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The Experience of African American Gay Fathers Raising a Child with Autism

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This is to certify that the doctoral dissertation by

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Walden University
2023

Abstract

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Dissertation Submitted in Partial Fulfillment

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Abstract

Researchers examining the experience of parenting children with autism spectrum disorder (ASD) focused on the experiences of mothers, with much of the research about fathering centering around the experiences of White fathers, mostly heterosexual, with some attention to the experiences of gay White fathers. The purpose of this descriptive qualitative study was to explore African American (AA) gay fathers' experiences of accessing resources as the primary caregivers of children with ASD. Bowen's family system theory was used as the backdrop for this study. Ten semistructured interviews with AA gay fathers of children with ASD were conducted and processed via thematic analysis. The coding and thematic analysis results identified barriers AA gay fathers experience accessing resources to raise a child with autism, and lack of awareness of services available to them. Those experiences also impacted their social and professional lives. Four themes emerged from the fathers' description of their lived experiences: parent needs for support, parent exposure, personal impact, and barriers to support. The fathers indicated how their child school was the primary resource and they also identified the unmet needs their children currently had that could be addressed with additional supports and services. The findings in this study can be used for positive social change by providing insight on policies, procedures, legislation, and strategies for accessing resources for AA gay fathers raising a child with autism.

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Dedication

I dedicate this research to my lord and savior, Jesus Christ for guiding me in this direction! “Trust in the Lord with all your heart; do not depend on your own understanding. Seek his will in all you do, and he will show you which path to take” – Proverbs 3:5-6 NLT.

I dedicate this research to every child that trusted me to fight for their housing, food insecurities, medical and treatment needs, academics, and those who felt abandoned, neglected and abuse to be their advocate.

I dedicate this research to all the individuals that gave me unconditional love, support, encouragement and prayed for me every day to never give up on this journey. Too many people to name but I must acknowledge a couple individuals.

Monique you been my biggest cheerleader, friend, cornerstone, and supporter since day one of this journey. You motivated me to pursue this doctoral degree when it was just a dream and conversation. You believe in me even when I didn’t, and always encourage me to keep going when I wanted to quit on multiple occasions.

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Wanda, you anchor this dissertation. Your experience and wealth of knowledge in the field of the education. Thank you for being my backbone and support I needed to get across the finish line. Your admiration to see me succeed was priceless.

I dedicate this research to my boy ‘Burt” rip my brother. I remember when you got into teaching and the first day you walked into my classroom. You had no ideal of the population of students I serviced. Burt, you said, “It takes a special person with a good heart, patience, discipline, and love for kids to do this.” Thank you for those kind words and believing in me.

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First, I would like to recognize my committee chair, Dr. Chet Lesniak. You hear so many horror stories about the dissertation process and how your chair can make or break you in the process. Dr. Lesniak is the gold standard. He is very professional, respectful, knowledgeable, experienced, insightful, highly regarded by his peers, and his response time to my emails is outstanding. Dr. Lesniak helped craft my unique research topic and orchestrated this dream team of committee members. Dr. Lesniak you recommended I reach out to Dr. Susana Verdinelli to be my second committee member and I struck gold.

Dr. Verdinelli, I want to stay thank you again for accepting my proposal to become my second committee member. Having you on this dream team made this experience a great one. I was incredibly lucky and blessed to have you as a committee member with your experience. All your suggestions and recommendations were perfect in guiding my proposal. You really believe in me, and my unique research topic. I can’t thank you enough for your kind words and dedication to my studies. The level of knowledge and expertise you displayed throughout this process is gold standard.

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Chapter 1: Introduction to the Study

Parents of children who have developmental disorders can experience challenges compared to parents raising healthy children. Parents are the primary caregivers of children with autism spectrum disorder (ASD), and they experience unique challenges as a result (Rudelli et al., 2021). There is an increasing number of families that need to care for their children with ASD and may require support to do so successfully (Burrell et al., 2017). Parents of children with autism encounter challenges and stressful interactions that parents of children without (ASD) do not (Sigan et al., 2016). A recent study identified numerous barriers to accessing services for diagnostic and resource support for families with an autistic child (Ning et al., 2019). Despite numerous studies showing that parents of children with ASD are vulnerable to different challenges, fathers' experiences as primary caregivers are still largely understudied (Schoppe-Sullivan & Fagan, 2020). Most researchers have focused on the mother as the primary caregiver and a limited effort has so far been directed towards fatherhood research. Research on gay fathering is still comparatively small and focused on White gay fathers, with little to no attention given to the experiences of gay, racial/ethnic minority fathers (Schoppe-Sullivan & Fagan, 2020).

More research is required on African American (AA) gay fathers raising children with ASD to provide them with the needed support in their functions as caregivers.

The purpose of this generic qualitative inquiry study was to explore the experiences of AA gay fathers with accessing resources to raise children with ASD. I also explored emotions of AA gay fathers who have children with ASD, their challenges in parenting, their coping strategies**,** and their overall experiences raising kids with ASD.

Rudelli et al. (2021) found that fathers play a vital role in the social, emotional, and development of children with ASD. The results of this study have the potential to contribute to social change to policies, procedures, legislation, and accessing resources for AA gay fathers raising a child with autism. In Chapter 1, I put the research topic in perspective. I present a general overview and validation of the study in this chapter. The key sections included in Chapter1 are the background of the study, problem statement, purpose of the study, theoretical orientation, research questions, nature of the study, assumptions, scope and delimitations, limitations, significance, and summary.

Background

ASD is an increasingly prevalent affliction and one of the fastest-growing developmental disorders in the United States (Centers for Disease Control and Prevention, 2021). It is characterized by impairments in communication, social interaction, and stereotypic and restricted behavioral patterns (Burrell et al., 2017; Varvisotis, 2016). Parents face challenges and stressful interactions raising a child with ASD as compared with raising a child without autism (Sigan et al., 2016). A recent study by Ning et al. (2019) showed numerous barriers to accessing services for diagnostic and resource support for families with an autistic child. Parents raising children with ASD may experience challenges including feeling overwhelmed, developing negative selfperceptions as caregivers, feelings of blame and guilt and receiving public criticism (Burrell et al., 2017; DePape & Lindsay, 2015). Both mothers and fathers of children with ASD have been found to have higher levels of parenting stress than parents of typically developing children (Alareeki et al., 2019; Burrell et al., 2017).

I found limited research on the experiences of lesbian, gay, bisexual, and transgender (LGBT) and same-sex parents despite the growing rates of parenting within their communities. In 2021, the United States Census Bureau released a new report that explores the geographic spread and characteristics of the country's approximated 980,000 same-gender couple households. The report is based on 1-year estimates that were conducted in the American Community Survey (ACS) of 2019 (Walker & Taylor, 2021). According to Walker and Taylor (2021), more than a third of individuals that identify as LGBT are AA and are six times more likely to adopt a child than their non-LGBTQ counterparts.

Social attitudes about lesbian and gay parenting continue to change over the years, heterosexual identity is no longer considered to be a prerequisite for forming intimate partnerships, marriage, or parenthood. The pathway to fatherhood has expanded enormously for gay men, including artificial insemination, foster parenting, adoption, and surrogacy (Gates, 2015; Perrin et al., 2019). As the number of children growing up within same-sex parenting households, increases, there remains to be an ongoing debate in the literature about the impact of such varied family forms on the well-being of children (Bos et al., 2016; Gartrell & Bos, 2018). Adoption is becoming a common route to parenting, particularly for younger gay men (Lifelong Adoptions, 2020; Vinjamuri, 2015). As a result, gay fathers have risen in visibility and numbers over the last decade (Perrin et al., 2019).

Single-father families are formed because of parental separation, divorce, or the death of the mother, so-called single fathers by choice have emerged in recent literature (Carone et al., 2020). Such fathers are often gay, bisexual, or heterosexual men who made the active choice of parenting alone (Carone et al, 2020). Gay fathers as primary caregivers experience discrimination limited legal protections, and many additional challenges accessing resources than heterosexual parents raising a child with autism (Gates, 2015; GWK, 2020). Despite numerous studies showing that parents of children with ASD are vulnerable to different challenges, fathers' experiences as primary caregivers are still largely understudied (Burrell et al., 2017).

Black families and same-sex couples raising a child with autism spectrum disorder encounter disparities in unmet needs to accessing preventive care, therapy, treatment plans, financial services, support groups, insurance coverage, medical equipment, academic assistance, and awareness programs (Perrin et al., 2019; Reczek, 2020; Schoppe-Sullivian & Fagan, 2020; Thomas et al., 2017; Vinjamuri, 2015). While these current studies may identify some common challenges accessing resources to raise a child with ASD, AA gay fathers are underrepresented due to the lack of participation in research studies (Burrell et al, 2017; Gates, 2015; Kohl & Seay, 2015; Yoonjoo & Sandra, 2017).

Based on my interviews, gay fathers still deal with the prevalent belief that children need mothers to thrive and the stereotypes associated with gay men being frivolous and unfit parents (Perrin et al., 2019). Gay fathers raising a child with ASD experience more physical, psychological, social, and academic bias than heterosexual fathers accessing resources as the primary caregiver (Gates, 2015). While there is limited research on AA fathers, the findings suggest that these stereotypes and lack of support have consequences on their well-being (Bocknek et al., 2017).

Parents in the Black community experience various additional social and economic challenges that may further limit their abilities to provide for their children's needs (Bethal-McKenzie, 2016; Bishop-Fitzpatrick, et al, 2018; Burkett et al., 2017; and Ho et al., 2018). Research studies found on mother's experiences were emotional, impacted negatively on their social life and wellbeing raising a child with autism as the primary caregiver (Ahmad & Dardas, 2015; Burrell et al., 2017; DePape & Lindsey, 2015).

In this study, I found limited research on gay fathering is limited, and the research on gay fathering of children with a form of disability is even more so. Moreover, the research on gay fathering is still relatively small and largely focused on White gay fathers, with little to no attention given to the experiences of gay, racial/ethnic minority fathers (Schoppe-Sullivan & Fagan, 2020). The research has also clearly indicated that access to resources for children with ASD is insufficient.

My goal for this study was to provide insight and contribute to the literature of gay fathering of children with ASD from the perspectives of AA men who can describe their experiences of access and barriers to resources for their children. A gap in the current literature exists on the experiences of AA gay fathers on accessing resources to raise a child with ASD. I conducted this study to fill the existing research gap in understanding the experiences of AA Gay fathers raising a child with autism.

Problem Statement

I filled the gap in the literature regarding how AA gay fathers describe their experiences about accessing resources as the primary caregivers of children with ASD. Research on gay fathering is still relatively small and focused on White gay fathers, with little to no attention given to the experiences of gay, racial/ethnic minority fathers (Schoppe-Sullivan & Fagan, 2020). Burrell et al., 2017 stated no scholarly information was found on AA gay fathers' challenges raising a child with ASD, and the original contributions of AA fathers as primary caregivers are scarce. Similarly, according to Burns-Darden (2019), more research is needed on the experiences of AA gay fathers who are raising children with autism to provide them with the support that they need as they function as their children's primary caregivers.

AA gay fathers represent a group often marginalized from access to health care services because of sexual preference and ethnicity (Bethal-McKenzie, 2016; BishopFitzpatrick, et al, 2018; Burkett et al., 2017; Ho et al., 2018). Gay fathers deal with the predominant belief that children need mothers to thrive and the stereotypes associated with gay men being frivolous and unfit parents (Perrin et al., 2019). Hillier et al. (2020) stated that gay fathers raising a child with ASD experience more physical, psychological, social, and academic bias than heterosexual fathers accessing resources as the primary caregiver.

I found various reasons AA gay fathers have not been widely assessed regarding their experiences raising children with ASD. One of these reasons is that despite the increasing acceptance of parenting by same-sex adults, stigma and barriers persist (Perrin et al., 2019). Adoptive parents usually experience stigma linked to nontraditional family structures (Farr & Vázquez, 2020). Another cause is associated with racial discrimination. According to Couzens et al. (2017), it is more acceptable to be White or Mixed race and gay than being AA and gay.

As the researcher in this study, I explored the experiences of AA gay parents raising children with ASD. Further studies on the area of parenting outcomes within same-sex households or parenting by homosexual parents are important for clinicians, legislators, and public policy analysts to support the well-being of homosexual parents and their children (Bos et al., 2016; Carone et al., 2020). Burrell et al. (2017) stated the importance to include participants from diverse ethnic backgrounds, age, employment status, and educational achievement when researching the experiences of fathers of children with ASD, as variations in these demographic variables may result in differences in experiences. Burns-Darden (2019) similarly indicates that more research is needed on the experiences of AA fathers who are raising children with autism to provide them with the support that they need as they function as their children's primary caregivers.

Purpose of the Study

The purpose of this generic qualitative inquiry study was to explore AA gay fathers' experiences of accessing resources as the primary caregivers of children with ASD. I filled the gap in understanding the experiences of AA gay fathers raising a child with autism. In this study, I addressed a unique population of primary caregivers that can add an understanding of single fathers, parenting, accessing resources, and raising a child with ASD. The results of this study include a better understanding and interpretation of the resources and barriers to access AA gay fathers' experiences raising a child with autism. I used a descriptive generic qualitative inquiry approach to assess African American (AA) gay fathers' experiences accessing resources to raise a child diagnosed with ASD. The population for this study was15 participants who fulfilled the criteria of being AA, identifying as homosexual or gay, and fathering a child with ASD living in the United States. I collected data for this qualitative study from one-on-one, semistructured interviews. I analyzed the qualitative data using Braun and Clarke's (2006) six steps thematic analysis.

Research Questions

I used the following questions to guide the research:

Research Question 1 (RQ1): What is the experience of accessing resources among AA gay fathers living in the U.S. as the primary caregivers of an autistic child?

Research Question 2 (RQ2): What are the barriers to accessing resources among AA gay fathers raising a child with ASD?

Theoretical Framework

I used Bowen's (1978) family system theory as the theoretical framework for this study. Bowen is one of the founders that developed the family system theory (Kerr & Brown, 1988). The foundation of Bowen's theory is to understand human behavior and lived experiences raising a child (Titelman, 2014). Because this theory addresses the experiences of primary caregivers within the family as a unit, Bowen's theoretical work has been used extensively in all aspects of parenting and child development (Papero, 2014). Bowen family system theory was relevant for this study because it describes the challenges of caregivers raising a child as one unit and interprets the experiences of family members that influence the behavior of others (Haefners, 2014).

I used the Bowen's (1978) family system theory in this study to explore family members as a unit of complex interactions to interpret human behavior through systems (Bowens, 1978). Family projection process, triangles, differentiation of self, sibling position, multigenerational transmission process, nuclear family emotional process, societal emotional process, and emotional cutoffs are Bowen's eight interlocking systems (Gilbert, 2006). I used this approach to gain a unique set of primary caregiver experiences that emerges because of challenges raising a child with autism. In this study, I identified challenges and interpretations of AA gay fathers' experiences of raising a child with ASD.

Nature of the Study

I conducted a qualitative research methodology in this study to explore AA gay fathers’ experiences of accessing resources to raise a child with ASD. Allan (2020) argued that one of the key objectives of qualitative research is to focus on finding the meaning of people’s perspectives concerning an issue or problem under study. In this qualitative research, I was the main instrument who viewed behaviors, conducted interviews, evaluated documents, and appraised the data. According to Johnson et al. (2020), qualitative researchers must convey what is to be acquired from the study, their background as well as how the study depicts their comprehension of the data. A qualitative research methodology was the most appropriate approach to answer the two research questions in this study.

I used a descriptive generic qualitative inquiry approach to examine the experiences of African American (AA) gay fathers with accessing resources to raise a child diagnosed with ASD. The generic qualitative inquiry approach is a descriptive methodology that is used to understand how people make meaning of a situation or phenomenon, based on the most appropriate method of finding answers for the questions under study (Mwangi & Bettencourt, 2017). Generic qualitative inquiry assessments are used to gather rich and in-depth data, and the research design for this study involved respondents who provided detailed descriptions of their experiences of accessing resources while raising a child with ASD. A generic qualitative inquiry technique was the most suitable approach for this study and my role was to explore, in-depth AA gay fathers' experiences of accessing resources while raising a child with ASD based on their perspectives. I used the descriptive generic qualitative approach to discover and understand a phenomenon, a process, or the perspectives and worldviews of the people involved. Keeping the focus on the exploration of AA gay father's experiences raising an autistic child was consistent with family system theory and descriptive generic qualitative methodology on interpreting the lived experiences of the phenomenon. The descriptive generic qualitative approach was relevant for this study because it is a descriptive and interpretative research method.

In a generic qualitative inquiry, the researcher adopts data gathering approaches to evaluate information from respondents' reports on notions concerning matters, which

are outside of themselves (Mwangi & Bettencourt, 2017). I collected data for this qualitative study through semistructured interviews. Brown and Danaher (2019) described semistructured interviews as a combination of interviews, open-ended questions in response to which the interviewee speaks freely, and an exploration of the phenomenon responses. Semistructured interviews are employed in generic qualitative study because they include the types of questions that inspire respondents to elaborate further regarding their perceptions on a particular subject (Moser & Korstjens, 2018). I also enacted triangulation using surveys, observations, and preexisting data to increase the accuracy of my study. According to Merriam and Tisdell (2016), triangulation is the use of multiple methods, sources of data, and theories that increase the creditability or internal validity of the findings in a study. I analyzed the collected qualitative data using Braun and Clarke's
(2006) six steps thematic analysis.

Definitions

African American (AA). AA are a racial group of Americans with partial or total ancestry from any of the Black ethnic groups of Africa (Lewis & Dyke, 2018).

Autism spectrum disorder (ASD). ASD is a wide range of conditions linked to problems with speech and nonverbal communication, recurrent behaviors, and social skills (Bertelli et al., 2020).

Developmental disorder. A developmental disorder is a severe, chronic disability of a person who has a physical or mental impairment by the age of 22 that is likely to persist indeterminately and lead to major functional limitations in 3 or more areas of key life activities (Bertelli et al., 2020).

Family systems theory. Family systems theory is a model that suggests that the family is a structure and events impacting any one individual influence everyone linked to the unit (Bowens, 1978).

Gay. Gay is a term used to refer to relating to or characterized by the romantic or sexual attraction of persons of one's same gender, typically utilized to refer to males only

(Landi et al., 2020).

Generic qualitative research. Generic qualitative research refers to any study, which does not claim allegiance to a single designed methodology (Mwangi & Bettencourt, 2017).

Assumptions

Assumptions are accepted as true, or at least plausible without support (Walters, 2001). Assumptions are necessary for any qualitative study (Walkers, 2001). I made the following assumptions in this study: The interviewees were honest in response to the interview questions. The generic qualitative inquiry and the open-ended/semi structured interviews were appropriate in answering the two research questions. AA gay fathers' perspectives of their experiences of accessing resources while raising a child with ASD were well-informed.

I also made assumptions about Bowen's (1978) family system theory. The foundation of Bowen's theory is to understand human behavior and lived experiences raising a child (Titelman, 2014). Because this theory addresses the experiences of primary caregivers within the family as a unit, Bowen’s theoretical work has been used extensively in all aspects of parenting and child development (Papero, 2014). Based on these descriptions and nature, I assumed that Bowen’s (1978) family system theory could be used to develop an in-depth comprehension of the experiences of AA gay fathers about accessing resources while raising a child with ASD. Furthermore, I assumed that Bowen’s (1978) family system theory was the most appropriate theoretical underpinning for answering the two research questions. I assumed that even though Bowen’s (1978) family system theory has not been employed to examine AA gay fathers raising children with ASD, the adoption of this model in this study would lead to an in-depth understanding of the experiences of this marginalized group of people.

Scope and Delimitations

Scope and delimitations are crucial parts of any research work. The scope is how in-depth a researcher explores the research questions as well as the parameters in which the study operate relative to the timeframe and population (Theofanidis & Fountouki, 2018). For this study, the targeted population was AA gay fathers raising children with ASD. The specific subset of this population were fathers accessing resources for their children living in the United States. The research sample was 15 participants that fulfilled the criteria of being AA, identifying as homosexual or gay, and fathering a child with ASD living in the United States. They must also have had experience with accessing resources for the care of their children. I conducted this study using a purposive sample of participants who share the same characteristics of being AA, identifying as homosexual or gay, and caring for a child with ASD living in the United States.

Delimitations of a study on the other hand are the variables and factors not to be encompassed in the assessment (Theofanidis & Fountouki, 2018). For this study, delimitations were in relation to the targeted respondents. All participants were screened based on the following criteria: AA, identified as homosexual or gay, 18 years of age or older, and had a child diagnosed with ASD living in the United States. I used only semistructured interviews for data collection due to their consistency with the application of the generic qualitative inquiry design. According to Moser and Korstjens (2018), semistructured interviews are significant to employ in generic qualitative research because they entail types of questions, which inspire respondents to elaborate further regarding their perceptions on a particular subject.

Limitations

Limitations in research refer to the shortcomings or flaws that could be the outcome of study aspects such as faulty methodology, small sample size, and unavailability of resources (Theofanidis & Fountouki, 2018). No study is completed faultless or wide-ranging of all aspects (Theofanidis & Fountouki, 2018). The following are the potential limitations of the proposed study: The ethnicity of participants prevented the study from being transferable to other fathers of different ethnicities. All the fathers identified as homosexual or gay, therefore this study may not be transferable to other sexual orientations. The face-to-face interviews had restrictions due to Covid-19 pandemic guidelines. This study focused on participants living in the United States, therefore, this study may not be transferable to global contexts.

Significance

I found the original contributions of African American (AA) fathers as primary caregivers are scarce, and no scholarly information was found on (AA) gay fathers' challenges raising a child with ASD. I filled this ~~a~~ gap by exploring the experiences of (AA) gay fathers raising a child with ASD. Burrell et al., (2017) stated in their research study that fathers lived experiences raising an offspring with autism as the primary caregiver is underrepresented. I used a qualitative study to address this unique population of primary caregivers that can add an understanding of single fathers, parenting, accessing resources, and raising a child with ASD. The results in this study provided a better understanding and interpretation of the resources and barriers to access AA gay fathers' experience raising a child with autism. Rudelli et al. (2021) found that fathers play a vital role in the social, emotional, and development of children with ASD. The results of this study have the potential to contribute to positive social change to policies, procedures, legislation, and accessing resources for AA gay fathers raising a child with autism.

Summary

In this Chapter, I discussed the background of the study relating to the gap in knowledge. Research on gay fathering was limited, and the research on gay fathering of children with a form of disability ~~is~~ even more so. Gay fathering is still relatively small and focused on White gay fathers, with little to no attention given to the experiences of gay, racial/ethnic minority fathers (Schoppe-Sullivan & Fagan, 2020). I addressed the gap in the current literature ~~exists~~ on the experiences of AA gay fathers on accessing resources to raise a child with ASD. I conducted a generic qualitative inquiry to explore AA gay fathers' experiences of accessing resources as the primary caregivers of children with ASD. The results of this study have the potential to contribute to social change to policies, procedures, legislation, and accessing resources for AA Gay fathers raising a child with autism.

I used Bowen's (1978) family system theory, theoretical framework for this study. This theory addresses the experiences of primary caregivers within the family as a unit, Bowen's theoretical work has been used extensively in all aspects of parenting and child development (Papero, 2014). Bowen family system theory applies to this study because it describes the challenges of caregivers raising a child as one unit and interprets the experiences of family members that influence the behavior of others. I used a descriptive generic qualitative approach to examine AA gay fathers living in the U.S. experience accessing resources to raise a child diagnosed with ASD. I collected data for this qualitative study from semi structured interviews. I recorded the interviews, as a source for triangulation for accuracy. I used Braun and Clarke’s (2006) six steps thematic analysis to analyze the qualitative data. In Chapter 2, 1 present a review of the literature based on the identified research problem and concepts.

Chapter 2: Literature Review

In this literature review, I describe autism. I discuss the symptoms of a child who has been diagnosed with autism, as well as pertinent research on children with autism spectrum disorder (ASD). (ASD) is an increasingly prevalent affliction in the United States. ASD is a lifelong condition that is typically presented in early childhood and is one of the most common developmental disabilities among children (Ahmad & Dardas, 2015; Burrell et al., 2017; Center for Disease Control and Prevention, 2016). It is characterized by impairments in communication, social interaction, and stereotypic, restricted behavioral patterns (Burrell et al., 2017; Varvisotis, 2016). Children with ASD are characterized by the coexistence of different pervasive deficiencies in their behavioral, emotional, and language development (Ahmad & Dardas, 2015). The prevalence of ASD diagnoses has increased globally, with recent data from the United States Autism and Developmental Disabilities Monitoring (ADDM) Network reporting a prevalence of 14.6 per 1000 among children aged 8 years old across their surveillance sites (Burrell et al., 2017; Christensen et al., 2016). This increased prevalence may relate to the broadening of the diagnostic criteria for ASD and the increased social awareness around the disorder (Burrell et al., 2017).

The participants in this research study are the primary caregivers of children with ASD, and they experience unique challenges as a result. There is an increasing number of families that need to care for their children's ASD and may require support to do so successfully (Burrell et al., 2017). Parents are the most important advocates for a child with a disability of any type because they are likely to be the children's primary caregivers (Strunk et al., 2014; Thomas et al., 2017; Varvisotis, 2016). Parents of children with autism encounter challenges and stressful interactions that parents of children without autism do not (Sigan et al., 2016). In a recent study, Ning et al. (2019)

identified numerous barriers were identified to accessing services for diagnostic and resource support for families with a child with ASD. Families are profoundly reactive and interactive units of society where a change in one part is likely to impact the whole unit, especially parents who serve as primary caregivers, in various ways (Ahmad & Dardas, 2015). The deficiencies in the development of children with ASD can impose adverse effects on the health and well-being of their parents (Ahmad & Dardas, 2015). Parents may face challenges including feeling overwhelmed, developing negative selfperceptions as caregivers, feelings of blame and guilt, and receiving public criticism (Burrell et al., 2017; DePape & Lindsay, 2015). Both mothers and fathers of children with ASD have been found to have higher levels of parenting stress than parents of typically developing children (Alareeki et al., 2019; Burrell et al., 2017).

I found various studies showing parents of children with ASD are vulnerable to different challenges, fathers' experiences as primary caregivers are still largely understudied. The research on father-child attachment has dramatically grown over the past two decades as more scholars recognize the fundamental role that fathers play in preserving the healthy psychosocial development of their children (Ahmad & Dardas, 2015; Toomey et al., 2013). Burrell et al. (2017) stated the current literature on the experiences of parents of children with autism still underrepresents fathers. Most studies focused on the mother as the primary caregiver and a limited effort has so far been directed towards fatherhood research (Ahmad & Dardas, 2015). More empirical studies are needed to provide fathers with the opportunity to elaborate on their stress and quality of life, which are fundamental to support their psychological health (Ahmad & Dardas, 2015). Research on the existing and emerging issues that fathers of children with ASD experience can assist in the improvement of existing health policies and services that are available to them (Ahmad & Dardas, 2015). In addition, most studies on fatherhood have been situated in a heteronormative context (Alareeki et al., 2019; Carone et al., 2020).

I found limited research on the experiences of lesbian, gay, bisexual, and transgender (LGBT) and same-sex parents despite the growing rates of parenting within their communities. In 2013, there was an estimated 690,000 same-sex couples living in the United States based on the 2013 National Health Interview Survey (NHIS), and among this number, 19%, were raising children under the age of 18 (Bos et al., 2016). According to Gates (2015), an estimated six million American children and adults were raised by a (LGBT) parent. As the number of children growing up within same-sex parenting household’s increases, there remains to be an ongoing debate in the literature about the impact of such varied family forms on the well-being of children (Bos et al., 2016; Gartrell & Bos, 2018). Further studies on (LGBT) and same-sex couple parenting can not only advance our understanding of the challenges that are associated with parenting in the face of discrimination and stigma, but they can also contribute in a broad manner to family scholarship as more Americans support allowing same-sex couples to marry and raise children (Gates, 2015). Moreover, to the research knowledge, the studies on the experiences of (LGBT) and same-sex parents of children with special needs, particularly (ASD), are limited.

The fathers in this research study inquired about accessing support, and the unmet needs of parenting a child with ASD. Recent regional statistics have shown a rise in the number of single father families across the globe over the past 50 years (Carone et al., 2020). While most single father families are formed because of parental separation, divorce, or the death of the mother, single fathers by choice have emerged in the recent literature (Carone et al., 2020). Such fathers are often gay, bisexual, or heterosexual men who made the active choice of parenting alone (Carone et al., 2020). Carone et al. emphasized the need for further studies on the quality of life and social development of such single fathers and their children to inform public dialogue and ground regulations and policies for single parenthood. Further studies on the area of parenting outcomes within same-sex households or parenting by homosexual parents are important for clinicians, legislators, and public policy analysts to support the well-being of homosexual parents and their children (Bos et al., 2016; Carone et al., 2020).

Varvisotis (2016) highlighted the need for further studies of more specific cases of fathering children with ASD. Those studies to include the experiences of custodial single fathers or the role of fathers in blended families with children with ASD, especially in cases when the father is nonbiologically related to the diagnosed child.

I explored AA gay fathers’ experiences in this study that warrant further investigation because they experience fatherhood in a unique way because of both their ethnic background and homosexual identity. It is important to include participants from diverse ethnic backgrounds, age, employment status, and educational achievement when researching the experiences of fathers of children with ASD, as variations in these demographic variables may result in differences in experiences (Burrell et al., 2017). Gates (2015) stated that racial and ethnic minorities, particularly AA and Latinos who identify as LGBT are more likely to raise children that White people who identify as LGBT. While the researcher was unable to find any studies that explored the experiences of AA gay fathers raising children with ASD, there have been studies exploring families' experiences with ASD within the AA community (Burns-Darden, 2019; Gourdine et al., 2011). Gourdine et al. (2011) stated that the literature on ASD families lacks a discussion on the long-term effects of discrimination and racism on AA families with children with ASD. More research is needed on the experiences of AA fathers who are raising children with autism to provide them with the support that they need as they function as their children's primary caregivers (Burns-Darden, 2019).

Literature Search Strategy

In this study, my aim was to explore the experiences of single fathers at the intersection of identifying as homosexual or gay, being Black, and raising children with ASD. To conduct this literature review, I used the following databases: Google Scholar, Taylor & Francis Online, JSTOR, Journal Storage, Springer Link, and Research Gate. I used the following key search terms in this study: *autism, autism spectrum disorder, father, fatherhood, fathering, parenting, African American, homosexual, gay, single father,* and *family systems theory.* I choose these studies for this research to include current insights and findings on the state of ASD parenting in the United States. I selected seminal studies to provide background information on the theoretical framework for the study, which is Bowen's family systems theory. I choose some older studies to provide conceptual and historical foundations to the review.

Theoretical Framework

I used Bowen’s (1972, 1978) family systems theory (BFST) framework for this study. Murray Bowen was a pioneer of family psychotherapy whose work focused on the relationships between patients afflicted with schizophrenia and their mothers during his tenure at the Menninger Clinic in Kansas from the mid-1940’s to the early 1950’s (Haefner, 2014). According to Haefner (2014), in 1954, Bowen transferred his research to the National Institute of Mental Health, where entire families lived in the ward with the patient. During this period, Bowen observed the relationship patterns that existed within these families, which then led to the development of BFST. Since its earliest development, BFST has become a prominent systemic perspective that has guided research and practice in the field of family therapy (Erdem & Safi, 2018; Titelman, 2014). BFST is a theory of human behavior which views families as emotional units and applies systems thinking to understand the complex interactions that occur within them (Kerr, 2000; Smith, 2016). The theory maintains that the patterns of interaction between the family members maintain and perpetuate both the family’s problematic and nonproblematic behavior (Smith, 2016). Family members influence and are influenced by each other at systemic, individual, dyadic, and intergenerational levels (Erdem & Safi, 2018). According to Kerr (2000), family members inherently have an intense emotional connection, and families have a profound influence on each member’s thoughts, feelings, and actions.

Families are reactive systems made of interdependent units. Family systems theorists suggest that all parts of a given family unit have an equally important role in the socialization and development of the family; furthermore, the said socialization and development of the family is influenced by the social system and context in which they function (Dykshoorn & Cormier, 2019). The connectedness and reactivity within family units make the functioning of members interdependent such that a change in one person's functioning is predictably followed by changes in the functioning of other family members (Kerr, 2000). Kerr (2000) emphasized that the degree of this interdependence may vary from one family to another, but it is always present. Borrowing concepts from general systems theory, Bowen proposed that families, as units of analysis, are governed by rules like other natural systems, and thus are quite like groups of nonhuman animals and other species (Erdem & Safi, 2018). In contrast to the individually oriented theories of behavior, family systems theory intentionally shifted from a lineal causal perspective to a circular conception of causality that frames the behavior of one person with the surrounding behavior of their family members (Smith, 2016). The family systems approach to psychological research places importance on each family member's subjective understanding of their reality (Dykshoorn & Cormier, 2019).

There are two principal factors that are unique to family units: Chronic emotional anxiety and differentiation of self. Chronic emotional anxiety is present within family relationships (Erdem & Safi, 2018; Haefner, 2014). This stems from the dilemma of maintaining a sense of self while making meaningful connections with other members of the family (Erdem & Safi, 2018). Bowen proposed that this chronic anxiety is the source of most family dysfunctions (Haefner, 2014). The next principal factor is differentiation of self (DoS), which is defined as the adaptive strategies that are used to regulate chronic anxiety (Erdem & Safi, 2018). (DoS) refers to individuals' ability to distinguish themselves from the family of origin on an intellectual and personal level by making selfdirected decisions yet remaining emotionally connected to the important relationships they have with the family (Haefner, 2014). Bowen (1978) proposed that the level of chronic anxiety within the family is correlated with the level of (DoS). He stated that people with high chronic anxiety manage these anxieties using four mechanisms: marital conflict, health or emotional problems, health or emotional problems of a child, or triangulation of other people into the high-anxiety relationship (Haefner, 2014). Bowen (1978) believed that a family that is unable to remain differentiated is likely to respond through a feeling process and be unable to respond to crises intellectually. (BFST) has eight main interlocking concepts based on these two principal factors: triangles, differentiation of self, nuclear family emotional processes, family projection process, multigenerational transmission process, emotional cutoff, sibling position, and societal emotional process (Gilbert, 2006; Haefner, 2014; Kerr & Bowen, 1988; Kerr, 2000).

Family systems models of psychological research and counseling are consistent with the importance that caregivers play in the life, well-being, and development of children. In the context of ASD parenting, despite the relative inward focus of children with ASD, it can be assumed that the systemic context within which children with ASD are being raised continue to have a profound influence on their overall development (Dykshoorn & Cormier, 2019). A family member with ASD could lead to bidirectional and pervasive influences on the entire family system, which suggests the need for further family-focused ASD research (Cridland, 2013). Children diagnosed with any disability can affect the entire family, including possible marital issues between the parents or feelings of resentment among their siblings (Burns-Darden, 2019; Papero, 2014). Parents to children with ASD experience unique stressors as they cope with managing the symptoms of ASD (Sullivan, 2017). The entire family dynamic can be affected because of having a child diagnosed with ASD, and for professionals to cater to the needs of the children, they must also understand the need of the families (Burns-Darden, 2019).

BFST is applicable for studying parenting experiences for families of children with ASD. Sullivan (2017) used family systems theory to frame the experiences of lowincome parents to children with ASD. She noted that the parents' experiences within the family system are influenced by environmental, physical, or emotional factors that have the potential for dysfunction as the family adjusts to accommodate the needs of children with ASD. Sullivan (2017) emphasized that as family members take on the additional responsibility of caring for children with ASD, their stress can be driven to high levels, which can then lead to higher levels of psychological problems, more emotional reactivity in place of problem-focused coping strategies, and an overall increase in family conflicts. She stated that BFST is a suitable framework for understanding how the strain of caring for a child with ASD can affect the experiences of every member of the family, especially the primary caregiver. I used BFST in this study to frame the experiences of

AA gay single fathers who serve as primary caregivers for their children with ASD.

Prevalence and Attributes of Autism Spectrum Disorder

ASD prevalence has increased over the past decades due to various factors. According to the Association for Child and Adolescent Mental Health (ACAMH) (2018), the first autism surveys were mere headcounts of children who were already diagnosed with severe forms of autism within small geographical areas. As a result, prevalence was low, ranging from 0.2 to two in 1000 during the 1960's and 1970's (ACAMH, 2018). Studies now include large populations across multiple sites and use more complex methodological approaches followed by diagnostic confirmation procedures, and the trends reflect continuously escalating ASD prevalence (ACAMH, 2018). 52 million people have been diagnosed with various forms of autism globally (Elsabbagh, 2020). In the United States, there have been continuously substantial increases in the estimated prevalence of ASD since the 1990's (Christensen et al., 2018). The overall estimated ASD prevalence of the ADDM Network for the 2012 surveillance year was 14.5 per 1000 (one in 69) children aged 8 years old based on pooled data across 11 ADDM network sites (Christensen et al., 2018).

Research shows that ASD prevalence rates among minorities may be influenced by disparities in diagnosis and access to services. Christensen et al. (2018) emphasized in their 2018 report that the estimated ASD prevalence was significantly lower among Black and Hispanic children in comparison to non-Hispanic White children. Delays still tend to occur between initial concerns, referrals to professionals, receiving a confirmed diagnosis, and access to intervention. In the United States (U.S.), reports show that a pattern of earlier age at diagnosis were found among children from families with higher socioeconomic status or within communities with more resources, which reflect higher accessibility of services (Elsabbagh, 2020). Christensen et al. (2018) noted that the Black and Hispanic children included in their report were less likely to have been evaluated for developmental disorders by age 36 months and Hispanic children were less likely to have had a previous ASD diagnosis or classification prior to their study. Based on these findings, they suggested that several non-White children with ASD are not being identified and evaluated, and those who are evaluated are diagnosed at a later age, which delays their initiation into assistive services. Patterns of delays in diagnosis and treatment of ASD among AA children present a substantial healthcare disparity in the U.S. (Burkett et al., 2017).

Early identification and intervention are crucial to helping children with ASD. It is important to detect ASD early to promptly provide children with targeted treatments and improve their clinical evolution (Parmeggiani et al., 2019). Early diagnosis is a priority of the American Academy of Pediatrics, which recommends universal ASD screening at ages 18 and 24 months (Christensen et al., 2018), which is when characteristic symptoms of ASD can begin to distinguish affected children from typically developing children (Elsabbagh, 2020). Children who are diagnosed at a later age have been shown to have more negative symptoms, such as attention behaviors, lack of pretend play, lack of eye contact, and language development deficits (Burns-Darden, 2019). Christensen et al. (2018) also highlighted the importance of the equitable provision of comprehensive evaluations to children who have been identified with developmental concerns in alignment with the Individuals with Disabilities Education

Act (IDEA), which mandates states and school districts to identify, locate, and evaluate all children with disabilities without cost to the family. Elsabbagh (2020) stated that ASD researchers and scholars’ longstanding interest in early identification and intervention is justified by fundamental neuroscience principles that the first years of a person’s life are the period of maximal brain plasticity, which makes modification within this period the most effective in optimizing any long-term outcomes.

ASD poses various challenges to individuals that can have adverse effects on their well-being and quality of life (QoL). ASD is a developmental disability that is characterized by repetitive behaviors and restricted interests (Christensen et al., 2018; Elsabbagh, 2020; Parmeggiani et al., 2019). ASD-associated challenges can vary in individuals in severity as well as comorbidities, including intellectual and/or language impairments (Elsabbagh, 2020). Individuals with ASD are also vulnerable to various challenges that are beyond their immediate symptoms, including being at risk of elevated or clinical levels of emotional, behavioral, and social difficulties in comparison to typically developing children (Coales et al., 2019). Social difficulties that can be observed among children with ASD include having poorer social skills, fewer or poorerquality friendships, less cooperative behavior, and increased vulnerability to bullying (Coales et al., 2019). They have different developmental trajectories depending on a variety of behavioral factors, including diagnostic features, adaptive skills, and cognition, which also lead to variations in the impact of ASD across their lifespan (Elsabbagh, 2020). While some individuals can lead independent lives, many go on to encounter various medical, social, and educational challenges that can have serious

negative effects on their QoL from their infancy to adulthood (Elsabbagh, 2020). Children with ASD experience poorer health related QoL across various domains, which are due to intellectual and language deficits (Coales et al., 2019). Children with ASD also typically reported lower emotional well-being and a lack of social acceptance, alongside higher rates of bullying, which negatively impacted their health related QoL (Coales et al., 2019). Given the challenges encountered by children with ASD, it is important to ensure that their caregivers support their development and daily functioning (Aguiar & Pondé,
2018).

Literature Review Related to Key Concepts

Caring for Children with ASD

Caring for children with ASD poses significant challenges for families, healthcare providers, and the larger society. According to Bultas et al. (2016), providing health care services to the growing population of children with ASD can be challenging due to the wide array of behaviors and symptoms the children may exhibit. Meeting the needs of children with ASD can be difficult because of the chronicity of the condition and the intensive interventions that they require (Manning et al., 2020). Children with ASD are likely to meet criteria for additional mental health disorders, which commonly take the form of both internalizing (e.g., depressed mood or anxiety) and externalizing (e.g., oppositional behavior, conduct problems, or hyperactivity) problems (Yorke et al., 2018). Children with ASD have greater contact with the healthcare environment than typically developing children, and healthcare expenditures have been found to be up to nine times greater for a child with ASD because of increased comorbidities, increased medication use, challenging behaviors, and the behavioral complexity associated with their care (Bultas et al., 2016).

Family-Focused ASD Care

Immediate family members play a central role in the care of children with ASD. There has been a shift from a professional-driven model of ASD care to a more a familyfocused one where the family members participate actively in the care of the child (Factor et al., 2019). Family self-management pertains to the efforts that family members make to incorporate the management of the chronic conditions of their family member with ASD into their everyday life (Bultas et al., 2016). Bultas et al. (2016) emphasized that it is paramount to ensuring successful outcomes for children with ASD. ASD requires an enduring commitment from family members given the chronic nature of the condition (Reddy et al., 2019). Parental attunement is a core dimension of early parentchild relationships and is an important factor in child development (Di Renzo et al., 2020). Di

Renzo et al. (2020) stated that parental attunement is the parent’s ability to be responsive to the child’s signals, understand them, and provide the appropriate response as they adjust to their child’s needs. Parents with ASD experience challenges in this process as they deal with limitations in resources, poor guidance from professionals, stigma for families, reduced awareness of ASD, and protracted diagnostic processes (Reddy et al., 2019).

Having offspring with ASD can result to drastic changes in family dynamics. Having a child with ASD forces families to reevaluate their goals, plans, and relationships considering the limitations that are associated with their children’s disabilities (Mostafa, 2019). Based on the family systems theory, when a child with special needs is born, parents, spouses, and siblings’ relationships experience unusually high stress periods (Girli, 2018). Girli (2018) stated that when a child is diagnosed with autism, families are made to continually accomplish many new tasks, such as understanding diagnostic information, accessing help from specialists, and finding the means to finance these processes. Families must deal with repercussions on their daily life as they strive to manage their children by altering their routines and dealing with stigma from the public (Reddy et al., 2019). Family members must also cater to the children’s ritualistic needs, make vocational changes to accommodate the children, and deal with the potential social isolation of the family (Kocabıyık & Fazlıoğlu, 2018; Reddy et al., 2019). These challenges can lead to complicated emotions, such as shock, anger, denial, regret, and sadness (Girli, 2018).

Psychological Challenges among Parents of Children with ASD

Taking care of children with ASD can also lead to immense psychological challenges for parents. Research shows that the psychopathology of children has well characterized associations with parental psychological distress and mental health problems (Yorke et al., 2018). Parents of children with developmental disabilities often report poorer physical and mental health, impaired family functioning, and lower QoL (McConkey, 2020). Acceptance of their child’s condition becomes an important part of a parent’s life, which requires adequate psychological response at every step of the process (Sahida et al., 2018). Receiving the diagnosis may cause parents to break their expectations for their child and confront with the uncertainties about his/her development

(Portes & Vieira, 2020). Longitudinal research has also provided evidence of the reciprocal predictive relationships between parents' psychological well-being and the additional emotional and behavioral problems in children with ASD (Yorke et al., 2018). The burden of care can also result in a strain on spousal relationships and on relationships with typically developing siblings as the time they can spend on other family relationships are reduced (Ilias et al., 2019; Kocabıyık & Fazlıoğlu, 2018; Reddy et al., 2019).

Parents of children with ASD experience increased psychological distress. There are various psychological stressors associated with having a child with ASD in the family, from the initial diagnosis to the continuous and demanding daily caretaking responsibilities (Mostafa, 2019). Children with ASD have been identified as a source of unmet needs, difficulty, and stress for individuals and their families (Fewster et al., 2019; Portes & Vieira, 2020; Yorke et al., 2018). Primary caregivers tend to feel unheard and at times frustrated with the responsibilities of caring for their children (Fewster et al., 2019). They thus experience higher parenting stress even in comparison to parents of children with other developmental, physical, and intellectual difficulties (Manning et al., 2020; Yorke et al., 2018). In addition, stressors can be influenced by several factors, including the type of the condition, its severity, and the financial stability of the family (Kocabıyık & Fazlıoğlu, 2018). The strains they experience guide parents to use, search for, and develop strategies to cope with these stresses.

Mostafa (2019) stated that these coping mechanisms can have consequences that present behaviorally, such as through neglect of work and home responsibilities, or through cognitive manifestation, such as defecting to emotional presentation, which may include negative feelings towards the child with disability. Mostafa (2019) emphasized that parents’ coping strategies can vary across a wide array of positive and negative approaches, including looking for support, avoidance strategies, self-blaming, making jokes, or restructuring the stressful situation in a positive way. Social support becomes crucial to parents with ASD as it may help parents adapt to the reality of dealing with their children’s conditions (De Aguiar & Pondé, 2018). De Aguiar and Pondé (2018) stated that care strategies must be implemented to support parents in addition to the healthcare provided to children to improve the comprehensive care provision to children with ASD.

It is important to provide parents to children with ASD with the necessary resources and support to cushion their experiences. There has been an increasing emphasis placed on providing family-centered interventions aimed toward support parents alongside fostering the child’s development (McConkey, 2020). However, most studies on family functioning and parents raising children with ASD have been conducted on mothers (Fewster et al., 2019). Mothers are often considered to be the primary caregiver and have higher involvement in care tasks (Fewster et al., 2019; Pisula & Porębowicz-Dörsmann, 2017). While fathers are not immune from the impact of ASD, mothers are most cited in the literature as likely to endure a greater burden in the form of anxiety, depression, and fatigue, and they are most likely to neglect their own needs (McConkey, 2020; Reddy et al., 2019). Fewster et al. (2019) stated that while there are some studies that have considered the effects of ASD parenting on both parents, the role, needs, and psychological well-being of fathers of children with ASD continue to be poorly understood.

Fatherhood and Child Development

There is growing interest in the experiences of fathers as caregivers. Despite the relative dearth of research on fatherhood in contrast to the extensive literature on mothers, there has been growing interest in the area, and studies have been conducted focusing on the nature of father involvement and its impact on the outcomes of children (Ahmad & Dardas, 2015; Potter, 2017; Schoppe-Sullivan & Fagan, 2020). Fathers of today are becoming increasingly involved than fathers of past generations in all aspects of raising children (Dardas & Ahmad, 2015; Flippin, 2019; Schoppe-Sullivan & Fagan, 2020). In addition, the growth in women's educational achievement over the past decades has had a severe impact on paternal employment, which have led to more fathers having opportunities to contribute inside their homes (Lopez et al., 2019; Yogman & Garfield, 2016). The household labor contributions of North American men have increased over recent decades as women's participation in the workforce rapidly increased (Cheuk & Lashewicz, 2015). Recent research on father-child attachment has dramatically increased over the past two decades, which suggests that fathers now play a fundamental role in ensuring a healthy psychosocial development for their children (Ahmad & Dardas, 2015).

Fathering play an important role in the development of children. The research in the public policy arena has shifted away from "deadbeat dads" and what men do not do for their families; rather, researchers have adopted positive psychology and are focused on the supportive perspectives of father involvement (Yogman & Garfield, 2016).

Positive father engagement has been associated with positive intellectual development, fewer psychological problems in girls, and reduced frequency of behavioral problems in boys (Potter, 2017). Studies on father engagement have found that men make contributions during this period that can have positive effects on their young children's socioemotional and communication development (Flippin, 2019; Potter, 2017). Involved fathers significantly support the development of their children's independence, selfesteem, coping skills, and reduce the frequency of their behavioral problems (Ahmad & Dardas, 2015). Fathers are also able to engage their children in more vigorous and physical kinds of play (Bocknek et al., 2017; Cabrera & Roggman, 2017; Flippin, 2019; Mitchell & Lashewicz, 2018; Potter, 2017). For instance, fathers wrestle, tickle, and throw their children in the air, play chase games, and model early pretend play through which children can learn important social communication skills (Flippin, 2019). In terms of language development, father-child language tends to be more complex and direct than mother-child language, and this more complex father language has been associated with higher language skills among children (Flippin, 2019). However, Potter (2017) stated that most of the studies on father engagement have focused on the experiences of fathers of typically developing children, and mothers continue to be the focus of studies regarding children with developmental disabilities. Ahmad and Dardas (2015) stated that when the child is born with a chronic disability, different narratives of fatherhood may emerge, and are worth investigating.

Fathering Children with ASD

Fathers are becoming increasingly involved in the care of their children with ASD and they can have a large impact on their children’s outcomes. Potter (2017) studied the nature and extent of father involvement among 306 fathers of children with a diagnosis of ASD in the United Kingdom. They found that half of the fathers surveyed were mainly or equally responsible for the daily care routines of their children. The fathers included in their study spent time engaged in play and leisure than any other care activity, and the main barrier to their further engagement was the demands of their employment. Varvisotis (2016) performed a study on the involvement of fathers in the transition planning of their adolescent sons with ASD from high school to postsecondary education. The author found that the fathers who participated in the study saw their roles as the same as those of any father: they are supporters, protectors, and encouragers of their children. In the context of families of children with ASD, fathers have roles, reactions, and experiences that have been found to be pivotal for the children’s, mothers, and whole family’s well-being (Dardas & Ahmad, 2015). Although not as fully developed as the literature on typically developing children, there is evidence that suggests that father involvement in families of children with disabilities can have positive impacts on the children’s outcomes and overall family functioning (McBride et al., 2017). Even as secondary caretakers, fathers are still considered to be important members of the parenting dyad, whose choices, actions, and experiences are both important and impactful on the children’s and the family’s outcomes (Burrell et al., 2017). For instance, fathers with positive attitudes in family life were associated with lower maternal stress levels in families of children with ASD and other disabilities (McBride et al., 2017). McBride et al. (2017) also stated that the active parenting of the father can be a potential buffer of the negative consequences of parenting a child with ASD and other related disabilities on the stress, parenting quality, or potential depression of the mother.

I found fewer studies focusing on fathers as primary caregivers of children with ASD in comparison to those focused on mothers. Studies that investigate the experiences of parents of children with developmental disabilities have often focused on the maternal experience, and the paternal experience is poorly understood and under-researched as a result (Cabrera et al., 2018; Cheuk & Lashewicz, 2015; Dunn et al., 2019; Flippin, 2019; Thackeray et al., 2018; Varvisotis, 2016). Fathers are often relegated to an “invisible” status or as the “odd man out”, and they are often viewed mainly as support providers for their partners with little involvement in day-to-day care routines, rather than as parents (Flippin, 2019; Potter, 2017). Despite the evidence to father involvement leading to positive impact on the well-being of children with ASD, fathers continue to be overlooked as viable partners in the planning of services for children with ASD (Ahmad & Dardas, 2015; Varvisotis, 2016). By not actively involving the experiences of fathers in interventions, scholars and clinicians may be unintentionally excluding a crucial communication and caregiving partner from having an active role in supporting children with ASD (Flippin, 2019).

Challenges for Fathers of Children with ASD

Fathers experience difficulties when managing their children’s initial display of atypical development associated with ASD. The birth of a child is often considered to be a pleasant experience for fathers; however, one out of 68 fathers receive upsetting information that his child demonstrates developmental delays due to a pervasive chronic disability (Dardas & Ahmad, 2015). Raising children with developmental disabilities usually begins with parents discovering something different about the behavioral development of their children (Ahmad & Dardas, 2015). This pre-diagnosis phase is characterized by a gradual realization that something is wrong with their children, beginning with their children exhibiting behaviors and experiencing difficulties that they cannot explain (Burrell et al., 2017; DePape & Lindsay, 2015). Burrell et al. (2017) stated that searching for answers during this period can be a prolonged and confusing process for parents. During this phase, parents can experience long referral processes, disagreements with family members, incorrect diagnoses, or encounters with primary care physicians who do not take their concerns seriously (Lashewicz et al., 2019).

Fathers may also experience different emotional challenges upon receiving their children's diagnoses. This period is associated with feelings of guilt, blame, and devastation (Burrell et al., 2017; DePape & Lindsay, 2015). Ahmad and Dardas (2015) stated that during this period, fathers often go through intense emotions including resentment, fear, anger, denial, low self-esteem, depression, or isolation. The diagnoses can impose negative impacts on fathers' otherwise ordinary roles, which may render them feeling powerless and at risk for various psychosocial issues (Dardas & Ahmad, 2015). Burrell et al. (2017) reported that fathers often experience more anger than sadness, and they are more likely to suppress their negative emotions rather than express them. Some fathers also report feelings of jealousy and envy upon seeing other fathers interact with their typically developing children (Cheuk & Lashewicz, 2015). Some fathers may thus engage in confrontive coping, which refer to active efforts to contain the situation and are often associated with aggression, risk-taking, and hostility (Dardas & Ahmad, 2015). Dardas and Ahmad (2015) stated that such coping mechanisms can have further negative psychosocial outcomes, especially among individuals who are unable to deal with their stressors appropriately.

Fathers may also experience doubts about their ability to perform in their role as caregivers to children with autism. Ahmad and Dardas (2015) stated that fathers may feel a sense of self-depreciation and a sense of failure, through which doubts about their ability to provide care for their children and fulfill their duties as “good fathers” develop. These elevated feelings of parental incompetence can significantly reduce affective parental attachment to their children (Burrell et al., 2017). Fathers are also likely to rate their need for in-home support for their children more highly than mothers, which suggests that they are less confident in their ability to respond to their children’s challenging behaviors (Cheuk & Lashewicz, 2015). They may also express worries about their inability to protect their children from pain or harm, their lack of knowledge about their children’s disability, and the lack of public understanding for their unique experiences (Dardas & Ahmad, 2015).

Fathers of children with ASD also deal with different forms of social stigma. Stigma is a socially constructed concept that disqualifies an individual from full social acceptance by ascribing certain characteristics as negative because they do not meet “normal” expectations (Alareeki et al., 2019). According to Alareeki et al. (2019), the dominance of nondisabled experiences is evident in the physical and social environments that are designed for people who are able-bodied and able-minded. This dominance contributes to the stigmatizing behaviors, attitudes, and beliefs that are often held against disabled people, and having a disabled child is often seen by society as a disadvantage (Alareeki et al., 2019; Corcoran et al., 2015; McConnell et al., 2015). According to Alareeki et al. (2019), parents of children with disabilities are susceptible to courtesy stigma or stigma by association, which describes people with “spoiled” social identities because of their close interpersonal ties with someone with a stigmatized identity. They may also experience judgment from friends, family, and strangers regarding their children’s unconventional behavior (Lashewicz et al., 2019). Fathers of children with ASD are forced to navigate ableist stereotypes alongside stereotypes of traditional masculinity (Alareeki et al., 2019).

Societal conceptions of masculinity, fatherhood, and disability influence how fathers experience the world. Thackeray et al. (2018) studied the experiences of fathers of developmentally disabled young adults and found that they often experience difficulties with the limited opportunities that are available to their offspring. They also found that men often struggle to contend with the painful emotions associated with their children’s condition. Fathers who are committed to caring for their disabled children often operate in a hostile environment, where the masculine roles that they anticipated are thrown into disarray (Thackeray et al., 2018). Thackeray et al. (2018) stated that they are forced to reconcile their sense of self as men and their need to fulfill their commitments to their children. Despite fathers being less confident to deal with their children's behaviors in comparison to mothers, they are also less likely to seek out support (Cheuk & Lashewicz, 2015). Burrell et al. (2017) stated that fathers may also have the tendency to dismiss the importance and legitimacy of their own concerns and worries. Thus, it is crucial to engage them in discourse not just as one-half of a parenting dyad but as fathers with their own support needs (Burrell et al., 2017).

In addition to having doubts about their own abilities and dealing with social stigma, fathers may experience apprehensions about their children's future life circumstances. Burrell et al. (2017) stated that fathers place great importance on their offspring's eventual independence and ability to integrate into wider society. Varvisotis (2016) stated that ASD forces parents to meticulously plan their children's futures with the assistance of therapists, doctors, coaches, and other professionals. As their children age, fathers are made to continually face challenges in relation to their children's life transitions and require different forms of support for each stage of the journey (Burrell et al., 2017). Fathers have great concerns about their children's education, future employment, and social development (Varvisotis, 2016). Cheuk and Lashewicz (2015) stated that after receiving their children's diagnoses, fathers are forced to modify their expectations. For instance, fathers adjust their academic and athletic expectations and reformulate new dreams for their children (Cheuk & Lashewicz, 2015). They must also adjust their expectations of their children in the context of play and accept their children's preferred play interests and resistance to play norms (Mitchell & Lashewicz, 2018).

Fathers may also see themselves as having to constantly fight battles against a broken support system composed of bureaucracy and various barriers. Fathers tend to perceive support services as obstructive rather than facilitative (Burrell et al., 2017). According to Burrell et al., (2017), fathers often see themselves as advocates for their children who need to seek out and access as much support as possible from both public and third-sector services. This constant “battle” for support services can be a significant stressor, which requires a lot of research and often ends up being very costly (Burrell et al., 2017). There is also a lack of active planning for fathers’ engagement in all areas of service delivery for families with ASD (Dardas & Ahmad, 2015). Evidence-based research is necessary to assist health policymakers in designing support programs that can holistically consider the psychological well-being of fathers of children with ASD, which can further enhance the outcomes of their parenting (Ahmad & Dardas, 2015; Thackeray et al., 2018).

Fathers of children with ASD present compelling new research and practice agendas, and they must be given the opportunity to share their experiences. According to Dunn et al. (2019), studies on the mental well-being of parents of children with intellectual disabilities that include fathers in their sample often have methodological limitations, such as small sample sizes, biased sampling, and unclear information about the sample. Fathers tend to be interviewed alongside mothers in investigations of the ‘combined’ parenting experience (Burrell et al., 2017). Burrell et al. (2017) stated that while such studies are useful, such approaches cannot always accurately present fathers with the opportunities to raise issues that are of concern to only them and which they have not shared with their partners. There is also evidence that fathers' needs are distinct from those of mothers because they have different ways of interpreting, experiencing, coping, and participating in the parenting of their children (Cheuk & Lashewicz, 2015). Burrell et al. (2017) stated that the moral and social norms that are attached to gendered parenting suggests that the knowledge we have about mothers' experiences in this context cannot uncritically be assumed to apply to fathers. There can also be notable differences around what forms of support different fathers would find useful, with different fathers depending on different mechanisms to aid their coping (Burrell et al., 2017). Finally, Lashewicz et al. (2019) stated that studies on child psychopathology are not only heavily skewed towards the perspectives of mothers, but more specifically, towards mothers of middle-class, Caucasian backgrounds. They emphasized the need for further studies that trend toward fuller understandings of fathers from diverse cultural backgrounds.

Racial Disparities in ASD Healthcare

There are racial disparities in the diagnoses of ASD. Black Americans have poorer health outcomes and receive worse healthcare on average in comparison to White Americans. This disparity is also evident in autism clinical practice and research (Jones & Mandell, 2020). Black children are less likely to be diagnosed with ASD, despite Black and White parents reporting their first concerns of atypical development when their children are around the same age (Bethel McKenzie, 2016; Donohue et al., 2019; Jones & Mandell, 2020). Burns-Darden (2019) stated that AA were 2.6 times less likely to receive an autism diagnosis during their first doctor's visit. These findings suggest that ethnicity may have an influence on how parents describe their children's symptoms and how clinicians interpret the symptom presentations of autism. It is common for children to be diagnosed months or even years after the onset of symptoms and some cases can even go undiagnosed into their school age (Pearson & Meadan, 2018). Black children are also more prone to be misdiagnosed with other forms of psychiatric disorders. Among those who are diagnosed with ASD their clinical presentation is more severe than that of White children, which suggests that there may be Black children with less impairing symptoms who are missed altogether (Jones & Mandell, 2020).

Black fathers experience racial disparities when accessing services and resources to raise a child with autism (Angell & Solomon, 2014; Bethal-Mckenzie, 2016; BishopFitzpatrick, et al, 2018; Burkett et al., 2017; Chiri & Warfield, 2012; Liptak, 2008). Some of the barriers that minority families face includes differing cultural perspectives of disability; service providers' lack of understanding of factors like race, cultural values, experiences, and social class; and limited access and unfamiliarity with the available options for support services (Pearson & Meadan, 2018). According to Jones and Mandell (2020), many Black caregivers report experiencing racist assumptions about their family income or structure and being questioned by their providers about their knowledge of autism. Access to services for Black individuals have also been described as limited and costly (Pearson & Meadan, 2018; Burns-Darden, 2019). Speech and occupational therapy and special schools can be very expensive, and the Black community experience various additional social and economic challenges that may further limit their abilities to provide their children’s needs (Bethel McKenzie, 2016). Although there are federal statutes that protect individuals with disabilities’ access to an education and participation in mainstream society (Yull, 2015), the process of ensuring accommodations, particularly within post-secondary institutions, is still inherently influenced by racial and socioeconomic factors (Pearson & Meadan, 2018; Yull, 2015). Low socioeconomic status impacts families across different backgrounds and ethnicities; however, given the disproportionate number of AA children under 18 living in poverty, there is evidence that low socioeconomic status can further exacerbate delayed access to diagnoses and initiation into services for this population (Pearson & Meadan, 2018).

ASD and the Black Community

Cultural factors influence Black families’ experience with ASD. There continues to be a lack of awareness about ASD within Black families and communities (BurnsDarden, 2019). Bethel McKenzie (2016) stated that some Black parents may think that their children showing atypical behaviors are “acting out” and are simply in need of more disciplinary action. Black parents also often encounter other Black people within their social network who dismiss their children’s symptom presentation due to a lack of awareness about the deficits associated with ASD (Bethel McKenzie, 2016; BurnsDarden, 2019). Burns-Darden (2019) also stated that parents are thus forced to educate themselves regarding their children’s condition on their own with little help from outside agencies. In addition, Black cultural values can facilitate stigmatizing actions and attitudes toward Black families that seek therapy (Hannon et al., 2017). Hannon et al.

(2017) stated that one of the most significant barriers to Black families seeking therapy was fear of stigmatization.

Autism research within the Black community continues to be limited. The history of systemic racism has limited the number of Black Americans working in the sciences, and autism research is not immune to the issues associated with the dearth of Black scientist and clinicians (Jones & Mandell, 2020). Black people continue to be underrepresented in autism research, with most studies on ASD care and interventions failing to report the racial and ethnic demographics of participants, and the few studies including this information reported overwhelmingly White participants (Jones & Mandell, 2020). Jones and Mandell (2020) highlighted the need for including the voices of Black people in autism research and fostering an empowering climate where Black people can feel comfortable sharing their opinions and thoughts regarding autism. There are very few peer-reviewed studies regarding how AA fathers struggle and cope with the demands of their roles and the interventions and resources that they need (Burns-Darden, 2019; Hannon et al., 2017; Vacca, 2013). More specifically, I was unable to find studies that focused on the experiences of Black single fathers of children with ASD, with most studies of ASD parenting within the Black community having focused on dual-parenting households. Burns-Darden (2019) also suggested the need for future studies that target AA fathers from other minorities, such as the LGBT community, who are raising their children alone or with their male partner.

Gay Men and Fatherhood

The pathway to fatherhood has expanded enormously for gay men, including artificial insemination, foster parenting, adoption, and surrogacy (Gates, 2015; Perrin et al., 2019). Adoption is becoming a common route to parenting, particularly for younger gay men (Vinjamuri, 2015). As social attitudes about lesbian and gay parenting continue to change over the years, heterosexual identity is no longer considered to be a prerequisite for forming intimate partnerships, marriage, or parenthood (Gates, 2015; Perrin et al., 2019). Advancements of legal achievements in human rights have made the concept of family no longer associated with the celebration of marriage, which suggests that families formed by homosexual people are close to having the rights that any other family model should possess (Santos et al., 2018). As a result, gay fathers have risen in visibility and numbers over the last decade (Perrin et al., 2019). Gates (2015) estimated that 37% of LGBT individuals have been parents and that 6 million American children and adults were raised by an LGBT parent, many of whom are single parents.

I conducted ten semistructured interviews, and gay fathers still contend with heteronormativity and stereotypes associated with their homosexual identity. Some gay men experience isolation in their parental role and barriers in the adoption process (GWK, 2020; Perrin et al., 2019). Gay fathers must still deal with the prevalent belief that children need mothers to thrive (Perrin et al., 2019; Vinjamuri, 2015) and the stereotypes associated with gay men being frivolous and unfit parents (Perrin et al., 2019). AA gay fathers represent a group often marginalized from access to health care

services because of sexual preference and ethnicity (Bethal-McKenzie, 2016; Bishop-Fitzpatrick, et al,
2018; Burkett et al., 2017; and Ho et al., 2018). While there is still limited research on AA fathers, the findings suggest that these stereotypes and lack of support have consequences on their well-being (Bocknek et al., 2017).

Gay fathers do not typically differ from heterosexual fathers in the quality and strength of their relationships with their children; however, they may experience feelings of rejection and having to justify themselves as parents, which may affect their feelings of competence as fathers. According to Whitehead (2018), the 2012 General Social Survey, which is a nationally representative survey of Americans' attitudes, demonstrated that less than half of Americans believed that same-sex male and same-sex female couples can raise a child as well as a male-female couple. Although gay fathers are still capable of leading fulfilling lives as parents, many also experience uninvited social interactions that remind them of the heteronormative expectations that are present within their circles, such as scrutiny about their parenting and concerns about their children's well-being (Vinjamuri, 2015). There is an implicit concern about the development of children being raised by LGBT parents due to prejudiced opinions about the influence of social roles of gender on children (Santos et al., 2018).

I found research on gay fathering is still limited, and the research on gay fathering of children with a form of disability is even more so. There is increasing attention being given to the diversity of fathering because of the growth in the number of gay men raising children (Reczek, 2020; Schoppe-Sullivan & Fagan, 2020). However, the research on gay fathering is still relatively small and focused on White gay fathers, with little to no attention given to the experiences of gay, racial/ethnic minority fathers (Schoppe-Sullivan & Fagan, 2020). Schoppe-Sullivan and Fagan (2020) emphasized the need for further studies that explore the intersectionality of diverse groups of fathers, the many layers of social ecology that influence fathers' relationships with their children, and the fluidity of fathering identities and their enactments. Furthermore, while there is a growing number of studies on unconventional family configurations, such as same-sex couple parenting and single gay fathering, and the effects of such configurations on the development of the children, the researcher was unable to find empirical studies on gay fathers raising children with ASD or developmental disorders of similar nature. The purpose of this study is to fill in the gap in the literature in relation to the experiences and challenges encountered by AA gay fathers of children with ASD as they access resources for their children.

Summary

In this literature review, I provided an overview of current pertinent research studies on children with ASD and parenting a child with autism. ASD is a lifelong affliction that has become increasingly prevalent in the U.S. ASD presents during early childhood and is one of the most common developmental disorders among children (Ahmad & Dardas, 2015; Burrell et al., 2017). ASD is characterized by restricted interests and repetitive behaviors (Christensen et al., 2018; Elsabbagh, 2020; Parmeggiani et al., 2019), and it poses challenges from individuals that can vary in severity and comorbidities (Elsabbagh, 2020). Its prevalence in the U.S. has increased over the past decades, which can be attributed to improved methodological approaches and diagnostic procedures as well as the increased awareness about the condition (ACAMH, 2018). The overall estimated prevalence of ASD based on a report from the ADDM Network for the 2012 surveillance year was 14.5 per 1000 (one in 69) children aged 8 years old. Scholars emphasize the importance of early diagnosis and intervention in improving outcomes for children with ASD; however, there continues to be racial and ethnic disparities in the diagnoses and prevalence of ASD (Christensen et al., 2018).

The fathers in this study described their experience raising a child with ASD and the various challenges in relation to accessing resources. Immediate family members are often expected to participate actively in the care of the children through family selfmanagement care practices, which can result to drastic changes in filial dynamics (Bultas et al., 2016; Mostafa, 2019). The health and well-being of parents who serve as their children's primary caregivers are particularly affected by their children's conditions (Bultas et al., 2016). Caring for children with ASD has been associated with psychological challenges for parents, which may further influence relationships with typically developing siblings and strains on spousal relationships (Ilias et al., 2019; Kocabıyık & Fazlıoğlu, 2018; Reddy et al., 2019). Despite various studies emphasizing the vulnerability and challenges encountered by parents of children with ASD, there continues to be limited research on the experiences of fathers of children with ASD (Cheuk & Lashewicz, 2015; Dunn et al., 2019; Flippin, 2019; Thackeray et al., 2018; Varvisotis, 2016).

Researchers found the involvement of fathers of children with ASD are pivotal for the well-being of their children, spouses, and the family (Flippin, 2019; Potter, 2017; Rempel et al., 2017). Fathers continue to be relegated to a lower status in autism research in terms of being the primary caregiver of children with ASD (Ahmad & Dardas, 2015; Varvisotis, 2016). Fathers of children with ASD experience their own share of challenges from pre-diagnosis, diagnosis, seeking support services, and the daily care demands of their children (Ahmad & Dardas, 2015; Burrell et al., 2017; Cheuk & Lashewicz, 2015; Dardas & Ahmad, 2015; Lashewicz et al., 2019). They can also experience challenges when accessing support services as they deal with various bureaucratic barriers (Burrell et al., 2017). There continues to be methodological limitations to the research on the mental wellbeing of fathers of children with ASD despite growing interest in fatherhood research, and further studies are needed to gain insight into the experiences of fathers from diverse backgrounds (Arsenault & Stykes, 2019; Burrell et al., 2017; Carneiro et al., 2017; Lashewicz et al., 2019).

Fathers belonging to minority groups, such as racial/ethnic minorities or the LGBT sector, have different experiences and challenges influenced by their social identity (Bethel McKenzie, 2016; Donohue et al., 2019; Jones & Mandell, 2020; Pearson & Meadan, 2018). Cultural factors in the Black community can also influence Black families’ experiences when dealing with ASD, such as differences in interpretation of children’s atypical behavior, lack of awareness about ASD, and stigmatization of the condition (Burns-Darden, 2019; Hannon et al., 2017). Gay fathers also experience a host of different challenges when parenting their children because of their homosexual identity (Perrin et al., 2019; Vinjamuri, 2015). They must contend with stereotypes associated with homosexuality, which are used to question their ability to become parents who can foster the holistic development of their children (Perrin et al., 2019; Whitehead, 2018). I explored the experiences of AA fathers and gay fathers of children with ASD continues to be limited. I found there are currently no studies that explore the experiences of Black gay fathers of children with ASD. I used this qualitative case study to explore the experiences of AA gay single fathers of children with ASD using BFST ~~as~~ the framework to frame fathers as units of the family dealing with the condition with their own experiences, challenges, and insights. In Chapter 3, I describe the research design, the role of the researcher, methodology, selection logic, instrumentation, data analysis plan, and issues of trustworthiness.

Chapter 3: Research Method

The purpose of this qualitative study was to explore and describe the experiences of, and challenges encountered by African American (AA) gay fathers as they access resources for their children with autism spectrum disorder (ASD). The review of the literature showed that the experiences of fathers belonging to racial/ethnic minorities and the lesbian gay bisexual transgender (LGBT) community are influenced by their social identity, however, a gap in the research persists regarding the experiences of AA gay fathers of children with ASD. In this chapter, I presented the overall methodology for the study in greater depth, beginning with a discussion of the research design and the role of the researcher. I followed the methodology of this study that included the population, selection logic, instrumentation, procedures for recruitment, data collection and analysis.

I identified the threats to the validity of the study and discussed the ethical considerations.

Research Questions

I used the following focal question to achieve the goal of the study and guide this research:

RQ1. What is the experience of accessing resources among AA gay fathers living in the United States (U.S.) as the primary caregivers of children with ASD?

RQ2. What are the barriers to accessing resources among AA gay fathers raising children with ASD?

Research Design and Rationale

I used a Qualitative Descriptive design to investigate the experiences that AA gay fathers encounter as they seek resources for their children with ASD. I provided some insight into the challenges experienced by this unique population of primary caregivers. I chose this research methodology for this study to conduct a qualitative descriptive approach. Qualitative research is a process of naturalistic inquiry that involves an indepth exploration of a social phenomenon by relying on the experiences of human beings as meaning-making agents in their everyday lives (Ahmad et al., 2019; Caelli et al., 2003; Merriam, 2009). The goal of qualitative researchers is to collect rich data from various sources to gain an in-depth understanding of individual participants including their perspectives, opinions, and attitudes (Merriam, 2009; Nassaji, 2015; Taylor et al., 2015). Qualitative research involves the collection and analysis of data from participants' narratives or through open-ended observations and methodologies such as interviews, ethnographies, or focus groups (Ahmad et al., 2019; Caelli et al., 2003; Merriam, 2009).

Such data are collected from participants within their natural settings as a means of gaining abundant and descriptive data about real life people and circumstances (Daniel, 2016).

I considered the qualitative approach to be appropriate for this study because it is important to capture the experiences and perceptions of AA gay fathers in accessing care for their children with ASD. Quantitative research was not appropriate for this study. Quantitative research involves strategies, assumptions, and techniques that typically rely on numeric data and patterns. Quantitative methods are not the best methodology to use in this study for collecting information on the experiences and struggles of participants. I choose not to use the quantitative approach for social science research in this study. Quantitative approach for social science reach been criticized because it can lead to the neglect of important aspects of human lives, which is not encompassed by its positivistic approach (Fink, 2000). Qualitative researchers attempt to gain an in-depth understanding of human experiences, behaviors, attitudes, and motivations, which can be highly complex phenomena that are difficult to elucidate through quantitative means (Ahmad et al., 2019; Caelli et al., 2003). A test of hypotheses was not needed for this qualitative study. I chose not to use a mixed methodology for this study because there is no convincing justification for including quantitative approaches to meet the goals of the study.

I conducted a descriptive research design for a better understanding of participants' experiences while taking the context of the phenomenon into consideration. Different approaches of inquiry for qualitative research include descriptive research, case study, narrative, and phenomenology, among others (Ahmad et al., 2019; Creswell et al., 2007; Percy et al., 2015). Qualitative descriptive research focus on the participants' descriptions of their experiences to stay in the center of the analysis. I focused on providing a clear description or account of the experiences of the participants.

I did not choose the case study approach because this study does not seek to focus on a singular case nor to make comparisons across cases in a collective case study. I did not choose the Narrative design for this study because its focus on telling a story and interpreting those stories rather than on describing the phenomenon. I did not choose the phenomenological research design as suitable for this study. The goal of this study was to describe the experiences of participants rather than to understand the meanings the participants associate with their lived experiences, which is the goal of phenomenology. I chose the descriptive research design to provide a descriptive account of the experiences of AA gay fathers as they access resources for the care of their children with ASD.

Role of the Researcher

As the primary researcher, my role was to conduct the qualitative research study from the initial development through to the analysis and interpretation of the results. The qualitative research process can be divided into seven distinct stages: Thematizing, designing, interviewing, transcribing, analyzing, verifying, and reporting. The qualitative researcher participates in each stage of the process (Fink, 2000; Kahlke, 2014). In the thematizing and designing stages, I developed what is going to be studied, why it must be studied, and what the methodological procedure of the study would be. In the designing stage, I develop the criteria for the selection of the respondents. I conducted structured interviews through a guide, which followed the themes covered in the interview. I recorded the interviews and took field notes as a supplement for the recordings. In the transcribing stage, I transformed the recordings into a readable format that were used for analysis. I analyzed the collected data by using different tools to make sense of the material. The verification stage required me to assess the generalizability, reliability, and validity of the study's findings. I reported the study in a comprehensive and replicable manner.

According to Glesne (1999), researchers in the constructivist paradigm have direct interactions with the participants to understand their social constructions, unlike those in the positivist paradigm where the observer is separated from the observed. The reported text is representative of a joint or collaborative construction between the participants and the researcher. Thus, researchers in the constructivist paradigm are required to be conscious and critical of their own subjectivity and biases (Postholm & Madsen, 2006). I did not hold any prior biases regarding the topic of interest, ~~I still~~ maintain unrecognized and unintended biases that may induce bias into my data collection. I remained cognizant of all bias and avoided them at every step of the study from recruitment to reporting.

Glesne (1999) stated the importance of various ethical concerns when conducting qualitative research, including avoidance of harm, confidentiality, and privacy. I used informed consents, anonymity, and reciprocity as crucial issues when dealing with humans as subjects. I reported every step of the methodological process to ensure ethical considerations were managed accordingly. I follow specific procedures to safeguard the integrity of the research process and the privacy of the participants.

Methodology

The purpose of this qualitative descriptive study was to explore the experiences of AA gay fathers raising a child with autism. I filled this gap by exploring the experiences of AA gay fathers who have children diagnosed with ASD. In this chapter, I provide information on the research design and the rationale. The role of the researcher, recruitment procedures, sampling strategy, instrumentation, data collection and analysis plan, issues of trustworthiness, ethical procedures, and summary would also be discussed in this chapter.

Population Selection Logic

I targeted AA gay fathers of children with ASD for this study. Fathers living in the United States were the subset population, I selected. I used ten participants in this qualitative study. Each participant fulfilled the criteria of being an AA father, identified as homosexual or gay, and caring for a child with ASD (see Appendix B). Each participant described their experience with accessing resources for the care of their children. I used a purposeful sampling strategy to collect pertinent data from participants from a target sample that was appropriate for this study.

Sampling

I used a purposive sampling strategy in this study which is a widely used sampling approach in qualitative research for selecting and identifying information-rich cases in relation to the phenomenon of interest. I used a purposive sampling because it’s the most effective use of limited resources by emphasizing the importance of the participants' availability, willingness to participate, and ability to adequately communicate their opinions and experiences in a reflective manner (Etikan et al., 2016; Palinkas et al., 2015; Sandelowski et al., 2000). I used a purposeful sampling strategy to collect pertinent data from participants. Williams (2012) stated that homogeneous purposive sampling is useful when a researcher aims to investigate the collective experiences of a specific group or community. I conducted a purposive sample of participants who share the same characteristics of being an AA gay father raising a child with ASD.

Instrumentation

The primary instrument, I used for this study was interviews. I collected data in this study through one-on-one, semistructured interviews. The semistructured interview is an exploratory interview approach that is used most frequently for qualitative research in the social sciences (Magaldi & Berler, 2018). I used this research method to collect openended data and to deeply explore the participants' thoughts, perceptions, and feelings about a particular core topic. It is advised for researchers to follow an interview protocol or guide that is devised prior to the actual interview that can provide a general structure; however, using semistructured interviews allowed for me to discover and follow topical trajectories of the conversation with participants.

Interviews are a common data collection approach for qualitative research. I found no prior studies to that developed interview questions or protocols that are suitable for this study. I developed an interview protocol specifically for this study to serve as a guide for the semistructured interviews (see Appendix C). I used Castillo-Montoya's (2016) interview refinement framework to create a four-step interview protocol. I developed interview questions based on the research question and topic. I allowed the flow of the interview to be refined by developing seamless transitions between the questions. I created the interview protocol, and during the third step, of the interview protocol, an expert reviewed the data with substantive knowledge in qualitative research. I adjusted and refined the protocol accordingly to the feedback received. I used the field test to ensure that the interview protocol met my expectations and adjusted, as needed.

Recruitment

I collect data from a sample of ten AA gay fathers of children with ASD in this study. I recruited potential candidates via flyers on social media platforms such as: Instagram, Twitter, and Facebook, and snowballing sampling technique. Snowballing sampling, or chain sampling, is a recruitment technique that facilitates the identification of potential participants by other research participants who may be aware of other individuals who meet the research eligibility criteria because they share the phenomenon under investigation (Creswell, 2013). I provided my contact information and details of the study on the flyer for interested participants (see Appendix A).

I receive correspondence from potential participants and provided a clear description of the goals of the study and the qualifications needed to participate. All potential participants were screened based on the following criteria: They must be AA, identify as homosexual or gay, be at least 18 years of age, and have a child diagnosed with ASD. I also conducted snowballing sampling, which is a recruitment approach that allows the identification of potential participants through existing participants who may know of other individuals who meet the eligibility criteria. I confirmed all interested participants for the study and had them to sign an informed consent document (see Appendix F). The consent form provided information on the research process, interview structure, an estimated time of the interviews, and expectation of participants. I told each participants this study was voluntary in nature of their participation, and communication was delivered via participants about anonymity, confidentiality, and right to withdraw their participation at any time of the study. email. I provide an informed consent document to

Data Collection

I receive Walden University IRB approval. After each participant has responded with the words "I Consent" on the informed consent document, they were contacted through email or phone to answer any questions they may have **(**see Appendix D**).** The schedule for the one-to-one interviews were set based on the participants' convenience. Once the interview schedules are discussed, I sent an official invitation message to finalize the interview schedule. One-to-one interviews are usually conducted face-to-face because this offers the researcher the opportunity to interpret the participants' nonverbal cues, eye contact, and facial expression (Ryan et al., 2009). However, due to the current conditions of the COVID-19 pandemic, interviews were conducted in person and through Skype, Zoom, or a different Voice over Internet Protocol (VoIP) system to the convenience of the participants. All interviews conducted followed the developed interview protocol.

I recorded the interviews via an audio recorder and took notes as a supplementary data source. I transcribed the interview recordings, and each transcription was assigned a pseudonym to protect the participants' identity. I provided each participant the opportunity to review and omit any information from the audio recording and transcripts of the interviews they do not want to be included in the study. I ensured all identifiable information of participants in a secure location and would be destroyed five years after the completion of this study.

Data Analysis Plan

I used thematic analysis to analyze the content of the interviews. The information, I used to answer the research questions came from the responses from the semistructured one-on-one interviews. The transcriptions of the interview recordings were analyzed using a thematic analysis, which is a common method of analysis in qualitative studies (Braun & Clarke, 2006). Thematic analysis is a process that allows a descriptive and nuanced recapitulation of the data (Braun & Clarke, 2006). The aim was to identify emergent themes and patterns in the data through an inductive manner, and this study follow Braun and Clarke's (2006) six steps of thematic analysis:

1. Familiarizing with data; transcribing the audio recordings to written format, would serve as the data source for the study. This step also includes reading and re-reading the transcriptions to gain familiarity with the data and to note initial ideas.
2. Generating initial codes; initial codes were generated in this step. Codes identify features of the data that appear as interesting for the researcher, and this refers to

the most basic element of the raw data that can be analyzed meaningfully regarding the phenomenon of interest.

3. Searching for themes; once all data have been coded and collated, the different codes would be sorted into different potential themes. In this step, the codes are analyzed, and the researcher considers how the different codes can be combined to form an overarching theme. This step results to a collection of candidate themes and sub-themes.
4. Reviewing themes; during this step, the candidate themes are refined. In this step, some candidate themes can be broken down into sub-themes and some may be combined as duplicate themes. The themes were reviewed in relation to the coded extracts and the entire data set.
5. Defining and naming themes; this step involves a recurring analysis to refine each individual theme. This step required the generation of clear descriptions and names of each theme. It is important to consider how each theme fits towards answering the research questions and ensure that the themes do not have excessive overlaps between them.
6. Producing the report; this step is conducted once all fully worked-out themes are set. This involves the final analysis and creation of the write-up. It is important for the write-up to be concise, logical, and non-repetitive.

I used Braun and Clarke (2006) thematic analysis to analyze the experiences and challenges of AA gay fathers as they access resources for their children with ASD were identified. I analyzed and detailed the to create a clear description of the participants' experiences. This thematic analysis was conducted concurrently as new interview data are collected until data saturation is reached (Guest et al., 2020). I used NVivo qualitative software to analyze data.

Issues of Trustworthiness

It is important for qualitative research to embrace standards of quality regarding rigor, credibility, validity, and trustworthiness (Morrow, 2005). Trustworthiness in qualitative research pertains to maintaining the integrity of the study's findings and following the research protocol throughout the design, data collection, data analysis, and reporting of findings for the study (Hays & Singh, 2012). To confirm the trustworthiness of this study, I used several measures including credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1984; Morrow, 2005).

Credibility

Credibility pertains to the internal consistency of the study, which pertains to how the researcher ensures rigor in the whole research process and reports the steps taken to do so (Morrow, 2005). In constructivist qualitative research, credibility involves ensuring that the participants' responses are properly interpreted and represented (Patton, 2002). I transcribed the data collected into a word document from interviewees recorded responses to ensure credibility of the participants' experiences and the context of their experiences.

Transferability

Transferability pertains to the extent to which the researcher can generalize the findings of the study or how the findings of the study may be compared to studies of similar nature (Lodico et al., 2010; Morrow, 2005). I provide sufficient details about my role as the researcher, the context of the study, the participants, and the processes engaged in throughout the study. I did this to enable readers to make their own decisions about the transferability of the work.

Dependability

Dependability pertains to the way in which the study is consistently replicable. It is important for the process through which findings are derived to be explicit and repeatable (Morrow, 2005). I ensure the dependability of this study by carefully detailing the research design and keeping a detailed log of activities conducted for the study.

Confirmability

Confirmability pertains to the process of ensuring that the findings of the study represent the phenomenon being studied rather than the beliefs and biases of the researcher (Morrow, 2005). I ensure confirmability in this study, by the procedures used to ensure dependability also applies. I reported the analytic processes and findings in such a way that readers can confirm the adequacy of the findings. I ensure that subjective biases were removed by maintaining a log of all conducted activities and decisions made at every step of the study.

Ethical Procedures

I received approval from the International Review Board (IRB) prior to researching human participants and collecting data. I started the recruitment process after obtaining IRB approval. I gave participants an informed consent document with the details of the study, contact information, and participants’ rights. I scheduled interviews for participants once they signed the informed consent document. I allowed each participant to ask questions about the study and made participants aware of the voluntary nature of their involvement in the study. I provided each participant the opportunity to review interview transcripts and recording, to omit any information they wish to be excluded from the study.

I ensure confidentiality and privacy of each participant by assigning a pseudonym and concealing their real identity from any public artifacts. I stored all the data collected from this research study in a secure and undisclosed location and destroyed three years after the completion of this study.

Summary

The purpose of this qualitative study was to describe the experiences of, and challenges encountered by AA gay fathers as they access resources for their children with ASD. I chose a qualitative descriptive approach for this study. I used semistructured oneon-one interviews for the data collection process. I targeted AA gay fathers of children with ASD that live in the U.S. I used audio recordings and note-taking during the interview process to ensure that all the participants' responses are stored. I followed Braun and Clarke's (2006) six-step thematic analysis to conduct the data analysis process.

In Chapter 4, I discussed the finding and results of this study.

Chapter 4: Results

The purpose of this generic qualitative inquiry study was to explore the experiences of AA gay fathers about accessing resources to raise children with ASD. I explored the lived experiences of AA gay fathers who have children with ASD, their challenges in parenting, and their coping strategies raising children with ASD were explored. Rudelli et al. (2021) stated fathers play a vital role in the social, emotional, and development of children with ASD. The results of this study have the potential to contribute to social change to policies, procedures, legislation, and accessing resources for AA gay fathers raising a child with autism.

There were two central research questions that guided this qualitative study:

RQ1: What is the experience of accessing resources among AA gay fathers living in the U.S. as the primary caregivers of an autistic child?

RQ2: What are the barriers to accessing resources among AA gay fathers raising a child with ASD?

In this chapter, I present the settings, and demographics of participants and children of participants. A description of the data collection, data analysis, evidence of trustworthiness, results, and summary is also described.

Setting

I recruited participants for this research study and collected data within their natural settings as a means of gaining abundant and descriptive data about real life people and circumstances. I recruited participants via social media platforms, Facebook, Twitter and Instagram for this research study. I designed a flyer with all the pertinent information about the study that included the inclusion criteria and contact information. I conducted a snowballing sampling technique to recruit participants for this research study. Once the recruitment flyer was approved, I asked participants to forward the flyer to individuals within the target population. The target population was AA gay fathers raising a child with autism. I conducted interviews via Zoom and in-person at the library. This setting was a comfortable and safe place for the participants. Once participants consented to the study, I scheduled interviews on the day convenient to them, and the interviews last approximately 30 to 45 minutes. I used a qualitative approach for this study because it was appropriate to capture the experiences and perceptions of AA gay fathers in accessing care for their children with ASD.

Demographics

I interviewed ten participants for this qualitative study. These participants met the inclusion criteria for this study. They were African American (AA), 18 years of age, identified as homosexual or gay, lived in the United States, and were fathering a child with ASD. The fathers in this study also provided additional information about their demographics, displayed in Table 1. The father’s ages ranged from 32 to 53 years of age. All the fathers were high school graduates, had health insurance and gainfully employed. They also had experience with accessing resources for the care of their children.

Table 1

Participants Demographics

Pseudonym	Age	State	Education Level	Employment Status
1	49	Alabama	Military	Retired
2	44	New York	Bachelor’s degree	Yes
3	37	Georgia	Some College	Yes
4	53	South Carolina	PhD	Yes
5	51	Illinois	Leadership Certificate	Yes

6	39	Georgia	Bachelor’s degree	Yes
7	42	Florida	Bachelor’s degree	Yes
8	46	Louisiana	Bachelor’s degree	Yes
9	37	California	Bachelor’s degree	Yes
10	32	Texas	Master’s degree	Yes

Participants in this study also provided additional information about their children, displayed in Table 2. Nine of the 10 children were verbal, which means they use words to communicate with others. Participant 4 had a son in the Twelfth grade that’s nonverbal meaning he does not use words to communicate with others. The education levels of the children ranged from the second grade to high school. All the children were boys except participant 3 had a daughter in the sixth grade. She is verbal, high functioning, and attends public school. I did not ask participants their relationship status, and the fathers did not provide any information about it.

Table 2

Demographics of Children of Participants

1	Verbal	Fourth	8	Boy	Public and Home School	High functioning but needs assistance at times

2	Verbal	Eight	14	Boy	Public and Home School	Dependent
3	Verbal	Sixth	12	Girl	Public	High functioning with little independence
4	Non-Verbal	Senior in High School	17	Boy	Public	High functioning
5	Verbal	Fourth	8	Boy	Public	
Participant	Verbal / Non-Verbal	Child Grade	Child Age	Gender	Academic Setting	Fine Motor Skills level
						High functioning
6	Verbal	Third	7	Boy	Public	High functioning
7	Verbal	Eight	14	Boy	Public	High functioning
8	Verbal	Fourth	8	Boy	Public	High function but Needs Assistant
9	Verbal	Third	7	Boy	Public	High Functioning
10	Verbal	Second	6	Boy	Public	Dependent

Data Collection

After each participant consented to the informed consent document they were contacted through email or phone to answer the questions. The schedule for the one-toone interviews was set based on the each of the participant's convenience. Once the interview schedules were discussed, I sent an official invitation message to finalize the interview schedule. One-to-one interviews were conducted in person or through Skype, Zoom, or a different Voice over Internet Protocol (VoIP) system for the convenience of the participants. Seven participants were interviewed virtually, and three in-person. I followed the developed research guideline and protocols for this study during the interviews (see Appendix B). I conducted interviews from May to June, and each interview lasted 30 to 45 minutes.

I recorded the interviews via an audio recorder and took notes as a supplementary data source. I transcribed the audio recording of the interviews, and each transcription was assigned a pseudonym to protect the participants' identities. I provided each participant the opportunity to omit any information from the recordings and interviews they did not want to be included in the study. No information was omitted from the data collected. I ensured all personal identifiable information of the participants in secure location and would be destroyed 5 years after the completion of this study.

Data Analysis

I used thematic analysis to analyze the interview recordings. Thematic analysis follows an inductive approach, and it is not connected to any preexisting theoretical framework (Braun & Clarke, 2006). I followed Braun and Clarke's (2006) six steps of thematic analysis. First, I became familiar with the audio recordings that were transcribed into a written format. These transcripts served as the data source for the study.

During this first step, I read and re-read the transcriptions to gain familiarity with the data and to note initial ideas. For example, during this familiarization step, I noted a prevalent struggle with awareness of services. Many participants did not know about different services within the schoolhouse that their child could use.

The second step, I identified features of the data that were interesting, to generate initial codes. I went line by line of the transcribe data, and content that describe a pattern of interest was labeled. Initial codes were the most basic element of the raw data that can be analyzed meaningfully regarding the phenomenon of interest. An example of some initial codes that arose during this second step included: Hope for support and impactful services. Hope for support was applied to participant descriptions of the hopes they had for services for their child. Impactful services were applied to participant descriptions of the services they found useful for their child.

The third step, I analyzed the data for themes. After, I collated and coded all data. I sorted the different codes into potential themes. In this step, I analyzed the codes and considered how the different codes could have combined to form an overarching theme. This step, I created candidate themes and sub-themes. I found that several codes, including parent groups, parent support needed outside of school, and hope for support referenced different parent needs for support. I combined these codes into two themes entitled, parent needs for support and parents’ exposure.

I reviewed the themes in the fourth step. I refine the potential themes. In this step, I broke down potential themes into sub-themes and combined duplicate themes. I reviewed the themes in relation to the coded extracts and the entire data set. For example, I combined the experience as a parent of a child with ASD and managing child's healthcare into one overarching theme, parent exposure.

The fifth step, I defined and named themes. This step involved a recurring analysis to refine each individual theme. I gave a clear description and names of each theme at this step. During this step, I considered how each theme addressed the research questions and ensured that the themes did not overlap excessively.

I produced the sixth and final step of the data analysis process of the report. I conducted this step once all the themes were finalized. I used the guidelines by Braun and Clarke (2006), to analyze the themes and create a clear description of the participants' experiences.

I found no cases with discrepancy. This thematic analysis was being conducted concurrently as new interview data were collected until data saturation was reached. I used NVivo qualitative data analysis software to analyze data.

Evidence of Trustworthiness

It was my goal as the researcher to maintain the quality of this study throughout the process of collecting and analyzing the information gathered. Trustworthiness in qualitative research involves preserving the integrity of the study's findings and following the research protocol throughout the design, data collection, data analysis, and reporting of findings for the study (Hays & Singh, 2012). To confirm the trustworthiness of this study, I used several measures to increase the credibility, transferability, dependability, and confirmability of the data collected and analyzed in this study.

Credibility

To ensure creditability in my study, I asked each participant to review their transcribed interviews and reported every step taken. I achieved credibility during the data collection stage. All the data I collected was transcribed into a word document from interviewees to ensure credibility of the participants' experiences and the context of their experiences. In constructivist qualitative research, credibility involves ensuring that the participants' responses are properly interpreted and represented (Patton, 2002). I repeated the participant's responses back to them during the interview for accuracy of their interpretation. I allowed participants to review the study findings to omit any information from the summary, and no changes were made.

Transferability

Transferability pertains to the extent to which the researcher can generalize the findings of the study or how the findings of the study may be compared to studies of similar nature (Lodico et al., 2010; Morrow, 2005). To facilitate the transferability of these findings, I provided sufficient details about my role as the researcher, the context of the study, the participants, and the processes engaged in throughout the study. This was done to enable readers to make their own decisions about the transferability of the work.

Dependability

Dependability pertains to the way in which the study is consistently replicable. In this study, I ensured the dependability of the study by carefully detailing the research design and keeping a detailed log of activities conducted for the study. These notes would enable another researcher to duplicate the same data collection and analysis process.

Confirmability

Lastly, confirmability pertains to the process of ensuring that the findings of the study represent the phenomenon being studied rather than the beliefs and biases of the researcher (Morrow, 2005). To ensure confirmability in this study, I reported the analytic processes and findings in such a way that the reader can confirm the adequacy of the findings (Morrow, 2005). I ensured that subjective biases were removed by maintaining a log of all conducted activities and decisions made at every step of the study.

Results

The purpose of this generic qualitative study was to explore the experience of AA gay fathers about accessing resources to raise children with ASD. The next section includes three themes, and six subthemes of the study: parents need for support, services and supports available, parent support needed outside school, parents' exposure, parental role and advice to other parents, personal impact, impact on social life and impact on work life, and barriers to support. Ten AA gay father participants describe their experience raising a child with autism during the interviews that addressed the research questions.

Research Question One

What is the experience of accessing resources among AA gay fathers living in the U.S. as the primary caregivers of an autistic child? The first research question was addressed through two themes: The parent's needs for support and the parent's exposure. These themes included information pertaining to the participant's experiences with raising a child with ASD. Participants reported on the types of services they used that were helpful. They also identified the supports that they already had as a parent, as well the needs they had as a parent for more supports.

Parent's Need for Support

The first major theme that arose during this qualitative analysis was the parent's need for support. This theme included the participant reports of the services that were available for their child and the unmet needs of their child. This theme also encompassed information related to the types of supports those participants themselves needed. There were two subthemes included in this theme: services and supports available and parent support needed outside of school. These subthemes and the quotes/responses that motivated these subthemes are detailed in the following sections.

Services and supports available

The first subtheme, services and supports available, included the participants' descriptions of the various programming that was provided to their child. All participants contributed information to this subtheme. Participants received support in their children's school, and from family and friends. Emphasis was made on the school's counselor as the main source of information. They described the school counselor as very helpful in providing coping strategies, instructional support, interventions, and outside referrals. For example, participant 1 indicated, “The only support he gets is with the school counselor, and sometimes that’s very challenging due to conflict in everyone schedules. Outside of that he receives no services or other supports for his autism.” Participant 3 shared, “The school counselor told him about a school-based program called Response to Intervention (RTI) used to monitored students’ progress that support students in K-12 with disabilities.”

Examples Quotes

Well, just like I say the school has been the biggest help for me after finding out about it and talking with the teachers at his school and taking him to the doctors. Some participants reported that they relied on family and friends for support. For example, participant 8 stated:

> He asked family members for financial help in the beginning to care for his child with autism. He needed money to hire a behavior specialist for his son. To help him with interventions to improve his son behaviors, communication, social skills, and target specific learning skills. This participant was able to secure Supplemental Security Income through a family member that worked for the government. SSI is a federal funding resource for children with autism.

Participant 10 shared he have friends that work in the school system told him to seek support through the school system. He mentioned:

> He emailed his son homeroom teacher seeking information about special education services. He was advised by the home teacher to schedule a meeting with the school counselor, and she can walk him through the steps to determine if his son has a disability and is eligibility for special education services and supports.

Participant 5 conveyed similar experiences with his son towards the end of the school year. He stated:

> He a single father, trying his best to understand autism, and it's been hard for him, but he committed to being the best father he can for his son. In the beginning, the school provide academic supports and intervention strategies during the school year. However, towards the end of the school year. The school made it seem like my son was regressing but provided no academic resources or supports for the summer months. They did not suggest any summer school programs or Extended School Year (ESY) learning opportunities. A family friend told him about ESY services. A year-round program designed to help students at risks of regression or with disabilities to maintain essential skills. The service is no cost to parents and can be assessed through the homeroom teacher or school administrator.

Participants 9 also shared a similar experience in the beginning with the school counselor on how to seek care for his child with autism.

> He initially went to the school counselor for guidance and support for his son. The counselor suggested he take his son to a pediatrician, to evaluate his son

> strengths and weakness. To determine if his child have an academic, social, psychological, or emotional disability.

Participant 6 reported on not having access to any other resources beside the school counselor. He shared:

> My son is verbal which helps a lot with things going on with him at the school and he tells me about individuals that talked to him about his condition. I guess teachers are being patient with him because of his disability. But the resources are hard to get because I don't know where to access them. The school counselor been very helpful with getting him special education services at the school.

Participant 9 shared the counselor provider his son with access to the school sensory room and they developed an IEP for him. He said:

> The sensory room is a therapeutic space were students with disabilities, specifically autism can utilize equipment that helps calm them down, focus and provide comfort to sensory processing. The school also provided his son with academic support, intervention strategies, Individualized Education Plan (IEP), and various types of therapeutic services.

Some participants indicated which services they found impacted their child. Participant 1 stated, "The school counselors have been a huge help with all the information they provided. The counselor been my main resource." Participant 3 commented, "On the usefulness of the school in helping his child, the school been helpful…very communicative and responsive to my questions and concerns. They follow up on us, and I appreciate the support." Participant 6 shared, "The school has been the biggest help with him discovering his child disability."

Despite the positive experiences of school, family, and friends support all participants also found some unmet needs their child had. For example, participant 2 reported the need for social skills training, “My son is quiet and kind of standoff-ish but I wish, I knew how to access an organization or service provider that offers social skills training.” Participant 4 also shared additional needs for social skills training for his son. He stated:

> You know what they say, a closed mouth doesn’t get feed. So, you know, trying to find a program or some type of assistance to break that social barrier has been you know what we need, to help my son but we just haven't found it yet.

Participant 6 also conveyed, “I think one service my child need is emotional skills training to help him communicate with others and be able to have a conversation with other kids and mix and mingle with them socially.” Participant 7 was worried he was missing out on available services and supports, “From social skills of a kid or to understanding a child that has autism.” Participant 3 was unable to identify a specific need for his daughter, but felt his child has unaddressed needs. He noted:

> I mean, I think my baby girl has unmet areas… I’m not a perfect parent, but at the same time. I'm very deliberate and intentional about trying to seek help for my daughter and her disability. I’m a single father and I just want my baby girl to get all the help available and find support groups to help me out with my daughter and understand autism.

Parent support needed outside school

Another subtheme within the parent needs for support theme was parent support needed outside school. All participants contributed information to this subtheme. They described their participation in parent's groups, and their hopes for support that could be available to them in the future. Participant 10 shared, "His child case manager told him about community organizations and parenting mentor group." He said:

Example Quotes

It would be nice to have a group or something outside of the school with likeminded individuals who are going through analogous situations. Having an autistic child to kind of bounce ideas off and to talk to, but uh just now I just don't have. The case manager informed him about the parent mentoring group services offered through the school district. The case manager is a member of the IEP team, and person responsible for developing the supports, services, and other accommodations per the IEP for his child. Parents can access it through the homeroom teacher, case manager, or school administrator. The parenting group provided him with information on autism, and other resources to care for his child. He founded a behavior specialist and therapist that focused on children with autism. The service is free to parents, funded through the school district, and managed by parent mentors.

Participant 8 stated, "He inquired about parenting groups for fathers raising a child with autism with his son teacher. He found three parenting groups online. One was out of state, and the other two targeted couples raising a child." Participant 9 mentioned, "He heard about parenting groups through conversations around other parents in his child class, but no one volunteered or gave him any information about it."

Several participants described how they felt being a man influenced their access to or use of supports. Participant 4 shared, “I think we as fathers really lack access to resources outside of the school at times because we are men. He asked a parent about an organization she a part of her response was, it’s for woman only.” Participant 10 stated, “He tried to join a local organization and was told its gender based for mothers as primary caregivers.” Participant 6 described, “He was denied access to a parent group because he was a single father. He was told the organization focused on two-parent households, and single mothers.” Participant 3 also mentioned:

> I haven't seen any specific organizations or groups that specifically target and supports fathers, especially single gay fathers. This participant went on to say, supporting mother's thing really is the priority for parenting and that's the target group. All the organizations he found focused on mothers as the primary caregiver and fathers present were absent from the groups. He tried to access resources at this one organization and the founder, who is a women told him this is a female only group, and men are not allowed.

Lastly, a couple of participants shared some hopes they had for future support. For example, participant 1 stated:

> It would be nice to have a group or something to have likeminded individuals who are going through analogous situations with an autistic child to kind of bounce ideas off and talk to, but uh just now I just don't have.

Participant 7 also voiced his experience, “The supporting mother's thing really is a reality and society acknowledge them as the primary caregivers.” Participant 2 said: I need information that can help me understand the condition, not just a doctor that diagnose my child with autism and give me some articles on ASD to read. I need to see other alternative men like me raising a child with ASD and how they're able to manage and access resources.

Parents Exposure

The second major theme that arose during this qualitative analysis were fathers' exposure to resources. This theme also was composed of two subthemes: Parental role and Advice to other parents. These subthemes and the quotes and responses that motivated these subthemes are detailed in the following sections.

Parental role

The first subtheme, parental role, included participants' descriptions of their experience as a parent of a child with ASD, including their management of their child's healthcare and their goals for their child's future. Four participants mentioned the experiences they had with managing their child's healthcare. For example, participant 1 Indicated, "Some services for his child were covered in his health insurance and others were not. He ran into instances where he had to pick and choose what services are most important for his child at that time." Participant 3 described his experience with managing his child healthcare before and after the diagnosis. "The biggest problem was just the initial diagnosis, understanding autism, how to treat it, and make sure my child is cared for properly. Some services were covered, and others we not like behavioral specialist referrals."

Example Quotes

The most important thing is to be your child advocate. The piece that I must be conscious and aware of, is what I need to do, so I have a responsibility to seek out information and ask the right questions to meet my child needs and access the resources to help her be successful academically and personally. Participant 4 share a different experience, “He had a smooth experience with managing his child healthcare services.” He also stated:

> You know, being that I have insurance and healthcare benefits with my employer. It wasn't that hard to schedule him an appointment, see a therapist and meet with a specialist to go a little bit more in depth of what was happening or what was going on, or you know what was described by the psychologist and what his teacher discovered at the school.

Participant 5 stated, “He didn’t recognize a change in healthcare following the diagnosis of his child.” He did mention:

> He raises all his children the same, but his son diagnosis with autism does require a little more attention than his other children. He works hard to make sure all his kids have what they need and want. His son goes to the doctor more than his other children.

Lastly, five participants described the goals they had for their child, including both short term and long-term goals. Participant 2 shared, “The short-term goal is to make sure he's on the proper medication and treatment plan, and that he's functioning like a normal kid.” Participant 3 also shared, “He want his daughter to be successful in whatever area she chooses to explore, or you know, to go after or be on point and be able to have a successful and healthy adult life." Participant 1 denoted, "My long-term goal is just taking it day by day, you know each day is different, and it's a new experience raising a child with autism, you know." Participant 4 stated similar expectations, "I guess the long-term goal is just kind of doing whatever I can to help him with his fine motor skills, academics, social skills, and you know break that barrier of accessing resources." Participant 5 responded with similar short-term and long-term goals for his son to be successful. He shared:

> My short-term goals are just to be happy and make sure my child has whatever he wants and to understand that he is a regular kid just like any other kid out here.
>
> Long-term, I want him to be the best he can be, love life, love living, and I'm going to help him in every way that I can to be successful.

Advice to other parents

The second subtheme, advice to other parents, included participants' reports of the advice they would give other parents of children with ASD. For example, participant 1 detailed, "You know stay prayed up, you know put your faith in the Lord and understand children are a blessing, you know." Participant 2 shared, "Don't ignore the signs. And get help not only for your child but for yourself as well. You're going to need some type of professional training, and counseling to take care of your child with autism." Participant 3 noted, "Being an advocate for your child is vital. The piece that I must be conscious and aware of, is what to do. I have a responsibility to get my child services for her condition and be her advocate." Participant 5 raised the importance of maintaining physical activities. “I would tell them keep things as normal as possible, by allowing your child to play outside with other kids.” Lastly, participant 6 had advice for parents who noticed behavioral differences in their child. He shared:

Example Quotes

Don’t ignore the signs. Stay prayed up and you know put your faith in the lord and understand that your child is a blessing. And get help not only for your child but for yourself as well. You’re going to need some type of professional training and counseling to take care of your child with autism and to understand the disability.

> If you noticed a difference in your child behavior at home or at school make sure you communicate that with his or her homeroom teacher, school counselor, psychologist or any person that is aware of your child condition and ask the school or doctor to conduct an evaluation to seek answers immediately. Do not overlook anything related to your child with autism.

Research Question Two

What are the barriers to accessing resources among AA gay fathers raising a child with ASD? The second research question was addressed by two themes: Personal Impact and Barriers to Support. These themes detailed the types of barriers that participants reported facing when trying to get services or other help for their child. They also included depictions of the various ways that being a father of a child with ASD impacted life.

Personal Impact

Example Quotes

I didn’t notice much of an impact on my social life. I am still able to do the things I been doing without a child, I just must make sure his needs are met before anything else, as usual.” “I have no issues with devoting a lot more time to him and it doesn’t affect me that much.

The first theme that addressed this section research question was personal impact. This theme included participants’ descriptions of how their lives were impacted by their child’s ASD diagnosis and the requirements for providing for their child. This theme was divided into two subthemes: Impact on social life and Impact on work life.

Impact on social life

Example Quotes

With my business, I work for myself and run a successful business and it hasn't affected my finances because we're only four months in, and again I try and make sure that I’m treating him in the same regard as I would any typical child his age. At this time, I haven’t spent a lot of money on getting him service because the insurance covers most of it. However, I’ve been scheduling a lot of doctor and specialist appointments for him.

There were four participants who commented on the impact of their parental role on their social life. Participant 10 stated, “At this time, his social life is taking care of his son, and he barely socialized with friends and family anymore.” Participant 4 reported:

My family, friends and work associates know what's going on with my child. We as black men and fathers don't want to feel as though we have a kid that's maybe lacking in a certain area, so as a man, you know we’re brought up to not cry and not be vulnerable,

> so you know your kind of keep those things to yourself, in you know, so you don't lose that vulnerability to your peers or various associates.

Participant 5 also stated, “There has been a huge impact on his personal and social life raising a child with autism”. He mentioned:

> I find myself, limiting my child access to friends, family members, and not using a babysitter anymore. My son had a sensory experience around family members and friends, and I did not know how to address his needs. The sensory was stimming, a repetitive motion or body movement of the hands, fingers, or rocking back and forth. I was embarrassed that I couldn’t help my child, people would just stare at us, and I didn’t understand what he was going through at the time. Another incident the babysitter thought my son was having a seizure and she called 911. After those two incidents, I become overly protective of my son, limited access to him, and ended my social life to focus on child disability and how to care for him.

Participant 6 also shared, “Trying to find someone I can trust with my child and understand his disability been challenging.” Participant 7 conveyed a similar experience with his child and how it impacts his social life. He mentions:

> From a social standpoint, you know everywhere, I go, I take my child, but others may not understand his disability and that part is frustrating at times, but I try not to show it around others. My child is independent, and I try everything in my power to help him with his independence in the real world. I like to party and

> have fun but it's hard trying to balance a social life raising a child a with a disability. You cannot trust everyone would do right by your child.

In contrast, participant 1 stated, "He didn't notice much of an impact on his social life raising his child." He did mention:

> I'm always kind of been you know, kind of to myself, anyway, so you know my social life is this, you know kind of easygoing anyway. I have no issue with devoting a lot more time to him and doing what is best for my child socially. I am a loner anyway.

Raising a child with autism impacts your social life in many ways. As the primary caregiver it impacts your finances, mental and physical health, personal relationships with friends and family members, and recreation and leisure activities. Parenting a child with a disability, specifically autism can disconnect you from interpersonal relationships due shame after the diagnosis, and emotional fatigue to be alone. Overall, single fathers experience a level of vulnerability with limited access to resources to care for their child with ASD.

Impact on work life

There were four participants who contributed information to the subtheme impact on work life. These participants shared the extent to which they felt their parental role impacted their work life. Participant 9 shared, "Raising his son been difficult and it's impacted his work life greatly. He's taken off a lot more from work to care for his child." Participant 1 reported:

> I’ve been blessed enough to have the ability to work remotely so that allows me the opportunity, to be a little bit more flexible in that sense, so not having to go into the office a lot helped me professionally. You know, I feel like he's made me grow as a man and father, and I just want the best for my son.

Participant 4 shared a similar professional experience raising his child with autism. He shared:

> His son is nonverbal, a senior in high school, and requires a lot of attention. His supervisor understands he is raising a special needs child, as a single father. He had to leave work early on multiple occasions, to see about his son needs, and his salary was deducted each time.

Participant 5 also noted, “With my business, it hasn't affected my finances because we're only four months in.” He mentioned:

> He been making a lot of phone calls daily to address his son needs with the pediatrician, therapist, autism specialist, school counselor, homeroom teacher, and other professionals. From a monetary perspective, it’s not affecting my income currently but requiring more time away from work to handle the academic and medical needs for him.

Participant 3 shared, “He did not notice an impact on his work or professional life yet. He believes it affecting him the most right now personally.” He shared: He a private person and try to keep his professional and personal life separate from each other. He brought his daughter into work with him a couple for various of reasons. One reason was the school had early release day, and few other times she felted sick at school. He just like to keep his personal life private.

Barriers to Support

Example Quotes

One of the challenges that I have is that because he is high functioning um, I think that there were a lot of years that were spent away casting aside and overlooked because he is a normal kid. With him being on the spectrum is challenging because I don't know much about autism. At times, it can be overwhelming.

The second theme that addressed the second research question was barriers to support. Participants identified the types of barriers to accessing supports that they encountered as parents of children with ASD. A couple of participants were unaware of services or felt there were not services available. Participant 4 reported, "I haven't been provided any programs or services outside of the school you know." Similarly, participant 6 noted, "I don't have any resources besides my son teacher and school counselor."

Other participants mentioned types of barriers they faced when trying to access services and supports. For example, participants 2 shared, "I haven't found any programs that focus on helping single fathers with accessing resources for our children, and many of them are credit or income-based programs." Participant 1 voiced:

> It's kind of you know, again, where I'm at demographically, a lot of resources not discussed with us on this south side of town, as to the north side, where parents are given access to all the resources for their child diagnosis with autism, and

> other programs available to them. The central office is located on the north side of the district were parents have more access to resources inside the schools than parents on the south side with less access to resources. The schools on the north side are in better condition, more accommodating and equipped to servicing students with disabilities. Schools on the north side of the district housed the psychologists, therapist, autism experts, behavior specialist and other professionals related to ASD.

Participant 3 commented:

> I think that the biggest challenge for me, I think, and for a lot of parents, specifically single fathers are finding the information. I'm trying to find out, first, what the problem is about my child, what services and supports are available to help, and to make sure my child at her age can get acclimate independently as best she can so.

Participant 4 responded, “I guess the challenges would be the lack of information regarding how to access information related to autism, and services and programs available for my son.” Participant 5 raised the issue of late diagnosis:

> One of the challenges that I have experience was the late diagnosis. The past four years or longer all the signs and behaviors of this disorder were ignored. Everybody would tell me he is okay but no one person said, he might have a disability or diagnosis with autism.

Overall, these participants experienced a variety of barriers that hindered their ability to help their child sufficiently. The main barrier was the lack of information provided to parents on autism after their child been diagnosed. Fathers knew little to nothing about the disability and how to care for their child with autism. Another barrier was accessing resources to raise a child with ASD. The participants did not know how to access resources and most of them relied on their child school counselor for guidance. Credit and Income based programs and services were another barrier. Majority of the participants are low-income families and their child attend public school. The socioeconomic factor plays a significant role in securing resources, and many families lack the information needed to seek specific programs and services for children with disabilities, specifically autism.

Summary

In summary, I present the analysis of the interviews with AA gay fathers living in the U.S. as the primary caregivers of an autistic child uncovered four themes that addressed the research questions: Research Question (RQ1): What is the experience of accessing resources among AA gay fathers living in the U.S. as the primary caregivers of an autistic child? Research Question (RQ2): What are the barriers to accessing resources among AA gay fathers raising a child with ASD?

There were two themes that addressed the first research question. Participants described their experience with accessing different resources for their child and themselves. They noted the needs they had as parents of a child with ASD and how they received support for those needs from parent groups and family. They also conveyed the hopes that they had for potential supports that could be offered to them as fathers. Additionally, participants reported on the services and supports that were already available to their children. They also shared the unmet needs their children currently have and that could be addressed with additional supports and services.

There were also two themes that addressed the second research question. Participants identified the impact that raising a child with ASD had on their social and professional lives, which could present a barrier to their parental role. Additionally, participants specifically identified barriers they experience when attempting to access different services. A few participants were unaware of services that were available to them.

In Chapter 5, I present the implications of these findings and describes how these findings align or differ with the existing literature. In addition, recommendations for future research, and limitations are noted.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

In this generic qualitative inquiry, I explored AA gay fathers’ experiences of accessing resources as the primary caregivers of children with ASD. I addressed the gap in understanding the experiences of AA gay fathers raising a child with autism. I investigated a unique population of primary caregivers, so the study findings can contribute to an understanding of single fathers, parenting, accessing resources, and raising a child with ASD. The results of this study would provide a better understanding and interpretation of the resources needed and barriers to access facing AA gay fathers raising a child with autism.

The research question guiding this study: What is the experience of accessing resources among AA gay fathers living in the United States as the primary caregivers of an autistic child? There were two themes that emerged related to the first research question: All the participants in this study detailed the needs they had as parents of a child with ASD, their experiences with using different resources for their child, and identified services and supports, including parent groups and family that they found useful for themselves. They also shared the hopes that they had for potential supports that would be offered to fathers. Additionally, participants indicated which services and supports were available to their children. They also identified the current unmet needs their children that could be addressed with additional supports and services.

There were also two themes that emerged regarding the second research question: What are the barriers to accessing resources among AA gay fathers raising a child with ASD? Participants reported how raising a child with ASD had impacted their social and professional lives, which could present a barrier to their parental role. Additionally, participants specifically identified barriers they experience when attempting to access different services. A few participants were unaware of services that were available to them.

Interpretation of Findings

The results of coding and thematic analysis identified barriers AA gay fathers raising a child with autism experience when attempting to access different resources. Four themes emerged from data analysis in the study: parents’ needs for support, parent exposure, personal impact, and barriers to support.

Themes 1 and 2: Parents' Needs for Support and Parent Exposure

These two themes emerged from participants describing their needs to raise a child with autism and the scarcity of information readily available to them. The first theme of parent needs for support emerged due to fathers struggling to find resources to address their children's unmet needs. Most of the fathers shared the school counselor is the main resource and support to help raising their child with autism. The second theme of parent exposure developed from fathers sharing how they knew nothing about autism and how to care for their child with ASD. Several of the fathers took the responsibly to seek out information and asked questions related to their child's academics and behavior, respectively. One participant suggested that fathers should not ignore the signs and seek professional training and counseling to better understand how to raise their child with ASD. Some fathers acknowledge in the Black culture that the experience of having a child with a disability can be overlooked due stigma, vulnerability, lack of awareness, and limitations of resources.

One important finding related to these themes was the participants' lack of awareness of resources available for single fathers of children with ASD. Previous research has highlighted parents' challenges with accessing resources (Sigan et al., 2016). Parents with ASD experience challenges in this process as they deal with limitations in resources, poor guidance from professionals, stigma for families, reduced awareness of ASD, and protracted diagnostic processes (Reddy et al., 2019).

The existing literature revealed how Black cultural values can impact the experience of raising a child with ASD (Burrell et al., 2017; DePape & Lindsay, 2015).

Black parents often encounter other Black people within their social network who dismiss their children’s symptom presentation due to a lack of awareness about the deficits associated with ASD (Bethel McKenzie, 2016; Burns-Darden, 2019). Burns-Darden (2019) also stated that parents are forced to educate themselves regarding their children’s condition on their own with little help from outside agencies. In addition, Black cultural values can facilitate stigmatizing actions and attitudes toward Black families that seek therapy (Hannon et al., 2017). The findings of the current study and the existing literature indicate the dire need to promote services, particularly to AA fathers.

Theme 3: Personal Impact

This theme referred to how raising a child with ASD impacted the participants’ social and professional life. Most of the fathers experienced a change in their lifestyles from the time they learned about their child’s diagnosis with autism. Several participants described how they took off work more frequently to care for their child. One father barely socialized with friends and family, saying that his social life is raising his child.

Participants in this study noted some challenges and changes that occurred in their social and work lives because their child has ASD. This finding aligns with those of previous literature that demonstrated that having offspring with ASD can result in drastic changes in family dynamics, such as forcing families to reevaluate their goals, plans, and relationships considering the limitations that are associated with their children’s disabilities. Based on the family systems theory, when a child with special needs is born, the relationships of parents, spouses, and siblings experience unusually high stress periods (Girli, 2018). Girli (2018) stated that when a child is diagnosed with autism, families are made to continually accomplish many new tasks, such as understanding diagnostic information, accessing help from specialists, and finding the means to finance these processes. Families must deal with repercussions on their daily lives as they strive to manage and raise their children by altering their routines and dealing with stigma from the public (Reddy et al., 2019). Family members must also cater to the children's ritualistic needs, make vocational changes to accommodate the children, and deal with the potential social isolation of the family (Kocabıyık & Fazlıoğlu, 2018; Reddy et al., 2019). These challenges can lead to complicated emotions, such as shock, anger, denial, regret, and sadness (Girli, 2018). I found in this study that changes can occur with an understudied population of gay, single fathers. The findings in this study add to the existing literature by providing evidence of the influence having a child with ASD can have on fathers in this group.

Theme 4: Barriers to Support

The fourth theme referred to how participants described the specific barriers they faced in their role of fathers. Most of the participants did not know how to access resources, so they relied on the school counselor for help to raise their child with ASD. Some participants sought out parenting groups and organizations for support and learned that most of these groups and organizations focused on single mothers and two-parent households as primary caregivers. Several participants commented on the difference in availability of resources for two-parent households or mothers compared to fathers of children with ASD, noting a lack of resources for themselves. Fatherhood is vital to raising a child with or without a disability, and fathers need to have the same access to resources as mothers.

The existing literature on parenting children with ASD been reported that parents have higher levels of parenting stress compared to parents of typically developing children (Alareeki et al., 2019; Burrell et al., 2017). There has been more extensive research conducted on the parental dyad for a child with ASD (Ahmad & Dardas, 2015; Alareeki et al., 2019; Burrell et al., 2017; Ning et al., 2019); however, there has been limited research on fathers of children with ASD (Burrell et al., 2017). Most studies have focused on the mother as the primary caregiver, and limited research has been directed towards fathers as the primary caregiver (Ahmad & Dardas, 2015).

This study adds to this dearth of literature by conveying the stresses and challenges that single fathers face in their role, which is fundamental to supporting their psychological health (see Ahmad & Dardas, 2015). These findings are important because they can assist in the improvement of existing health policies and services that are available to fathers of children with ASD (see Ahmad & Dardas, 2015). The current study also contributes to the existing literature by eliciting the opinions of gay fathers of children with ASD. Most studies on fatherhood have been situated in a heteronormative context (Alareeki et al., 2019; Carone et al., 2020).

Theoretical Framework

I used Bowen's (1978) family system theory in this study. The findings contribute to the existing literature, there were several ways in which the findings of this study aligned with the theoretical framework for this study. Bowen is one of the original developers of the family system theory (Kerr & Brown, 1988). The foundation of Bowen’s theory was to understand human behavior and the lived experiences of raising a child (Titelman, 2014). There are eight interlocking systems included in Bowen’s family system theory: family projection process, triangles, differentiation of self, sibling position, multigenerational transmission process, nuclear family emotional process, societal emotional process, and emotional cutoffs (Gilbert, 2006).

Bowen family system theory was relevant to this study because it contains a description of the challenges of caregivers raising a child as one unit and can be used to interpret the experiences of family members that influence the behavior of others (Haefners, 2014). The family systems approach to psychological research places importance on each family member’s subjective understanding of their reality (Dykshoorn & Cormier, 2019). Family systems models of psychological research and counseling are consistent with the importance that caregivers play in the life, well-being, and development of children.

In the context of ASD parenting, despite the relative inward focus of children with ASD, it can be assumed that the systemic context within which children with ASD are being raised would also have a profound influence on their overall development (Dykshoorn & Cormier, 2019). A family member with ASD could lead to bidirectional and pervasive influences on the entire family system, which suggests the need for further family-focused ASD research (Cridland, 2013). Children diagnosed with any disability can affect the entire family, including possible marital issues between the parents or feelings of resentment among their siblings (Burns-Darden, 2019; Papero, 2014). Parents of children with ASD experience unique stressors as they cope with managing the symptoms of ASD (Sullivan, 2017). The entire family dynamic can be affected because of having a child diagnosed with ASD, and for professionals to cater to the needs of the children, they must also understand the need of the families (Burns-Darden, 2019).

The findings in this study demonstrated the importance of understanding the needs of the family, and the family systems theory specifically highlight the implications of understanding the needs of the family on the outcomes of the child with ASD. All the participants in this study identified several needs they had to be successful parents of a child with ASD, including support systems and services to help with their child’s unmet needs. These parental needs must be addressed to increase the likelihood of a child’s success.

Limitations of Study

I identified a several limitations in this study that could potentially impacted my interpretation of the findings. In this study, I explored the experiences of AA, gay fathers related to accessing resources to raise children with ASD. The first limitation of the study was related to the ethnicity of the participants, which prevented the study from being generalized to fathers of different ethnicities. With all the participants sharing the same characteristic sample of being AA, the transferability of the study was limited, and the findings may not be a representation of all fathers raising a child with autism. For example, the findings may not be transferred to Asian, Chinese, Hispanic, Native American, or White (non-Hispanic) fathers raising a child with autism.

The second limitation was associated with the primary caregivers in the study identifying as homosexual or gay; therefore, the results of this study may not be generalizable to other sexual orientations. A larger and more diverse demographic of the sample could have provided additional lived experiences and themes that did not emerge from this sample. The results of this study only describe this population of fathers and did not include heterosexual fathers.

The third limitation was related to COVID-19 pandemic guideline restrictions. There were some COVID-19 pandemic restrictions in place that limited my ability to conduct face-to-face interviews, and these restrictions could have affected the data collection. I was not able to observe participants' body language or facial expressions during the interviews, and observable data may have been lost. Attempting to address this limitation, I used the participant's tone of voice to interpret their emotions and experience to improve trustworthiness.

The final limitation was that this study focused only on participants living in the United States; therefore, the results of this study may not be readily generalizable to global contexts. The sample was geographically limited to North American fathers. The study excluded AA, gay fathers living in Europe, South America, Asia and Africa raising a child with autism.

Recommendations

Recommendations about future research need to be conducted to extend the findings of this study. One of the main findings from this study was that parents had a limited awareness of the services that their children could use in a school setting. My first recommendation for future research would be to conduct a larger quantitative study among parents of children with ASD. Some concepts that arose from the current study could be operationalized into a quantitative approach to better understand factors that contribute to awareness and utilization of support resources. In addition, this type of study design would enable secondary analyzes, such as the stratification of findings based on time from a child’s diagnosis. This type of analysis could allow researchers to determine at what time in their child’s disease course (i.e., time from diagnosis) parents are typically learning about and accessing resources that are beneficial for their child.

I recommend for future research to conduct a study among single, gay mothers of children with ASD. One finding that developed from these interviews was that fathers felt many services were tailored or targeted to mothers. A qualitative investigation of this same research question in a population of single mothers would help understand this issue from the perspective of the mothers.

I recommend this study be conducted globally. One limitation of this study was that it only included individuals based in the United States. This limitation could be addressed by investigating this topic among a global population. Use of the same study design would allow the researcher to evaluate differences that may be attributed to geographic or cultural differences.

I recommendation for future research among a focus group of single, gay, AA fathers. This study relied on one-on-one interviews with fathers, which enabled me to get a deeper understanding of the individual perspectives of these fathers. A focus group discussion may provide more in-depth information from the participants interacting with each other and sharing their experiences.

Implications

The information obtained in this research study can provide positive social change in several ways. Scholarly research on AA fathers as primary caregivers is scarce, and this is the first study to report on AA, gay fathers' challenges raising a child with ASD. I addressed the gap in understanding the experiences of AA, gay fathers raising a child with ASD. Burrell et al. (2017) stated fathers' lived experiences raising an offspring with autism as the primary caregiver is underrepresented.

At the family level, this study revealed the need to have more representation of families with single fathers in health care models. One of the major barriers that fathers in the current study faced was that they felt many services were catered toward mothers. Rudelli et al. (2021) stated fathers play a vital role in the social and emotional development of children with ASD. The results of this study have the potential to contribute to positive social change by being used to develop new policies, procedures, and legislation as well as refining how resources are accessed for AA, gay fathers raising a child with autism.

Another major finding was that some participants did not have access to resources and services they could utilize within a school setting for their child with ASD. Previous research has demonstrated the disparity in diagnosis and resource allocation for Black families with a member with ASD. Burns-Darden (2019) stated that AA were 2.6 times less likely to receive an autism diagnosis during their first doctor's visit. These findings suggest that ethnicity may have an influence on how parents describe their children's symptoms and how clinicians interpret the symptom presentations of autism. It is common for children to be diagnosed months or even years after the onset of symptoms, and some cases can even go undiagnosed into their school age (Pearson & Meadan, 2018). Black children are also more prone to be misdiagnosed with other forms of psychiatric disorders. The clinical presentation of those children who are diagnosed with ASD is more severe than that of White children, which suggests that there may be Black children with less impairing symptoms who are missed altogether (Jones & Mandell, 2020). Previous research has similarly revealed that many Black caregivers report experiencing racist assumptions about their family income or structure and being questioned by their providers about their knowledge of autism (Jones & Mandell, 2020). Access to services for Black individuals has also been described as limited and costly (Burns-Darden, 2019; Pearson & Meadan, 2018). This finding shows the need to allocate more resources and funding to support Black families of children with ASD and increase screening for ASD among this population.

At the policy level, this study contributes evidence to the literature regarding single, gay, AA fathers' experiences with raising a child with ASD. I identified the need for further studies on the area of parenting outcomes within same-sex households or parenting by homosexual parents to inform the practices of clinicians, legislators, and public policy analysts to support the well-being of homosexual parents and their children (Bos et al., 2016; Carone et al., 2020). Carone et al. (2020) stated the need for further studies on the quality of life and social development of such single fathers and their children to inform public dialogue and develop regulations and policies for single parenthood. This study contributes evidence to support this public dialogue and inspire future research studies that can inform the development and refinement of policies for single parenthood.

Conclusion

In conclusion, I revealed barriers that contributed to AA, gay fathers' access to resources to help raise their child with ASD. I filled the gap in the existing literature regarding the experiences of AA, gay fathers accessing resources to raise a child with autism. Previous research on the experience of parenting children with autism focused on the experiences of mothers, with much of the research about fathering centered around the experiences of White fathers, mostly heterosexual, with some attention to the experiences of gay, White fathers (Schoppe-Sullivan & Fagan, 2020). AA fathers are still underrepresented as primary caregivers, and I did not find any literature on AA, gay fathers. Autism research focused on fatherhood in the Black community continues to be limited (Jones & Mandell, 2020).

The findings in this study suggest that efforts should be made to expand services to target fathers of children with ASD. The findings in this research study emerged from semistructured interviews with 10 AA, gay fathers raising a child with autism living in the United States. Filling this gap in the literature advances the existing knowledge of what barriers these fathers face and offers several opportunities for reducing those barriers. Given the qualitative nature of the study, I recommend that a larger, quantitative research study be conducted based on the current findings to expand the generalizability of the current study and develop a further understanding of the reasons for limited access to services.

The findings in this study addressed barriers to services for AA, gay fathers of children with ASD; motivates future researchers; and has implications at the individual, family, and policy levels. Literature on gay fathering is still limited, and research on gay fathering of children with a form of disability is even more so. There is increasing attention being given to the diversity of fathering because of the growth in the number of gay men raising children (Reczek, 2020; Schoppe-Sullivan & Fagan, 2020). Exclusively, the fathers want to provide the best care for their child and advocate for better access to resources.

I filled the gap in this literature related to the experiences of AA, gay fathers raising a child with autism as well as the resources available to and barriers to accessing those resources that AA, gay fathers' experience raising a child with autism. I found no current studies that explored the experiences of Black, gay fathers of children with ASD. There is a growing number of studies on diverse family configurations, such as same-sex couple parenting and single gay fathering as well as the effects of such configurations on the development of the children, I was unable to find any empirical studies on gay fathers raising children with ASD or developmental disorders of a similar nature. Including participants from diverse ethnic backgrounds, ages, employment statuses, and educational achievement levels is important when researching the experiences of fathers of children with ASD because variations in these demographic variables may result in differences in experiences (Burrell et al. 2017). Further studies on the area of parenting outcomes within same-sex households or parenting by homosexual parents are important for clinicians, legislators, and public policy analysts to support the well-being of homosexual parents and their children. Positive social change can emerge from the findings in this study through improving the quality of life and social development of single fathers, homosexual parents, and their children to inform public dialogue and develop regulations

and policies for parenthood.

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Appendix A: Recruitment Flyer

Volunteer participants needed for research study regarding…

THE EXPERIENCE OF AFRICAN AMERICAN GAY FATHERS RAISING A CHILD WITH AUTISM.

The potential information discovered may help raise awareness and increase resource support in the African American (AA) and Lesbian Gay Bisexual and Transgender (LGBT) communities. **AUTISM**

To participate, you must meet these requirements:

- Must be a single father
- Be an African American (AA) Male

- Be at least 18 years of age or older
- Identify as Homosexual or Gay
- Raising a child diagnosed with autism spectrum disorder (ASD)
- Live in the United States (U.S.)

Your participation is completely voluntary and confidential!

Each participant received a $25 Visa gift card

Appendix B: Research Guidelines

The researcher ensured all participants were informed of the research study process:

- Interviewees must reply via email to the consent form “I Consent” to participate in the study.
- This research study is voluntary, and Interviewees can withdraw from the research study at any time.
- The researcher debriefed participants before and after the interview sessions to minimize any risks that may or may not occur.
- The researcher schedule one-on-one interviews with participants, and they did not last no longer than 60 minutes.
- Interview questions were provided to participants in advance.
- Interviews were audio-recorded and transcribe, and each transcription was assigned a pseudonym to protect the participants’ privacy.
- The researcher conducted a follow-up debriefing with participants after the interview session, to omit any information they do not want to be include in the study. The follow-up interview did not last longer than 30 minutes.
- All data collected would be safety stored in a secure location for 5 years and then destroyed.

Appendix C: Interview Guide

DESCRIBE YOUR CHILD WITH AUTISM SPECTRUM DISORDER (ASD)

- Is your child verbal or nonverbal?

-

- What grade is your child in today?
  Describe your child academic setting (Public, Private, or Home School)?
- Describe your child fine motor skills (High Function, Need Assistance, Hand-over-Hand, Need Toiletries, Dependent, or a combination of skill sets)?
- Describe how you learned that your child was diagnosed with autism.
- Tell me about the type of autism your child was diagnosed with?

WHAT BARRIERS AND/OR CHALLENGES HAVE YOU EXPERIENCED ACCESSING RESOURCES AS THE PRIMARY CAREGIVER OF A CHILD WITH AUTISM SPECTRUM DISORDER (ASD)

- Describe the services and supports that are available to you?
- What challenges have you faced in accessing resource services?
- What challenges have you faced in using service providers?
- What are your thoughts on social support services and community groups?
- Describe the needs your child has that remains unmet?
- What programs, services and supports been helpful and why?

TELL ME ABOUT YOUR EXPERIENCE AS A SINGLE FATHER / PRIMARY CAREGIVER OF A CHILD WITH AUTISM SPECTRUM DISORDER (ASD)

- What is it like providing care for a child diagnosed with autism?
- How has the diagnosis affected your role as a father?
- What are the challenges you face in raising your child?

-
- How does raising a child with autism impact your daily life (financially, professionally, personally, and socially)?

  Describe how you managed your child's medical and health care needs?
- What are your short-term and long-term goals for your child with autism?
- Describe the supports you need as the primary caregiver?
- Describe the type of advice you would provide to another father raising a child with autism?