abusers, and the effect it would have on his daughters. He expressed his disappointment and fear that the abusers were able to be free while the court hearings were going on. He noted the secondhand trauma his daughters may experience due to testifying in court and reliving their abuse in front of others. Alan shared the abusers were able to hire a lawyer and found a "loophole" in the system to try and keep the therapist's testimony out of court. He expressed his anger at the system for teaching children to disclose to their therapist or trusted adults and then in end these mandated reporters were unable to be helpful at the legal level.

Alan: The therapist was more than willing to testify but we were not allowed to use the therapist's records to prove that it's not hearsay because it's not admissible in court. Wow. Like that makes no sense to me. Right. You've got someone that we're telling our children, these are the people that you need to talk to. Right. If something like this happens, but then there was nothing that could be done because of the legality of her statement in court. That, to me made no sense.

Interaction with Mental Health Supports

Alan appeared to have an open mindset when it came to seeking mental health support for him and his family. He shared his daughters were already in therapy after the divorce from his wife, and that he had a therapist in the past that he reached back out to after the disclosure of sexual abuse. Alan was able to parallel his daughters' experiences in therapy and the progress

they have been able to make. He noted his older daughter's therapist came to him immediately and stated they were not trained to work with children of sexual abuse and that he gained a lot of trust for this therapist to be able to admit this, and help his family seek the right kind of care. Due to this, Alan stated he struggled to find care for his daughter and that her therapy/healing was delayed quite a bit. He shared how resources were scarce, they were on multiple waiting lists, and were able to receive therapy twice a month online and that it did not feel sufficient for what his daughter needed.

Alan: It took us some time to get her into a program. Its program that's specific for children of sexual abuse. Unfortunately, it's only in every other session. Um, so she, she goes to that every other week and then on the opposite week, she sees her regular therapist. But she's only had two sessions with this specialty therapist. She has not had the opportunity to work on processing what happened like my other daughter.

Alan described his own personal experience with therapy after the disclosure. He stated he was seeing a therapist for his divorce but had not gone in over a year. He was feeling overwhelmed by everyone telling him, "You need to take care of yourself" but was not entirely sure how to do that. He shared once he had his children taken care of and in regular therapy, he felt he was able to make some room for his own therapy. Alan noted he was finally able to break down in front of someone and not feel guilty for taking time for himself.

Alan: It's been very good for me because it's given me a spot where I know that I can break down, and it's also allowed me to, you know, be able to work through some of those things, like I was talking about as far as, you know, having to kind of separate myself from what the girls are going through and deal with my own

anger and my own, you know, issues separate from what I'm trying to work through with the girls.

Financial Strain

Alan spent a significant amount of time discussing the difficulty of maintaining the “breadwinner” status as he struggled to attend appointments for both of his daughters, court hearings, and other things related to the abuse. He shared all of this happens during business hours and he constantly worries about missing work and ways to pay for extra expenses. Alan made special note of the importance his employer played in his ability to manage his emotions and be there for his daughters. He shared his employer was understanding, allowed him to miss work and still get paid, and supported him in other ways.

Alan: The biggest challenge for me has been the financial aspect and my job. I don't know what I would do if I didn't have such a great boss, because I've had to take a lot of time off of work. When I ran out of sick days to use my boss looked at me one day and said, the next time that you have to take off that we're gonna code it as this number. And I said, what is that? It's the, the same time coding that they use for when they pay employees for jury duty. My job pays us when we have to do jury duty. It's basically unapplied paid time off that does not go against my sick time. I don't know what I would do if I didn't have a job and a boss like I do.

Alan noted there was just not enough time in the day to make all of the appointments and continue to care for himself and his family. To fight for justice on behalf of his daughters meant pursuing legal action with the goal of keeping his daughters safe. He shared information regarding the financial toll the legal process took. For example, he had to take out loans and ask for support on other platforms. However, the restrictions on divulging information relating to a

pending case hindered his ability to raise a significant amount of money to help with the court costs.

Alan: The financial toll has really hit hard with my emotions too because I'm about \$15,000 into attorney costs right now, and I'm having to work overtime where I can. There's not a lot of time that I can do overtime because there's appointments everywhere, with everyone. I'm having a hard time with, feeling like I'm not able to do what I should be doing and can be doing.

Attachment and Loss

Alan shared that his relationships changed in a unique way with each of his daughters. He expressed the very stark differences between each child and how each of their relationships shifted and grew after the abuse. Alan first described his relationship with his older daughter and the difficulties he faced due to her relationship with her abusers. He shared his older daughter was confused why she could not see her mother and would often act out which made it difficult for Alan to empathize with his daughter. Alan shared he had to call the crisis line after his older daughter's behavior was so out of control. He was lost did not know what he could do. He noted how scary this was and he was uncertain of how things would look for him and his daughter in the future.

Alan: I had this meltdown, and I remember having to call a crisis center. One of the things that the woman on the line said to me was that as hard as it is, I need to try to separate myself from what I know versus what she's going through right now. She is a child who misses her mom. I think the hardest thing that I had to do was go as into my attic and find a picture of her mother so that she could have a picture of her mother in her bedroom. That was hard for me. That was extremely

hard for me to do because of knowing what her mother did. Empathy for my own children has back and forth for me.

Alan noted the difference with his younger daughter and how their relationship has shifted after the abuse. He expressed his younger daughter became more attached to him and wanted to be with him all the time, initially for safety. He shared that as they spent more time together after school, they developed more shared interests. He came to cherish that time with her. He noted initially that this attachment posed a problem as she did not want to leave his side at all and struggled to go anywhere without him including attending her therapy sessions.

Alan shared that his gratitude grew for this shift in their relationship. Alan noted he perceived his daughter's anxious attachment as problematic but later shared it contributed to the increase of closeness in their relationship. Alan said, "before I was not good" at being involved in their interests. He expressed feeling extra caring and loving and wanting to show them affection by doing "bedtime" with them each night, cuddling on the couch, and reading extra stories to them. Alan noted he had a hard time leaving them as well and truly cherished the time he was able to spend to them in these small moments after the abuse.

Alan: One thing that started that has really made an impact on connecting with them is every single night at bedtime I put them to bed, and I give them about five minutes, 10 minutes, and I'll lay in bed with them and, you know, cuddle with them. I sing a song to them, there are a couple of songs that I used to play to them and sing to them when they were babies. It started right after the disclosure because I didn't want to leave the bedroom.

Feeling Supported/Unsupported After Disclosure

Alan was able to identify many ways in which he felt supported and unsupported after the discovery of his daughters' sexual abuse. He expressed his fiancé was the most understanding, as one of her children experienced abuse in a previous relationship. She understood that he had to prioritize this situation and do whatever he needed to do to keep his children safe. She was there for him in whatever way she could be. Alan shared his mother served as another source of support as she attended every court hearing and provided childcare when he needed to attend appointments alone.

Alan: My mother and fiancé are there taking off work, going with me, going with us. I have a very good support team behind me. And with that big support team, I'm still having a rough go at it. So, I don't know what I'd do if I didn't have people there for me.

Again, Alan spoke highly of his employer who provided support for him in ways that were unexpected. He shared multiple times throughout the interview of how impactful the support of his employer was. Alan made sure to mention without an understanding from his employer, he would be struggling emotionally, financially, and physically.

Alan discussed the only way he felt unsupported was working within the justice system. He shared how disappointed he was in the difficulty he faced keeping his children safe and physically away from their abusers. He mentioned how he believed the system was set up to protect the perpetrator but make it difficult for the victim. Alan noted he experienced additional barriers and stressors with the judicial system since the abuse occurred in a different state.

Stigma

Alan mentioned he struggled with the stigma of being a father of children that have experienced sexual abuse. He shared how he already felt the burden of stigma in his community after his divorce from their mother. He added that the stigma seemed to grow as he fought for custody of his daughters. He mentioned many people being surprised that he not only wanted custody but was willing to pay court/lawyer fees to ensure he had custody. He expressed feeling like he was being treated unfairly at times during the court process because he was a father and it felt like the facts did not matter, rather their mother was given the benefit of the doubt. Alan shared he often **saw** on social media fathers being criticized and that message has affected how the public views fathers generally.

Alan offered a different perspective of fatherhood. He believes most fathers are hard at work trying to provide financially for their families and mothers tend to be homemakers. Therefore, fathers are devalued as caregivers. Alan mentioned in his case, he had many people come up to him and share that his situation is atypical because usually it is the mother keeping the children safe from the father. He noted his understanding that abusers typically are male, but that there are plenty of fathers out there that are not abusers and there needs to be more support, information, and less stigma about this group.

Alan: These dads actually love their children and dads get a bad rep from the fact that they're not home all the time, because they're at work trying to support their family. And somehow that means that the mom is a better parent because she's at home with the kids. That's a stigma that has been around for a long time. And it's in the court system itself. And that's something that, you know, really needs to change.

Dean Smith

Dean identified as Caucasian North American Male in his early 40s. He completed his master's degree and works as a behavioral health specialist. Dean identified his stepson as being sexually abused by his stepson's biological father about 10 years ago when he was in elementary school. Dean shared he has been in his stepson's life since his stepson was 2 years old and identified as his father. Initially, Dean spoke briefly and with a few rich descriptions in response to interview questions. Throughout the interview, Dean appeared to become more comfortable with speaking at length and in detail about his experiences of being a father with a child that disclosed sexual abuse. Much of what Dean shared captured his thoughts and emotional relationship with his stepson. Dean displayed some emotional reactions to discussing this and would often break eye contact and take long pauses to collect his words. At times, Dean made broad statements that required clarification and he was willing to provide corrective feedback if I misunderstood as the interviewer.

The psychological structure of Dean's experiences as being a non-offending father with a child that disclosed sexual abuse are detailed below. Based on his responses, his descriptions were organized in eight essential themes. (a) emotionality varies through stages after disclosure, (b) interaction with the judicial system, (c) growth and learning the father-child dyad, (d) struggles with child behavior after abuse, (e) interaction with mental health supports, (f) struggles as a father: parenting and coping, and (g) support and isolation.

Emotionality Varies Through Stages After Disclosure

Dean began speaking about his emotional experience after his son had disclosed to him and his wife the sexual abuse. He noted it was a dramatic and stressful event that he could never be prepared for. Dean shared that even though he knows it is a common occurrence, he thinks

people move through life thinking it would never happen to them, which makes the impact even more powerful. Dean shared that as a result of this shock, his and his wife's reaction was intense, which he believed did not help his child or the situation.

Dean: Neither my wife nor I probably handled it appropriately in the beginning, we kind of did the freak out mode. And it sucks because it took a long time because, I didn't know what to do, and my wife didn't know what to do.

Dean spoke about feeling uncertain of how to proceed. He shared he was not prepared for this and did not know how to help his son or his family. Dean expressed the hatred he felt for his son's biological father that fueled an anger he struggled to manage. He expressed he struggled to keep his anger under control for his son and his family. Dean noted there was an up and down tension and stress in the household as his son went through therapy multiple times. Dean was uncertain if his son was improving or getting worse. His son exhibited extreme behavioral issues due to the abuse which affected his emotional reactions through the past 10 years.

Interaction with the Judicial System

Dean discussed multiple interactions with the judicial system over the past 10 years. He spoke initially about the report he made when his son first disclosed sexual abuse. He expressed his frustration reporting the abuse as nothing came out of it. Dean shared he understood there was no physical evidence for the case and there is only so much that can be done, but that he was disappointed that his son was forced by the judicial system to stay in contact with his abuser, his biological father.

Later, Dean spoke about his continued interaction with the judicial system due to his child's behavior. He shared that due to his stepson's behavior after the abuse, they had multiple interactions with law enforcement. He expressed the uncertainty he felt during these interactions

and wished that he had more guidance on what to expect. Dean wondered if his son's legal difficulties may have been a unique experience when compared to other fathers who have children who experienced sexual abuse. Dean noted these interactions with law enforcement only seemed to exacerbate the stress and emotion regulation difficulties in the family.

Growth and Learning the Father-Child Dyad

Dean expressed that his relationship with his stepson has been inconsistent and difficult through the years. He expressed after learning of the abuse, he and his wife worked to make changes so his stepson did not have to be with his abuser. Dean shared that the court mandated phone visits between his stepson and his abuser which led to "tantrums and meltdowns" afterward. Dean noted he struggled greatly to manage his stepson's behavior and that it significantly affected their relationship and Dean's ability to feel empathy toward his stepson.

Dean: Even though I knew what had happened (to him) and I knew that he had ADHD, he had all these things going on, it was hard for me to wrap my brain around that, wrap my mind around that and feel actual compassion, empathy towards him, towards the things that he did. Even though you're a kid you're responsible for what you do. I understand things happen to you, but you still make choices, and it was a lot of that, which created a lot of tension between my wife and I and him.

Dean noted even though he struggled to connect to his stepson for a long while after the abuse, he was able to make changes within their relationship that demonstrated growth, compassion, and common interests. He shared he went back to school in the mental health field and learned ways to improve his relationship with his stepson. Since then, he has worked to change his parenting style to better match his stepson's personality, mental health diagnoses, and past trauma. He noted, even though he has seen growth in their relationship, and they get along

better through their shared interests, it is not easy, and he has to put forth effort every day to ensure a healthy relationship with his stepson.

Interaction with Mental Health Supports

Dean spoke about his family's many interactions with mental health support. He mentioned, initially, it was not something his family sought to participate in until later when his son was also struggling with his behavior. Dean noted his son participated in an intensive DBT program which he felt was helpful and necessary to aid in his stepson's change in behavior. Dean shared when he first started going to therapy it was through telehealth and he had a difficult time buying into the process. He thought it might be a waste of time or that this time would be better spent at work. He shared he was always supportive of his wife and stepson receiving services but that he would have benefited more from in person counseling at the time. Dean shared his biggest struggle living in the rural Midwest was finding a provider that specialized in working with children. He expressed there were not many providers that did work with children and even more so struggled to find a provider qualified to work with sexual abuse and child offenders. He expressed his worry and concern for having his stepson work with someone that did not specialize in children and his stepson's experiences.

Dean: The biggest hurdle is finding somebody who would actually be able to help him, um, because there's really not a whole lot of people that specialize in children anymore. You know, you got these community services, but sometimes they just hire people out outside cuz they need it not necessarily because that person wants to work with children or has an experience.

Struggles as a Father: Parenting and Coping

Dean shared he went through periods where he felt he was at a complete loss, and he questioned himself as a man and a father. He shared extensively how he judged himself for how he interacted with his stepson long after the abuse was disclosed. He expressed feeling guilty for not having reacted differently to him through the years. He did share he had found forgiveness and understanding for himself through his own therapy and his education in behavioral health. Dean mentioned he questioned his ability to parent, to protect, and to provide. All qualities and values that he identified strongly with. He connected these feelings to his reactions to his stepson's behavior over the years. Dean noted he worried about his parenting and how to raise his stepson after abuse and after the legal trouble his stepson experienced due to his behavior. Dean expressed he struggled with discipline, would often raise his voice, and did not understand how to help his stepson when he would act out behaviorally.

Dean: It was that turmoil type period where you don't know what to do, like questioning yourself, questioning your ability to protect, provide and stuff. I was trying to navigate the therapy, trying to navigate you know, how do you parent, how do you raise, how do you deal with your kid and all that stuff?

An important topic discussed by Dean was his struggle with his stepson's behavior in the years following the abuse, and how he struggled in the role as a stepfather. He shared his stepson's behavior affected all aspects of life including home, school, and social relationships. Dean noted due to his stepson's behavior they continued to have multiple interactions with law enforcement. On multiple occasions, his stepson was involved with other children, around a similar age, in a sexual manner. This led to increased stress on his marriage and worries about the future of his stepson. With this added anxiety, Dean struggled to respond to his stepson in an

empathetic way. Dean shared his stepson experienced suicidal ideation as he got older, and Dean struggled to be there emotionally for his stepson due to the other behaviors he was witnessing. As part of an agreement to keep his stepson out of juvenile detention, he went through a two-year period of home supervision. During these two years his stepson required supervision at home by him or his wife. Dean described this timeframe as a “hellacious two years.” Dean added that his stepson could not have any interactions with other children and was court mandated to treatment.

Support and Isolation

Dean shared about how he felt supported after the disclosure of sexual abuse from his stepson. He noted his female relatives such as his sister were understanding of his situation and provided their support verbally. He stated a major limitation to feeling supported was the geographical distance separating them from their extended family. Dean shared his sister did take off work in order to come visit shortly after the disclosure. This helped Dean feel supported, like he was not alone, and had someone he could rely on. Dean spoke about feeling isolated and alone because their family was not nearby, and he struggled to open up to others about his stepson’s sexual abuse and other behavioral difficulties that followed.

Dean: I still had support from my sister, and we still had support from some other family members and things, but it was very difficult because they were all 300 or 400 miles away you know. We didn’t have anybody that we could just go get a break with on the weekends or in the evenings go eat dinner with and all that stuff. My sister was really great. She came up like a couple weeks after that she took some time off, made sure her kids were taking care of and she came up and she actually took care of our son so that my wife and I could go out and just kind of have a

weekend and stuff. Yeah. Um, which was awesome. And it was great that it just that consistent support was a struggle.

He noted he felt like he was handling the stress of the situation by himself. He shared that after his mother passed away, he could not take the stress anymore and decided to seek out mental health services through the VA. Dean shared he would have struggled to find services if it was not for his connection with the VA. He did note that he was able to use the VA to find mental health services for his son, but that the wait and process to find someone that specialized in children was a significant struggle that added to the stress of his situation.

C.

C. identified as a Hispanic South American male in his early 40s. He completed high school and is a business owner. C. identified that his daughter was sexually abused by her grandfather, C.'s father, less than 5 years ago while she was in middle school. C. appeared confident in his interview and willing to express his experiences emotionally and cognitively. He often took time to check in with me to make sure I was understanding him. C. often spoke about the cultural differences between his family and where he grew up with the majority culture in the United States and how that impacted his healing process living. C. spoke in depth about his counseling experiences and experience as a father.

The psychological structure of C.'s experiences as being a non-offending father with a child that disclosed sexual abuse are detailed below. Based on his responses, his descriptions were organized in eight essential themes. (a) emotional processing: shock and trauma; (b) a father's role and standard of parenting; (c) relationship changes with the child; (d) impact on relationship due to support/lack of support; (e) negative effects of legal and judicial process (f) seeking help; (g) interaction with mental health supports; (h) stigma and gender dynamics.

Emotional Processing: Shock and Trauma

C. expressed openly many emotions he felt when first learning of the sexual abuse of his daughter. First, he shared his pure shock after discovering the abuse. He soon discussed how traumatic it was for him to learn about the sexual abuse, saying how much pain he felt for his daughter, his family, and himself. C. quickly stated his emotions changed to keep his family safe and how had to put his emotions into “pilot mode” so he could function properly throughout each day. It seemed important to C. to focus on his daughter after the shock of the abuse settled and could not spend any of his time focusing on himself. He mentioned he allowed himself to begin to focus on his emotions about two years after the abuse. As C. began to process his emotions, he noticed less feelings of anger and more sadness, disappointment, and guilt. He ran himself through ways he could have avoided the situation or protected his daughter from the abuse, which made him feel stupid and guilty. He went from disbelief and shock, to anger, to guilt and sadness.

C.: The experience was shocking, was traumatic, was, um, what can I say? Painful. Um, it was all sort of negative you know. Apart from that though it felt painful though. It was shocking, it was traumatic. It took a lot to process, um, because I think obviously your it becomes on your child. So, you cannot look much of what happens to you. You kind of like have to like pull your arms up and just go try to protect your child try to make her feel like we are listening and that we are on her side.

Protective Parenting and Standard of Parenting

C. spoke about his emotions affecting how he viewed himself as a father and how he struggled to hold a standard of parenting after the disclosure of abuse. He felt like his ability to

be the protector of his family was damaged and that he failed his family in this way. C. shared his role as the father was to ensure the safety of his family moving forward and he was able to do this by getting each of his children set up with mental health services. His main focus was on his daughter, but also on his other two children who were also aware of the abuse. As soon as he was able to, his focus shifted to keeping his daughter safe, and getting her help. C. noted that he struggled to help himself, because he was the father figure, it fell on him to ensure the safety of his family, but that there was no one ensuring his safety and therefore his wellbeing fell to the back burner.

C.: So though it was a very traumatic thing, though, it was, uh, something really hard to hear and all of that, I try to, to keep life as normal as possible, uh, but also try to find help. The challenge was try to find the right help for everyone. My daughter in first uh, for my other two boys as well, because they had to hear what happened. So, I think I tried to find the help for everyone was the challenge. And for myself, because I am a man and everything, I believe that in that situation, there was no help I could give myself.

C. shared due to the sexual abuse of his daughter, he struggled to hold the standard of parenting he had in the past. He worried about being too harsh on his daughter as well as giving her time to heal. C. mentioned he was confused and was not sure if some of her behavior was due to typical teenage development or to the sexual abuse. He shared he felt guilty punishing her or being strict with her for this reason. Overall, C. struggled to hold firm boundaries with his daughter post abuse.

Relationship Changes with the Child

It was important to C. to share how his relationship changed after the abuse. He expressed how this traumatic event, in a way, brought them closer together. C. attributed this to him listening to his daughter and believing her, despite the perpetrator being C.'s father. He noted he became more aware of her mood, changes in her mood, and how he could be there for her and be accommodating. He learned how much she valued being listened to and she appreciated it when he did not jump to conclusions. C. also noted that due to this change in his behavior, his daughter trusted him more and came to him when she needed something. He also learned to spend time with not just his daughter, but each of his children individually, to make them feel wanted and special.

C.: I think in a way that it brought us maybe more together, uh, because something that she always said she's grateful that we believed in her. So, I think because of what happened, I perhaps I try to be more aware of her or maybe understanding. So, I think, yes, that, that has brought us together and if feel that she trusts me and, you know, as a father, um, because I value what she says.

Impact on Relationship Due to Support/Lack of Support

C. first discussed the way he felt not only unsupported, but also invalidated after the disclosure of sexual abuse from his daughter. C. shared he believed he did the "right" thing by reporting it to the police, even though it was difficult as the abuser was his father. However, despite doing the right thing he felt he was treated poorly by the system afterwards. C. told a story that left him disheartened and disappointed in the child welfare system. After making the report to the police, he and his family were interviewed by the local child protective services. Through this experience, he and his wife were told that it was their fault for allowing the

perpetrator into their home and therefore would need to be evaluated and monitored for the next 8-12 months. C. shared how devastating this was to him and his wife. He discussed how their family had just been through the most traumatic experience and then were blamed and shamed as parents. He noted that the system was so overwhelmed that the stipulated bimonthly visits often did not occur and as a result they were uncertain when they would come to the house, which contributed to a chronic feeling of being on edge. C. shared this was a struggle for his wife; that she took this judgement of her parenting personally, which may have affected her willingness to participate in therapy, which will be discussed in another theme.

C.: Where you don't feel supported, for example, what happened with social services coming in and, you know like bringing in a way more blame than support. If you depend on a state base, um, social care, social support as well, they are like so limited. These people are working, you know, each social worker might have like 30 families on the list. So, you know, that's why she's saying she would come every two weeks, she would come back for five minutes if she did come.

C. discussed despite his negative experience with the social services system in the U.S., he was surprisingly able to find support from two male friends from work. C. shared his perception of stark cultural differences between his Latin American culture and the majority culture in the US regarding how to respond to the abuse. He shared in his home culture, people, especially men, tend to be more passionate, open, and outwardly supportive. C. noted that things in the US tend to be more "surface level." For example, with others at work you aren't expected to "open up" about personal aspects your life. However, C. shared he was experiencing personal distress, needed to take time off work for appointments and therapy, and decided to share his experience with some coworkers from the U.S. He shared he was shocked at the support he

received from his male counterparts and the relief that followed. C. noted how helpful this was considering he was feeling invalidated by the system and felt the pressure to support his family. He expressed the relief he felt when able to share the story and feel supported by other men who withheld judgement and listened.

Negative Effects of Legal and Judicial Process

C. shared how his interaction with the judicial system affected him and his family through the healing process. He noted that the police were not helpful. They reported that they could not do too much because it was “he said she said.” He also noted another significant barrier for police action was that the offender had returned to their home country by the time of the disclosure. C. seemed to understand the limitations the police had and although he did not blame them, he was disappointed and frustrated that his daughter would never experience legal justice. In addition, his wife felt attacked as a parent and made to feel by police and social services as if they were not protecting their children the way should be. He expressed there was a strain on his relationship with his wife as she struggled with the idea that police and social services had a negative perception of them as parents. C. described how he was able to put that aside and continue to parent and be there for his family, but that it interfered greatly with his wife. Therefore, C. felt even more pressure to hold things together for his family and ensure they received the services they needed.

C.: They put us a program where every six months you are reviewed. You’ve got people coming and evaluating if your kids are eating, if your kids are well dressed, if their hairs is nice and tidy. Which, you know, we try to be good parents, and I think we, we are okay. But it’s hard, more for my wife because it is like your integrity is questioned, we felt punished.

Seeking Help

C. expressed the importance of finding mental health support for his family, and how this guided his family in the healing process. Although his experience with mental health professionals was overwhelmingly positive, he described the difficulties he experienced accessing the services. Concerning his daughter, C. was focused on using the mental health support recommended by the social services to comply with all their requirements. Due to this, his daughter's services were significantly delayed as the waitlist for their recommended providers was long. C. expressed his satisfaction with his daughter's therapist but was frustrated because it took months before she could get into start therapy. C. shared a similar experience when seeking services for his other children, although helpful once started, it was a struggle to find a provider that did not have a long waitlist.

After ensuring his family was engaged in therapy, C. discussed the importance of finding his own services to help heal from the trauma of his daughter's sexual abuse. He described this journey as a significant stress on him. He shared how social services aided him in finding services for his children, but that their aid ended there. C. discussed never seeking out mental health help prior to this and did not know where to start. C. eventually started to do his own research on resources for fathers with children that have been sexually abused. He was eventually able to find a nonprofit religious organization that provided therapy to him for free. C. described this being a great relief as he was finally able to talk to someone about the abuse, the pressure as a father to support his family, and to process his emotions regarding the abuse.

C.: I was able to find the help through a charity that brings support to parents of survivors of abuse and, you know, had like three months of therapy sessions once a week,

which was good, just to talk and to process things through. That one I found myself. Because again, the social services, they focused on the child not us.

Stigma and Gender Dynamics

C. went on to share how he was worried about the stigma of child sexual abuse. He was specifically concerned about the fact that his daughter was abused by a close relative and how others would view him and his family. He discussed the differences in culture again regarding the expectation of reporting in his culture. He explained that in his home culture sexual abuse of a child committed by a family member is typically not reported and the family just works to keep the abuser away from the child. C. shared a story where this had happened to a relative of his when he was younger, and the abuser was never reported. C. expressed, unfortunately, this was the same abuser that went on to abuse his daughter. C. was worried about family member's reactions to his choice to move forward legally. However, he also believed that his family's reaction may be tempered because the abuser now lives in another country. C shared, "Cause it's a really taboo thing, you know. Getting your child abuse a close relative. You just don't talk about it."

C. continued to share about stigma and how he struggled to find support from other fathers that have also been through this experience. C. noted he felt lost as a father working toward making his family safe, getting them set up with services, and being the overall provider for the family. As much as he worked to find services for himself, he was missing one piece, the connection with other men and fathers that have this shared experience. C. shared his journey to find that connection, which included joining an online group on social media for parents that have children that experienced sexual abuse. He mentioned feeling optimistic about joining the group with a hope to connect with other fathers. C. was happy to be included in the group, but he

noticed mostly mothers posting in the group. This discouraged him from posting in the group and reaching out to other fathers for fear of the judgement and stigma of being a father looking for support.

C: I tried to look for other fathers, but I couldn't find much. I think it would've been very useful for me to talk to someone who has been through it. And maybe just to, to hear that others have been through it, so that's why I entered the, this group. But what you can see is mostly moms that are posting I didn't see many guys writing in that group. I think it would've been, or I would've benefit from having to talk to, to other dads that went through it. Not that they will say a magic word, and everything will be okay, but, you know, just to know that there is someone that has gone past it and, and how, just to see how they got past it.

Cross-Case Analysis

A cross-case analysis was conducted to determine whether there were commonalities shared among the participants' responses that could describe a more general structure of the psychological phenomenon of being a father with a child that disclosed sexual abuse. This analysis yielded (a) shared descriptions of the fathers' experiences of participating in this study, (b) seven main themes of their experiences of being a father with a child that disclosed sexual abuse, and (c) several additional subthemes.

Participant Experiences of this Study

Participants' descriptions of their experience being interviewed were not necessarily directly related to the phenomenon of the study; however, they did provide essential insight into the participants' reactions to engaging with the interview, which may have impacted their responses. Across the participants, a commonly stated motivation to participate in the study was

their interests in helping future fathers that may have a similar experience. There was a consistent desire to inform other fathers of the need to share their feelings and seek help for themselves when ready. In general, all participants expressed wanting to prepare future fathers whose child disclosed sexual abuse for the process that unfolds:

Alan: I think the biggest thing that I would want to make sure that fathers know is that as hard as it is to try to keep your composure, you need to be there for your child and be prepared for the huge emotions that your child is gonna give you. Sadly, be prepared for the financial toll it's gonna take on you. Also, I would want to make sure that fathers know that if you can hold through it, that you can make the difference and you can save your child because as much as it's been hell for me, I did what I had to do. And I was able to save my children.

Jay: There's tons of resources (out there) and the community will help you. Don't be afraid to show emotion to your family. You know, that'll let them feel like you are, I guess, empathetic about what's going on by showing emotion and then helping them overcome what's going on will kind of bring that family unison back together again and let your child know that you have feelings as well, but you're there to help 'em out.

Upon completing the interview, many participants expressed their gratitude for the researcher and for the study. For some, participating in the interview elicited an emotional response such as excitement and hope that their story will be heard and future fathers with children that have experienced sexual abuse will benefit from this study. Jay shared he hoped fathers will learn to express their emotions and seek support when needed.

Jay: There are resources out there. There are different areas, different places they can look for resources to help them out. I hope they know that they're not alone. I've kind of put that out through social media, saying that, hey, if anybody needs to talk to us, you know, please feel free and reach out.

Zeke shared similar sentiments, as he stated, "It'll just be, you know, great if fathers can see this and know they aren't the only ones."

Shared Themes Among Participants

The following section describes the themes and subthemes uncovered by the cross-case analysis of the data collected in this study. The descriptions provided by the fathers helped describe the essence of the phenomenon that was shared across participants, which may provide a more universal understanding of the phenomenon at hand. They were intended to answer the research questions of the current study regarding the descriptions for the internal and external experiences of fathers' who had a child that had disclosed sexual abuse. The main themes were (a) putting the child first, (b) stigma, (c) availability of supports and resources, (d) experiencing therapy as a positive support, (e) experience of support differs by gender, (f) judicial/systemic impacts, and (g) impacts on the father-child dyad. Each of the themes are presented below, along with their subthemes (see Table 2).

Table 2*Summary of Themes*

Main Theme	Subthemes
Them 1: Putting the Child First	Subtheme 1: Child Emotional Needs Subtheme 2: Navigating One's Emotional Reactions
Theme 2: Internalized Stigma	Subtheme 1: Role of the Protector
Theme 3: Availability of Supports and Resources	Subtheme 1: Child Subtheme 2: Parent
Theme 4: Experiencing Therapy as a Positive Support	No subthemes
Theme 5: Experience of Support Differs by Gender	No subthemes
Theme 6: Judicial Impacts	No subthemes
Theme 7: Impacts on the Father-Child Dyad	No subthemes

Theme 1: Putting the Child First

Whether it was labeled as a father's instinct or responsibility to get their child to safety, most participants spoke about the instinctual urge to ensure the physical safety of their child following the disclosure. Participants shared after they cycled through intense feelings of shock and anger, an instinctual reaction took over to safeguard their child and their family and put their emotions aside. The idea of their child's safety became the top priority for these participants and gave them a purpose in moving forward. The focus of the fathers' experience shifted from an intense emotional reaction to a cognitive and logical way to keep their child safe and away from their abuser. Alan described this process as "My father instinct, you know, took over and I did

anything and everything that I could do to keep them safe. I've always had that father instinct, but when, when this happened, it was like nothing else mattered." C also emphasized his priority on his daughter's safety, as he stated "As soon as I could, I focused on getting my daughter help. I wanted to make sure she was safe. That gave me what I needed to keep going."

Subtheme 1: Child Emotional Needs

The participants went into great detail about the emotional needs of their child after the abuse disclosure. They depicted a great struggle with managing their child's needs due to the effects of the abuse. After the disclosure, some fathers described their child as exhibiting extreme externalized behavioral issues. Some of these behaviors included explosive behavior such as yelling, screaming, and throwing tantrums. Other behaviors appeared more self-directed such as self-injurious, avoidant, and unpredictable. Some participants shared their child had navigated specific mental health disorders such as anxiety, depression, and post-traumatic stress disorder. The participants described an intense struggle to understand how to help their child, which contributed to more stress and difficulty in parenting. This further intensified stress throughout the family. One father shared his child went on to display risky sexual behaviors with other children and stated his child struggled with boundaries well into his teenage years. Jay shared, "She has difficulty sleeping and will recall things and that is when it is tough. I feel like I can't help her when she has anxiety or flashbacks."

Alan: Um, as a result of that, there's a lot of behavioral issues. My 9-year-old she sees a psychiatrist she's on several different medications. We have meltdowns, we have moments where I'm, you know, the best dad in the world and other moments where she hates me, and she wants to go back to mommy's house. It's been hard with my nine-year-old, because there are, certainly moments where, you know,

she wants to come hug me or could sit on the couch and cuddle with me or something like that. But there's also those times where she's having an all-out and out temper tantrum, and I'm throwing my hands up in the air. I don't know what to do. One of the hardest parts for me is keeping my mouth shut on certain things. Because she'll say to me when she's having one of these meltdowns, she'll say to me she hates me. She'll say that I don't care about her.

C.: When we started going through the whole process, there were some horrible days, where, you know, she went through situations where she wanted to damage herself. She went through situations where she didn't want to go to school, uh, having anxiety, depression and all of that.

Dean: At one time he had suicidal ideations, which I had to talk him through and stuff, and that was kind of intense. Then we got to Kansas where he told us about having oral with another boy and then all that. He had issues with other kids. He has issues, responding, reacting, interacting with kids at his own age, um, which caused a lot of stress on my wife and with how to deal with him.

Subtheme 2: Navigating One's Emotional Reactions

All participants described an intense and oscillating mixture of emotions in reaction to discovering their child had been sexually abused. The first emotion experienced by all five participants was shock. Prior to the disclosure, four of the fathers described a narrative in which they recognized CSA does happen, but it is not an issue "my" family will have to deal with. This belief led to the first feelings of shock. After the initial emotion of shock had time to subside, all participants described shifting into extreme anger. Some participants immediately, and without thought, expressed their anger in front of their child, while others kept it hidden from those

around them. This expression of anger appeared to directly affect the father-child dyad, further explained in a later theme. The fathers then described experiencing a cycle of emotions as they processed the abuse. This included anger, fear, sadness, confusion, optimism, and pain. These emotions were described as ever changing and difficult to express to others.

Zeke: I go between feeling heartbroken, stupid, exhausted, and forgiveness after the anger subsides. I feel optimistic and ready to move on, but then I get dragged back into what happened and I'm mad and confusion all over again.

C.: At the beginning, I was really very sad. Yeah. Lots of sadness, lots of disappointment, uh, lots of frustration in a way, you know, feeling frustration at, you know, what can you have done to avoid, or how you've been so stupid that you didn't see something like that. Mm-hmm. It's like, guilt as well, because you could have stopped it and/or you allow this person to be in the same roof as your family.

Then there is just numbness as well because you just have to carry on with things.

All participants spoke about the need to push their own emotions aside until they felt their child was physically safe from their abuser. Fathers described this as an automatic reaction that was necessary for moving forward. Furthermore, participants shared the importance of not letting their own emotions cloud their judgement regarding their actions and next steps.

Zeke: You know, and when I listened to what he asked her to do and she talks about that is when I get the most angry, when I'd actually contemplate killing him. you know, just for a brief second because it absolutely just infuriates me to think about somebody, a 55-year-old man, doing that to a nine-year-old girl. When we first found out I did contemplate killing him, I told her (my wife), I said, who's

stopping me from shooting down the interstate right now. But what life would my daughter have if I did that.

C.: So, at that moment, you cannot think much of about yourself, at least in my case. You just, you know, try to cover everyone else (in the family). And I think now, two years after I am processing other stuff.

Theme 2: Internalized Stigma

All participants described experiencing stigma, although this experience was unique for each participant. Some fathers struggled with bottling up their emotions and hesitating to express them due to the belief that men who express their emotions are weak. Similarly, a few participants described feeling extreme guilt because of their belief that fathers are meant to protectors. As a result of this belief, they felt as though they failed to protect their child, which made it challenging to ask for help or admit this failure to others. Some fathers noted that due to the stereotype that strangers hurt children, they never educated their child that family members or people close to them are more likely to hurt children. Other fathers described being negatively impacted by the bias and stigma within the judicial system that considers mothers as more equipped for caretaking and fathers as more likely to abuse children.

Zeke: I preached stranger danger to my daughter. I told her, I said, just when you're out in public or if you're around people, you don't know, just keep your wits about you. Just make sure you, you know, the kind of environment you're in. I'm like, listen to your gut. You know, if your gut and your conscious is telling you something, it's better to listen to it than to not and remove yourself from a situation. I just go back to; I preached all that stuff. It's almost like I preached the 3% of situations to her. Which in a sense makes me feel kind of stupid looking

back on it. Not realizing I didn't teach enough her about the people that are closest to you are gonna be likely to do the most damage. So, I should have educated her on it. Doesn't matter if it's an uncle, if it's grandpa, if it's a brother or if it's whatever, another child cause child on child molestation is huge too. So, I feel upset with myself that I didn't know that back then. There's a feeling of being upset with yourself that you let your family down, you let your daughter down.

Alan: There are a lot of fathers out there that, um, would go through, excuse my language would go through Hell for their children. These dads actually love their children and dads get a bad rep from the fact that they're not home all the time, because they're at work trying to support their family. And somehow that means that the mom is a better parent because she's at home with the kids. And that's a stigma that has been around for a long time. And it's in the court system itself. And that's something that, you know, really needs to change. I've had a lot of people say it to me, normally in this kind of situation, it's normally the mother, you know, trying to keep the children safe from the father. In my situation, it's me trying to keep the children safe from their mother. Obviously, I understand that the statistics, I would assume show that the father and, or the male figure is statistically the one that is the abuser. But there definitely needs to be a lot of information out there for people to realize that women and mothers can be these abusers too.

Jay: The whole stigma that falls on fathers in the family household that we are, you know, supposed to be the protectors and always protecting our family. That can

be a little difficult sometimes. When something like this is disclosed a sense of feeling like a failure, like you didn't protect your family, uh, can be a little difficult at times that can be challenging trying to get over that obstacle that, you know, again like that stigma that everybody puts on fathers is that we're here to protect. I know for most males, we tend to be what, what I like to call bottlers, we bottle everything. And we just don't talk to anybody cuz we, if we do it makes us feel like, you know, like we're weak. So that could be a little challenging at times is just talking to people.

Experiencing stigma was further seen within two participants that shared an identity of being Hispanic/Latin. These two participants described stigma that they attributed to their Hispanic/Latin culture that the other three participants did not share. These participants stated keeping family conflict inside the family is an important aspect in their culture of origin. Therefore, when issues of abuse arise, it is understood that reporting the abuse and involving outside systems such as police, therapists, etc. is not advised. In the case of sexual abuse, the family works to keep the child away from the abuser. Both participants shared their struggles in acting against their cultural norms and reporting the sexual abuse and pursuing legal justice. They shared they lost support, experienced more stress, and questioned their parenting due to the stigma of sharing about the abuse outside the family.

Jay: I come from a Hispanic background. I think stigma comes from back in the day where, you disclosed it, and that's it. We're not gonna talk about it anymore. We're just gonna keep you away from that particular individual. So, that was very disheartening when we would talk to certain relatives about it and they would say, okay, don't talk about it anymore, or she's young, she's not gonna remember it.

As she gets older, that is very difficult to digest, you know? It just felt like they weren't supporting of what we were trying to do. We started going through the court system, and a couple of our family members were saying that we were making it worse for her by reliving the situation over and over again, and that we should have just kept quiet. Not said anything. So, that just was very disheartening, you know? Not supported at all from our family side. It was a lot from the perpetrator's side, but we did see it from both sides. Cause like I said, I guess coming from the Hispanic background once you talk about it, that's it. And you stay away from that individual. But hearing it more so from the perpetrator's side (of the family), I guess, given the age of the perpetrator there was a lot of, "Hey, you shouldn't go to the court systems, you shouldn't put him in jail, he's old, you know, he's gonna, you know, he's probably not gonna make it outta jail." And things like that.

C.: I'm from, I'm Latin-America and our family didn't support what we wanted to do. It was very difficult. At first for us it was very difficult to know that we didn't have the support of our family. We went into it thinking that "Hey, they're gonna have our backs, they're gonna help us through this process." So, once we started to talk our family and the opposite happened, it was very hurtful. So, we were kind of conflicted, you know, asking ourselves like, should we really do this? Or are we really hurting her more disclosing this by talking about it?

Subtheme 1: Role of the Protector

All participants spoke about their role as the protector of the family. Each participant believed they needed to fulfill this role due to their identities of being a male and a father. Because of this belief, each father experienced guilt and blamed themselves for the child sexual abuse rather than blaming the abuser. The abuse was seen as a failure to protect the family and therefore led to difficulties processing the abuse. This failure was seen as an obstacle to overcome, a questioning of ability to parent, and a fear that they were unequipped to be the protector for their family. For example, Dean stated “It was that turmoil type period where you don’t know what to do, like questioning yourself, questioning your ability to protect, provide, and stuff.”

Jay: Being a male, being a father figure of the household just kind of makes you feel like, you know, I can’t protect my child, I can’t help her. So, it gets a little difficult. Sometimes I start questioning myself, as far as my role in this family, being a protector and stuff so it gets a little difficult sometimes. I didn’t want to be judged, um, you know, in a sense of, “Hey, you should have been there” or “Hey, it happened while you were in that same house. Why didn’t you do anything about it?” So, it was a little difficult for me again, because I didn’t want to be judged for that. Um, knowing that, I guess, them thinking that I let that happen.

Zeke: I mean, obviously it’s heartbreaking. Because it is a father’s job is to protect his children in a sense, I feel like this is our DNA. We’re meant to protect the people around us. And it’s definitely a feeling of confusion. Letting your kid down.

Theme 3: Availability of Supports and Resources

All participants sought out support and resources from other entities beyond family and friends. Participants described interacting with child advocacy centers, social work, and mental health professionals. Four of the five participants were referred to therapists after reporting the abuse. One participant had already had his children in therapy due to his divorce from their mother. Some participants struggled to access resources for their child and/or self while others had a less difficult time.

Subtheme 1: Child

Each father shared their own journey to finding mental health resources for their child. This experience differed for each participant with some describing a swift process while others shared it was an added stressor. One participant was immediately connected to a child advocacy center in his nearby area. From here, he was given many referral options for trauma focused therapy and had little to no wait time accessing this service for his child. However, other participants spoke about the difficulty of finding specialized support for their child and described a struggle in connecting with a provider that worked with child sexual abuse. Three of the five participants discussed the difficulty in waiting to receive therapy for their child as there was either a waitlist for services or they were unsure of the process and how to get connected.

Dean: The biggest hurdle is finding somebody who would actually be able to help him (child), because there's really not a whole lot of people that specialize in our area. You got these community services, but sometimes they just hire people cuz they need it. Not necessarily because that person wants to work with children or has an experience. Just getting that initial setup for my son, it was hectic because they

had to wait and kind of figure out who was a specialist, if they had availability, and we just waited and waited.

C.: It takes a long time. It's like some of these services are so hard to reach. We wanted to go the public way through the suggestions that the social workers were giving us. Just to be able to comply with what they would suggest. Just to, to show them that we are kind of like happy to follow instructions. And, uh, but after waiting, I think like four months for my daughter, uh, we got her therapy, and it was really good for her. But the time before we didn't know what to do.

Alan: They [children] were both seen therapists prior to the disclosure. My 9-year old's therapist came to me immediately and said that she did not feel that she qualified to be able to work with her on this. So, actually, it took us some time to get her into a program. It's a program that's specific for children of sexual abuse. Unfortunately, it's only an every other week session. She goes to that every other week. And then on the opposite week, she sees her regular therapist. But she's only had two sessions, we're months in and she's only had two sessions with this specialty therapist. And so, she's not had the opportunity to work on processing what happened the way my 6-year-old has had the opportunity to do, and you can tell.

Subtheme 2: Parent

Four of the five participants sought out mental health treatment for themselves to get support regarding their child's sexual abuse. Of these four fathers, two struggled greatly to find resources for themselves or their family. Initially, there appeared to be a barrier of how to find resources for themselves as they were only provided with resources for their child. Another

barrier experienced by participants was encountering long waitlists for treatment. Two of the fathers who did not struggle shared mental health resources were much easier to find due to their military background and interactions with the VA. It was made clear by both participants that without this prior connection to resources due to their military background, it would have been a difficult process to find resources on their own. One participant shared in detail his journey to find therapy for himself and the struggle of asking for help and not receiving it. All participants were seeking a place where they could connect with other men and fathers that had been through a similar experience. Participants described a need to connect with other men but that this need would not be met. All participants joined a social media group in hopes of connecting with other men but felt disappointed when most of the members identified as female and mothers. Overall, most participants described an overwhelming need for connection to others with the shared identity of being a male and a father.

C.: Cause it's a really taboo thing, you know? Getting your child abused by a close relative. I tried to look for with other fathers but, you know, I couldn't find much. The therapy that I had it was great. We were able to talk about it. I think it would've been very useful for me to talk to someone who has been through it. Yeah. And maybe just to, to hear from them. That's why I entered this group on Facebook. But what you can see is mostly moms that are posting. I didn't see many guys writing in that group. I would've benefited from having to talk to other dads that went through it. Not that they will say a magic word, and everything will be okay, but, you know, just to know that there is someone that has gone through it and just to see how they got past it.

Jay: There's not very many resources out there or at least that I've noticed, cuz I'm active-duty military, you know, there's resources for us everywhere. Because of the, the PTSD and mental health side of it is a big part of the military. But if I were a civilian, I don't see that anywhere. I don't see that there's resources out there for us. It wasn't until we went to the, the child advocacy center that they offered counseling for us (parents) as well. I think that was the only time that it was offered to us, but it was offered to us as a family. So, I think trying to find that one on one counseling would've been very difficult again, because I don't see resources out there anywhere. Right. I mean there is mental health hotlines and things like that, but I don't think there's any specifically geared towards us men. Yeah, the hardest part is finding those resources.

Theme 4: Experiencing Therapy as a Positive Support

All five participants discussed their families' interactions with mental health supports, which highlighted an overwhelming theme of positivity and gratitude for the mental health professionals. Each father shared an intense focus to find mental health services for their child. Fathers depicted differing avenues to finding services (i.e., being referred by a child advocacy center, family members encouraging them to find providers, previous positive interactions with therapy, or a referral from social services). These interactions provided hope for fathers in a time when they were struggling to see a positive outcome or a hopeful future.

Two of the participants mentioned evidence-based treatments by name and shared the impact and outcome of the treatment for their child. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) was discussed as being a difficult treatment to participate in but overall helpful as the fathers saw an improvement in mood and behavior from their child. Specifically,

participating in the trauma narrative was cumbersome, but learning coping skills and ways to guide emotion regulation with their child was a positive takeaway that aided in managing child behavior and emotions. Due to these initial positive interactions with mental health professionals, participants were more likely to return in the future for services for their child if needed.

Jay: Counseling has been, it's been very helpful. Uh, it's guided us through very tough times as far as helping her kind of overcome what's happening. She's never gonna be the same, like she was before, but this is gonna be our new normal. So, we're trying to help her out as much as we can. And I think being able to talk to that counselor, even when she goes to her one-on-one sessions, after she's done the counseling, she comes out and talks to us, explains to us what she talked about, and she gives us tools to bring home to kind of help her out. Going through the counseling has, has helped tremendously. She went through this, treatment called trauma-focused cognitive behavioral treatment. That was a little difficult for me to hear she, she's very strong from the time that she started to now. It was, I wouldn't say easy, I guess, cuz of the methods behind the counseling, but it made it easier for her to kind of talk about it. I guess sitting in the background listening was a little difficult for me. From my family as a whole, I think it's been good going through this process with her showing her that we support her.

Zeke: The therapist who helped my daughter was absolutely fantastic too, because my daughter's a really good softball player. And the girl that actually was giving her counseling was a softball player that played for Missouri. I gave her privacy during those things. Yeah. I was never helicoptering her at all. She would be in her room, doors closed doing her, uh, therapy sessions, like just like we are with

zoom. And I think me giving her space during that and the counselor being so good, helped, like she was able to relate to our counselor too. I think that was huge for my daughter.

C.: For my daughter, I think it (therapy) was good. When she started therapy she got a lot of support, she got a lot of out of it. So, we were quite happy and satisfied with that.

Of the five participants, four of them sought out therapy for themselves. These four fathers identified this experience as helpful and necessary for the healing process. The one father that did not seek treatment for himself shared he wished he would have. He shared he believed he did not need it, and feared he would be viewed as weak but later realized how much he believed it would have helped. Therapy was particularly helpful for these participants to have a space where their emotions could be expressed without the fear or guilt of hurting their child. Therapy allowed the participants to understand how they could heal while understanding the healing process for their child. This provided a space where fathers could open up and ask for help. Dean shared, "I learned I had to change my parenting style. What I was doing, ya know, it wasn't working with him. Once I figured that out in therapy it helped me with our relationship."

C.: I was able to find the help through a charity that brings support to parents of survivors of abuse and had like three months of therapy sessions once a week which was good, just to talk and do processing to process things through with no one judging me and to help my daughter.

Alan: It's (therapy) been very good for me because it's given me number one, it's given me a spot where I know that I can break down. And it's also allowed me to, you know, be able to work through some of those things, like I was talking about as

far as having to kind of separate myself from what the girls are going through and, deal with my, my own anger and my own, you know, issues, you know, separate from what I'm trying to work with the girls on.

Jay: He (therapist) helped me through this process. As far as how to help my family and by helping my family, it was gonna help me. Um, so yes, we dedicated a couple of sessions with just helping guiding me and processing my emotions so I could help my family. ... But once I started talking to my counselor he kind of gave me an understanding that, it wasn't my fault. Perpetrators are gonna do what they're gonna do regardless. Who's not, who's in the house, who's in the room. Um, and, and yeah, so it was a little tough for me.

Theme 5: Experiences of Support Differ by Gender

Participants described their experience of receiving support and shared how important it was throughout the process. When speaking of the types of support the participants found most helpful, all five pointed to the support they received from their female counterparts (i.e., wife, fiancé, partner) as most helpful. This support was described as free of judgement and endless, despite how difficult the process was. Overall, the participants stated the ability to share their feelings, thoughts, and desired future action/behavior free of judgement and without interruption was most helpful. Specifically, being able to express emotion and have their counterpart listen instead of offering advice or sharing their own feelings during the participant's time of need was necessary in the healing process. Some participants spoke about a need to feel heard in moments of intense emotional experience.

Zeke: She (wife) was just a great listener. She never complained about me rambling on or anything like that. So that was huge for me that she was able to listen... Like she

didn't say, oh, well then maybe that's what this means, or you should do this. She was just great at listening because I wasn't even sure I was ready for input. I was just trying to get all these thoughts and anger that I'm having just out. I like to talk, and I like to vocalize my thoughts a lot and sometimes I am all over the place and she (my wife) was just good at like listening, you know, and then providing a little bit of feedback here and there. And honestly, sometimes my brain was running so fast I couldn't even process some of the feedback she was giving me because my brain's just shooting to the next thing so fast. But her just being well, her just willing to stand there next to me while I chain smoke cigarettes on the front porch. And listen to me talk about this and just be supportive was the best thing. It's not like there was never one time when I got honey, I know this is huge, but I'm just tired of talking about it. Or anything like that, you know, which she could have had a right to say even, but she never did. You know, which, who knows how I would have taken that in that moment, I might have been like, well, honey, I'm dealing with this, and it would, it could have potentially caused a fight, but she never did that. She always, always listened. She was always supportive.

Alan: My fiancé has been a rock for me. Um, and part of that is cuz she knows where I'm at right now. Her ex did the same thing to her son. So, she's kind of been where I'm at right now and knows what I need.

Jay: I was able to talk to my wife about, you know, my feelings, she listened to me, and she was able to kind of help me through them and help me to build that connectedness again with her (my daughter).

The participants also described other female family members who provided additional support in logistics and sharing responsibilities beyond emotional support. As the fathers' described their difficulty with daily tasks such as making appointments and attending work regularly, other female family members came to aid by offering to provide childcare, provide rides to and from therapy appointments, attending all court hearings, and taking leave from their own work to stay with the participants and their families. This support was described as necessary to get through each day. Zeke noted, "My grandmother was very supportive too, So the support overall was like from her and my wife were good."

Alan: Every appointment, my mother is there taking off of work, going with me, going with us. I have a very good support team behind me. And with that big support team, I'm still having a rough go at it. So, I don't know what I'd do if I didn't have people there for me.

Dean: My sister was really great. The day that she heard about it and stuff. She came up like a couple weeks after that she took some time off, made sure her kids were taking care of and she came up and she actually took care of our son so that my wife and I could go out and just kind of have a weekend and stuff. We didn't even have to ask. Yeah. Um, which was awesome.

Participants also discussed the support they received from male figures in their lives. This support differed substantially from the support received by female family members and loved ones. Participants described a desire to share their experiences with other males in their community. Participants were hoping to feel understood by others with shared identities. However, three of the five participants described an unintentional consequence of seeking support from male family and friends of feeling overwhelmed by or responsible for the other

person's emotions due to their responses. This experience was disappointing and stigmatizing for the fathers that discussed this.

Zeke: Well, and also the other thing you could think about too, is the aspect of dealing with other male family members. Like the people, even on my side, who a hundred percent believed my daughter that wanted to go out and kill this man too. Like my biological father he's majorly upset by it. My closest and best friends are who I've been friends with since I was a child are majorly upset by it. You know they're click to shoot a pedophile too, because they think pedophiles deserves to die instantly. Maybe people up north and out west have those kind of same mentalities, but it seems like it's pretty popular down here that if once somebody's announced as a pedophile, you can put 'em in the ground. So that's basically was my father's response to it. And you've kind of gotta feel that out. It isn't helpful when you can't do those things.

Alan: A lot of guys have talked to me, especially a lot of other fathers have talked to me about, you know, um, how I'm able to control that urge to not want to take things into my own hands. Right. Um, and have I thought about it? Absolutely. I think every, any father would, um, but the logical part of me is saying, number one, if I were to try to take things into my own hands, then I lose my kids and who, who do my kids have? It's just hard to, they don't get that this is hard, I keep away from those talks.

There was an outlier to this theme with one participant sharing the support received from other males was helpful. This participant, at the time, was living in a different country than his family and immediate support system and described having less opportunity to seek support from

male family members or close friends. This participant did seek support from male coworkers and detailed the positives of this experience. He also shared his surprise for the support he received noting differences cultural and expectations of behavior at work.

C.: I think most of my friends or acquaintances they were quite super supportive. A lot to, to my surprise, uh, many of them were more than supportive understanding even some colleagues at work, I told them, you know, because I trusted them, and they saw I was looking very unwell. I talk to these guys, you know, because I am like that I cannot hold back, if I'm going through something bad, I say, no, I'm feeling like crap today because this happened and I'll just go crying, you know? And for many maybe culturally that could be shown as a sign of a weakness. Many colleagues were really understanding and had a lot of sympathy for me.

As participants described differing interactions with family and friends, it became clear what interactions were perceived as helpful and unhelpful. It seems participants viewed support in the form of individuals listening without judgement and without trying to problem-solve most helpful. Similarly, when individuals offered logical support, fathers felt this was helpful. This support was mainly received by female family members. It appears support in the form of individuals sharing their own reactions and outwardly expressing their emotions in the vein of anger and inclinations of violence were not useful. This support was received by mainly male family and friends.

Theme 6: Judicial/Systemic Impacts

All participants reported the sexual abuse to the police as soon as they could. Due to the police interaction, families had interactions with many other systems where they lived. There were mixed reports from each father about the impact the judicial system had on themselves and

their family. Overall, there was mistrust and extreme disappointment in the process of seeking justice for their child. A common belief discussed among four of the five fathers was that the system was set up to protect perpetrators instead of their innocent child. A common repeated phrase stated by the participants was this case is a “he said-she said” case and therefore, nothing can be done. This was disheartening and angering to the fathers working toward protecting their child and fighting for justice.

Zeke: The system itself, politics aside, the system’s, something’s obviously not right about it. And it’s so crazy. I’m not saying I can put my finger on it, but it took 2 years to get to a point of telling us they were gonna do nothing. But what doesn’t make any sense to me if you had already cross-examined my daughter two times, three times, by the time you had decided you were gonna move it to the state attorney level, if none of the stories changed and none of the evidence changed and none of the circumstances changed, cuz the detective told me that we had at least five charges that we could have been able to hit him with, then what happened? Now my daughter got cross examined six, five different times, you know, by the county office, by the child protection services, by the state attorney, you know, she was cross-examined and looked at from every angle to try to find out if she was telling the truth. But my stepfather wasn’t interviewed once, wasn’t talked to once, wasn’t nothing, because he hired a lawyer and has the fifth amendment. You know, gives you the right to shut the hell up. And he exercised his fifth amendment right.

Dean: So, we reported that (sexual abuse), but like I said, nothing ever came out of it. And then, um, every time that he would have phone conversations with his

biological father, he would just break down for about a week or two after that. He would just become a complete disaster to deal after. So, we went through the courts, tried to do custody type stuff or tried to actually get his father convicted of something. Yeah. Um, they came back and said, no, not enough evidence. And we had to keep doing the phone calls with his dad, which felt wrong.

Alan: Legally, I just don't think that the legal system is where it should be for these children. Because bottom line is after all of this happening, after all of these disclosures to so many different people, um, my ex-wife and her boyfriend should be behind bars right now. And the fact that they are not definitely angering. The therapist was more than willing to testify. The lawyer was not allowed to use the therapist's records to prove that it's not hearsay because it's not admissible in court. Wow. Like that makes no sense to me. You've got someone, you've got someone that we're, we're telling our children, these are the people that you need to talk to. Right. If something like this happens, but then there was nothing that could be done because of the legality of her statement in court. That, to me made no sense.

C.: The police, we took everything to the police, but there isn't much that will happen from them. The case still open, it seems that it gets downgraded in many categories. Cause obviously there is no evidence. It's my daughter's word, again, my father's word. So, everything's just taking so long. So, in the, in the judicial system as well, it's not much help.

Depending on the type of judicial interaction, participants described either an overwhelming positive and supportive interaction or a disappointing interaction that left them

feeling judged and hopeless. Interaction with local law enforcement was depicted as tremendously helpful. Fathers shared that they felt believed, heard, and cared for by local police, detectives, and therapists. This initial contact left the participants feeling hopeful that they would experience legal justice. After the initial contact with law enforcement, participants were introduced to other judicial and non-judicial systems. Fathers explained the further away from the local level of systems, the more difficult and upsetting interactions became. Zeke described a feeling of being treated as a customer at a cable company as soon as his case was passed to the state level. Alan and Zeke shared the severe consequences of their children having to repeat their story multiple times to different people as traumatic. Other fathers had interactions with social services, child advocacy centers, and mental health supports. Zeke and C. discussed feeling blamed by people belonging to social services and other judicial systems for their child's experience of sexual abuse.

Zeke: Once it got to the state attorney, I didn't hear anything. It was an atrocious experience, like absolutely atrocious. The sheriff's office for the county, that detective was amazing. You can tell, he generally wanted to help, and he cared about me. But once it hit the state attorney level, it was like dealing with Comcast, you know, in an outage is what it was like. Talking to somebody in fricking Ohio who doesn't even know who you are, doesn't even care who you are. You know, that's what it got like. And that was the most disappointing. As far as the support goes, it was definitely the state. Disappointing. Frustrating. Honestly, depending on your kind of personality would drive you on the brink of insanity because this is a time of desperate need and craziness. And then you're basically getting treated, like I said, like you're just a customer of Comcast. You can just sit, wait

forever. Nothing matters. And I'd say they just me pissed off, man. Oh, they pissed me off. Cause not only did they not help, they were rude. They were, oh, it was just, oh, it was a nightmare. Absolute nightmare to get anything done.

C.: Social services got involved as well. So, it was a really messy situation. As well, the other challenge when you get social services involved and you get evaluated or analyzed by other people who are just ticking boxes. It was just an assault on our integrity and as parents we were judged. So, there was this previous allegation against my, my father, and obviously I disclosed that to social services and the police, and they say, "yeah, you are bad parents because you allow this man to enter your house." And, and, and, you know, if you're looking at, in a global way of protecting a child social services then put us onto a program here where throughout, six months you are reviewed. You've got social services coming and evaluating if your kids are eating, if your kids are, you know, well dressed, if their hairs are nice and tidy. Which, you know, we try to be good parents, and I think we are okay in that sense. But it's hard more for my wife. It was hard because it is like your integrity is being judged, we felt punished. We comply with everything that was requested. And even the social worker, after one month, she said, "I don't know why I'm here, because there are other families that are in much need than you are." Where I don't feel supported was, for example, what happened with social services coming in and like bringing more blame than support. If you depend on a state base, um, social care, social support, they are like so limited. These people are working, you know, each social worker might have like 30

families on the list. It would've helped if they said, "Okay, we identify that we made a mistake."

Alan: The only issue that I've had is my disappointment in the legal system. I believe a hundred percent that the detective and the DA are doing everything that they can do at this time. As an individual person, like the detective, the head detective on the case and the district attorney on the case, as people, I believe that they are fully supporting me and my children.

Theme 7: Impacts on the Father-Child Dyad

All participants discussed the impacts of the sexual abuse on their relationship with their child. Fathers described their worry and confusion regarding their child's behavior and not knowing how to respond. All five fathers also discussed uncertainty in knowing if their child's behavioral changes were due to typical adolescent development or due to the sexual abuse and trauma they experienced. This confusion led fathers to alter their standard of parenting and lessen boundaries out of fear of hurting their child and confusion. Four of the participants stated they were worried about being a disciplinarian in response to a behavior that was due to the sexual abuse. This worry and fear led to more lenient boundaries with the child.

C.: I perhaps, I more try to be more aware of her or maybe understanding, not condescending or not just permissive, but just to understand, okay, is she like this because of the trauma? Is she like this because of, you know, just a natural teenage mood changes?

Alan: I had a real hard time with holding a standard parenting. The kind of pattern that children need. Because even when they weren't being good, all I wanted to do was cuddle em'. I didn't want to yell at them. I didn't wanna punish them for

things that they were doing wrong because, um, of course in the back of my head, I'm just rolling through everything that they went through at their mother's house.

The fathers continued to describe other ways in which the father-child dyad had been impacted due to the sexual abuse. A common theme among four of the five fathers was a desire to be more involved in their child's life. They discussed altering their daily activities to become more involved with their child's interests and spending quality time together after learning of the abuse. Spending quality time with their child became a higher priority after learning of the abuse. The fathers shared that despite the tragic and traumatic abuse that occurred, it became a catalyst to increase bonding and make them feel closer to their child. Zeke shared, "So, it's, I don't say that it necessarily, our relationship really changed if anything, it just, it grew into another level, you know, it just, it grew in its way adding that to the equation."

C.: I feel like it, in a way, brought us together. It brought me more understanding, um, brought me more understanding, more willingness to try to understand before making a final judgment. When we started going through the whole process, there were some horrible days, where, you know, she went through situations where she wanted to damage herself. She went through situations where she didn't want to go to school, having anxiety, depression, and all of that. So, I believe that I personally tried to have an approach where I would just push her to overcome what's happened, but also try to just to stop everything again and listen. My wife tends to be the one who wants to get to the solution quickly and say, "Okay, what's going on? What can we do about it?" But I think that my daughter sometimes she values when I just jump into a situation and say, "Okay, just leave her be at this time." So, I think, yes, that has brought us together And I feel that

she trusts me as her father. And I always try to include her or do special things with her.

Alan: The biggest thing is, I wasn't as good, prior to all of this, kind of involving myself in their interests and doing something with them that they want to do. My nine-year-old, she loves doing, uh, it's called rainbow loom. It's like literally making things with rubber bands. So, I'll sit down at the table with her and, you know, just kind of watch her or help her with that. Me and my fiancé are big on wanting to do stuff with the kids. We take them to the park. Um, we're, always doing something with them, taking them out someplace, spending time with them, wanting to keep them happy. The one thing that started right after all of this happens right after the disclosure, one thing that started that has really made an impact on connecting with them is every single night at bedtime, I put them to bed and I give them about five, 10 minutes, whatever, and I'll lay in bed with them and, you know, cuddle with them, play, I sing a songs to them. There's a couple of songs that I used to play to them, and sing to them when they were babies. I'll put a song on for them and I'll sing it to them. It started right after the disclosure, because I didn't want to, put 'em to bed. I didn't want to leave the bedroom.

Dean: I've learned how to be more empathetic with him over time, be more compassionate with him about things and kind of try to figure out instead of, okay, this is what you did wrong, how do you fix it? You know, what do I do to make you fix it? It's more of, okay, this is what you do. This is what happened, you know? So why did this happen? Like what was going on that kind of caused you to think that this was okay and stuff like that. And we've gotten into the habit

now of, instead of me just putting my plan of action into effect of how are you going to fix this? Like, what do you want to do, how do you want to fix this and stuff like that. So, we've grown a lot to where we can joke around now, we'll group off together. We'll make fun of my wife, his mom, and kind of just go back and forth and you know, it's grown a lot.

One of the five participants described a different experience regarding shifts in the father-child dyad. He shared his fear of causing more pain to his child changed his outlook on physical touch and affection with his child. Further, he felt specific activities (i.e., bedtime routine, holding/cuddling) would need to be altered in order to keep her safe. Therefore, he became less physically affectionate with her and questioned their closeness. This father described a disconnect between him and his child as opposed to a connecting and growing in their relationship with their child after the sexual abuse disclosure.

Jay: I didn't want to cause a relapse or anything. So, I was a little distant from her. I didn't wanna hold her or hug her a certain way that would make her relapse or get any type of feelings again. So, there was that disconnect and whether it was for me or from her, you know, not trying to make her feel uncomfortable. That relationship that I had with her, uh, wasn't gonna be the same, you know, as far as holding her or, you know, laying with her in bed and singing to her at night or reading her stories. It just wasn't gonna be the same because of what happened.

Conclusion

This chapter discussed a comprehensive review of the participants' descriptions of their experiences of being a father with a child that disclosed sexual abuse. Both individual participant descriptions as well as cross-case analysis of common themes across participants were included.

Together, these themes provided an understanding of the essences of how fathers experienced the phenomenon at hand including: (a) putting the child first, (b) stigma, (c) availability of supports and resources, (d) experiencing therapy as a positive support, (e) experience of support differs by gender, (f) judicial/systemic impacts, and (g) impacts on the father-child dyad. The following chapter will entail a thorough analysis of these findings as they relate to psychology research, training, and practice regarding fathers that have experienced this phenomenon.

CHAPTER V

SUMMARY AND DISCUSSION

In this chapter, I provide a summary of the current study and discuss the results of the within-case and cross-case analysis from Chapter IV. The results presented in Chapter IV were gathered by following the descriptive phenomenological process (Giorgi, 2009). This involved analyzing the transcripts of five participants to identify the psychological structure of their experiences with the phenomenon of being a father to a child that disclosed sexual abuse. Field notes and demographic information were also utilized to inform the following analysis.

Numerous steps were taken to enhance trustworthiness in the current study. Credibility was enhanced by engaging in member checks with each participant, by using a peer reviewer to attest to the accuracy of the findings, and by maintaining a reflexivity journal to assist my own bridling process. Dependability was established by using an audit trail to detail the steps taken through the study. In an attempt to increase confirmability, I engaged in an interview process and provided participants with the time and space to fully describe their own experiences. To support confirmability, I engaged in member checking and the peer review process. Through member checking, two participants responded to confirm the descriptions found through the analyses felt congruent with their experiences. The other three participants did not respond. Lastly, transferability was enhanced by providing rich descriptions and participants' quotes, in addition to using an audit trail. Ultimately, the following seven themes emerged from the data analysis process:

1. Putting the child first
2. Stigma
3. Availability of supports and resources
4. Experiencing therapy as a positive support
5. Experience of support differs by gender
6. Judicial/systemic impacts
7. Impacts on the father-child dyad

A summary of the study is provided in this chapter alongside my interpretations of the data in the context of other past research findings on this topic. My interpretations are also presented in the context of a constructivist lens. This allowed for each participant to create and describe their own experience while simultaneously allowing me to synthesize multiple interpretations of events that they described (Morrow, 2007). Furthermore, these interpretations are presented in the context of a humanistic lens which assumes participants were engaged in making choices (Bugental, 1964) that involved both internal and external experiences. The results will also be compared with existent literature. Several implications and associated recommendations are included from the findings as they relate to clinical practice for mental health professionals, theoretical understandings, future areas of research, and methodological approaches. Lastly, limitations of the research will also be discussed.

Overview and Purpose of the Study

Childhood sexual abuse has been established as an increasingly prevalent and acute concern across the nation and globally (Centers for Disease Control and Prevention, 2022). Due to the taboo nature of child sexual abuse (CSA), it has been unclear how many children have experienced sexual abuse. Adult retrospective studies have indicated one in four women and one

in six men were sexually abused before the age of 18, revealing there were over 42 million adult survivors in the United States (Centers for Disease Control and Prevention, 2022). Many organizations and numerous fields have attempted to track the occurrence of CSA. However, many have noted how difficult it was to uncover a commonly agreed upon answer, as 73% of child victims did not speak about the abuse for at least a year, 45% did not tell anyone for at least 5 years, and some victims would never disclose the abuse (Broman-Fulks et al., 2007). As rates of childhood sexual abuse have been underreported and efforts to treat sex offenders was unpromising (APA, 2021), clinicians are needed now more than ever to aid in the healing process for victims and families.

The long- and short-term effects of CSA have been well studied within the field of psychology. Childhood sexual abuse survivors have suffered from sleep difficulties, nightmares, regressive behaviors, and social disturbances (van der Kolk, 2014), and if left untreated, could lead to increased rates of suicide attempts, depression, anxiety, and revictimization (Collin-Vézina et al., 2013; Daigneault et al., 2009). With an understanding of the deleterious outcomes of CSA, it would be imperative to support the victims and families in their recovery processes.

It has been well established that victims of CSA who received familial and parental support have had a better prognosis than those who did not. Familial and parental support could look like healthy boundaries, open communication, and family connectedness (Eisenberg et al., 2007). When victims of CSA experience a supportive and affirming parental reaction to CSA disclosure, they have been more likely to experience overall positive psychological adjustments and improvements in functioning (Hernandez et al., 2009). When victims of CSA experience positive parental support, they have been less likely to experience internalizing and externalizing behaviors and an increase in self-esteem (McCarthy et al., 2019; Tremblay et al., 1999). Strong

familial connectedness has been demonstrated as the strongest protective factor against suicidal behaviors for CSA survivors (Bhandari et al., 2011). When a lack of parental support and connectedness was present, children that had experienced sexual abuse were more likely to be revictimized, retracted their abuse story, and were removed from their home (Elliot & Carnes, 2001). Further, CSA has not just negatively affected the child, but the family system as a whole. McElvaney and Nixon (2020) noted there were numerous psychological risk factors for parents after discovering the sexual abuse experienced by their child. As outlined thus far, familial support has been one of the biggest factors contributing to better psychological outcomes for victims of CSA. Despite knowledge of the importance of a father's role in their child's life, research on this topic has historically focused on maternal support after disclosure of CSA. This has left a gap in understanding paternal support and response to disclosure. Further, this has left out a holistic understanding of the healing process for the entire family system in order to better support the child victim.

Past research has validated the importance of a father's role and their need for their child's development (Yogman et al., 2016). This research has demonstrated significant differences between mother and father involvement noting parental involvement effects development of cognitive, social, and psychological dimensions of their children. Cyr et al. (2019) explained how protective factors of the father-child dyad defended against internalizing and externalizing disorders due to the distinctive relationship created by fathers. A positive father-child dyad increased the child's ability to overcome personal limitations and open up to the outside world. Parent-Boursier and Hébert (2015) found paternal supportiveness was positively associated with their child's ability to emotionally regulate. A clear delineation has been established between maternal/paternal support. The literature focus on the mother-child

dyad has forged a clear path for this research to continue to better understand the father-child dyad for clinicians to provide an opportunity at holistic healing and interventions aimed to support the family as a whole.

The purpose of this study was to examine the experience, perceptions, and effects on fathers and their relationship with their children after a disclosure CSA. This was accomplished through examining both their internal (cognitive and emotional response) and external (actions, behaviors, decisions, and responses) experiences of being a father with a child that disclosed sexual abuse. A descriptive phenomenological approach was chosen for this study due to its focus on identifying the complete psychological structure of participants' experiences (Giorgi, 2009) which could capture both internal and external experiences accordingly. The following research questions guided this study:

- Q1 What are the experiences of non-offending fathers after the disclosure of CSA?
- Q2 What are the unique challenges non-offending fathers face after CSA disclosure?
- Q3 How have non-offending fathers seen their relationships change with their child after disclosure?

Summary of Findings and Relationship to Current Study

This section includes a discussion on how the findings of the current research study relate to the extant literature regarding fathers with children that have been sexually abused. Generally, the results of this study both confirmed and expanded upon existing research findings and provided important implications in the areas of clinical work, training, advocacy, and future research as described below.

Theme 1: Putting the Child First

All participants, to some degree, spoke about the impacts sexual abuse had on their child's mental health and well-being. Research has suggested that children who have been sexually abused experienced a myriad of psychological symptoms, such as difficulty sleeping/nightmares, increased rates of developing post-traumatic stress disorder, depression, anxiety, preoccupation with sex, emotional outbursts, and suicidal ideation (McElvaney & Nixon, 2020; Noll et al., 2003). This finding was also supported in the current study. Specifically, the fathers noted an endless number of psychological symptoms experienced due to the sexual abuse, including those noted above. By witnessing their child's distress, all participants understood the need to ensure the safety of their child by putting their child first. This often came at the cost of prioritizing their own emotional needs below their child's, an observation that was supported by the findings of Esquibel (2008).

Each father was willing and able to describe their own emotional response to the disclosure and the psychological distress they experienced when confronting the abuse. Although each participant spoke about experiencing guilt, shame, and failure to protect their family, which was a finding highly supported by the research (Esquibel, 2008; Vladimir & Robertson, 2019), the initial emotional response to learning of the abuse was shock. This finding confirmed Vladimir and Robertson's (2019) research investigating paternal response learning of their child's sexual abuse. The current study elicited a response from fathers that uncovered a belief that CSA happens, but it would not happen to my family. This belief led to the initial emotion of shock before any other emotion experienced by the participants. Following the experience of shock, the participants went into detail about the extreme psychological and emotional distress they experienced and the negative impact this had on their daily lives. This finding was

supported by past research by Parent-Boursier and Hébert (2015) indicating the intense emotions interfered with fathers' day-to-day activities, such as attending work and caring for themselves emotionally and psychologically.

Cyr et al. (2018) noted the differences between mothers and fathers in their responses to CSA disclosure stating mothers were more likely to experience distress initially after disclosure, while fathers were noted to experience psychological distress well after 2 years of the disclosure. All fathers in this study discussed their reaction to the disclosure of CSA and immediately shared the concern for their child and their ability to put their needs aside to focus on their child. One father shared that years later he has finally started to process and recognize his anger and other emotions regarding the abuse. This finding appeared to be consistent with Kelley (1990) research noting fathers were more likely to fall into a range of clinical distress 2 years after disclosure compared to mothers. Both results contradicted Manion et al. (1996) showing the converse. A potential reason for fathers continuing to experience psychological distress years after CSA disclosure may be due to this initial instinct to concentrate on their child so intensely, it seemed difficult to shift that focus onto themselves. This theme overall illustrated the psychological distress experienced by fathers and their children due to CSA as well as the myriad of emotions experienced by fathers that are ignored in order to put their child's well-being first.

Theme 2: Internalized Stigma

All fathers discussed the impact the sexual abuse had on their identity as the protector of the family. Participants discussed feeling like a failure and shared that this sense of failure added to guilt and later self-blame for the sexual abuse. Esquibel (2008) noted fathers have reported a sense of failure to protect their child, leaving them feeling responsible for the abuse. This reaction was internal and rarely expressed to other sources of support (i.e., family). Further, with

some participants, this experience of failure led to a hypervigilance and desire to keep their child safe and close to them at all times. This finding was highly supported by the past literature investigating non-offending fathers' experiences as demonstrated by Vladimir and Robertson (2019) and Yogman et al. (2016) who stated fathers experienced a self-imposed sense of failure and struggled to encourage their children to continue to explore the outside world and take risks. This appeared to stem from masculinity norms that perpetuate messages that men were meant to be the protectors and providers of and for the family. The stigma of CSA has served to intensify other feelings such as shame and guilt which lead them to dealing with the abuse in secrecy (Vladimir & Robertson, 2019).

Participants spoke about the difficulty to express their emotions to others, and one noted how he refused to show emotion to his family initially ensuring he would suffer in silence. This echoed the work of Vladimir and Robertson (2019) noting fathers feared the stigma of CSA and worried they would be blamed for not protecting their child. As noted by Hernandez et al. (2009), stigma of CSA could often deter and negatively affect communication between family members and the relationship between them. Fathers of the current study expressed worry about the stigma of victim blaming in the judicial setting as well as misconceptions in the social arena resonating with the research of Theimer et al. (2017) showing evidence that victim blaming was rampant in most social aspects. Cromer and Goldsmith (2010) studied central messages and beliefs about CSA discovering it was believed to be rare and victim/parent blaming mellowed the responsibility placed on the perpetrator. This was true for all fathers in the current study. Most participants noted individuals close to the abuser would make excuses for the abuse, give reasons to not pursue legal justice, and urged the fathers to just "keep the kids safe" and, therefore, placing the blame/responsibility back on the father. This seemed especially true for the fathers

that identified as Hispanic. The two participants that identified as Hispanic expressed a social stigma about CSA related specifically to their culture and background. There was a shared cultural expectation for fathers to not press charges but to keep their child away from their abuser as well as keep their child from telling their story. This caused immense distress to the participants as relationships were strained and necessary support was lost. In 2014, Bottoms et al. suggested powerful personal biases regarding CSA and parental responsibility were generalizable to a representative community sample noting current study participant fears were well-founded.

All participants discussed beliefs about their identity as a father and a male that were shaped by gender norms. They discussed the feeling of shame, guilt, and failure regarding the abuse of their child and connected these feelings directly to the belief/social norm that fathers were protectors. Men operate on social norms which are based on gender, and these affect their internal and external processes. Stigma ultimately became a barrier to fathers seeking community support ensuring estrangement and disconnection from family after CSA. The pervasive impact of societal stigma on fathers' experiences mirrored findings by Theimer and Hansen (2020) who stated some of the families in their study experienced victim blaming and estranged relationships due to the abuse, which was a common finding that persisted in the public arena. Fathers navigating their children's disclosures have often grappled with personal feelings of shame and guilt, compounded by broader societal misconceptions and biases. Addressing this stigma is essential, not only to support fathers in their roles but also to encourage a more empathetic and informed community response to child sexual abuse.

Theme 3: Availability of Supports and Resources

While past literature has outlined the difficulty men have experienced when seeking mental health help due to socialization and traditional gender roles (Sagar-Ouriaghli et al., 2019), four of the five research participants sought out therapy/counseling for themselves. In 2008, Esquibel noted none of the fathers that participated in their study reached out for mental health services. Vladimir and Robertson's study that took place in 2019 had four of six fathers actively engage in therapy. It could be possible there is a shift in narrative and social norms allowing men and fathers to engage in mental health services. Although small numbers, an increase was demonstrated for help seeking behaviors for fathers with children that have been sexually abused. Unlike other studies done with this population, these fathers spoke about the difficulty finding and accessing mental health resources for themselves and for their families.

Past research has noted non-offending caregivers needed more mental health services to aid in providing optimal support for their child (M. A. Davies & Bennett, 2021). Many studies have investigated the negative impacts of CSA without specifying supports for parents. Many of these studies were outdated and only focused on the mother of the abused child, leaving fathers out of the equation. M. G. Davies (1995), using self-report measures, discovered high stress in parents well after CSA disclosure with little knowledge of how to access mental health services for themselves. These findings were further supported by van Toledo and Seymour (2013) noting the parental need for parenting advice and emotional/social support after CSA disclosure. This was supported by the fathers in the current study with two of the five sharing a struggle to finding resources for themselves, and two of the five sharing if it were not for their military background and access to the VA, they would not know how to access services for themselves. M. G. Davies (1995) discovered parents looking for more long-term mental health services to

support their family. Past research has called for help for parents to manage the actual event and investigation of CSA (Hernandez et al., 2009) as well as developing and implementing interventions tailored to parents for skill development and making them accessible (Elliot & Carnes, 2001). More formal types of support systems are needed to reduce the negative mental health impact of CSA on non-offending parents (Jones et al., 2010). Despite the obvious need for formal support systems for families in the aftermath of CSA, the current study participants struggled greatly to access support for themselves, and in some cases, their children. In their dissertation, Johnson (2022) investigated non-offending caregivers in the aftermath of CSA. The researcher discovered individual therapy as being the most helpful for these parents. However, in their study, most of the parents researched identified as mothers, further demonstrating the lack of research and, therefore, support for fathers with children that have experienced CSA. Contrasting previous literature stating men were less likely to seek help, it was possible the men in this study were more willing to seek help as they saw it to benefit their child/family.

Theme 4: Experiencing Therapy as a Positive Support

All participants shared seeking therapy for their abused child. Some participants noted they were urged to seek mental health support by a family member and others detailed how they were referred to by an outside agency, such as child protective services or a child advocacy center. Two participants discussed Trauma Focused Cognitive Behavioral Therapy (TF-CBT) as a specific evidenced-based treatment their family participated in while others just noted treatment in general or, for later behavioral issues, group DBT. Johnson (2022) noted the many benefits when non-offending caregivers could participate in their child's therapeutic treatment, TF-CBT being one of them.

Of the current literature investigating non-offending fathers' experiences, few have discussed father involvement with mental health support. All participants that sought mental health support for themselves discussed their interaction with therapy/counseling in an overwhelmingly positive way. Similar to the research of Kendall-Tackett (2002), the fathers in the current study shared the discovery of CSA immobilized them and reinforced certain perceptions of parenting incompetence and self-blame. The participants in the current study discussed communicating about the abuse within the family. This proved to be a noteworthy challenge which was supported by Hernandez et al. (2009) stating that parents may struggle due to a lack of skills and current societal stigma regarding sexual abuse. The participants in this study shared an ability to express their emotions and their needs away from their children, gain insight on how to support their child, and focus on themselves without feeling guilty. Past research has demonstrated when fathers participated in individual therapy, a focus on psychoeducation, addressing issues of self-blame, guilt, betrayal, and hopelessness could aid in the parent-child dyad to grow and become more successful (Hernandez et al., 2009).

Fathers in this study highlighted the positive impact of therapy as a source of support. Engaging in therapy not only facilitated fathers' understanding of their children's needs but also equipped them with coping strategies to manage their own emotional responses. Studies have noted a focus on applying effective treatments for CSA to the non-offending father (Hernandez et al., 2009) as researchers understood family involvement in treatment demonstrated improved communication and connectedness predicting mental health outcomes and overall adjustment of children (McNeely et al., 2002). Acknowledging therapy as a legitimate avenue for fathers' self-healing has been pivotal to fostering their well-being and, consequently, their ability to provide effective support to their child and family.

Theme 5: Experience of Support Differs by Gender

The theme of gender-differentiated experiences of support among fathers echoed the work of Gentry and Harrison (2010) emphasizing the influence of societal gender norms on help-seeking behaviors. Male fathers in this study described unique challenges in disclosing their emotions and seeking assistance due to notions of traditional masculinity. Fathers have experienced very specific and strict gender norms in the United States which may lead to differences in coping and parenting than the well-researched mothers of children with the same experience (Gentry & Harrison, 2010). Fathers in this study discussed receiving support in many ways. One unique outcome of this study examined how fathers experience of support received differed depending on the gender of the support person. Overall, when participants were seeking support from female family members (i.e., mothers, grandmothers, sister), participants felt heard, recognized, and as if they did not need to hold back their emotion expression. When seeking support from males (i.e., fathers, uncles, friend), fathers felt as if they had to hold an emotional space for the support person, justify not enacting physical violence on the abuser, and provide emotional support for them. Both Esquibel (2008) and Vladimir and Robertson (2019) determined family and friends were a necessary support system for fathers. The current study further outlined the needs for these support systems and outlined ways in which fathers experience these support systems as helpful for unhelpful. To my knowledge, past research has failed to detail ways in which fathers experienced support from family and friends, just that it was needed. The current study was a beginning framework for researchers and clinicians to support this group. Addressing these gender-related barriers would require tailored interventions and education that validate fathers' emotional experiences and promote open dialogue irrespective of gender norms.

All fathers of the current study were in search of others with a shared identity and shared experiences. Not one participant would find this support despite searching for it. Hernandez et al. (2009) noted the importance of a parental support group or a form of group therapy outside of individual therapy. Banyard et al. (2001) shared about the effectiveness of support groups for the population of caregivers with abused children as they often focused on psychoeducation, skill development, parental coping skills, and an opportunity for parents to receive support. This focus in treatment could aid in the relationship parent-child dyad (Hernandez et al., 2009).

Theme 6: Judicial/Systemic Impacts

After disclosure of CSA, the legal system may become a significant factor for families. Following disclosure, children may need to provide one or more forensic interviews, families may frequently meet with detectives and prosecutors, complete phone calls with the abuser, receive updates on the case, and prepare for court (Theimer et al., 2020). This was consistent with the narratives provided by the fathers in this study. All of the participants discussed their interactions with the judicial system and other systemic entities describing an oscillating positive to negative experience. For most fathers, local levels of law enforcement and other local agencies, such as child advocacy centers were viewed as valuable and offered support in ways that fathers determined was helpful. This support provided hope for the future and allowed fathers to feel recognized and heard. The further away these systems moved from the child and family, the less helpful they became, and in some instances, were even hurtful. Although there was scarce research regarding father's interactions with legal systems, Theimer et al. (2020) stated interactions with these systems could deter families from seeking mental health treatment. This, however, was not the case for the fathers that participated in the current study.

While the legal system was intended to provide justice after CSA disclosure, a recent study determined some families avoided taking action that would involve authorities due to feeling intimidated by their approach (Collin-Vézina et al., 2015). Some of the participants shared the negative impact of legal proceedings, such as drive time, missing work, and finding childcare. One father shared he was shamed by a child protective services worker for his inability to drive 4 hours to make a last-minute appointment. Another father outlined the many days he needed to take off work to attend legal matters during the workday. Two fathers mentioned the new trauma experienced by their children by having to testify and be face-to-face with their abuser in an unfamiliar and scary court room. One participant spoke about being shamed by a social worker for “allowing” the abuser into their home. Participants further discussed their anger and rage when discovering their involvement with these systems would not further protect their child from the abuser. Some fathers discussed the passionate efforts they would make to keep their child away from their abuser. Further, one father shared his anger upon learning there would be no legal charges brought against the abuser. This left him feeling hopeless and weary of the judicial system. As a whole, studies investigating paternal experience to CSA disclosure have focused little on potential barriers they may be subject to. Moreover, a large focus of these studies relied on largely on the complex factors of individual factors (Shackel, 2009) providing little insight to the array of the influences at the cultural, societal, community, and social levels of the disclosure process for fathers (Collin-Vézina et al., 2015).

Fathers navigating legal proceedings and other systemic factors often encountered re-traumatization and feelings of powerlessness (Collin-Vézina et al., 2015). Ensuring that systems were trauma-informed and sensitive to the emotional needs of fathers could significantly contribute to reducing additional distress and supporting fathers’ abilities to advocate for their

children effectively. Further, factors related to the legal system and society could introduce difficulties in treatment initiation, adherence, and effectiveness following CSA (Theimer et al., 2020). Integrating systemic and societal factors with the barriers related to individual characteristics, perceptions and beliefs, and family and group interaction would be critical for understanding the circumstances in which families seek and engage in therapy.

Theme 7: Impacts on the Father-Child Dyad

These participants described extensive impacts on the father-child dyad expressing both positive and negative influences on the relationship. All participants noted a change, whether positive or negative or both, in their relationship with their child. Congruent with Hill (2001), the participants struggled with general confusion on how to respond to their child's behavioral and emotional problems. There was a common experience of responding to their child with permissiveness toward problematic behavior which was compatible with the work of Holguin and Hansen (2003). Of the five participants, four described an overall positive change in the relationship with their child outlining an increase in connectedness, understanding, and sharing in their interests. This finding was congruent with Esquibel (2008) who noted, as time passed after the abuse, three fathers reported their families had become stronger and experienced growth from the traumatic experience. Bal et al. (2004) noted victims that described their families as supportive were less likely to suffer depression, decreased externalizing behaviors and increase in self-esteem. Similarly, Tremblay et al. (1999) noted parental support was correlated with decreased externalizing behaviors and an increase in self-esteem. Considering family connectedness would play the important role of how families share affection, to offer emotional support/reassurance, and strengthen the family bond (Nisbet & Zelenski, 2014), it was possible

these three families demonstrated parental closeness, support, warmth, or responsiveness, which affected the relationship in a positive way after disclosure.

This theme emphasized the complexities of familial relationships, echoing the research by Vladimir and Robertson (2019). Fathers described a range of emotional responses, including feelings of guilt and heightened protectiveness. These intense and frequent emotions made an impact on the father-child dyad. These findings underscored the need for interventions that address the multifaceted dynamics within the father-child relationship, ensuring open communication and mutual healing.

Study Implications

This section discusses implications from themes derived from the current study as they relate to the current research knowledge base. These implications are divided into clinical practice recommendations, research recommendations, and policy recommendations.

Clinical Implications

The current study results provided great detail about the needs of fathers with children who have disclosed sexual abuse and, thus, included several implications for better understanding and improving clinical work in this regard. This section provides clinical practice recommendations for professionals working with fathers whose children have been sexually abused. These recommendations aim to assist clinicians in supporting fathers through the difficult and sensitive process of healing and recovery for both the child and the family as a whole. Prior research has called for and recognized the importance of psychoeducation and normalization about the effects of CSA on children, parents, and family in the child's life (Hernandez et al., 2009; Vladimir & Robertson, 2019). By beginning the therapeutic process with providing fathers with comprehensive psychoeducation about child sexual abuse, its

prevalence, and its effects on victims could offer a safe space for fathers to begin the healing process. It will be necessary to normalize their emotional reactions and offer reassurance that their feelings of shock, anger, guilt, and confusion were common responses, as evidenced by Vladimir and Robertson (2019) and Esquibel (2008). Additionally, clinicians should emphasize that disclosure by the child was an important step toward healing and encourage fathers to prioritize their child's well-being over feelings of embarrassment or shame and offer to provide mental health resources or other types of support to process those feelings when fathers are ready.

Affirming parental reaction to disclosure contributes to the future well-being of children and contributes to positive psychological adjustments and improvements in functioning (Hernandez et al., 2009). It will be important to create a safe and non-judgmental therapeutic environment that fosters trust between the father and the therapist by establishing a strong therapeutic alliance which would be essential for progress (Vilvens et al., 2021). Further, mental health professionals should offer individual therapy or provide resources for fathers to address their specific emotional and psychological needs, such as processing trauma, managing distressing emotions, and enhancing coping skills. It will be necessary to encourage fathers to prioritize self-care and seek their own support to maintain their own mental health during this challenging process.

Past research has clearly demonstrated the significant role family support, connectedness, and collaboration has played in the CSA healing process (Bhandari et al., 2011; Eisenberg et al., 2007). Clinicians should focus on promoting collaboration between fathers and other family members, including mothers, siblings, and extended family with an understanding that family support should be the number one predictor in child healing. This recommendation aligns with

APA's (2019) guidelines for working with men and boys to aid actively support initiatives that encourage boys and men to engage in health-related behaviors. When participants in the current study were able to be supportive of their child, listen to them, spend time with them, they described their child in a positive manner and mostly coping well. Although fathers in the current study were pleased with their services and treatment provided to their abused child, many felt that little was offered for their recovery/family recovery and struggled to find appropriate services. Encouraging family therapy when appropriate to address family dynamics and promote healing would be essential. This aligns with APA guideline 5 working with men and boys, "The promotion of positive father involvement and healthy family relationships emerges as a crucial implication. Strategies should aim to strengthen family bonds and emphasize the positive impact of paternal involvement" (p. 13). If possible, clinicians should make a priority to facilitate connections with support groups for fathers of sexually abused children. There should be a focus on interventions that strive for a comprehensive understanding of the factors influencing the interpersonal relationships of boys and men. This involves considering both internal and external influences (APA, 2019). Peer support could provide validation, reduce isolation, and offer practical advice as well as offer an understanding about emotions like regret, guilt, and anger are common discoveries of CSA (Vilvens et al., 2021). Peer support was highly desired by the current study participants.

Clinicians should encourage fathers to participate in their child's trauma-focused therapy when deemed appropriate by the child's therapist. This involvement can support the child's healing process as well provide clarity and foster trust with mental healing professionals for the father (Vilvens et al., 2021). Further, as demonstrated in this study, culture and diversity affect how families manage and heal from CSA. Clinicians should acknowledge and respect cultural

differences and individual beliefs by tailoring therapeutic interventions to the unique cultural, religious, or ethnic background of the father and the family. As noted by the participants in the current the study that identified as Hispanic, there was a need for treatment for the entire family, and one father shared his difficult experience ensuring therapy for his abused child, his other children, and his wife, before looking for mental heal treatment for himself. Vilvens et al. (2021) underscored the importance of providing therapy and/or resources for the entire family with an aim to rebuild familial relationships, especially when the abuser was intrafamilial.

There appears to be an obvious discrepancy with all systems involved with families that experience CSA. The motivation for mental health professionals might be to promote healing and instill hope. Law enforcement may focus on legal justice and holding an individual responsible for their actions. Lawyers have their client's best interests in mind, including abusers. Child protective services are meant to protect the child. With each system having differing and often clashing goals, that has left the most vulnerable at risk, the child. Clinicians should assess the legal and safety concerns that may arise in cases of child sexual abuse, such as the involvement of law enforcement or child protective services. A similar call was made by Vilvens et al. (2021) noting there needs to be more in place to aid non-offending caregivers to navigate outside systems. Clinicians who treat CSA should be well versed and able to offer guidance on navigating legal processes and provide support when these systems inevitably conflict and cause confusion, stress, and even harm. Clinicians could collaborate with child protection agencies and law enforcement as necessary to ensure the child's safety and well-being. Mental health professionals could challenge these confusing systems through educational campaigns designed for male audiences to be successful when working with multidisciplinary teams.

Research Implications

This section outlines the potential research implications derived from the findings and insights obtained through this study on fathers with children who had been sexually abused. These implications point to future research directions, practical applications, and areas of further exploration related to the complex and sensitive issue of child sexual abuse within families. The findings of this study underscored the importance of developing and refining therapeutic interventions specifically designed to address the unique needs and challenges faced by fathers in the context of child sexual abuse. This was congruent with past research investigating non-offending parent and/or mothers (Tavkar & Hansen, 2011; Vilvens et al., 2021). Future research should focus on assessing the effectiveness of such tailored interventions in promoting the healing and recovery of both fathers and their children.

When a family brings their child into therapy for CSA, the therapist should be equipped to offer resources to fathers and encourage them to seek help if needed. Investigating the use of technology, such as telehealth and online support groups, to increase access to therapeutic services and support for fathers who may face barriers to in-person therapy, including stigma and geographic distance, will be critical for this population. Many fathers were in search of others with a shared identity and did take to the internet to access others like them. Utilizing telehealth for support groups may eliminate barriers to fathers accessing much needed supports. As witnessed in the current and the past research of Gentry and Harrison (2010), clinicians could work to increase help-seeking by providing appointment times that do not conflict with work, as some men remain the primary source of family income. Fathers shared the stress of missing work to attend multiple appointments as a result of the CSA. One way to remove the social stigma and barriers to treatment for this population is to understand how fathers experience the aftermath of

CSA. The study's themes highlight the importance of open communication and reducing societal stigma surrounding abuse. Implications point towards the necessity of awareness campaigns aimed at dismantling misconceptions, fostering open dialogues, and creating safe spaces for individuals to share their experiences without fear of judgment or isolation. In the APA's (2019) guidelines for working with men and boys, it is recommended mental health professionals should be aware of the diverse aspects of masculinity and aid fathers in understanding how masculinity is defined in the context of their life circumstances. This includes an ongoing effort to understand their own assumptions of and countertransference reactions towards men and masculinity. Vladimir and Robertson (2019) called for the field to continue to research the experiences of this population considering most participants felt ostracized due to the stigma of sexual abuse. They also call for looking into the challenges and strengths between the father-child dyad. The current study confirms the need for both.

Future research should delve deeper into the gender dynamics involved in cases of child sexual abuse, examining the unique experiences and needs of fathers compared to mothers and exploring how gender biases may affect legal and social responses. Many fathers of the current study discussed biases they had encountered in the judicial and other social systems as well as in typical social settings due to their identify of being male and being a father with a child that had experienced sexual abuse. Although many calls have been made for the past 20 years (Elliot & Carnes, 2001), the current study demonstrated a severe lack of literature and understanding of this population and their needs. Further, exploring the cultural variations in perceptions and responses to child sexual abuse within families is vital. Research should examine how cultural factors may influence fathers' experiences, their access to support, and the dynamics of the healing process as called for by Futa et al. (2001). Of the five participants, two that identified as

Hispanic/Latin shared unique experiences compared to their white counterparts regarding their cultural experiences about their identity. American Psychological Association's (2019) guidelines for working with men and boys, request mental health professionals understand the important role of identity formation to the psychological wellbeing of men and attempt to aid in recognizing and integrating all aspect of their identity, including cultural. Although these participants had a shared identity of being male, a father, and having a child that experienced sexual abuse, their experiences differed drastically in regard to the support received by family, which in turn. affected their ability to cope.

This current study and past research have outlined the difficulty, stress, and stigma fathers and families encountered when interacting with judicial and social systems (Vladimir & Robertson, 2019). Many fathers' encounters with these systems left them feeling frustrated, unheard, shamed, and hopeless (Esquibel, 2008; Vladimir & Robertson, 2019). There was an obvious need to explore the development and implementation of multi-disciplinary collaboration models that involve mental health professionals, legal experts, social workers, and child protection agencies working together to provide comprehensive support to families affected by child sexual abuse. Further, this highlighted a need to investigate strategies to reduce the stigma associated with being a father of a sexually abused child, with a particular focus on the role of media, public awareness campaigns, and educational initiatives (Vilvens et al., 2021). In their review of examining parents' attitudes toward discussing sexual abuse prevention Prikhidko and Kenny (2021) discovered socialized shame and victim blaming behaviors that stemmed from lack of social and cultural awareness regarding sexual abuse served as a barrier to accessing support, attending treatment, and ultimately healing from the trauma caused by CSA. Parents agreed discussing sexual abuse with their children was not a social norm. This finding should

encourage researchers to call for more awareness and education for parents and the community at large.

Finally, future research should explore the legal and policy frameworks related to child sexual abuse, with a focus on assessing how these frameworks could better support fathers in their roles as caregivers and advocates for their abused children. This included examining issues, such as custody battles, protective orders, and the rights and responsibilities of non-offending parents. Alaggia et al. (2019) described how these issues could affect treatment initiation and adherence. As fathers in the current study struggled greatly to advocate for their children, it appeared they may have benefited significantly from an entity to guide them through the process and navigating the system. Although there were victim advocates readily available to some individuals, four of the five fathers in the current study were never informed on how to access these resources. Vilvens et al. (2021) called for the research of the impact of community-based education and awareness programs aimed at reducing the stigma and discrimination often faced by fathers in these situations. Such programs could play a pivotal role in fostering social support and understanding.

Policy

This section outlines the policy implications derived from the findings and insights obtained through this study on fathers with children who have been sexually abused. These implications highlighted the potential areas of policy reform, development, and enhancement needed to better support fathers and families facing the complex challenges associated with child sexual abuse.

An obvious negative experience for the fathers in the current study was their interactions with legal and social support systems. A direct and firm call to action has been made from past

research and the current study to strength the legal, judicial, and social support systems (Vilvens et al., 2021). With even APA (2021) recognizing CSA as underreported and efforts to treat sex offenders was unpromising, there is a need now more than ever to strength child protection policies by offering non-offending parents support and coordinating responses through agencies. Policymakers should consider the inclusion of provisions that explicitly recognize the role and rights of non-offending parents, particularly fathers, within child protection policies. This should include measures to support fathers' participation in their child's therapy and decision-making processes. Further, policies need to be developed that promote a coordinated response among various agencies involved in child protection, including law enforcement, child protective services, and mental health services. Vilvens et al. (2021) noted as difficult as this may be, it needs to be prioritized. Encouraging information sharing and collaboration should be expected to ensure the safety and well-being of children.

Every father in the current study shared their experience with law enforcement and the legal system. Four of the five fathers shared their disappointment, anger, and sadness describing their experiences with the legal system and noting how it was set up to protect the perpetrator and not the children. Theimer et al. (2020) explained that, while the array of professional expertise was necessary when dealing with this sensitive topic, it often served as a source of confusion and frustration for the family. Although research has investigated mothers' response to the idleness and insensitivity in which the justice system responded to their child's case (Plummer & Eastin, 2007), little efforts have been made to understand father's response and need. There is a need for clarification of parental rights and responsibilities, especially in cases where one parent is the perpetrator of sexual abuse. Confirm that policies and laws provide clear guidance on issues, such as visitation, supervised access, and termination of parental rights, in

the best interest of the child. Policymakers should consider reforms that prioritize the safety and well-being of the child and non-offending parent while ensuring due process and protection of rights, which was supported by Vilvens et al. (2021) research. Two of the five fathers discussed the traumatization their children experienced due to a forced visit with their offender. Policies should be written in a clear way to work toward protecting the child.

Accessing supportive and reliable resources demonstrated to be difficult for four of the five families that participated in the study. There was an obvious need to develop policies to increase the accessibility of mental health and support services for fathers and families affected by child sexual abuse. This may include funding for low-cost or subsidized services and telehealth options to reach underserved populations. A further way to increase access would be to provide appointment times that did not conflict with work, as some men remain the primary source of family income (Gentry & Harrison, 2010). Fathers' experiences have been significantly influenced by the availability and accessibility of support services and resources. This mirrors the findings of Grant et al. (2018) which stressed the importance of comprehensive support networks for both survivors and their families. Further, there needs to be allocation of resources to support groups and community organizations that provide peer support to fathers and non-offending parents (Theimer et al., 2020). All fathers of the current study shared in some capacity the need and search for others like them. There was a strong need for integration of these support systems into the broader mental health and child protection networks. Fathers expressed the need for targeted assistance, including access to specialized therapy (for their children) and guidance on navigating legal and psychological challenges. The narrative accentuates the positive influence of supportive communities. Implications suggest the need for community-based initiatives that provide understanding, empathy, and assistance for families undergoing similar

challenges which echoes APA's (2019) guidelines for working with men and boys. This involves fostering a culture of support, free from judgment, and acknowledging that recovery is a collective effort. Ensuring equitable access to resources would be crucial to fostering fathers' effective support for their children.

Education and community awareness initiatives are needed to aid in the combat of stigma and cohesive communication and support for families interacting with multidisciplinary teams and systems. This aligns with APA's (2019) guideline 10 for working with men and boys which encourages psychologists to engage in advocacy, prevention, and education to address issues affecting men and boys that may stem from intuitional, cultural, and/or systemic. There was a clear need to promote educational initiatives aimed at increasing awareness and understanding of child sexual abuse among professionals, including judges, lawyers, law enforcement, and social workers as noted by Theimer et al. (2020). All fathers in the current study disclosed being highly affected by stigma in most areas and agencies they encountered. Having clear educational initiatives could help prevent biases and ensure more empathetic and informed responses as well as aid with treatment adherence (Alaggia et al., 2019). Further, there needs to be a direct investment in community-based awareness campaigns that reduce the stigma surrounding fathers of sexually abused children. Policies should encourage public discourse that emphasizes empathy and support for these families. All possible entities interacting with sexually abused children and their families should have education and training on this underserved and sensitive population. Developing policies that require professionals in relevant fields such as law enforcement, legal, and social services to undergo training in trauma-informed care could enhance the quality of services provided to families affected by CSA. Further, Futa et al. (2001) discussed the likelihood of stigma affecting the discussion and reporting in minority communities. This was

also demonstrated in the current study with the two of the fathers that identified as Hispanic. Special efforts to educate and provide resources to underserved communities are crucial.

Lastly, policy change should focus on data collection and research for this population. Allocating funding for research projects that explore the experiences and needs of fathers in cases of child sexual abuse would be a great starting point. This research could inform evidence-based policymaking and intervention strategies to ensure any policy changes are made to protect minors in an evidence-based way. Further, there should be an encouragement of sharing of anonymized data across agencies involved in child protection to facilitate research on the prevalence and impact of child sexual abuse within families. These policy implications could underscore the need for comprehensive and multidisciplinary approaches to address the challenges faced by fathers and families dealing with child sexual abuse (Theimer et al., 2020). Policymakers have a critical role in shaping the legal, social, and supportive frameworks necessary to promote healing, protect children, and ensure the well-being of all family members involved.

Limitations

There were a number of limitations. Due to the small sample sizes in qualitative research, and the constructivist approach that aims to integrate the relationship of the researcher and the participant, it would be challenging to fully replicate the current study. Replicating this study would take extensive time and the inclusion/exclusion criteria would make it difficult to find participants that meet criteria, are willing and able to sacrifice time to fulfill the qualitative interview, and have willingness to be vulnerable with such a traumatic experience. Although the current study was able to reach saturation, a larger, more diverse participant group may be beneficial in future studies to be able to apply the findings more broadly. Of the participants,

most fell in the same age range and similar geographic location. Even though the impact of geographic location did not emerge as a theme in the current study, the role of geographic setting may emerge with more geographical diversity in the group. Further, saturation was satisfactorily reached at five participants. Though this does fall into the acceptable sample size for qualitative studies (Dukes, 1984; Ponterotto, 2005) a bigger sample size may have been beneficial. A larger participant pool could have provided more information to the themes and following phenomenon that were unearthed. Further, the researcher communicated with broad and diverse avenues to recruit participants. Many child advocacy centers, community/private mental health clinics, and pediatrician offices refused to hang fliers in their office for recruitment. Had this not been a barrier to recruitment, the study may have seen more diverse results with more participants actively engaging in therapy.

The participants appeared to be very forthcoming and shared both positive and negative experiences of being a father to a child that had experienced sexual abuse. Nonetheless, there still may have been times when participants altered their experience or refrained from disclosing certain facts to avoid feeling embarrassed or revealing any vulnerable emotions with me due to the stigma of sexual abuse and the stigma of being a father with children that have experienced sexual abuse. Additionally, all participants were made aware of my mental health background. This may have influenced them to share more positive experiences with their experiences with other mental health professions. Conversely, as a member of a group in which all participants had experience with, there may have been times when descriptions were less detailed due to the belief that, as a member of this group, I would understand what they shared without the need for such specifiers.

Although many of these participants divulged feeling high levels of stress due to their experiences, it is possible that this sample was biased toward those fathers who had enough resilience and resources to take on the extra time and effort to volunteer for this study. These participants also self-selected to participate and largely expressed doing so because they had a heightened interest in helping others who may in the future have a similar experience. This may indicate fathers with less resources or higher levels of stress may have shared more diverse descriptions. Further, the inclusion criteria for abuse were within the last 10 years. Three of the five fathers shared the abuse occurred within the last 5 years, one within the last 3 years and one within the last 10 years. Thus, the data were subject to the effects of memory recall. Nonetheless, the retrospection of the experience did not differ drastically from those that were currently dealing with the sexual abuse.

Research has predominantly relied on fathers' self-reported experiences and did not capture the perspectives of children or other family members. Future studies could adopt a mixed-method approach to provide a comprehensive understanding of the dynamics within families affected by child sexual abuse. Additionally, examining cultural variations in fathers' experiences may yield valuable insights into the nuanced nature of this phenomenon.

Moreover, this qualitative study was created and executed by a single researcher. I had the support of my faculty advisor, dissertation committee, and peer review partner, but it is different than working within a research team. Qualitative research teams can utilize a consensus approach when analyzing and coding data and determining themes across participants. By utilizing a consensus approach, I would likely have further reduced the possibility of researcher bias and having multiple individuals examining the data could have unearthed meaning units that were not readily apparent to myself as the sole researcher.

A final limitation related to my own development and analyses of the research. I developed this study based on some of my own clinical experiences and acknowledgement of my own opinions of the potential needs of fathers with children that have experienced sexual abuse. Thus, it was always possible that my individual experiences, views, and struggles may have impacted the design and possible outcomes of study. Although I took steps to bridle my specific biases and viewpoints about fathers with children that have experienced sexual abuse so as to better focus on capturing the pure descriptions of these participants, there was a possibility that my own values and interpretations of their statements could have impacted the data analysis and conclusions presented here.

Conclusion

This chapter contained a detailed discussion of the resulting themes of this study within the context of existing research of non-offending fathers with children that have experienced sexual abuse. It also included a detailed examination of the implications of these findings across clinical application, research, and policy recommendations. Through this, I was able to respond fully to the research questions and demonstrate novel findings about fathers' internal and external experiences about having a child that had experienced sexual abuse. In conclusion, this study shed light on the experiences of fathers who have children that disclosed sexual abuse. The identified themes offered a holistic view of fathers' roles, highlighting the importance of addressing stigma, providing accessible resources, and tailoring interventions to meet fathers' unique needs. By integrating insights from recent literature, this study contributed to a more comprehensive understanding of the challenges fathers faced and provided a foundation for informed support strategies and policy recommendations. My hope is that this study would

provide guidance to better recognize the needs of fathers and inform implementation of support from mental health professionals to fathers in need.

REFERENCES

- Alaggia, R. (2002). Balancing acts: Reconceptualizing support in maternal response to intra-familial child sexual abuse. *Clinical Social Work Journal, 30*(1), 41-56.
<https://psycnet.apa.org/doi/10.1023/A:1014274311428>
- Alaggia, R., Collin-Vézina, D., & Lateef, R. (2019). Facilitators and barriers to child sexual abuse (CSA) disclosures: A research update (2000-2016). *Trauma, Violence, & Abuse, 20*(2), 260-283. <https://doi.org/10.1177/1524838017697312>
- Alaggia, R., & Kirshenbaum, S. (2005). Speaking the unspeakable: Exploring the impact of family dynamics on child sexual abuse disclosures. *Families in Society, 86*(2), 227-234.
<https://psycnet.apa.org/doi/10.1606/1044-3894.2457>
- American Psychological Association. (2008). *Children and trauma resources: From the children, youth and families office*. American Psychological Association.
<https://www.apa.org/pi/families/resources/task-force/child-trauma>
- American Psychological Association. (2013). *Guidelines for the practice of telepsychology*. Retrieved from <https://www.apa.org/pubs/journals/features/amp-a0035001.pdf>
- American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct*. <https://www.apa.org/ethics/code/>
- American Psychological Association. (2019). *APA issues first-ever guidelines for practice with men and boys*. Monitor on Psychology. <https://www.apa.org/monitor/2019/01/ce-corner>
- American Psychological Association. (2021). *Sexual abuse*. American Psychological Association. <https://www.apa.org/topics/sexual-assault-harassment>

- American Society for the Positive Care of Children. (2016). *National child mistreatment statistics*. Retrieved from <https://americanspcc.org/child-abuse-statistics/>
- Bal, S., De Bourdeaudhuij, I., Crombez, G., & Van Oost, P. (2004). Differences in trauma symptoms and family functioning in intra- and extrafamilial sexually abused adolescents. *Journal of Interpersonal Violence, 19*, 108-123.
<https://doi.org/10.1177/0886260503259053>
- Banyard, V. L., Rozelle, D., & Englund, D. W. (2001). Parenting the traumatized child: Attending to the needs of nonoffending caregivers of traumatized children. *Psychotherapy: Theory, Research, Practice, Training, 38*(1), 74.
<https://psycnet.apa.org/doi/10.1037/0033-3204.38.1.74>
- Bhandari, S., Winter, D., Messer, D., & Metcalfe, C. (2011). Family characteristics and long-term effects of childhood sexual abuse. *British Journal of Clinical Psychology, 50*, 435-451. <https://doi.org/10.1111/j.2044-8260.2010.02006.x>
- Bolen, R. M., & Gergely, K. B. (2015). A meta-analytic review of the relationship between nonoffending caregiver support and post disclosure functioning in sexually abused children. *Trauma, Violence, & Abuse, 16*(3), 258-279.
<https://psycnet.apa.org/doi/10.1177/1524838014526307>
- Bottoms, B. L., Peter-Hagene, L. C., Stevenson, M. C., Wiley, T. R., Mitchell, T. S., & Goodman, G. S. (2014). Explaining gender differences in jurors' reactions to child sexual assault cases. *Behavioral Sciences & The Law, 32*(6), 789-812.
<https://doi.org/10.1002/bsl.2147>

- Broman-Fulks, J. J., Ruggiero, K. J., Hanson, R. F., Smith, D. W., Resnick, H. S., Kilpatrick, D. G., & Saunders, B. E. (2007). Sexual assault disclosure in relation to adolescent mental health: Results from the National Survey of Adolescents. *Journal of Clinical Child and Adolescent Psychology, 36*(2), 260-266.
<https://psycnet.apa.org/doi/10.1080/15374410701279701>
- Bugental, J. F. (1964). The third force in psychology. *Journal of Humanistic Psychology, 4*, 19-26. <https://doi.org/10.1177/002216786400400102>
- Bulanda, R. E. (2004). Paternal involvement with children: The influence of gender ideologies. *Journal of Marriage and Family, 66*(1), 40-45.
- Cahill, S. P., & Foa, E. B. (2007). Psychological theories of PTSD. *Handbook of PTSD: Science and Practice, 55-77*.
- Cano, T., & Hofmeister, H. (2023). The intergenerational transmission of gender: Paternal influences on children's gender attitudes. *Journal of Marriage and Family, 85*(1), 193-214. <https://doi.org/10.1111/jomf.12863>
- Castaneda, N. (2021). “It’s in our nature as daughters to protect our familias you know?”: The privacy rules of concealing and revealing latina child sexual abuse experiences. *Journal of Family Communication, 21*(1), 3-16.
- Centers for Disease Control and Prevention. (2022, June 22). *Fast facts: Preventing sexual violence |violence prevention|injury Center|CDC*. Retrieved September 15, 2022, from <https://www.cdc.gov/violenceprevention/sexualviolence/fastfact.html>
- Chang, Q., Yip, P. S., & Chen, Y. (2019). Gender inequality and suicide gender ratios in the world. *Journal of Affective Disorders, 243*, 297-304.
<https://doi.org/10.1016/j.jad.2018.09.032>

- Classen, C. C., Palesh, O. G., & Aggarwal, R. (2005). Sexual revictimization: A review of the empirical literature. *Trauma, Violence, & Abuse, 6*, 103-129.
<https://doi.org/10.1177/1524838005275087>
- Cleary, A. (2012). Suicidal action, emotional expression, and the performance of masculinities. *Social Science and Medicine, 74*, 498–505.
<https://doi.org/10.1016/j.socscimed.2011.11.001>
- Colaizzi, P. (1978). Psychological research as a phenomenologist views it. In R. S. Valle & M. King (Eds.), *Existential phenomenological alternatives for psychology* (pp. 66-71). Open University Press.
- Coleman, W. L., Garfield, C., & Committee on Psychosocial Aspects of Child and Family Health. (2004). Fathers and pediatricians: Enhancing men's roles in the care and development of their children. *Pediatrics, 113*(5), 1406-1411.
<https://doi.org/10.1542/peds.113.5.1406>
- Collin-Vézina, D., Daigneault, I., & Hébert, M. (2013). Lessons learned from child sexual abuse research: Prevalence, outcomes, and preventive strategies. *Child and Adolescent Psychiatry and Mental Health, 7*(1), 22–32.
- Collin-Vézina, D., De La Sablonnière-Griffin, M., Palmer, A. M., & Milne, L. (2015). A preliminary mapping of individual, relational, and social factors that impede disclosure of childhood sexual abuse. *Child Abuse & Neglect, 43*, 123-134.
<https://psycnet.apa.org/doi/10.1016/j.chiabu.2015.03.010>
- Courtenay, W. H. (2000). Constructions of masculinity and their influence on men's well-being: A theory of gender and health. *Social Science & Medicine, 50*(10), 1385-1401.
[https://doi.org/10.1016/S0277-9536\(99\)00390-1](https://doi.org/10.1016/S0277-9536(99)00390-1)

- Courtois, C. A. (2004). Complex trauma, complex reactions: Assessment and treatment. *Psychotherapy: Theory, Research, Practice, Training, 41*, 412-425.
<https://doi.org/10.1037/0033-3204.41.4.412>
- Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Sage Publications.
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). SAGE Publications.
- Creswell, J. W., Hanson, W. E., Clark Plano, V. L., & Morales, A. (2007). Qualitative research designs: Selection and implementation. *The Counseling Psychologist, 35*(2), 236-264.
<https://doi.org/10.1177/0011000006287390>
- Cromer, L. D., & Goldsmith, R. E. (2010). Child sexual abuse myths: Attitudes, beliefs, and individual differences. *Journal of Child Sexual Abuse, 19*(6), 618-647.
<https://doi.org/10.1080/10538712.2010.522493>
- Cross, T., Martell, D., McDonald, E., & Ahl, M. (1999). The criminal justice system and child placement in child sexual abuse cases. *Child Maltreatment, 4*(1), 32-44.
<https://doi.org/10.1177/1077559599004001004>
- Crotty, M. (2010). *The foundations of social research: Meaning and perspective in the research process*. SAGE.
- Cyr, M., Allard, M. A., Fernet, M., & Hébert, M. (2019). Paternal support for child sexual abuse victims: A qualitative study. *Child Abuse & Neglect, 95*, 104049.
<https://doi.org/10.1016/j.chiabu.2019.104049>

- Cyr, M., Frappier, J.-Y., Hébert, M., Tourigny, M., McDuff, P., & Turcotte, M. È. (2016). Psychological and physical health of nonoffending parents after disclosure of sexual abuse of their child. *Journal of Child Sexual Abuse, 25*(7), 757-776.
<https://doi.org/10.1080/10538712.2016.1228726>
- Cyr, M., Frappier, J.-Y., Hébert, M., Tourigny, M., McDuff, P., & Turcotte, M. E. (2018). Impact of child sexual abuse disclosure on the health of nonoffending parents: A longitudinal perspective. *Journal of Child Custody, 15*(2), 147-167.
<https://doi.org/10.1080/15379418.2018.1460649>
- Dahlberg, K., Dahlberg, H., & Nystrom, M. (2008). Reflective lifeworld research: Studentlitteratur. *Indo Pac J Phenomenol, 9*(1), 1-4.
- Daigneault, I., Hébert, M., & McDuff, P. (2009). Men's and women's childhood sexual abuse and victimization in adult partner relationships: A study of risk factors. *Child Abuse and Neglect, 33*(9), 638-647. <https://doi.org/10.1016/j.chiabu.2009.04.003>
- Darkness to Light. (2013). *Child sexual abuse, sexual abuse prevention, darkness to light*. The Issue of Child Sexual abuse. <https://www.d21.org/wp-content/uploads/2023/03/Child-Sexual-Abuse-Updates.pdf>
- Davies, M. A., & Bennett, D. B. (2021). Parenting stress in non-offending caregivers of sexually abused children. *Journal of Child Sexual Abuse, 1*-16.
<https://doi.org/10.1080/10538712.2021.1985676>
- Davies, M. G. (1995). Parental distress and ability to cope following disclosure of extra-familial sexual abuse. *Child Abuse & Neglect, 19*(4), 399-408. [https://doi.org/10.1016/0145-2134\(95\)00010-6](https://doi.org/10.1016/0145-2134(95)00010-6)

- DelPo, E. G., & Koontz, M. A. (1991). Group therapy with mothers of incest victims, Part II: Therapeutic strategies, recurrent themes, interventions, and outcomes. *Archives of Psychiatric Nursing, 5*(2), 70-75. [https://doi.org/10.1016/S0883-9417\(05\)80019-6](https://doi.org/10.1016/S0883-9417(05)80019-6)
- Devries, K. M., Mak, J. Y., Child, J. C., Falder, G., Bacchus, L. J., Astbury, J., & Watts, C. H. (2014). Childhood sexual abuse and suicidal behavior: a meta analysis. *Pediatrics, 133*(5), e1331-e1344. <https://doi.org/10.1542/peds.2013-2166>
- Dukes, S. (1984). Phenomenological methodology in the human sciences. *Journal of Religion and Health, 23*, 197-203. <https://psycnet.apa.org/doi/10.1007/BF00990785>
- Dyb, G., Holen, A., Steinberg, A. M., Rodriguez, N., & Pynoos, R. S. (2003). Alleged sexual abuse at a day care center: impact on parents. *Child Abuse & Neglect, 27*(8), 939-950. [https://doi.org/10.1016/S0145-2134\(03\)00141-8](https://doi.org/10.1016/S0145-2134(03)00141-8)
- Eisenberg, M. E., Ackard, D. M., & Resnick, M. D. (2007). Protective factors and suicide risk in adolescents with a history of sexual abuse. *The Journal of Pediatrics, 151*(5), 482-487. <https://doi.org/10.1016/j.jpeds.2007.04.033>
- Elliot, A. N., & Carnes, C. N. (2001). Reactions of nonoffending parents to the sexual abuse of their child: A review of the literature. *Child Maltreatment, 6*(4), 314-331. <https://doi.org/10.1177/1077559501006004005>
- Esquibel, K. A. (2008). *The lived experience of non-offending fathers whose biological child has been sexually abused* [Unpublished doctoral dissertation]. Texas Women's University.
- Fassler, I. R., Amodeo, M., Griffin, M. L., Clay, C. M., & Ellis, M. A. (2005). Predicting long-term outcomes for women sexually abused in childhood: Contribution of abuse severity versus family environment. *Child Abuse and Neglect, 29*(3), 269-284. <https://psycnet.apa.org/doi/10.1016/j.chiabu.2004.12.006>

- Fleming, J., Mullen, P. E., Sibthorpe, B., & Bammer, G. (1999). The long-term impact of childhood sexual abuse in Australian women. *Child Abuse & Neglect, 23*(2), 145-159. [https://doi.org/10.1016/S0145-2134\(98\)00118-5](https://doi.org/10.1016/S0145-2134(98)00118-5)
- Futa, K. T., Hsu, E., & Hansen, D. J. (2001). Child sexual abuse in Asian American families: An examination of cultural factors that influence prevalence, identification, and treatment. *Clinical Psychology: Science and Practice, 8*(2), 189. <https://psycnet.apa.org/doi/10.1093/clipsy.8.2.189>
- Gentry, J., & Harrison, R. (2010). Is advertising a barrier to male movement toward gender change? *Marketing Theory, 10*(1), 74-96. <https://doi.org/10.1177/1470593109355246>
- Giorgi, A. (2009). *The descriptive phenomenological method in psychology*. Duquesne University Press.
- Giorgi, A. (2012). The descriptive phenomenological psychological method. *Journal of Phenomenological Psychology, 43*(1) 3-12. <https://psycnet.apa.org/doi/10.1163/156916212X632934>
- Graefe, D. R., & Lichter, D. T. (1999). Life course transitions of American children: Parental cohabitation, marriage, and single motherhood. *Demography, 36*(2), 205-217.
- Grant, S., Mayo-Wilson, E., Montgomery, P., Macdonald, G., Michie, S., Hopewell, S., & Moher, D. (2018). CONSORT-SPI 2018 explanation and elaboration: Guidance for reporting social and psychological intervention trials. *Trials, 19*, 1-18.
- Guba, E., & Lincoln, Y. (1994). Competing paradigms in qualitative research. In K. Denzin & Y. Lincoln, *Handbook of qualitative research* (105-117). Sage Publications Inc.

- Guelzow, J. W., Cornett, P. F., & Dougherty, T. M. (2003). Child sexual abuse victims' perception of paternal support as a significant predictor of coping style and global self-worth. *Journal of Child Sexual Abuse, 11*(4), 53-72.
https://psycnet.apa.org/doi/10.1300/J070v11n04_04
- Han, S., & Kim, J. (2016). Perceived needs for support program for family with child sexual abuse victim in South Korea: Focus group interview with therapists and mothers. *Journal of Child Sexual Abuse, 25*(7), 738-756. <https://doi.org/10.1080/10538712.2016.1221489>
- Harris, K. M., Furstenberg, F. F., & Marmer, J. K. (1998). Paternal involvement with adolescents in intact families: The influence of fathers over the life course. *Demography, 35*(2), 201-216.
- Hawkins, L. G., Brown, C. C., Goad, C., Rhynehart, A., Hemphill, T., & Snyder, H. (2021). Bullying, family cohesion, and school connectedness: A moderated-mediation multigroup analysis of adolescents. *International Journal of Systemic Therapy, 32*(2), 93-114.
<https://doi.org/10.1080/2692398X.2021.1899738>
- Hébert, M., Daigneault, I., Collin-Vézina, D., & Cyr, M. (2007). Factors linked to distress in mothers of children disclosing sexual abuse. *The Journal of Nervous and Mental Disease, 195*(10), 805-811. <https://psycnet.apa.org/doi/10.1097/NMD.0b013e3181568149>
- Hernandez, A., Ruble, C., Rockmore, L., McKay, M., Messam, T., Harris, M., & Hope, S. (2009). An integrated approach to treating non-offending parents affected by sexual abuse. *Social Work in Mental Health, 7*(6), 533-555.
<https://doi.org/10.1080/15332980802301440>

- Higgins, D. J., & McCabe, M. P. (1994). The relationship of child sexual abuse and family violence to adult adjustment: Toward an integrated risk-sequelae model. *Journal of Sex Research, 31*(4), 255-266. <https://doi.org/10.1080/00224499409551761>
- Hill, A. (2001). 'No-one else could understand': Women's experiences of a support group run by and for mothers of sexually abused children. *British Journal of Social Work, 31*(3), 385-397. <https://doi.org/10.1093/bjsw/31.3.385>
- Hoertel, N., Franco, S., Wall, M. M., Oquendo, M. A., Wang, S., Limosin, F., & Blanco, C. (2015). Childhood maltreatment and risk of suicide attempt: a nationally representative study. *The Journal of Clinical Psychiatry, 76*(7),2571. <https://doi/10.4088/JCP.14m09420>
- Holguin, G., & Hansen, D. J. (2003). The "sexually abused child": Potential mechanisms of adverse influences of such a label. *Aggression and Violent Behavior, 8*(6), 645-670. [https://doi/10.1016/S1359-1789\(02\)00101-5](https://doi/10.1016/S1359-1789(02)00101-5)
- Hom, M. A., Stanley, I. H., & Jonier, T. E., Jr. (2015). Evaluating factors and interventions that influence help-seeking and mental health service utilization among suicidal individuals: A review of the literature. *Clinical Psychology Review, 40*, 28-39. <https://doi.org/10.1016/j.cpr.2015.05.006>
- Husserl, E. (1970). *Logical investigations*. (Trans. J. Findlay). New York: Humanities Press. (German original, 1900).
- Johnson, H. M. (2022). *Exploring the support of non-offending caregivers of child victims of sexual abuse* [Unpublished doctoral dissertation]. University of Massachusetts Lowell.

- Jones, L. M., Atoro, K. E., Walsh, W. A., Cross, T. P., Shadoin, A. L., & Magnuson, S. (2010). Nonoffending caregiver and youth experiences with child sexual abuse investigations. *Journal of Interpersonal Violence, 25*(2), 291-314.
<https://doi.org/10.1177/0886260509334394>
- Kaczynski, K. J., Lindahl, K. M., Malik, N. M., & Laurenceau, J. P. (2006). Marital conflict, maternal and paternal parenting, and child adjustment: A test of mediation and moderation. *Journal of Family Psychology, 20*(2), 199.
<https://psycnet.apa.org/doi/10.1037/0893-3200.20.2.199>
- Kelley, S. J. (1990). Parental stress response to sexual abuse and ritualistic abuse of children in day-care centers. *Nursing research, 39*(1), 25-29.
- Kendall-Tackett, K. A. (2002). The health effects of childhood abuse: Four pathways by which abuse can influence health. *Child Abuse and Neglect, 26*, 715-729.
[https://doi.org/10.1016/S0145-2134\(02\)00343-5](https://doi.org/10.1016/S0145-2134(02)00343-5)
- Kendall-Tackett, K. A., Williams, L. M., & Finkelhor, D. (1993). Impact of sexual abuse on children: a review and synthesis of recent empirical studies. *Psychological Bulletin, 113*(1), 164. <https://psycnet.apa.org/doi/10.1037/0033-2909.113.1.164>
- Lawson, L., & Chaffin, M. (1992). False negatives in sexual abuse disclosure interviews: Incidence and influence of caretaker's belief in abuse in cases of accidental abuse discovery by diagnosis of STD. *Journal of Interpersonal Violence, 7*(4), 532-542.
<https://psycnet.apa.org/doi/10.1177/088626092007004008>
- Leary, M. R., & Baumeister, R. F. (1995). The need to belong. *Psychological Bulletin, 117*(3), 497-529.

- Lee, R. M., Draper, M., & Lee, S. (2001). Social connectedness, dysfunctional interpersonal behaviors, and psychological distress: Testing a mediator model. *Journal of Counseling Psychology, 48*(3), 310. <https://psycnet.apa.org/doi/10.1037/0022-0167.48.3.310>
- Levitt, H. M., Bamberg, M., Creswell, J. W., Frost, D. M., Josselson, R., & Suárez-Orozco, C. (2018). Journal article reporting standards for qualitative primary, qualitative meta-analytic, and mixed methods research in psychology: The APA Publications and Communications Board task force report. *American Psychologist, 73*(1), 26. <https://doi.org/10.1037/amp0000151>
- Lewin, L., & Bergin, C. (2001). Attachment behaviors, depression, and anxiety in nonoffending mothers of child sexual abuse victims. *Child maltreatment, 6*(4), 365-375. <https://doi.org/10.1177/1077559501006004009>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.
- London, R. A. (1998). Trends in single mothers' living arrangements from 1970 to 1995: Correcting the current population survey. *Demography, 35*(1), 125-131. <https://doi.org/10.2307/3004032>
- Malloy, L. C., Lyon, T. D., & Quas, J. A. (2007). Filial dependency and recantation of child sexual abuse allegations. *Journal of the American Academy of Child & Adolescent Psychiatry, 46*(2), 162-170. <https://psycnet.apa.org/doi/10.1097/01.chi.0000246067.77953.f7>
- Manion, I. G., McIntyre, J., Firestone, P., Ligezinska, M., Ensom, R., & Wells, G. (1996). Secondary traumatization in parents following the disclosure of extrafamilial child sexual abuse: Initial effects. *Child Abuse & Neglect, 20*(11), 1095-1109. [https://psycnet.apa.org/doi/10.1016/0145-2134\(96\)00098-1](https://psycnet.apa.org/doi/10.1016/0145-2134(96)00098-1)

- Manning, W. D., Brown, S. L., & Stykes, B. (2014). *Trends in births to single and cohabiting mothers. 1980-2009.*
- Masten, A. S., & Coatsworth, J. D. (1998). The development of competence in favorable and unfavorable environments: Lessons from research on successful children. *American Psychologist, 53*(2), 205. <https://psycnet.apa.org/doi/10.1037/0003-066X.53.2.205>
- Mathews, S., Abrahams, N., & Jewkes, R. (2013). Exploring mental health adjustment of children post sexual assault in South Africa. *Journal of Child Sexual Abuse, 22*(6), 639-657. <https://doi.org/10.1080/10538712.2013.811137>
- McCarthy, A., Cyr, M., Fernet, M., & Hébert, M. (2019). Maternal emotional support following the disclosure of child sexual abuse: A qualitative study. *Journal of Child Sexual Abuse, 28*(3), 259-279. <https://psycnet.apa.org/doi/10.1080/10538712.2018.1534919>
- McElvaney, R., & Nixon, E. (2020). Parents' experiences of their child's disclosure of child sexual abuse. *Family Process, 59*(4), 1773-1788. <https://doi.org/10.1111/famp.12507>
- McNeely, C., Shew, M. L., Beuhring, T., Sieving, R., Miller, B. C., & Blum, R. W. (2002). Mothers' influence on the timing of first sex among 14-and 15-year-olds. *Journal of Adolescent Health, 31*(3), 256-265. [https://doi.org/10.1016/S1054-139X\(02\)00350-6](https://doi.org/10.1016/S1054-139X(02)00350-6)
- McTavish, J. R., Sverdlichenko, I., MacMillan, H. L., & Wekerle, C. (2019). Child sexual abuse, disclosure and PTSD: A systematic and critical review. *Child Abuse & Neglect, 92*, 196-208. <https://doi.org/10.1016/j.chiabu.2019.04.006>
- Merriam, S. B., & Tisdell, E. J. (2009). A guide to design and implementation. *Qualitative Research and Case Study Applications in Education, 24*, 39-54.

- Merrill, L. L., Thomsen, C. J., Sinclair, B. B., Gold, S. R., & Milner, J. S. (2001). Predicting the impact of child sexual abuse on women: The role of abuse severity, parental support, and coping strategies. *Journal of Consulting and Clinical Psychology, 69*(6), 992.
<https://psycnet.apa.org/doi/10.1037/0022-006X.69.6.992>
- Metzler, M., Merrick, M. T., Klevens, J., Ports, K. A., & Ford, D. C. (2017). Adverse childhood experiences and life opportunities: Shifting the narrative. *Children and Youth Services Review, 72*, 141-149. <https://psycnet.apa.org/doi/10.1016/j.chilyouth.2016.10.021>
- Morrow, S. L. (2007). Qualitative research in counseling psychology: Conceptual foundations. *The Counseling Psychologist, 35*(2), 209-235.
<https://doi.org/10.1177/0011000006286990>
- National Center for Victims of Crime. (2012). *Child sexual abuse statistics*.
<https://victimsofcrime.org/child-sexual-abuse-statistics/>
- National Sexual Violence Resource Center. (2015). *Statistics about sexual violence*.
https://www.nsvrc.org/sites/default/files/publications_nsvrc_factsheet_media-packet_statistics-about-sexual-violence_0.pdf
- Ng, Q. X., Yong, B. Z. J., Ho, C. Y. X., Lim, D. Y., & Yeo, W. S. (2018). Early life sexual abuse is associated with increased suicide attempts: an update meta-analysis. *Journal of Psychiatric Research, 99*, 129-141.
- Nisbet, E. K., & Zelenski, J. M. (2014). Nature relatedness and subjective well-being. In F. Mazzino (Ed.), *Encyclopedia of quality of life and well-being research* (pp. 4269-4276). Springer. https://doi.org/10.1007/978-3-319-69909-7_3909-2
- Noll, J. G. (2008). Sexual abuse of children--Unique in its effects on development? *Child Abuse & Neglect, 32*(6), 603-605. <https://doi.org/10.1016/j.chiabu.2007.09.008>

- Noll, J. G., Trickett, P. K., & Putnam, F. W. (2003). A prospective investigation of the impact of childhood sexual abuse on the development of sexuality. *Journal of Consulting and Clinical Psychology, 71*(3), 575-586. <https://doi.org/10.1037/0022-006X.71.3.575>
- Parent-Boursier, C., & Hébert, M. (2010). La perception de la relation père-enfant et l'adaptation des enfants suite au dévoilement d'une agression sexuelle [The perception of father-child relations and the adaptation of children following disclosure of sexual abuse]. *Canadian Journal of Behavioural Science, 42*(3), 168-176. <https://doi.org/10.1037/a0017691>
- Parent-Boursier, C., & Hébert, M. (2015). Security in father-child relationship and behavior problems in sexually abused children. *Journal of Family Violence, 30*(1), 113-122. <https://doi.org/10.1007/s10896-014-9653-y>
- Pittenger, S. L., Huit, T. Z., & Hansen, D. J. (2016). Applying ecological systems theory to sexual revictimization of youth: A review with implications for research and practice. *Aggression and Violent Behavior, 26*, 35-45. <https://doi.org/10.1016/j.avb.2015.11.005>
- Plummer, C. A. (2006). The discovery process: What mothers see and do in gaining awareness of the sexual abuse of their children. *Child Abuse & Neglect, 30*(11), 1227-1237. <https://doi.org/10.1016/j.chiabu.2006.05.007>
- Plummer, C. A., & Eastin, J. A. (2007). System intervention problems in child sexual abuse investigations: The mothers' perspectives. *Journal of Interpersonal Violence, 22*(6), 775-787. <https://doi.org/10.1177/088626050730075>
- Polkinghorne, D. E. (2005). Language and meaning: Data collection in qualitative research. *Journal of Counseling Psychology, 52*(2), 137. <https://doi.org/10.1037/0022-0167.52.2.137>

- Ponterotto, J. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology, 52*(2), 126-136. <https://doi.org/10.1037/0022-0167.52.2.126>
- Ponterotto, J., & Grieger, I. (2007). Effectively communicating qualitative research. *The Counseling Psychologist, 35*(3), 404-430. <https://doi.org/10.1177/00110000062874>
- Prikhidko, A., & Kenny, M. C. (2021). Examination of parents' attitudes toward and efforts to discuss child sexual abuse prevention with their children. *Children and Youth Services Review, 121*, 105810. <https://doi.org/10.1016/j.chilyouth.2020.105810>
- Rakow, A., Smith, D., Begle, A. M., & Ayer, L. (2011). The association of maternal depressive symptoms with child externalizing problems: The role of maternal support following child sexual abuse. *Journal of Child Sexual Abuse, 20*(4), 467-480. <https://doi.org/10.1080/10538712.2011.588189>
- Rape, Abuse, Incest, National Network. (2021). *Children and teens: Statistics*. <https://www.rainn.org/statistics/children-and-teens>
- Resnick, M. D., Bearman, P. S., Blum, R. W., Bauman, K. E., Harris, K. M., Jones, J., & Udry, J. R. (1997). Protecting adolescents from harm: Findings from the national longitudinal study on adolescent health. *Jama, 278*(10), 823-832.
- Rind, B., Tromovitch, P., & Bauserman, R. (1998). A meta-analytic examination of assumed properties of child sexual abuse using college samples. *Psychological Bulletin, 124*(1), 22. <https://psycnet.apa.org/doi/10.1037/0033-2909.124.1.22>
- Rutz, W., & Rihmer, Z. (2009). Suicide in men: Suicide prevention for the male person. In D. Wasserman & C. Wasserman (Eds.), *Oxford textbook of suicidology and suicide prevention: A global perspective* (pp. 249-255). Oxford University Press.

- Sagar-Ouriaghli, I., Godfrey, E., Bridge, L., Meade, L., & Brown, J. S. (2019). Improving mental health service utilization among men: a systematic review and synthesis of behavior change techniques within interventions targeting help-seeking. *American Journal of Men's Health, 13*(3), 1-18. <https://doi.org/10.1177/1557988319857009>
- Santa-Sosa, E. J., Steer, R. A., Deblinger, E., & Runyon, M. K. (2013). Depression and parenting by nonoffending mothers of children who experienced sexual abuse. *Journal of Child Sexual Abuse, 22*(8), 915-930. <https://doi.org/10.1080/10538712.2013.841309>
- Scheel, M. J., Stabb, S. D., Cohn, T. J., Duan, C., & Sauer, E. M. (2018). Counseling psychology model training program. *The Counseling Psychologist, 46*(1), 6-49. <https://doi.org/10.1177/0011000018755512>
- Schuetze, P., & Eiden, R. D. (2005). The relationship between sexual abuse during childhood and parenting outcomes: Modeling direct and indirect pathways. *Child Abuse and Neglect, 29*(6), 645-659. <https://doi.org/10.1016/j.chiabu.2004.11.004>
- Sedlak, A. J., Mettenburg, J., Basena, M., Peta, I., McPherson, K., & Greene, A. (2010). *Fourth national incidence study of child abuse and neglect (NIS-4: Report to Congress)*. <https://cap.law.harvard.edu/wp-content/uploads/2015/07/sedlaknis.pdf>
- Shackel, R. (2009). Understanding children's medium for disclosing sexual abuse: A tool for overcoming potential misconceptions in the courtroom. *Psychiatry, Psychology and Law, 16*(3), 379-393. <https://doi.org/10.1080/13218710903040280>
- Stoltenborgh, M., Van Ijzendoorn, M. H., Euser, E. M., & Bakermans-Kranenburg, M. J. (2011). A global perspective on child sexual abuse: Meta-analysis of prevalence around the world. *Child Maltreatment, 16*(2), 79-101. <https://doi.org/10.1177/1077559511403920>

- Tang, M. O., Oliffe, J. L., Galdas, P. M., Phinney, A., & Han, C. S. (2014). College men's depression-related help-seeking: A gender analysis. *Journal of Mental Health, 23*(5), 219-224. <https://doi.org/10.3109/09638237.2014.910639>
- Tavkar, P., & Hansen, D. J. (2011). Interventions for families victimized by child sexual abuse: Clinical issues and approaches for child advocacy center-based services. *Aggression and Violent Behavior, 16*(3), 188-199. <https://doi.org/10.1016/j.avb.2011.02.005>
- Theimer, K., Flood, M. F., & Hansen, D. J. (2017). Child physical abuse and neglect. *Handbook of Behavioral Criminology, 365-379*.
- Theimer, K., & Hansen, D. J. (2020). Attributions of blame in a hypothetical child sexual abuse case: Roles of behavior problems and frequency of abuse. *Journal of Interpersonal Violence, 35*(11-12), 2142-2163. <https://doi.org/10.1177/0886260517716943>
- Theimer, K., Mii, A. E., Sonnen, E., McCoy, K., Meidlinger, K., Biles, B., & Hansen, D. J. (2020). Identifying and addressing barriers to treatment for child sexual abuse survivors and their non-offending caregivers. *Aggression and Violent Behavior, 52*. <https://doi.org/10.1016/j.avb.2020.101418>
- Tremblay, C., Hébert, M., & Piché, C. (1999). Coping strategies and social support as mediators of consequences in child sexual abuse victims. *Child Abuse & Neglect, 23*(9), 929-945. [https://doi.org/10.1016/S0145-2134\(99\)00056-3](https://doi.org/10.1016/S0145-2134(99)00056-3)
- U.S. Census Bureau. (2017). *America's family and living arrangements: 2017*. Retrieved from <https://www.census.gov/data/tables/2017/demo/families/cps-2017.html>
- Vagle, M. D., Hughes, H. E., & Durbin, D. J. (2009). Remaining skeptical: Bridling for and with one another. *Field Methods, 21*(4), 347-367.

- van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.
- van Toledo, A., & Seymour, F. (2013). Interventions for caregivers of children who disclose sexual abuse: A review. *Clinical Psychology Review, 33*(6), 772-781.7.
<https://doi.org/10.1016/j.cpr.2013.05.006>
- Ventura, S. J., & Bachrach, C. A. (2000). Nonmarital childbearing in the United States, 1940-99. *National Vital Statistics Reports, 48*(16), n16.
- Vilvens, H. L., Jones, D. E., & Vaughn, L. M. (2021). Exploring the recovery of non-offending parents after a child's sexual abuse event. *Journal of Child and Family Studies, 30*, 2690-2704.
- Viner, R. M., Ozer, E. M., Denny, S., Marmot, M., Resnick, M., Fatusi, A., & Currie, C. (2012). Adolescence and the social determinants of health. *The Lancet, 379*(9826), 1641-1652.
[https://doi.org/10.1016/S0140-6736\(12\)60149-4](https://doi.org/10.1016/S0140-6736(12)60149-4)
- Vladimir, M., & Robertson, D. (2019). The lived Experiences of non-offending fathers with children who survived sexual abuse. *Journal of Child Sexual Abuse, 1-21*.
<https://doi.org/10.1080/10538712.2019.1620396>
- Walker, H. E., Freud, J. S., Ellis, R. A., Fraine, S. M., & Wilson, L. C. (2017). The prevalence of sexual revictimization: A meta-analytic review. *Trauma, Violence, & Abuse, 20*, 67-80.
<https://doi.org/10.1177/1524838017692364>
- Wark, J., & Vis, J. A. (2018). Effects of child sexual abuse on the parenting of male survivors. *Trauma, Violence, & Abuse, 19*(5), 499-511. <https://doi.org/10.1177/1524838016673600>

- Wertz, F. J. (2005). Phenomenological research methods for counseling psychology. *Journal of Counseling Psychology, 52*(2), 167. <https://psycnet.apa.org/doi/10.1037/0022-0167.52.2.167>
- Whitfield, C. L., Anda, R. F., Dube, S. R., & Felitti, V. J. (2003). Violent childhood experiences and the risk of intimate partner violence in adults: Assessment in a large health maintenance organization. *Journal of Interpersonal Violence, 18*(2), 166-185. <https://psycnet.apa.org/doi/10.1177/0886260502238733>
- Wilhelm, K. A. (2014). Gender and mental health. *Australian & New Zealand Journal of Psychiatry, 48*(7), 603-605. <https://doi.org/10.1177/0004867414538678>
- Wilson, S., & Durbin, C. E. (2010). Effects of paternal depression on fathers' parenting behaviors: A meta-analytic review. *Clinical Psychology Review, 30*(2), 167-180. <https://doi.org/10.1016/j.cpr.2009.10.007>
- Yogman, M., Garfield, C. F., & Committee on Psychosocial Aspects of Child and Family Health. (2016). Fathers' roles in the care and development of their children: The role of pediatricians. *Pediatrics, 138*(1). <https://doi.org/10.1542/peds.2016-1128>
- Zierler, S., Feingold, L., Laufer, D., Velentgas, P., Kantrowitz-Gordon, I., & Mayer, K. (1991). Adult survivors of childhood sexual abuse and subsequent risk of HIV infection. *American Journal of Public Health, 81*, 572-575. <https://doi.org/10.2105/AJPH.81.5.572>

APPENDIX A
INSTITUTIONAL REVIEW BOARD APPROVAL



Date: 04/01/2022
 Principal Investigator: Mckayla Gorman
 Committee Action: **IRB EXEMPT (with Limited Review) DETERMINATION – New Protocol**
 Action Date: 04/01/2022
 Protocol Number: [2202035174](#)
 Protocol Title: Child Sexual Abuse Disclosure: Non-offending Fathers
 Expiration Date:

The University of Northern Colorado Institutional Review Board has reviewed your protocol and determined your project to be exempt under 45 CFR 46.104(d)(702) for research involving

Category 2 (2018): EDUCATIONAL TESTS, SURVEYS, INTERVIEWS, OR OBSERVATIONS OF PUBLIC BEHAVIOR. Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met: (i) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects; (ii) Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or (iii) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by 45 CFR 46.111(a)(7).

In addition, this protocol has been reviewed under 'limited IRB review' to ensure that there are adequate privacy safeguards for identifiable private information and identifiable biospecimens. You may begin conducting your research as outlined in your protocol. Your study does not require further review from the IRB, unless changes need to be made to your approved protocol.

As the Principal Investigator (PI), you are still responsible for contacting the UNC IRB office if and when:



- You wish to deviate from the described protocol and would like to formally submit a modification request. Prior IRB approval must be obtained before any changes can be implemented (except to eliminate an immediate hazard to research participants).
- You make changes to the research personnel working on this study (add or drop research staff on this protocol).
- At the end of the study or before you leave The University of Northern Colorado and are no longer a student or employee, to request your protocol be closed. *You cannot continue to reference UNC on any documents (including the informed consent form) or conduct the study under the auspices of UNC if you are no longer a student/employee of this university.
- You have received or have been made aware of any complaints, problems, or adverse events that are related or possibly related to participation in the research.

If you have any questions, please contact the Research Compliance Manager, Nicole Morse, at 970-351-1910 or via e-mail at nicole.morse@unco.edu. Additional information concerning the requirements for the protection of human subjects may be found at the Office of Human Research Protection website - <http://hhs.gov/ohrp/> and <https://www.unco.edu/research/research-integrity-and-compliance/institutional-review-board/>.

Sincerely,

Nicole Morse
Research Compliance Manager

University of Northern Colorado: FWA00000784

APPENDIX B
FLYER AND EMAIL INVITATION

Participate in Study and earn a \$50 American Express Gift Card

To Qualify:

- Must identify as a man and a father
- Be over the age of 18
- Must have a child that disclosed sexual abuse in the past 10 years
- Sought mental health treatment in any capacity for you or your family

Contact me to participate and earn a \$50 American Express gift card:

- McKayla Harrison
- gorm0281@bears.unco.edu or gormanmckayla@gmail.com

My name is McKayla Harrison, and I am finishing up my PhD in counseling psychology at The University of Northern Colorado in Greeley. I am at the beginning stages of recruiting for my dissertation. I was hoping I would be able to speak with someone about hanging up some flyers to aid with recruitment in my dissertation. I am hoping to interview 12-15 individuals that identify as a father and a man that has had a child disclose sexual abuse in the past 10 years. I would be very grateful if someone could reach out to me either via email or phone to discuss further. Thank you for your time!

McKayla Harrison

McKayla Harrison, M.S.
Doctoral Student | Counseling Psychology
Department of Applied Psychology and Counselor Education
University of Northern Colorado
gorm0281@bears.unco.edu

APPENDIX C

CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH



Institutional Review Board

CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH
University of Northern Colorado

Project Title: Child Sexual Abuse Disclosure: Non-offending Fathers

Researcher: McKayla Harrison M.S., gorm0281@bears.unco.edu

Research Advisor: Kenneth Parnell, Ph.D., LP, Assistant Professor of Applied Psychology and Counselor Education kenneth.parnell@unco.edu

Purpose and Description

The primary purpose of this study was to examine the experience, perceptions, and effects on fathers and their relationship with their children after a disclosure CSA. I will be using descriptive phenomenology methodology for the purposes of exploring this experience.

As a participant in this research, you will be asked to fill out a demographics questionnaire and to participate in an interview via a video conference call (e.g., Zoom, Microsoft Teams) or telephone. The demographics questionnaire will ask questions regarding age, race/ethnicity, education, etc. and will take approximately 5-10 minutes to complete. The interview will explore your experience of having a child that has been sexually abused, explore your relationship with your child after the disclosure, and your experience of seeking mental health treatment. The nature of these interviews are open-ended, so you are encouraged to speak on the topic in a way that feels authentic to you and your life experiences. The interview is expected to take 60-90 minutes, depending on any potential time limitations on your end. Due to the nature of phenomenology methodology, a follow-up interview may be warranted, though you would be welcome to decline this for any reason. I may instead check-in with you for a follow-up question or two should they arise.

Risks and Discomforts

There are no potential risks from participation in this study outside of what might occur in a natural conversation about stigma. The disclosure from participants is not expected to be disruptive to their health or social or occupational functioning. If you feel uncomfortable or do not wish to answer a particular question, you have the right to decline to answer. If at any point your participation produces discomfort beyond acceptable limits or feels unsafe, you are welcome to discontinue at your discretion.

Benefits

Your participation will be compensated with one \$50 American Express gift card. Other possible benefits may include increased self-awareness of one's own identity development and understanding how various life experiences may have impacted it.

Audio Recording

Audio recording devices will be used so that the researcher can later transcribe content gathered during the interviews. Recorded files will be backed up on a password protected personal computer drive under the researcher's personal identification username and password. Interviews, audio recorded on a digital recording device, will be reviewed and transcribed verbatim only by the researcher.

Procedures for Maximizing Privacy/Confidentiality

For the purposes of confidentiality, your responses will be kept confidential to everyone but the researcher in this study. Additionally, you will be asked to provide a pseudonym to reinforce the anonymity of your responses. All steps towards confidentiality will be taken, and in no way will any identifying information be shared or published. Only the researchers will examine individual responses. Audio recordings will be kept on a password protected device and erased upon completion and verification of transcription.

Participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. Having read the above and having had an opportunity to ask any questions, please provide verbal consent if you would like to participate in this research. A copy of this form will be given to you to retain for future reference. If you have any concerns about your selection or treatment as a research participant, please contact Nicole Morse, Office of Research & Sponsored Programs, University of Northern Colorado, Greeley, CO; 970-351-1910 or nicole.morse@unco.edu.

Participant's Name (Print)

Participant's Name/Signature

Date

APPENDIX D
DEMOGRAPHIC QUESTIONNAIRE

DEMOGRAPHICS QUESTIONNAIRE

1. What pseudonym would you like to use for the purpose of this study?
2. What are your pronouns?
3. How would you best describe your gender identity?
4. What is your age?
5. How would you best describe your sexual identity?
6. What is your nationality?
7. How would you best describe your race/ethnicity?
8. What is your highest completed level of education?
9. What is your occupation?
10. Are there any other identities that are salient to you that I did not ask about?

APPENDIX E
SEMI-STRUCTURED INTERVIEW QUESTIONS

SEMI-STRUCTURED INTERVIEW QUESTIONS

1. Describe your experience of being a father that has a child who has been sexually abused.
 - a. How do you feel about it?
 - b. What was it like emotionally?
2. What have you noticed with your relationship with your child through this experience?
 - a. What has that been like for you emotionally?
3. How do you experience connectedness with your child after the abuse?
4. What unique challenges have you faced after learning about the abuse?
 - a. What might other fathers going through this experience be challenged with?
 - b. How do you believe your experiences may differ or be the same to them?
5. How have you felt supported through this experience?
6. How have you felt not supported through this experience?
7. Describe your experience when seeking out mental health help for you or your family.
8. Is there something people don't understand or would be surprised to learn about fathers that have children that have been sexually abused?
9. If you were going to talk to a father who just learned about their child's abuse, what would you tell them or what would you want them to know?

APPENDIX F

EXAMPLE OF IMAGINATIVE VARIATION JAY

Tough at the beginning	Jay stated it was tough at the beginning when he first learned of the abuse	Jay noticed when he learned of the <u>abuse</u> he had a hard time
The way I reacted was angry and upset caused her to shut down to me	Jay shared his reaction to learning of the abuse was to express anger. This anger caused his daughter to shut down and not speak to him.	Jay's immediate reaction to learning his daughter was sexually abuse was to express his anger. By expressing his anger, his daughter did not trust him and therefore did not go to him for support.
<u>So</u> she would mostly talk to wife about what happened	Jay stated his daughter would talk to his wife about the abuse	His daughter felt safe talking to her mother and not to her father
<u>so</u> it went from angry to, um, to being, uh, I guess you can say not necessarily angry, but upset in the fact that she wouldn't talk to me about it.	Jay noticed he went from angry to being upset because his daughter would not confide in him about the abuse.	His emotions changed from feeling angry to feeling upset because he wanted his daughter to talk to him about the <u>abuse</u> but she would not.
and then as we were going through the process, uh, <u>it</u> kind of, uh, you know, felt like a relief	Jay stated as he and his family moved further through the <u>process</u> he felt relief	Jay's emotions changed to relief once he understood what was to come.