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Fathers' Lived Experiences After Their Children Experienced Child Sexual Abuse

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This is to certify that the doctoral dissertation by

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Walden University
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Abstract

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by

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M. Phil, Walden University, 2023

MA, Walden University, 2017

BS, State University of New York College at Oneonta, 2007

AAS, Berkeley College, 2004

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Child sexual abuse (CSA) is a global health crisis with deleterious consequences that violates children's safety worldwide. Exact rates of CSA prevalence vary, as most cases of CSA are not disclosed. Survivors delayed or nondisclosure impedes early interventions to alleviate documented adverse effects of CSA. CSA survivors have an increased risk of suicidal ideation. This phenomenological study involved examining the lived experiences of adult fathers after their children experienced CSA. Finkelhor and Browne's traumagenic dynamics framework guided this study. Traumagenic dynamics influence children's cognitive and emotional functioning and distort their self-esteem, identity, worldview, and affective capacities. Stigmatization has been associated with suicidal ideation. The research question for the study was: What are the lived experiences of fathers after their children experienced CSA? 1:1 semi-structured interviews were conducted via Zoom with four paternal caregivers residing in the United States. Braun and Clarke's thematic analysis, in vivo, and manual coding were applied during data analysis, and six themes emerged. Results revealed paternal caregivers prioritized being active, supportive, responsive, and protective in their children's lives. This research contributes to positive social change by adding to current knowledge regarding paternal caregivers' experiences and need for increased community safety. Further, increased public education, training, and funding are necessary to mitigate stigma and effects associated with CSA and improve services for survivors and their caregivers.

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Dedication

I want to dedicate this dissertation to my children, Ariana and Giovanni, my mother and father, Celia Smiley Boone and Johnny Boone. I humbly thank you for your unwavering support and encouragement. Chashem, thank you for being the catalyst for my graduate education and for your support. I could have never made this dream a reality without you, to my dear Grandmother Clara Mae Smiley Johnson. Grandma, I love you so much. The sacrifices you made for our family were not in vain. I finished what you started! Your beautiful and stylish Granddaughter carried the torch for you and my lovely mother to prepare it for Ariana! You were fierce until the end, until we meet again.

To my loving Uncle, whom I affectionately called Daddy, Ulyssees James Elcock, my brother John Johnson Sr., my Godmother, Iya Deborah Oguamah, and my beloved nephew, Jaziyah Joseph Haigbea Boone. God called you home before I could finish my degree, but I was determined to finish because of you. I consistently heard your whispers, which echoed louder to finish what I started. Thank you for your guidance and protection throughout this journey. It was not an easy journey until we meet again, my loved ones; however, your hard work ethic, tough and gentle love, determination, and perseverance were not in vain. I did it, y'all!

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Table of Contents

List of Tables v

Chapter 1: Introduction to the Study 1

Background 2

Problem Statement 4

Purpose of the Study 5

Research Question 5

Theoretical Framework 5

Nature of the Study 6

Sample Size 9

Analysis 10

Definitions 10

Assumptions 13

Scope and Delimitations 14

Limitations 15

Significance 15

Summary 16

Chapter 2: Literature Review 18

Literature Search Strategy 19

Theoretical Framework 20

Traumagenic Dynamics Model 20

Theoretical Framework Key Concepts 22

Traumatic Sexualization 22
Stigmatization 23
Betrayal 24
Powerlessness 25
Suicidal Ideation 26
Applications in Previous Research and Key Concepts 28
Other Applicable Theoretical Frameworks 38
Betrayal Trauma Theory 38
Cultural Betrayal Theory 41
CSA Prevalence and Disclosure 42
Grooming 45
Forensic Interviews 46
Historical Context 48
Cultural Attitudes 50
Fathers and Paternal Caregivers 52
Cultural Competency and Humility 55
Social Media Campaigns 57
Trauma-Informed Care 60
Summary and Conclusions 61
Chapter 3: Research Method 69
Research Design and Rationale 70
Research Question 71

Role of the Researcher....71
Methodology....73
Participant Selection....73
Sample Size....74
Sampling Strategy....75
Procedures....76
Data Analysis Plan....78
Issues of Trustworthiness....81
Credibility....81
Transferability....82
Dependability....84
Confirmability....84
Ethical Considerations....85
Summary....88
Chapter 4: Results....92
Research Study Setting....93
Demographics of Participants....95
Data Collection....96
Data Analysis....99
Reflexive Field Notes and Journaling....103
Evidence of Trustworthiness....104
Credibility....104

Transferability 105
Dependability 106
Confirmability 106
Results of the Study 108
Theme1 109
Theme 2 110
Theme 3 111
Theme 4 111
Theme 5 112
Theme 6 112
Summary 113
Chapter 5: Discussion, Conclusions, and Recommendations 116
Interpretation of the Findings 117
Interpretations of Findings Related to the Literature Review 117
Interpretation of Findings and Theoretical Framework 127
Limitations of the Study 128
Recommendations 129
Implications 131
Conclusion 134
References 137
Appendix A: Interview Guide 192

List of Tables

Table 1. Demographics of Participants 108

Table 2. Codes and Categories for Theme 1 114

Table 3. Codes and Categories for Theme 2 114

Table 4. Codes and Categories for Theme 3 115

Table 5. Codes and Categories for Theme 4 115

Table 6. Codes and Categories for Theme 5 115

Table 7. Codes and Categories for Theme 6 116

Chapter 1: Introduction to the Study

Societal environments affect parenting behaviors that lead to producing healthy and thriving children (Walker, 2020). Caregivers include relatives and non-relatives who are providing care for children. They are responsible for providing compassion, love, safety, adequate nutrition, and appropriate discipline to children as it creates healthy attachment and alleviates adversity (Walker, 2020). Fathers include biological fathers and father figures acting in parenting capacities (Rancher et al., 2022). The terms caregiver and father are used interchangeably throughout the study.

Nurturing care contributes to responsive environments for children (Black et al., 2021). However, many children are exposed to childhood maltreatment which includes sexual, physical, and emotional abuse, which are highly correlated with self-injurious behaviors and suicidal behaviors. Childhood maltreatment poses risks for the development of mental health problems and decreased impulse control (Angelakis et al., 2020). Ramaswamy and Seshadri (2020) found child sexual abuse (CSA) is associated with the onset of psychiatric disorders.

Parent-child relationships impact and affect children's overall development and functioning. Recognizing and integrating fathers is crucial. Fathers who provide discipline, supervision, support, and security provide a buffer against negative experiences for their children (Doyle et al., 2015, Frank, 2019; Lee et al., 2022; Parent-Boursier & Hébert 2015; Rancher et al., 2022). Fathers who are active, present, and involved in their children's lives are more committed to wellbeing and functioning, reaffirming the importance of their parental roles and identity (Coley, 2001; Rancher et

al., 2022). Despite inaccurate stereotypes, African American fathers are more present and active in their children's lives versus fathers when compared to other ethnicities and racial backgrounds (Walsh et al., 2024a).

CSA is detrimental to the wellbeing and development of children and has been linked with posttraumatic stress disorder (PTSD; Frank, 2019; Theimer & Hansen, 2020; & Lippard & Nemeroff, 2020). PTSD includes psychological symptoms that are associated with experiencing traumatic and terrorizing events (Gallo et al., 2019). CSA affects victims and their immediate families. Disclosure of CSA increases distress for victims and caregivers; however, engagement in services with collaborative and supportive caregivers has proven to reduce PTSD symptoms and improve parental relationships with children (Cinamon et al., 2021; Fong et al., 2017). Supportive responses to disclosure of abuse are instrumental in terms of children receiving appropriate treatment (Elliott et al., 2022; Frank, 2019). St-Amand et al. (2022) found victims of CSA who had supportive caregivers had reduced PTSD symptoms and improved self-esteem and functioning. Caregiver history with social agencies and history of CSA is important as it could impede their willingness to engage in collaborative services (Cinamon et al., 2021).

Background

CSA is prevalent and a global health crisis that affects one in five women and one in thirteen men (World Health Organization [WHO], 2020). Twelve percent of children worldwide are survivors of CSA (Fix et al., 2021). Despite the seriousness of CSA, survivors fail to disclose abuse or delay disclosures due to varying issues such as guilt,

shame, and cultural norms (Frank, 2019; Guggisberg et al., 2021). Although CSA affects children globally, it is challenging to calculate the exact number of CSA cases, as most cases are not reported to local authorities, and some CSA survivors do not ever disclose abuse (Easton, 2019; Fix et al., 2023; Martin & Silverstone, 2013).

Survivors' nondisclosure and delayed disclosure of CSA impede early interventions to mitigate documented negative effects of CSA (Alaggia et al., 2017; Gewehr et al., 2021). Disclosures regarding incidents of CSA are necessary for survivors to begin their healing journeys and could be the catalyst for forensic proceedings involving local authorities such as police, child protection services, and medical and mental health providers (Easton, 2019; McGuire & London, 2020). Survivors of CSA are more likely to disclose abuse to trusted individuals, and disclosure is considered a process as opposed to a singular occurrence (Landberg et al., 2022; Manay & Collin-Vezina, 2021). Disclosures of CSA to trusted individuals, such as close friends or family members, are considered formal, as are disclosures to police officers, school officials, and medical and mental health providers (Latiff et al., 2024). Disclosures to trusted individuals should be met with supportive, protective, and caring responses, as they help survivors begin the healing process and alleviate guilt, shame, and stigma associated with CSA (Manay & Collin-Vezina, 2021).

There is a significant association between poverty and facing adversity among CSA survivors (Ramaswamy & Seshadri, 2020). Collin-Vézina et al. (2021) found survivors of CSA experience prolonged and extensive negative consequences that affect

their social functioning, mental health, and physical health into adulthood. CSA is detrimental to the psychological functioning of victims (Troya et al., 2021).

Duration of CSA and age of victims are associated with increased risk for mood disorders, PTSD, and anxiety disorders (Lippard & Nemeroff, 2020). Schönfelder et al. (2020) stated survivors of CSA have higher risks of engaging in self-harming behaviors and suicide attempts. They are more likely to have a history of suicidal ideations. Troya et al. (2021) found CSA is associated with guilt, self-harming behaviors, shame, and limited coping skills (Troya et al., 2021).

Problem Statement

Thakkar et al. (2000) found women who experienced CSA had higher rates of suicidal ideations as well as greater risks of suicide attempts. Onset of abuse in childhood versus sexual assault as adults is attributed to increased emotional dysregulation and suicidal behaviors (Thakkar et al., 2000). Brown et al. (2018) posited emotional dysregulation is correlated with CSA and suicidal ideation. Childhood adversity, specifically CSA exposure, has been linked with increased suicidal ideation and behaviors in children and adults (Angelakis et al., 2020). There is a lack of substantial data regarding fathers' experiences with CSA.

Despite substantial contributions to parenting their children, fathers are often not acknowledged and excluded from research. Further, African American and low-income fathers experience systematic oppression and discrimination involving systems of care (Jayet, 2023; Lee et al., 2022; Walsh et al., 2024a). Additionally, Black, Indigenous, and people of color (BIPOC) are underrepresented as participants in studies regarding CSA,

which contributes to lack of culturally competent services, interventions, and stigma within these communities (Davies & Bennett, 2021).

I found no research regarding lived experiences of adult fathers after their children experienced CSA. Given such, further research is warranted that could examine this topic to address the documented problem involving CSA survivors and suicidal ideation.

Purpose of the Study

The purpose of this qualitative phenomenological design study is to examine lived experiences of adult fathers after their children experience CSA to address the documented problem that CSA survivors have higher risks of suicidal ideation.

Research Question

What are lived experiences of fathers after their children experienced CSA?

Theoretical Framework

The theoretical framework for this study was Finkelhor and Browne's traumagenic dynamics model. According to Finkelhor and Browne (1985), traumatic sexualization, betrayal, powerlessness, and stigmatization alter children's cognitive and emotional functioning while distorting their self-esteem, identity, worldview, and affective capacities. Traumagenic refers to dynamics pertaining to long-term negative effects of traumatic experiences, which includes developing mental health disorders (Feiring et al., 1996; Finkelhor & Browne, 1985). According to Cantón-Cortés et al. (2012), stigmatization refers to negative implications involving abuse, such as guilt and shame, which are communicated to children and internalized. Stigmatization can result in

isolation, guilt, shame, self-injurious, and suicidal behaviors (Finkelhor & Browne, 1985). It can cause suicidal thoughts and behaviors and lead to other stigmatizing behaviors that cause isolation and hinder children's access to services. Betrayal refers to children's perceptions of trusted adults, which causes them harm and could lead to being angry and depressed. Powerlessness refers to children identifying as victims due to repeated disregard for their bodies and desires, which could result in poor coping skills and anxiety. Traumatic sexualization refers to children's perceptions of sexual behaviors and feelings that are dysfunctional due to sexual abuse which could cause promiscuous sexual behaviors (Cantón-Cortés et al., 2012).

According to Finkelhor and Browne (1985), survivors of CSA experience these four dynamics, which can be used to provide guidance for assessments and trauma symptoms which children may endorse. Further, subsequent research and application of traumagenic dynamics can be used to offer guidance for trauma symptoms involving survivors of CSA, thus providing opportunities to further examine experiences, guide clinical interventions, and improve assessments (Franchino-Olsen, 2019).

For this study, the research question, interview questions, and interpretation of the study were grounded in this framework, specifically the stigmatization dynamic.

Nature of the Study

The purpose of this qualitative phenomenological design study was to examine lived experiences of adult fathers after their children experienced CSA to address the documented problem that CSA survivors have higher risks of suicidal ideation. A qualitative method was appropriate for the study to gain a better understanding of

individual experiences impacted by the phenomena in a natural setting. Further, this method was appropriate as data were narrative as opposed to numerical. The phenomenological design method was appropriate for my study because the purpose of the study is to gain in-depth information regarding individual lived experiences of participants regarding the phenomenon.

The data collection method for this study was semi-structured 1:1 interviews with adult fathers of CSA survivors. Semi-structured interviews consisted of prepared and follow-up questions for participants. Interviews were conducted virtually via Zoom, which was HIPAA-compliant. Participants were recruited by advertising a recruitment flyer online and sharing it with professional colleagues and organizations.

I informed participants about the purpose and structure of interviews. Informed consent forms were provided via email and in person. I requested written consent to record interviews. Participants were informed about voluntary participation procedures. I addressed their right to confidentiality and anonymous data reporting. Participants were given opportunities to ask questions throughout the interview process and informed of their rights to refuse to answer questions. They signed informed consent forms. I ensured participants were comfortable via nonjudgemental, voluntary, and confidential virtual settings.

Participants were required to provide consent for virtual interviews . Virtual interviews were recorded via Zoom. Interview transcripts were created which were used for data analysis. Participants were also informed that I took field notes which included

observations, researcher interpretations, and member checks throughout the interview process. Participants were informed about confidentiality and data storage procedures including interview recordings. Field notes, memos, and journals were transcribed, summarized, and coded. Themes were developed from data. Reflexive transparency is important in terms of researchers' subjectivity, assumptions, and worldview. Transparency throughout the research process is necessary to ensure trustworthiness, which involves credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985; Stahl & King, 2020). I was the primary data collection instrument and demonstrated transparency and reflexivity.

All participants were adult fathers of CSA survivors who were under 18 who resided within the United States and were not actively engaged in criminal proceedings associated with the CSA experience. Potential participants were directed to view and complete informed consent forms via Google Forms if they met eligibility criteria. I contacted participants to schedule virtual interviews and allowed them to ask questions and discuss concerns. Purposive and snowball sampling were used to recruit participants. This was beneficial in terms of ensuring eligibility criteria of participants and useful for collecting data on lived experiences of adults regarding the phenomenon.

I excluded fathers who were under 18 and adult fathers who are not primary caregivers of CSA survivors. I also did not include mothers, offending fathers, adult sexual abuse survivors, and CSA survivors who were currently engaged in criminal proceedings related to abuse. Adult fathers of CSA survivors who experienced and

disclosed the abuse less than 1 year ago were also excluded. Adult fathers residing outside of the United States were also excluded. Potential participants were identified by community organizations that provided mental health services to CSA survivors, such as local child advocacy centers (CACs). After Institutional Review Board (IRB) approval, I posted recruitment flyers on social media platforms such as Instagram, Facebook, TikTok, LinkedIn, and X. Participants were also able to refer potential participants. As a novice researcher, I used social media to advertise the study and elicit potential participants, as there were challenges involved with recruiting from local CACs and organizations due to the sensitive nature of the study. The recruitment flyer was also advertised on Walden University's participant pool website to ensure visibility. Online advertisements increase visibility of studies and number of potential participants (Carter et al., 2021). Once potential study participants were identified by responding to the recruitment flyer, they were directed to Google Forms to complete informed consent forms. Follow-up phone calls were conducted to provide an opportunity for questions and schedule interviews with potential participants.

Sample Size

According to Busetto et al. (2020), there is no required sample size when conducting qualitative research, and sample size is determined based on eligible number of participants. A small sample size of five to eight participants was appropriate for this study. Qualitative research is an iterative process. Data were collected and analyzed until no further significant data emerged. Data saturation was reached when data became repetitive. Data triangulation in qualitative research adds to validity of data.

Analysis

Data were analyzed using thematic analysis. According to Castleberry and Nolen (2018), thematic analysis involves summarizing data that are collected, coded, categorized, and contextualized. Compiling refers to transcribing data for in-depth meaning. Disassembling refers to dissecting data into groups through coding. Reassembling refers to reconstructing data into corresponding themes. Interpreting refers to analysis of data throughout the research process as well as analysis of data and themes. Themes emerged from coded and categorized data. I reached data saturation once no further useful information was obtained.

Definitions

Attentional biases: Types of biases which lead to diminished capacity to assess threats resulting in possible multiple traumas and revictimization (Reichert et al., 2015).*Betrayal:* Internalized perception that a trusted individual has caused harm. Survivors of CSA experience betrayal when trusted adults cause them harm, and they become distrustful, angry, and depressed (Guyon et al., 2019).

Betrayal blindness: Intentional conscious and subconscious efforts to invalidate and suppress negative feelings associated with traumatic experiences. Betrayal blindness can be a coping skill as survivors attempt to maintain essential relationships with perpetrators due to basic needs. Betrayal blindness can also be an avoidance coping skill (Delker & Freyd, 2017)

Caregiver: Adults who are responsible for basic needs and wellbeing of children regardless of biological relationship. Caregivers include relatives such as aunts, uncles, cousins, siblings, grandparents, and parents (Leeb et al., 2008; Rancher et al., 2022).

Caring masculinities: Types of masculinity in which men provide caregiving responsibilities and exhibit feminine and compassionate values. Male caregivers also exhibit affection, gentle parenting, positive reinforcement, and guidance towards children (Beglaubter, 2021). *Cultural Betrayal Trauma:* Interpersonal trauma committed by members within same cultural groups. Violation of intracultural trauma is considered cultural betrayal trauma (Gómez & Gobin, 2019).

Cultural competence: Ability of individuals to understand intentional, respectful, and culturally sensitive approaches to service delivery for culturally diverse populations (Osborn & Karandikar, 2022).

Cultural Humility: Approach which requires practitioners consistently assess their prejudices, personal values, and implicit biases (Stubbe, 2020).

Disclosure: Process of informing trusted individuals about abuse. Disclosures are often made to peers first and followed by adults (Landberg et al., 2022). This is considered a type of informal disclosure because it was not given to law enforcement or authorized individuals (Landberg et al., 2023).

Father: Male figure who acts in a parenting capacity regardless of biological or legal responsibilities, including stepfathers, grandfathers, siblings, and family friends (Brown, 2008; Coley, 2001; Rancher et al., 2022).

Intracultural Trust: Sense of belonging and loyalty to collective cultural groups.

Intrafamilial Violence: Acts of violence perpetrated by members of the same family in terms of blood, marriage, adoption, or close familial connections (Myrie & Schwab, 2022).

Maltreatment: Maltreatment occurs when caregivers of children who are under 18 fail to meet their basic needs and do not protect them from abuse, which results in harm (WHO, 2022).

Nonoffending Caregiver: Adults who are responsible for care and protection of children with CSA. Non-offending caregivers do not need to be biologically related to children (Cyr et al., 2014; Latiff et al., 2024).

Posttraumatic Stress Disorder (PTSD): Type of disorder involving psychological symptoms associated with experiencing traumatic and terrorizing events (U.S. Department of Health and Human Services, 2022). PTSD symptomology includes reoccurring flashbacks of traumatic experiences, hypervigilance, avoidance, and nightmares (Schönfelder et al., 2020).

Sexual assault: Nonconsensual and forced sexual acts that includes vaginal, anal, and oral penetration (Walsh et al., 2024b).

Sexual Trauma: Nonconsensual sexual or physical contact that results in maladaptive and dysfunctional sexual, emotional, and physical functioning (Mark et al., 2023). Sexual trauma sequelae include stigmatization, anger, and depression (Schönfelder et al., 2020).

Societal trauma: Systematic and structural oppression and discrimination of marginalized groups (Gómez, 2023; Gómez et al., 2018).

Stigmatization: Internalized feelings of guilt and shame that are communicated to individuals after experiencing traumatic incidents such as CSA. Stigmatization can cause suicidal thoughts and behaviors that can lead to other stigmatizing behaviors that worsen isolation and hinder individual processes of healing and accessing appropriate services (Cantón-Cortés et al., 2012).

Traumagenic dynamics: Dynamics which alter cognitive functioning and worldview of survivors after experiencing sexual trauma. These include long-term negative effects of traumatic sexual experiences and developing mental health disorders (Finkelhor & Browne, 1985).

Trauma-informed care: Type of care which involves service delivery and clinical interventions that promote emotional regulation. Principles of safety, trust, transparency, peer support, collaboration, and empowerment guide trauma-informed care. Trauma-informed practitioners avoid retraumatizing survivors and encourage engaging, collaborative, and client-centered working relationships (Edelman, 2022; Levenson, 2020).

Assumptions

I assumed participants' children experienced deleterious consequences of CSA. I also assumed participants experienced symptoms associated with CSA disclosure. I assumed history of CSA affected participants' responses to disclosure and severity of symptoms.

Scope and Delimitations

This qualitative phenomenological study involved examining lived experiences of adult fathers after their children experience CSA to address the documented problem that CSA survivors have higher risk of suicidal ideation. All participants were adult fathers who were 18 and older and primary caregivers of CSA survivors. CSA survivors experienced CSA before their 18th birthdays. Potential study participants self-identified through recruitment flyers recommended by community organizations and professionals that provide mental health services to CSA survivors such as local CACs. Participants were not actively engaged in criminal proceedings associated with CSA experiences and required to reside within the United States. The study sample was not delimited to a specific region, state, city, or county due to the sensitive nature of the topic and possible recruitment challenges.

All participants were fathers of children under 18 who were adult male caregivers. I excluded fathers who were not primary caregivers, mothers, female caregivers, offending fathers, adult sexual abuse survivors, children who had not disclosed CSA, and CSA survivors who were currently engaged in criminal proceedings related to the abuse. Adult fathers residing outside of the United States and CSA survivors who experienced and disclosed the abuse less than 1 year earlier were excluded from participation in the study. Use of thick descriptions within this study increased transferability. Lastly, as a social researcher, my personal biases and identifying as a sexual assault survivor had the potential to influence data. Therefore, biases must be thoroughly documented.

Limitations

A limitation of phenomenological research is that research is subject to researcher biases. A small sample size in phenomenological research is a limitation. Lack of researcher transparency is another limitation of phenomenological research. Phenomenological research data cannot be quantified or generalized which is a limitation.

Other limitations of phenomenological research include challenges involving recruitment of participants due to the sensitive nature of the topic, reluctance to discuss the topic, and challenges in terms of obtaining a partner site agreement. Phenomenological research does not have specified methodological procedures or involve demonstrating scientific rigor (Noble & Smith, 2015). It must be meticulous, reflexive, and descriptive throughout the study and data analysis process (Sabnis & Wolgemuth, 2023a). Qualitative phenomenological research is based on subjective lived experiences and interpretations (Frechette et al., 2020). For novice researchers, being transparent about study limitations and identifying potential weaknesses that could affect study findings is imperative and helps demonstrate researcher credibility.

Significance

This research will fill the gap in understanding lived experiences of adult fathers after their children experience CSA and barriers to mental health services impacts on paternal distress.

A more in-depth understanding of the phenomenon from adult father perspectives is necessary as it could impact funding, services, programmatic changes, and service interventions that would better address their distress after their children experience CSA.

SDOH consist of conditions pertaining to individual age, occupation, education, community, birthplace, and macro and microsystems that influence their daily lives (Andermann, 2016; Islam, 2019). I focused on social and community contexts. Safety is a multifaceted concept that influences behaviors and communities (Malekafzali et al., 2018). Children have the right to safe and violence-free childhoods. CSA is a global epidemic that adversely affects many children and infringes on their basic right to safety (Landberg et al., 2022)

Key stakeholders are adult fathers, parents, caregivers, child abuse survivors, communities, and human service professionals who specialize in child and family welfare, such as the Department of Social Services and Administration for Children's Services. Organizations include the National Children's Alliance, National Children's Advocacy Centers, Yale Child Study Center, and J.E. and Z.B. Butler Center for Children at Montefiore Hospital. Community mental health organizations that provide trauma-informed services and families affected by CSA would also benefit from data by better understanding lived experiences and needs of adult fathers of CSA survivors.

Summary

In Chapter 1, the study and theoretical framework were introduced. CSA is a global crisis, and it affects children regardless of ethnicity, social status, and geographic location. CSA survivors experience traumatic sexualization. CSA is detrimental to wellbeing and development of children and has been linked with PTSD Frank, 2019; Lippard & Nemeroff, 2020; Theimer & Hansen, 2020). The traumagenic dynamics model was used for assessing effects of CSA and addressing symptoms. I clearly defined key

terms to avoid ambiguity. Assumptions, scope and delimitations, limitations, and significance of the study were discussed.

In Chapter 2, I examine existing literature regarding CSA, PTSD, stigmatization, and its effects. This includes seminal and more recent qualitative research regarding CSA. I synthesize and analyze existing literature in this chapter.

Chapter 2: Literature Review

Impacts of CSA are detrimental to wellbeing and development of children and lead to PTSD (Frank, 2019; Lippard & Nemeroff, 2020; Theimer & Hansen, 2020).

CSA affects victims and their immediate families. disclosure of CSA increases distress for victims and caregivers; however, engagement in services with collaborative and supportive caregivers has proven to reduce PTSD symptoms and improve parental relationships with children (Cinamon et al., 2021; Fong et al., 2016). Caregivers' supportive and positive responses to disclosure of abuse are instrumental for receiving appropriate treatment and alleviating severe effects of symptoms (Elliott et al., 2022; Frank, 2019; Hébert et al., 2020). St-Amand et al. (2022) found survivors of CSA who had supportive caregivers had reduced PTSD symptoms and improved self-esteem and functioning.

The purpose of this qualitative phenomenological study is to examine lived experiences of adult fathers after their children experience CSA to address the documented problem that child sexual abuse survivors have higher risks of suicidal ideations.

Chapter 2 includes literature search strategies and keywords to locate pertinent, current, and seminal literature. The theoretical framework and related concepts are examined. I also examine other applicable frameworks as they relate to CSA. I also discuss prevalence of CSA, disclosures, historical contexts, cultural attitudes, and social media campaigns involving sexual assault. The importance of fathers, paternal

caregivers, cultural humility, cultural competency, and trauma-informed care are also discussed. This is followed by an examination of peer-reviewed literature and studies involving a CSA. Finally, Chapter 2 ends with a conclusion and transition to Chapter 3.

Literature Search Strategy

Selected peer-reviewed literature was published between 1980 and 2024. I used seminal literature for development of the theory and its applications in current peer-reviewed literature and research. Literature was selected based on its relevance to the theoretical framework, social problem, phenomenon, and methodology.

I used the following databases for this study: Taylor and Francis Online, Google Scholar, Routledge, Academia.edu, ResearchGate, SAGE Journals, Elsevier Science, ScienceDirect, Open Access, PLOS One, BMC Psychiatry, JAMA Network Open, , and Emerald Insight.

I used the following keywords: *child sexual abuse disclosures*, *betrayal trauma theory*, *high betrayal*, *low betrayal*, *attentional biases*, *intrafamilial violence*, *psychogenic amnesia*, *intracultural trust*, *intracultural violence*, *societal trauma*, *cultural betrayal*, *attachment theory*, *revictimization*, *traumatic sexualization*, *powerlessness*, *child sexual abuse*, *CSA*, *child sexual abuse disclosure barriers*, *child sexual abuse statistics*, *suicidal ideations*, *suicide behaviors*, *suicide attempts*, *self-harming behaviors*, *African American fathers*, *Latino fathers*, *White fathers*, *immigrant fathers*, *family dynamic*, *parental role*, *mental health*, *mental disorders*, *disassociation*, *negative effects*, *trauma symptoms*, *stigmatization*, *adverse childhood experiences*, *childhood maltreatment*, *childhood abuse*, *depression*, *posttraumatic stress disorder*, *emotional*

regulation, *emotional dysregulation*, *child*, *children*, *youth*, *paternal*, *father*, *nonoffending*, *caregiver*, *distress*, *barriers to service*, *traumagenic dynamics*, *phenomenological*, *thematic analysis*, *Finkelhor and Browne*, *qualitative research ethics*, *data protection act 1998*, *ethical considerations*, *informed consent*, and *privacy*.

Theoretical Framework

Traumagenic Dynamics Model

The traumagenic dynamics conceptual framework was coined by David Finkelhor and Angela Browne in 1985 (Guyon et al., 2019). Finkelhor & Browne (1985) posited that the clinical symptomology experienced resulting from

CSA can be explained by this conceptual model. The traumagenic dynamics would impact a child's cognitive and emotional functioning while distorting their self-esteem, identity, worldview, and affective capacities (Finkelhor & Browne, 1985; Guyon et al., 2019). The four dynamics of the framework are traumatic sexualization, betrayal, stigmatization, and powerlessness (Finkelhor & Browne,1985; Cantón-Cortés et al., 2012). The traumagenic dynamics model has been instrumental in clinically assessing CSA symptoms and consequences (Ramaswamy & Seshadri &, 2020; Van Der Merwe, 2009).

The deleterious consequences of CSA and the trauma dynamics alter the survivor’s cognitive and emotional functioning while distorting their self-esteem, identity, worldview, and affective capacities (Finkelhor & Browne, 1985). The Traumagenic Dynamics framework provides the conceptual lens for this novice researcher to examine the sequelae of CSA, including post-traumatic stress disorder

(PTSD) after CSA disclosure, specifically suicidal ideations. The traumagenic dynamic of stigmatization has been associated with suicidal ideations and behaviors (Cantón-Cortés et al., 2012; Ramaswamy & Seshadri &, 2020). The phenomenon and prior researchers have established that child survivors of CSA are more likely to have suicidal ideations (Schonfedler et al., 2020; Ramaswamy & Seshadri &, 2020; Burgić Radmanović., 2020).

Adverse childhood experiences (ACES) have also been associated with negative mental health consequences. The consequences of CSA have been well documented and have been associated with Finkelhor & Browne's traumagenic model as it conceptualizes the traumatic effects of CSA (Ramaswamy & Seshadri &, 2020). The onset and duration of CSA impact the severity of the symptoms the CSA survivor experiences. Researchers found that CSA survivors are more likely to be revictimized because of emotional dysregulation associated with CSA (Castro et al., 2019). The traumagenic model highlights the negative consequences of CSA and the development of dysregulated sexual functioning (Cantón-Cortés et al., 2020; Castro et al., 2019; Finkelhor & Browne, 1985). The stigma associated with CSA also exacerbates the negative psychological effects and cognitive distortions the survivor experiences (Castro et al., 2019).

It has been well-documented that CSA has been linked to dysregulated emotional and physical functioning, stigmatization, aggression, post-traumatic stress disorder, poor coping skills, risky behaviors, and suicidal ideations (Burgić Radmanović., 2020; Frank, 2019; & Guggisberg et al., 2021). The Traumagenic Dynamics conceptual framework is appropriate to examine the association between CSA, PTSD, stigmatization, and suicidal

ideations as it provides clinical insight regarding the symptomology the survivor experiences after sexual assault (Schonfedler et al., 2020). In the next section, I will introduce the concepts of the Traumagenic dynamics model and PTSD and further examine the documented problem that CSA has been associated with increased suicidal ideations and behaviors (Angelakis et al., 2020).

Theoretical Framework Key Concepts

Traumatic Sexualization

Traumatic sexualization is the development of inappropriate sexual functioning, beliefs, and behaviors associated with the etiology of CSA (Gewirtz-Meydan & Godbout, 2023; Guyon et al., 2021). Traumatic sexualization can lead to risky sexual behaviors such as engaging in sex for rewards and diminished cognitive functioning (Franchino-Olsen, 2019). The manifestation of dysfunctional sexual behaviors and inappropriate sexual norms are sequelae of CSA (Tsang et al., 2023). The negative effects of traumatic sexualization can have implications into adulthood, which will hinder the development and sustainability of healthy sexual functioning and relationships (Henning et al., 2018; Tsang et al., 2023). CSA disrupts the healthy sexual development of children; therefore, maladaptive attitudes and behaviors are developed and impede the development of age-appropriate and meaningful relationships (Edwards & Hendrix, 2001; Fogler et al., 2008; Heney & Kristiansen, 1998). The thought of engaging in sexual encounters can be a daunting task for survivors and trigger somatic and psychological responses because of the traumatic experience and diminished sexual functioning (Mark et al., 2023).

Trauma-induced fear can deter survivors from engaging in sexual activities. However, because of dysregulated functioning, survivors could engage in risky sexual behaviors to regain control over their bodies, which increases the possibility of being revictimized versus individuals who have not experienced sexual trauma (Guyon et al., 2021; Hedén et al., 2023; Öberg et al., 2023; Reid, 2018). The dysfunctional sexual functioning of survivors leads to the development of manipulative behaviors, such as engaging in sexual activities with multiple partners, including prostitution for rewards (Castro et al., 2019; Hedén et al., 2023; Mark et al., 2023; Van Der Merwe, 2009).

Stigmatization

The traumagenic dynamic of stigmatization is associated with the negative effects of child sexual abuse (CSA) disclosure, specifically self-blame, shame, and low self-esteem (Burgić Radmanović, 2020; Castro et al., 2019; Lev-Wiesel et al., 2022; Van Der Merwe, 2009). Stigmatization in the context of CSA refers to the internalization of negative thoughts, including guilt and shame (Alix et al., 2017; Krahé et al., 2023). Current researchers found that CSA survivors who experienced stigmatization were at greater risk for psychological distress (Schröder et al., 2021). Prior researchers found CSA survivors are likely to perceive themselves as damaged after the traumatic experience (Beck et al., 2019; Henning et al., 2018). CSA survivors experience sexual dysregulation (Gewirtz-Meydan & Godbout, 2023) and challenges maintaining healthy intimate relationships (Shen et al., 2021). Societal stigma associated with CSA hinders healthy discussion regarding CSA within communities (Theimer & Hansen, 2018), which could further isolate survivors (Franchino-Olsen, 2019). Stigma has been associated with

increased social isolation (Schomerus et al., 2021). Social isolation further hinders the disclosure and healing process for CSA survivors and has detrimental effects on mental health functioning (Alyce et al., 2023; Mcelvaney et al., 2021). Addressing the stigma associated with CSA could alleviate the shame and guilt experienced by survivors of CSA (Lateef et al., 2023). Shame and stigma have also been associated with increased suicidal ideations for CSA survivors (Finkelhor & Browne, 1985; Lateef et al., 2023). Shame and stigma are symptoms of CSA and affective disorders that develop due to dysregulated emotional regulation. Further, shame leads to dissociation and maladaptive behaviors in survivors (Feiring et al., 1996).

Betrayal

The betrayal dynamic impacts the development of self-concept, relationships, and the establishment of trust and has long-term effects on the survivor into adulthood (Finkelhor & Browne, 1985; Freyd, 2003; Girard et al., 2023). The victimization of sexual and physical abuse by a trusted individual or caregiver manifests increased levels of betrayal. The relational relationship can expose the child to prolonged and severe abuse, which incidentally increases the level of betrayal the survivor experiences. The higher level of betrayal the survivor experiences is associated with more severe sequelae and mental health conditions such as anxiety, suicidal ideations, and PTSD. The necessity to maintain the relational relationship with a perpetrator, such as caregivers, coaches, and teachers, is detrimental to the well-being and cognitive functioning of the survivor and leads to the survivor exhibiting diminished awareness and betrayal blindness (Delker & Freyd, 2017; Girard et al., 2023; Martin et al., 2013; Ozturk & Erdogan, 2021).

Betrayal is the internalized perception that a trusted adult caused harm to the child or failed to protect the child from abuse (Cantón-Cortés et al., 2012). The manifestation of betrayal can inhibit intimate relationships after CSA exposure and affect the survivor's capability to trust others (Guyon et al., 2019). Survivors experiencing feelings of betrayal can have flashbacks and difficulties sustaining meaningful relationships (Van Der Merwe, 2009). Experiencing feelings of betrayal causes maladaptive functioning and internalized negative feelings. Trauma affects the survivor's worldview, and a diminished awareness of danger is developed (Delker & Freyd, 2017). Survivors of CSA and sexual assault are at greater risk of revictimization and intimate partner violence (IPV), which are correlated with the betrayal dynamic (Girard et al., 2023; Henning et al., 2018). A survivor of CSA experiences high betrayal trauma due to interpersonal violence, which affects their worldview and emotional regulation. Low betrayal traumas are interpersonal violence that unfamiliar individuals commit (Reichert et al., 2015; St. Vil et al., 2021).

Powerlessness

The powerlessness dynamic relates to the feelings of hopelessness a survivor experiences after the traumatic experience (Finkelhor & Browne, 1985). The survivor often endorses a feeling of a lack of control over their body and the inability to prevent the traumatic experience from occurring (Guggisberg et al., 2021). The survivor experiences low self-efficacy due to the inability to stop inappropriate behaviors and feels trapped in an unsafe environment. Powerlessness induces feelings of depression and avoidance (Fatmawati, 2017). The survivors' desires are often disregarded, which worsens the feeling of powerlessness (Cantón-Cortés et al., 2012). The continuous

violation of the child's body against their will is a violation of their basic right to safety and violates their right to a safe and violence-free childhood, which magnifies the feelings of powerlessness (Guyon et al., 2019; Landberg et al., 2022).

Suicidal Ideation

The negative consequences of childhood maltreatment, including childhood sexual abuse, have been well documented. Child maltreatment is considered a salient public health issue and affects one in four children (Massullo et al., 2023; Schonfelder et al., 2020; Seff & Stark, 2019). Child maltreatment includes instances of physical, sexual, and emotional abuse or neglect. The development of more severe symptomology is associated with an early onset of childhood maltreatment. Childhood maltreatment has been associated with the development of psychiatric disorders such as depression, mood disorders, anxiety disorders, post-traumatic stress disorder (PTSD), an increased risk of suicidal ideations and behaviors, substance abuse, and long-term mental and physical negative effects into adulthood. These psychopathologies have been linked to suicidal ideations (Alix et al., 2020; Almulla et al., 2024; Brown et al., 2018; DeCou & Lynch, 2019; Ihme et al., 2022; Steine et al., 2020a; Tsur et al., 2023; You-Ri & Hye-Sun, 2022). The strong association between childhood maltreatment and increased suicidal ideations warrants further research, as suicidal rates are alarming. Suicidality encompasses three phases, which are suicide ideation, suicide planning, and suicide attempt. Each phase intensifies from the prior, and the outcome could be fatal without interventions (Ihme et al., 2022; Junus & Yip., 2023; Liu et al., 2017). Researchers found that passive suicidal

ideations and active suicidal ideations are associated with suicide attempts and suicidal deaths (Liu et al., 2020).

Suicide is considered a global crisis and one of the leading causes of death globally. A history of abuse, abuse-related shame, poor executive functioning, and adverse childhood experiences (ACEs) are considered prominent risk factors for suicidal ideations and behaviors (Bertule et al., 2021; Bloch-Elkouby et al., 2024; Brown et al., 2023). ACEs include occurrences of sexual, physical, and emotional abuse, emotional and physical neglect, domestic violence, parental substance abuse, mental illness, divorce, and separation. Experiencing a family member being incarcerated and household dysfunction are also considered ACEs. ACEs are prevalent in Black and Hispanic communities. While ACEs are more prominent in low-income communities, children also experience ACEs in high-income communities, although there are fewer occurrences (Brown et al., 2023; Schauss et al., 2020; Stinson et al., 2021; Storrie et al., 2022).

In 2019, over 800,000 people died from suicide globally. Suicide is the second leading cause of death for people aged 10-29 years old globally (Alix et al., 2020; Angelakis et al., 2020; Lippard & Nemeroff, 2020). In the United States, suicide ranked eleventh as the primary cause of death and claimed the lives of over 48,183 people. Suicide remains the second leading cause of death for youth aged 10-14 and adults 25-34 in the United States, according to the Centers for Disease Control and Prevention (CDC) Web-based Injury Statistics Query and Reporting System (WISQARS) causes of death report in 2021. Further, 13.2 million individuals 18 and older reported suicidal ideations, and 1.6 million attempted suicides within the year (Benton & Campo, 2020; CDC, 2024;

SAMSHA, 2023). According to recent CDC data, in 2022, the provisional suicide rate in the United States is 49,449, which reflects a 2.6% increase from the reported 48,183 deaths in 2021. The CDC also reported that in 2021, 7,126 people aged 10-24 died from suicide. However, in 2022, it was reported that 6,529 people aged 10-24 died from suicide. There was reportedly an 8.4% decrease in suicidal rates among this age category. However, there were increased suicides for individuals aged 25 and older. The reported suicidal rates affect every race and economic class without prejudice and include death certifications received by the National Center for Health Statistics as of August 6, 2023. (AFSP, 2024; CDC, 2023a; Curtin et al., 2023). Given the prevalence of adverse childhood experiences (ACEs) and suicidal ideations, there is an obligation to mitigate the deleterious effects of childhood trauma.

Applications in Previous Research and Key Concepts

Angelakis et al. (2020) showed sexual abuse is associated with a 3.5-fold increased risk for suicidal behaviors. The researchers reported that there is a strong correlation between childhood sexual abuse (CSA), suicidal behaviors, and young children. Younger children who did not receive mental health treatment had increased rates of suicidality. Further, the researchers found that childhood maltreatment is a severe crisis that precipitates the development of suicidal behaviors, which warrants more interventions for young children(Angelakis et al., 2020).

Bertule et al. (2021) stated history of childhood abuse, disassociation, and depression would be indicative of suicide ideations and attempts. Based on data collection and analysis, the results indicated that dissociation is an indicator of suicidal

ideation and should be examined more. Further, the researchers found that CSA, disassociation, depression, suicidal ideations, and suicidal attempts are positively correlated.

Ihme et al. (2022) conducted a quantitative study with ninety-six participants and examined if childhood trauma increased suicidal ideations in adulthood among individuals diagnosed with an affective disorder. The researchers hypothesized that participants with insecure attachment and a history of childhood trauma would experience increased suicidal risks in adulthood. Based on the data analysis, the results indicated that insecure attachment and childhood trauma were strongly associated, and suicidal risks were increased for the population (Ihme et al., 2022).

Schonfelder et al. (2020) conducted a quantitative study with three hundred and eight adults who were psychiatric inpatients and examined the association between non-suicidal self-injury (NSSI), child abuse, pain tolerance, and suicidal ideations. The authors hypothesized that childhood abuse is associated with NSSI, pain tolerance, and physical and sexual abuse are associated, NSSI and suicidal attempts are associated, and all abuse, NSSI, and suicide attempts are related. The findings of the study suggested that child abuse and maltreatment were associated with NSSI and suicidal behavior. However, pain tolerance and suicide attempts did not show an association.

Based on prior research, early intervention, and screenings for adverse childhood experiences and suicidal ideations and attempts are important for youth during clinical interactions. A positive and supportive response to childhood sexual abuse (CSA) and maltreatment disclosure is therapeutic for the survivor and supports the healing process.

The data also shows a positive association between suicidal ideations and CSA. The data also revealed a positive association between survivors with low and negative support after disclosure and increased suicidal ideations. The data warrants further research on the topic of CSA and suicidal ideations and improved screenings and public health education to reduce the stigmatization associated with CSA.

Guyon et al. 2019 conducted a qualitative study of nineteen women aged 18-25 years old with a history of child sexual abuse. The researchers conducted semi-structured interviews and examined relational betrayal. Finkelhor & Browne's (1985) conceptual framework of traumagenic dynamics was applied to the study, specifically the betrayal dynamic. Finkelhor & Browne (1985) argued that child sexual abuse (CSA) survivors experience betrayal when a trusted adult has failed to protect them. Further, the severity of betrayal is heightened when the perpetrator is known to the survivor, which leads to dysregulated functioning and trust issues. Guyon et al. 2019 found that the study participants experienced distress and mistrust in intimate relationships and had low self-esteem, which aligns with the symptomology associated with the betrayal dynamic (Guyon et al., 2019).

A longitudinal quantitative study conducted by Alix et al. (2019) investigated the effects of depression, suicidal ideations, self-blame, PTSD, and coping strategies of CSA survivors. The study participants included one hundred young women aged 14 to 18 years old. The traumagenic dynamics (Finkelhor & Browne, 1985) model was used to guide and analyze the research, specifically the stigmatization dynamic. Alix et al. (2020) found that self-blame, shame, and avoidance coping strategies were strongly correlated with

suicidal ideations. The authors argued that the parental and societal response to disclosure impacts the severity of stigmatization experienced by the survivor, which substantiates the stigmatization dynamic. Further, the results were significant regarding the effects of depression, suicidal ideations, self-blame, PTSD, and coping strategies of CSA survivors.

An inductive qualitative phenomenology study conducted by Collin-Vezina et al. (2021) examined the association between child sexual abuse, disclosure, and self-injurious thoughts and behaviors (SITB). The study participants were Twenty-One diverse youth aged 15-25 years old with a history of sexual abuse in childhood through age thirteen; semi-structured long interviews were conducted with the participants. The authors cited Finkelhor and Brown's (1985) traumagenic dynamics model as it provides insight and guidance regarding the consequences of child sexual abuse (CSA). The authors examined the disclosure experience of the CSA survivors and its effects on SITB. The results showed that CSA and SITB are strongly associated, CSA and the onset of mental health issues are related, and the participants with a lack of positive support after disclosure experienced increased SITB manifestations. The healing process for survivors begins when disclosure about child sexual abuse (CSA) occurs. The response to disclosure will either mitigate or worsen the symptomology the survivor experiences associated with CSA. Therefore, a supportive response to disclosure is favored and can help to alleviate the survivor's propensity to avoid addressing the traumatic experience. (Collin-Vezina et al., 2021).

Gawęda et al. (2019) conducted a quantitative study of 3,495 participants and examined the correlation between childhood trauma, cognitive biases, psychotic-like

experiences (PLEs), and depression. The authors reported there is a strong association between suicidality and participants with a history of childhood trauma, cognitive biases, PLEs, and depression. The authors also reported that participants with multiple childhood traumas disclosed suicidal behaviors, including suicidal attempts and behaviors, five times more than participants who did not experience multiple childhood traumas. Further, the authors argued that participants who experienced sexual traumas were most likely to experience suicidal behaviors in comparison to other traumas. The authors suggested that providers should assess for childhood traumas and suicidality when working with trauma survivors (Gawęda et al., 2019).

Seff & Stark (2019) conducted a qualitative study of 13 to 24-year-old males and females living in Haiti, Kenya, and Tanzania. The researchers examined the association between gender differences, emotional violence, and suicide ideations in youth residing in low and middle-income countries. The researchers found that suicidal ideations were strongly correlated with participants who endorsed emotional violence. Further, males in Kenya had the greatest correlation between emotional violence and suicidal ideations (Seff & Stark, 2019). The researchers discussed the importance of providers' responsibility to be informed about suicide prevention and assessment of suicidality and depression. Further, therapeutic services should be gender specific and tailored to meet the presenting needs of the survivor and their experience (Seff & Stark, 2019).

Tsur et al. (2023) conducted a qualitative narrative study and explored the association between adult childhood sexual abuse survivors' experiences and suicidal ideations. There were 41 study participants aged 20 to 61 years old residing in Israel. The

authors reported that the participants' suicidal behaviors were an attempt to eliminate the deleterious psychological effects of CSA. The authors also noted that survivors were labeled as mentally ill versus trauma survivors once their suicidality was endorsed. The authors also reported that the participants' CSA symptomology induced suicidal ideations and suicidal attempts to alleviate the survivors' suffering.

The study participants also endorsed self-blame, shame, and other non-suicidal injurious behaviors. The authors argued that the effects of CSA were of great concern and suggested that survivors should receive adequate, effective, supportive, and empowering mental health services versus being labeled mentally ill as their behaviors are a direct consequence of interpersonal violence. The authors also argued that societal and caregiver response to CSA disclosure was pivotal in determining the severity of their psychological impact. Lastly, the authors believed that increased public education regarding CSA and its effects would alleviate the stigma associated with CSA and improve the quality of mental health services to ensure that they are client-centered and trauma-informed (Tsur et al., 2023).

DeCou et al. (2019) conducted a quantitative study and reviewed the medical records of 550 youth ages 11 to 17 years old with a history of psychiatric inpatient admission between 2010-2015. The researchers found that patients with a history of CSA endorsed suicidality and emotional dysregulation. The researchers argued that trauma survivors experience distress that influences suicidal behaviors. The researchers reported that 50.5% of youth endorsed a history of CSA, while 56.9% of youth endorsed a minimum of one prior suicidal attempt. Additionally, the authors found that emotional

reactivity, depression, trauma-related symptoms, and suicidal ideations are positively correlated and significant versus youth who did not endorse CSA. The researchers highlighted the necessity for trauma-informed care when working with trauma survivors. The results are aligned with previous studies regarding the effects of CSA and are aligned with the traumagenics dynamics (DeCou et al., 2019; Finkelhor & Brown, 1985; Henning et al., 2018).

Briere et al. (2010) conducted a quantitative study with 418 participants and examined the association between interpersonal violence, post-traumatic stress, affect dysregulation, and avoidance among trauma survivors. The authors found that multiple and complex interpersonal violence was positively correlated with dysfunctional avoidance and that post-traumatic stress precipitated dysfunctional affect regulation. The authors posited that the early onset of trauma affects the survivor's worldview and causes dysfunctional affect regulation and low self-esteem. However, trauma later in life leads to the development of poor psychological functioning and the manifestation of post-traumatic stress disorder. The authors argued that complex trauma throughout life can also contribute to severe psychological functioning and disassociation. The authors reported that the effects of multiple interpersonal violence have a profound and lasting effect on trauma survivors. However, the effects of trauma could be alleviated with appropriate, timely mental health services and a supportive and positive response to disclosure. The findings of this study align with the documented CSA consequences as evidenced by research data, which aligns with the traumagenics theory (Finkelhor & Brown, 1985), the betrayal theory (Freyd, 1996), and the cultural betrayal theory

(Gómez, 2023). Trauma survivors of interpersonal violence experience a plethora of sequelae associated with the betrayal of interpersonal violence, which includes post-traumatic stress disorder, disassociation, and dysfunctional affect regulation (Briere et al., 2010; Finkelhor & Brown, 1985; Freyd, 1996; Gómez, 2023).

Liu et al. (2017) conducted a meta-analysis study to examine the relationship between childhood abuse, neglect, and suicidal behaviors. The researchers reported that childhood maltreatment, neglect, and suicidal attempts were positively associated. However, suicidal ideations were not positively associated, which differs from the aforementioned studies. The researchers noted that only one article regarding suicidal ideations was included, which possibly accounted for the limitation and variance of data. Further, childhood maltreatment increased the survivors' risk for suicidal behaviors. The researchers indicated that trauma survivors with a history of severe schizophrenia experienced increased suicidal behaviors, which could be attributed to affect dysregulation associated with trauma. The breadth of knowledge about the consequences of CSA is useful in addressing the health crisis. However, there is a need for more in-depth research and interventions regarding the phenomenon (Liu et al., 2017).

Steine et al. (2020) conducted a quantitative study and examined the correlation between lifetime non-suicidal self-injury and suicide attempts of CSA trauma survivors. The authors reviewed data from 516 trauma survivors who participated in the longitudinal investigation of sexual abuse (LISA) study. The authors indicated that multiple exposures to childhood maltreatment, low social support, an unknown offender, a lifetime of suicide attempts, and non-suicidal self-injury were positively associated.

Further, the authors found that severe CSA was also a predictor of lifetime suicidal attempts (Steine et al., 2020a). Steine et al. (2020) reported a strong positive relationship between an unknown CSA offender and suicidal behaviors. However, researchers reported that interfamilial CSA and interpersonal trauma were significantly more traumatizing to the survivor because a violation of trust and betrayal occurred. Moreover, high betrayal traumas manifest more severe psychological functioning (Freyd, 1996; Freyd et al., 2005; Gómez & Gobin, 2019; Gómez, 2020; Hébert et al., 2020; Raudales et al., 2020; Steine et al., 2020b).

Brown et al. (2018) conducted a quantitative study of 2,498 participants and examined the association between non-suicidal self-injury (NSSI) and child maltreatment effects. The researchers found that child maltreatment leads to the development of NSSI behaviors and has long-term psychological effects. The researchers reported that emotional abuse and neglect were significantly associated with NSSI versus other forms of child maltreatment. The researchers also reported that dysfunctional emotional regulation and NSSI were significantly associated. However, the severity of all forms of childhood maltreatment and NSSI were also correlated. The authors reiterated the importance of preventative screenings for childhood maltreatment and therapeutic interventions that address interpersonal traumas, emotional abuse, emotional dysregulation, and affect dysregulation (Brown et al., 2018).

Henning et al. (2018) conducted a literature review of 23 scholarly articles regarding childhood sexual abuse and the traumagenic dynamics experienced by women survivors. The traumagenic dynamics are sexualization, betrayal, stigmatization, and

powerlessness, as posited by Finkelhor & Brown (1985). The authors also examined the trauma-causing dynamics of developmental arrest and revictimization. The authors reported that CSA survivors experience inappropriate sexualization, internalize a sense of objectification, and diminished self-worth, which aligns with the traumatic sexualization dynamic. The authors indicated that CSA survivors experience betrayal, which correlates with the survivors' trust being violated and the caregiver's inability to protect and support the survivor.

The authors also reported that CSA survivors considered themselves as damaged and less desirable, which correlates with the stigmatization dynamic. The authors found that CSA survivors experience a sense of powerlessness due to the stigma regarding CSA, the inability to prevent the traumatic experience, a negative societal response, and the child survivor's dependence on the adult perpetrator. The authors also found that CSA survivors also experience developmental arrest, which aligns with a distorted worldview and a distorted perception of the trauma. Finally, the authors discussed the revictimization of CSA survivors due to non-supportive and negative responses to CSA disclosure and the caregivers' failure to protect the child during and after the abuse (Henning et al., 2018).

Thakkar et al. (2000) conducted a quantitative study and examined the relationship between physical and sexual abuse and current suicidal behaviors in college women. The authors screened 707 college women for childhood and adult physical and sexual abuse. The researchers reported that the act of sexual violence does not always induce suicidal ideations. However, the traumatic experience does affect psychological

functioning, survivors' worldview, emotions and affect regulation. Further, the authors reported that suicidal ideations were more positively correlated with CSA versus adult sexual abuse. The researchers examined the phenomenon, which substantiates this writer's social problem, as data revealed that CSA survivors are at an increased risk of suicide, which warrants further examination of CSA effects and interventions (Thakkar et al., 2000).

The literature review concluded that the Traumagenic Dynamics conceptual framework is appropriate to examine the sexual sequelae of childhood sexual abuse and its impact on the survivor's cognitive functioning. The dynamics of traumatic sexualization, betrayal, powerlessness, and stigmatization provide a clinical examination of the distorted worldview and maladaptive functioning of the CSA survivor (Guyon et al., 2019; Finkelhor & Browne, 1985). Further, the conceptual framework emphasized the importance of evaluating the sequelae associated with CSA, as the implications can have long-term effects into adulthood. Further, survivor's trauma symptomology will differ based on the severity of the abuse and the caregivers' response to disclosure (Fatmawati, 2017).

Other Applicable Theoretical Frameworks

Betrayal Trauma Theory

The betrayal trauma theory is another conceptual framework that is useful for examining social problems. The betrayal trauma theory, coined by Jennifer J. Freyd, postulates that survivors of childhood trauma have challenges in creating and sustaining trusting intimate relationships and develop betrayal blindness (Gómez, 2020; Ozturk &

Erdogan, 2021). Freyd's (2003) Betrayal theory posits that enduring a traumatic event during childhood causes the inability to create trusting relationships (Freyd, 2003). The betrayal trauma theory also suggests that survivors of child sexual abuse (CSA) self-esteem, self-efficacy, trust, relationships, and worldview are negatively impacted by the betrayal experienced and internalized. The internalized betrayal the survivor experiences hinders their healing process. Despite the severity and prevalence of CSA, disclosure regarding the abuse is delayed and often not disclosed by the survivor, which can be attributed to traumatic dynamics such as traumatic sexualization, betrayal, stigmatization, and powerlessness.

I will focus on the betrayal dynamic as it relates to the betrayal trauma theory. Survivors experience additional betrayal once a disclosure is made to a trusted adult, and they do not feel protected or supported (Brits et al., 2021). A non-supportive response to formal and informal CSA disclosure perpetuates the betrayal and stigmatization associated with CSA (Witt et al., 2020).

The betrayal trauma theory examines the negative effects of betrayal trauma on overall functioning and trust (Mahlangu, 2021). Survivors of interpersonal violence, including child sexual assault, are likely to experience emotional dysregulation and revictimization (Arata, 2000; DePrince, 2005; Reichert et al., 2015). Due to emotional dysregulation, survivors of betrayal trauma develop attentional bias and diminished risk assessment, which increases the risk of revictimization (Foa et al., 1991; Martin et al., 2013; Marx & Soler-Baillo, 2005; Reichert et al., 2015; Rothbaum & Foa, 2004; Wilson et al., 1999).

The betrayal trauma theory suggests that survivors of interpersonal violence experience high betrayal trauma as the perpetrator is a trusted individual (Howard Valdivia et al., 2022; Tirone et al., 2021). High betrayal trauma impacts psychological functioning and can manifest as depression, anxiety, avoidance, and post-traumatic stress disorder (PTSD). When a survivor experiences high betrayal trauma due to intrafamilial sexual abuse, it affects their worldview, moral compass, and ability to trust and sustain relationships. Low betrayal traumas are interpersonal violence perpetrated by unknown individuals (Freyd, 1996; Gamache Martin et al., 2016; Reichert et al., 2015; St. Vil et al., 2021).

The intrafamilial dynamic allows betrayal traumas to vary in severity, duration, and frequency. However, the degree of social support can alleviate the symptomology of betrayal traumas (Dworkin et al., 2019; Kline & Palm Reed, 2021). Intrafamilial betrayal traumas adversely affect emotional regulation and the ability to form healthy relationships, and the survivor is less likely to disclose abuse (Foynes et al., 2009). Emotional regulation is the ability to express, process, and respond to one's emotions and emotional cues in a socially acceptable manner (Gross, 1998). High betrayal traumas have been associated with severe psychological dysfunction (Gamache Martin et al., 2016). Survivors of betrayal trauma are less likely to engage in help-seeking behaviors (Kline & Palm Reed, 2021). Moreover, when caregivers are the perpetrators of betrayal trauma, the survivor develops betrayal blindness, psychogenic amnesia, and disassociation as protective and coping mechanisms to avoid processing the betrayal

trauma while maintaining a necessary attachment to the perpetrator (Freyd, 1996; Christl et al., 2004; McKay & Kopelman, 2009; Gamache Martin et al., 2016).

Cultural Betrayal Theory

I will briefly discuss the cultural betrayal theory, another applicable theoretical theory that could be useful in examining the social problem. Cultural betrayal theory coined by Jennifer Gómez (2012). The cultural betrayal theory examines the effects of intrapersonal violence within marginalized communities. The cultural betrayal theory expands on Freyd's (1996) betrayal trauma theory, which postulates that abuse committed by family members and institutions is considered high betrayal trauma as it violates the survivors' trust as the survivor is dependent on the caregiver and institutions. High betrayal contributes to deleterious mental health consequences, such as disassociation and post-traumatic stress disorder (Freyd, 1996; Gobin & Freyd, 2014; Gómez, 2022).

The cultural betrayal theory was developed to examine the deleterious consequences of interpersonal violence from a sociocultural context within marginalized communities (Brown, 2008; Howard Valdivia et al., 2022). Cultural betrayal trauma affects psychological functioning and induces post-traumatic stress disorder, disassociation, depression, disassociation, suicidal ideations, internalized prejudice, nightmares, and anxiety. The survivor experiences betrayal of cultural trust when violence is perpetrated by a community member (Gómez, 2018; Gómez, 2023; Gómez & Freyd, 2018; Howard-Valdivia et al., 2022). However, disclosing cultural betrayal to supportive caregivers can alleviate the associated sequelae (Dworkin et al., 2019; Tirone et al., 2021).

The cultural betrayal theory is only applicable to marginalized communities that are subjected to societal discrimination and racism. Intracultural trust "is defined as connection, attachment, dependency, love, loyalty, and responsibility ."Intracultural trust is a protective barrier to societal traumas and creates a sense of protection and unity among its members (Gómez, 2022; Gómez & Gobin, 2019, p. 3). Societal traumas are the consequences of institutional attitudes that are racist and discriminatory toward a marginalized population. Hence, intracultural trust is warranted as a protective barrier for its community members. The survivor experiences high betrayal due to their trust being violated. Individuals known to the survivor versus strangers commit most interpersonal traumas (Bryant-Davis et al., 2009; Gómez, 2020, 2022). The betrayal trauma theory and cultural betrayal trauma theory reiterate the negative consequences of child sexual abuse and interpersonal traumas on the psychological functioning of the survivor. The theories further reiterate the importance of a supportive and positive response to abuse disclosure, as it can improve the severity of the symptomology.

CSA Prevalence and Disclosure

CSA is a global health crisis, affecting one in five women and one in thirteen men (WHO, 2020). Twelve percent of children globally have experienced CSA (Fix et al., 2021). Despite its severity, research indicates that survivors often do not disclose the abuse or delay disclosure due to feelings of guilt, shame, and cultural norms (Burgić Radmanović, 2020; Frank, 2019; Guggisberg et al., 2021). The challenge in estimating CSA cases is that most incidents are not reported to authorities, and some survivors never disclose the abuse (Easton, 2019; Fix et al., 2023; Martin & Silverstone, 2013).

Studies show varying rates of CSA prevalence due to the challenges with disclosure. The literature review reveals the following prevalence rates of CSA disclosure: 12.7-18% of girls and 7.8% of boys (Latiff et al., 2024), 11.3-21.5% of girls and 4.1-19.3% of boys (Landberg et al., 2022), 12-18% of girls and 6% of boys (Martin & Silverstone, 2013), 37% of girls and 19% of boys (Fix et al., 2023), 12.7% global lifetime prevalence (Gewehr et al., 2021), and 18-20% of girls and 8-10% of boys (Alaggia et al., 2017). Additionally, between 15-19% of girls and 7-8% of boys disclosed experiencing CSA before their eighteenth birthday (Alaggia et al., 2017; Fix et al., 2023; Gewehr et al., 2021; Landberg et al., 2022; Latiff et al., 2024).

The non-disclosure and delayed disclosure of CSA delay early interventions that could mitigate its negative effects (Alaggia et al., 2017; Gewehr et al., 2021). Disclosures are crucial for the survivor's healing journey and can initiate forensic proceedings with police and engagement with child protection services and healthcare providers (Easton, 2019; McGuire & London, 2020). Survivors are more likely to disclose abuse to a trusted individual, with disclosure being a process rather than a one-time event (Landberg et al., 2022; Manay & Collin-Vezina, 2021). Informal disclosures are made to friends or family, while formal disclosures are made to police, school officials, and healthcare providers (Latiff et al., 2024). Supportive responses to disclosures from trusted individuals can help survivors begin healing and reduce feelings of guilt, shame, and stigma associated with CSA (Manay & Collin-Vezina, 2021).

A lack of social support and a non-supportive response from caregivers or a trusted individual are also barriers to disclosure. The non-supportive significant adult

(NSSA) and the non-offending significant adult (NOSA) negative response and family dynamic cause the survivor to experience double betrayal (Brits et al., 2021). The grooming process the survivor undergoes is also considered a barrier to child sexual abuse (CSA) disclosure. The grooming process can cause the survivor to experience conflicted emotions and betrayal blindness. Survivors are more likely to disclose if they have a positive support system (Koçtürk & Bilginer, 2020). A supportive and positive response to CSA disclosure is significant as it impacts the survivors' recovery from sexual trauma, and it is considered the first step to accessing the appropriate psychosocial and legal services (Obong'o et al., 2020).

Researchers argued that supportive responses to CSA disclosure allow survivors to regain a sense of control and feel protected, empowered, and believed. Further, the survivors experience less severe psychological and sexual dysfunction (Guyon et al., 2019). Researchers also found that age, gender, severity, and duration of abuse, and grooming can also affect CSA disclosure. However, girls who are penetrated during the sexual abuse were more likely to disclose due to obvious signs of abuse, such as sexually transmitted diseases and pregnancy (Wallis & Woodworth, 2020). According to prior researchers, 3%-7% of men have been subjected to sexual assaults. However, it is difficult to provide an accurate representation due to low reporting trends. Male survivors are less likely to disclose sexual abuse as they fear being labeled as homosexual or weak and fear that their experience will be invalidated as men are considered masculine and dominant in society. (Bullock & Beckson, 2011; Curry & Utley, 2018; Drewett et al., 2021; Jeremiah et al., 2017). Whereas female survivors may not disclose CSA due to

victim blaming, which is associated with rape culture, the prospective negative impact on family dynamics, the fear of disbelief, and self-blame. Yet, previous researchers found that 43.6% of women in The United States have been subjected to sexual assault (Drewett et al., 2021; Guyon et al., 2019; Myrie & Schwab, 2022). However, according to current research data, one in five women and one in thirteen men reported experiencing CSA before their eighteenth birthday (WHO, 2022). Researchers also reported that men who disclosed CSA experienced increased suicidal ideations, attempts and antisocial disorders. Whereas women experienced increased suicidal ideations, mood disorders and personality disorders (Attrash-Najjar et al., 2023). The data is alarming. However, it is aligned with the prevalence of CSA. Survivors of CSA experience self-blame, shame, disbelief, and revictimization due to the stigmatization associated with CSA disclosure; however, the use of social media emboldens the survivor to tell their story and begin the healing process anonymously (Obong'o et al., 2020).

Grooming

Grooming is the intentional process where the perpetrator establishes a secretive yet seemingly harmless relationship with their victim to gain trust and, most importantly, secrecy. The perpetrator may provide their victim with tangible goods such as trips, gifts, and money. The perpetrator may also intimidate, bribe, coerce, and threaten their victim. The grooming process causes conflicted emotions and betrayal blindness for the survivor, especially when there is an intrafamilial relationship between the victim and the perpetrator (Arata, 1998; Gewehr et al., 2021). However, these emotions could also be present when an extrafamilial relationship exists, as the perpetrator is likely a trusted

individual. The grooming process is gradual and depends upon the relationship dynamics. There is an escalation of seemingly harmless touches to sexual violence, which could be severe (O'Leary et al., 2017; Winters et al., 2020). The grooming process consists of 5 stages, according to Winters et al. (2020); the perpetrator will identify their child victim, gain access to the child, isolate the child, develop trust, desensitize the child to inappropriate sexual content, and touch and maintenance of the above tactics after the abuse occurs to avoid disclosure (Jeglic et al., 2023; Kaviani Johnson, 2023; Winters et al., 2020) Grooming also occurs online on social media platforms where perpetrators manipulate and lure unsuspecting victims. The grooming that occurs online usually establishes trust under false pretenses. The perpetrator may also groom the caregivers to gain trust and access to the child (Kaviani Johnson, 2023; O'Leary et al., 2017). The grooming process provides an opportunity for an elusive relationship to develop, which makes it difficult for others to observe signs of abuse and intervene. Further, the survivor could feel conflicted and confused about the inappropriate nature of the abusive relationship, which discourages disclosure and inhibits help-seeking behaviors (Koçtürk & Bilginer, 2020; Salter, 1995; Winters et al., 2024).

Forensic Interviews

In 1985, Congressman Robert E. Cramer established the first Children Advocacy Center (CAC) in Huntsville, Alabama. The purpose of the CAC was to create a coordinated multidisciplinary approach to address the prevalence of child sexual and physical abuse allegations. The multidisciplinary team includes law enforcement, the district attorney’s office, child protective services, medical and mental health providers,

and a family advocate (Cross et al., 2008; Elmquist et al., 2015; History of NCA, 2023). Disclosure is considered a process and not a singular event, as the survivor will disclose in multiple contexts, such as an informal disclosure (e.g., a parent or friend) and a formal disclosure (e.g., law enforcement and CAC). The child abuse survivor will be formally interviewed at the CAC after the initial law enforcement contact regarding the allegations of abuse (Alnock & Miller, 2013; Lippert et al., 2009).

The purpose of the CAC is to provide a welcoming, safe, supportive, age and developmentally appropriate environment and coordinated access to services. The purpose of the forensic interview (FI) is to obtain detailed information regarding the abuse based on the survivors' episodic memory. The child is often the only witness to the abuse; therefore, their descriptive and accurate disclosure about the abuse is required for criminal investigation, prosecution, and access to mental health services to address symptomology (Cross et al., 2007; Fernandes et al., 2023). A trained Clinical Forensic Specialist will conduct the forensic interview (FI) with the child after meeting with the disciplinary team to obtain details and inquiries concerning the allegations, as other team members observe the interview remotely. The FI is also recorded for prosecution purposes and to alleviate retraumatizing the victim by eliminating the need to discuss the incident(s) of abuse repeatedly (Alaggia & Kirshenbaum, 2005; Grandgenett et al., 2021; Smith et al., 2000). Previous researchers argued that the disclosure rates during forensic interviews varied between 61%-89%, and 29% of forensic interviews did not yield a disclosure (Lippert et al., 2009). Child abuse survivors are more likely to disclose when the abuse is reportedly promptly, a supportive caregiver-child relationship exists, and the

child feels safe (Arata, 1998; Elmquist et al., 2015; Tashjian et al., 2016). A lack of CSA disclosure continues to exist due to various barriers, including coercion, familial relationships, age, the severity of abuse, internalized shame, guilt, stigma, and fear (Alaggia et al., 2017; Bottoms et al., 2014; Curry & Utley, 2018; Gewehr et al., 2021; Smith et al., 2000). Stakeholders must execute meticulous efforts to alleviate the stigma surrounding child sexual abuse and increase public health education and social change regarding access to services and legislative change in hopes of increased formal disclosures to ameliorate symptoms.

Historical Context

I will briefly discuss the historical context of African American women and men relating to sexual violence. Black women have been subjected to sexual assault since slavery. Black men were also forced to breed other Black slaves. There were no laws that protected Black men or women from sexual violence. The Emancipation Proclamation of 1863 did not shield African American women from sexual violence. White men could sexually assault black women with impunity.

In contrast, there were harsh punishments such as castration and lynching if a white woman alleged a black man had sexually assaulted her. Black slaves were considered promiscuous and hypersexual and subjected to severe rape and sexual assault. The experience of sexual assault of Black women has historically been disregarded. Black women have been stigmatized historically and continue to face this oppression today. One in five African American women has been subjected to sexual violence throughout her lifetime. Black women have historically been the ideal candidate for

sexual assault, which reaffirms white supremacy ideology. Survivors also fear being blamed for sexual assault, and their character is often assassinated. African Americans have been systemically oppressed and experienced several adverse childhood experiences, including poverty, community violence, exposure to substance abuse, mental illness, dysfunctional homes, and domestic violence, which increases their likelihood of being victimized. Researchers argued that exposure to childhood sexual abuse increases the chance of being revictimized in adulthood. Researchers argued that children from minority populations have an increased risk for child maltreatment (Luken et al., 2021). African Americans developed a culture of silence and avoided discussing their traumatic experiences due to the stigma and internalized rape myths, guilt, and shame. African Americans also experienced racial trauma, which is defined as experiencing or witnessing real or perceived racial discrimination that involves danger, threats of harm and injury, humiliation, or shaming (Comas-Díaz, 1995).

There is an assumption that African Americans are resilient and strong despite the adversities experienced. However, African Americans are more likely to engage in substance abuse and risky sexual behavior as a coping mechanism. Researchers found that there are oppressive and inefficient practices when providing mental health services to minorities. In 1968, the National Association of Black Social Workers (NABSW) was established to ensure the "survival, well-being, and liberation" of Black communities (NABSW, n.d.). The historical characterization and disregard of African Americans substantiate the apprehension within the culture to trust law enforcement, disclose sexual abuse, and engage in help-seeking behaviors. (Black et al., 2011; Brownmiller, 1975;

Buchanan & Ormerod, 2002; Comas-Díaz, 2016; Crenshaw, 1989; Donovan & Williams, 2002; Gómez, & Gobin, 2019; Murray et al., 2023; NABSW, n.d.; Siegel & Williams, 2003, Sommerville, 2004, 2005; West 2002, 2013; Wooten, 2016; Wyatt, 1992).

Cultural Attitudes

Cultural attitudes and societal reactions to child sexual abuse (CSA) and CSA disclosure have also been cited as barriers to disclosure. Cultural norms are a culture's shared values, beliefs, and attitudes. Sexually violent supportive norms are the beliefs associated with sexual assault, and they influence societal reactions to sexual assault and disclosure. Further, the sociocultural system, as defined by Bronfenbrenner (1994), consists of a macrosystem (e.g., mutual characteristics such as race and religion), microsystem (e.g., family and friends), and the exosystem (e.g., institutions) (Bronfenbrenner, 1994; Dworkin & Weaver, 2021; Fontes & Plummer, 2010; Myrie & Schwab, 2022). Sexual-violence supportive norms often perpetuate rape myths and have negative effects on the survivor, which further impedes disclosure and affects the survivors' psychological functioning (Burt, 1980; Dworkin & Weaver, 2021; Krahé 2016; Maiorano et al., 2023). Endorsing victim blaming and shaming discourages disclosure and deters active engagement in help-seeking behaviors (Dworkin & Weaver, 2021; Maier, 2011). Rape myths are assumptions and beliefs regarding rape. Rape myths blame the victims for the traumatic experience (Burt, 1980).

We live in a patriarchal society where survivors of sexual assault are scrutinized, ashamed, and retraumatized due to the stigmatization associated with the disclosure of sexual assault. Survivors also fear being blamed for the sexual assault, and their character

is often questioned and attacked. The circumstances surrounding the assault, such as intoxication and societal stigma that regards survivors as being promiscuous, are inherently dangerous and contribute to a lack of disclosure (Alaggia & Mishna, 2013; Fontes, 2007; Fontes & Plummer, 2010). Historically, rape was considered a crime involving property and only provided protection for white women, and sexual assaults of African American women were not considered a crime, and assaults of African Americans against each other were not criminalized (Gómez & Gobin, 2019; West, 2013).

Further, in most low-income minority communities, there is a consensus of distrust of police departments and child welfare agencies due to the negative historical experiences between community members and these agencies. The lack of criminal prosecution and substantial case attrition also contribute to a lack of formal disclosure. The lack of distrust and cultural humility are barriers to formally disclosing CSA, which impedes legal proceedings and help-seeking behaviors (Ahmad et al., 2009; Downing et al., 2022; Drewett et al., 2021; Sawrikar & Katz, 2017). The Violence Against Women Act (VAWA) enacted in 1994 increased funding for sexual assault survivors to access services and influenced legislative change such as the criminalization of violent acts against women, including sexual assault, domestic violence, dating violence, and stalking The Violence Against Women Act (VAWA) was in response to the prevalence of violence committed against women nationally (Boba & Lily, 2008; Gover & Moore, 2020). The purpose of VAWA was to improve the prevention and education of violence against women, victim safety, and perpetrator accountability. The stigma associated with

sexual assault can be mitigated with public health education, legislative change, and culturally diverse services and providers (Auchter & Moore, 2013; Ford et al., 2002; Stupakis, 2019).

Fathers and Paternal Caregivers

I will briefly discuss the importance of a father or paternal caregiver's impact on a child's development and the effects of mitigating dysfunctional psychological functioning. There is substantial research regarding the phenomenon of child sexual abuse. However, fathers are often excluded from social research and child services planning despite their caregiving responsibilities and the significant occurrences of physical and sexual abuse perpetrated by men (Cabrera et al., 2018; Jimenez, 2006; Parent-Boursier & Hébert, 2015; Rancher et al., 2002.). As novice social researchers and stakeholders, we should ensure that fathers and their contributions are acknowledged regardless of the status of parental relationships. Fathers have a pivotal role in their children's social-emotional development. Practical and positive co-parenting is necessary to alleviate the emotional dysregulation of a child (Kelley et al., 1998; Lee et al., 2022; van Eldik et al., 2020).

Child welfare agencies often disregard fathers, especially fathers living in poverty. Child welfare workers did not engage with fathers and often excluded them from responsibility and engagement in services. Hence, this contributed to the manufacturing of ghost fathers as most workers' sole focus is on the primary caregiver, which is most often the mother, even if she has been victimized herself (Brown, 2008). Historically, the policies that governed welfare services often required that fathers be absent from the

home, or the household could risk losing eligible benefits; the policies are very similar to slave patrols. At the inception of child welfare services, black children were initially excluded. However, research data shows that black children are overrepresented and account for 42% of children in the child welfare system (Jimenez, 2006).

A child's environment and family dynamics influence their development. Therefore, if a child is subjected to a dysfunctional, violent, and toxic home environment, they are more likely to internalize behaviors and exhibit maladaptive behaviors (Xuan et al., 2018). Children residing in low-income communities are more susceptible to experiencing ACES and child maltreatment. Child maltreatment during early childhood development affects the development of secure attachment (Levenson, 2020). In short, fathers' active involvement and presence in their children's lives is critical as the parent-child relationship impacts children's social and emotional development (Diaz, 2014). Research data shows that the relationship between nonmaternal caregiver support and healthy child adjustment was more significant than maternal support. It is also important to mention that the child's perspective on the relationship between their maternal and paternal caregiver is significant versus statistical data. Therefore, the child will determine which parent they consider more dominant and adequate (Bolen & Gergely, 2014; Parent-Boursier & Hébert, 2015).

Despite the negative social media portrayal of African American, Black, and Latino men, researchers found that they are more actively involved in the lives of their children versus White men. Black men also provide more caregiving responsibilities to their children versus White and Latino men. Immigrant fathers may also experience

challenges due to cultural and language barriers. The immigrant family could also be fearful of interacting with authorities due to their immigration status. Further, the barriers could limit meaningful and active engagement in the lives of their children and family dynamics (Cabrera et al., 2011; Diaz, 2014; Hawkins et al., 2007; O'Gara, 2024a; O'Gara, 2024b; Violi et al., 2023).

Moreover, researchers found that children are more influenced by the more social class-dominant parent versus the parent that is more dominant based on gender. However, both parents and life experiences influence the development and social destiny of the child (Bolen & Lamb, 2002; Jayet, 2023). Research data has posited that parents' and life experiences affect their children's worldview and adulthood behavior. The active involvement of the paternal figure can alleviate problematic behaviors and improve social and academic success. Fathers who are more affectionate and practice less harsh forms of discipline develop a more meaningful and close relationship with their children. Men have a more meaningful sense of worth that is attributed to caregiving responsibilities and the intrinsic dependence of the child on their father (Beglaubter, 2021; Brown-Weinstock et al., 2023; Diaz, 2014; Ellerbe et al., 2018; King et al., 2004; Park et al., 2024; White et al., 2023).

Further, fathers develop and embrace their caring masculinities when they are responsible for caregiving responsibilities for their children, which differs from societal perceptions of masculine attributes such as being aggressive and violent. Children depend on their caregivers to meet their basic needs, including protection and safety. Research demonstrates that a positive response and support from caregivers is instrumental in the

survivor's healing process and likely the catalyst to engaging in help-seeking behaviors (Rancher et al., 2022). When caregivers are educated and informed about child sexual abuse (CSA) and its complex consequences, it provides an opportunity for parents to educate their children about CSA and provide reassurance regarding protecting the child if they experience sexual violence. The supportive reassurance from the caregiver could prompt the child to feel comfortable and safe to disclose the abuse without fear (Bolen & Lamb, 2002; Rudolph et al., 2024; Rudolph & Zimmer-Gembeck, 2018; Russell et al., 2024).

When parents and caregivers fail to protect their children from child sexual assault (CSA) and intrapersonal violence from a known alleged offender, it has a detrimental effect on the child's attachment. An unhealthy and insecure attachment increases the risk of revictimization and challenges to developing healthy and trustworthy relationships into adulthood for the child survivor. Therefore, caregivers must create a safe and nurturing space for their children to feel comfortable and safe disclosing CSA and interpersonal violence. Caregivers should ensure that their reaction to CSA disclosure and interpersonal trauma is supportive, responsive, and positive. The caregiver should also ensure that their response is reassuring to provide a sense of safety and protection for the child survivor and ameliorate the severe psychological symptomology (Miljkovitch et al., 2022; Wallis & Woodworth, 2021).

Cultural Competency and Humility

Prior researchers argued that CSA research on minority groups is insufficient, and minority groups receive inadequate mental health services. Provider biases also

contribute to racial and ethnic disparities in healthcare. Cultural competency refers to providers and organizations delivering culturally appropriate services and responses as trained. Cultural humility is the intentional honoring and respecting of the consumer's cultural beliefs and is contingent upon the providers' ongoing process of self-assessment regarding biases and a commitment to inclusion (Murray et al., 2023; Sawrikar & Katz, 2017; Stubbe, 2020; West, 2021). Researchers found that there are oppressive and inefficient practices when providing mental health services to minorities. A lack of accessible, culturally competent, effective, and diverse providers also deters formal disclosures. (Luken et al., 2021; Osborn & Karandikar, 2022; Sue et al., 1982). The National Association of Social Workers (NASW) amended the code of ethics to emphasize the importance and application of cultural competence, humility, and the providers' ongoing education and self-assessments (Murray et al., 2023).

Survivors of sexual assault may feel more inclined to make a formal disclosure to providers that exhibit cultural humility (Augusti & Myhre, 2021; Downing et al., 2022). African American individuals are stereotyped as being strong despite facing many adversities. Further, cultural norms that infer that authorities and institutions are inherently bad serve as cultural barriers to disclosure (Campbell, 2017; Campbell, 2019; Fontes & Plummer, 2010; Myrie & Schwab, 2022). Religious beliefs can also be a barrier to disclosure as the caregiver (s) and the survivor may believe that the sexual assault was orchestrated by God (Comas-Díaz, 1995; Kennedy, 2000). The overrepresentation and overt unreasonable impact of children services in ethnic and minority communities also deter formal disclosures of CSA (Detlaff & Boyd, 2020; Luken et al., 2021; West, 2021).

Mental health providers who do not demonstrate cultural humility nor operate from a trauma care approach have the potential to unconsciously or overtly operate with implicit biases, which are harmful to consumers (Stubbe, 2020). There is a lack of substantial research regarding child sexual abuse within ethnic minority communities. This is concerning as the field lacks informed knowledge from their perspective, which impacts clinical interventions. Hence, the services provided are ineffective and non-responsive. Further, the interventions are not client-centered and do not address the symptomology from a trauma-informed and cultural humility approach (Sawrikar & Katz, 2017). Culturally competent mental health providers should ensure that services provided are culturally sensitive and avoid personal biases and countertransference when working with trauma survivors (Howard Valdivia et al., 2022).

Social Media Campaigns

Social media campaigns such as the #MeToo movement seemingly have empowered survivors to discuss their sexual assault publicly and destigmatize sexual assault. The #MeToo movement was created in 2006 by Tarana Burke, a black social activist and sexual assault survivor from New York. The movement was created to encourage women of color and survivors of sexual assault to disclose their abuse and create a sense of community support. The #MeToo movement became popular in October 2017 during criminal proceedings against Harvey Weinstein for sexual assault after actress Alyssa Milano urged women to use the hashtag via Twitter to highlight the prevalence of sexual assault and violence. Within the year of Milano's use of #MeToo, it was tweeted more than 19 million times and 12 million times on Facebook within the

first 24 hours. There were other viral social media campaigns prior, such as "#BeenRapedNeverReported (10/2014), #NotOkay(10/2016), #WhyIDidntReport (9/2018)" (Drewett et al., 2021; Gorissen et al., 2023). The popularization of the #MeToo movement seemingly highlights the outcries of wealthy white women, which substantiates the historical context that crimes against white women were deemed more important. However, Burke created this space long before its popularity for women of color to find their voice and community.

The movement has been criticized and labeled as totalitarian, allowing the opportunity for scorned individuals to make false public allegations. The movement has not eradicated the stigma or public health crisis. However, it does provide a sense of community and alleviates the stigma survivors face alone. It provides an opportunity for survivors to create a community of social support and an opportunity to disclose their sexual assault informally. The survivors' credibility is often questioned and attacked, which causes revictimization and formal disclosures (Alaggia & Wang, 2020; Bogen & Orchowski, 2024; Brockes, 2018; de Roos & Jones, 2020; Drewett et al., 2021; Witt et al., 2020). Social media campaigns have proved useful in illuminating sexual assault and providing survivors with a safe and supportive community, albeit met with negative reactions at times. The supportive reactions have empowered survivors to share their stories and resources as they navigate their healing journey.

Survivors often delay disclosure after the abuse, although it has been reported that an estimated 21.3% of survivors disclose abuse within one month. However, previous researchers found that one in five child sexual abuse (CSA) survivors never disclosed the

abuse, while others may disclose the abuse during their teens or as adults. Despite the vast research regarding the phenomenon and public health crisis, CSA remains significantly underreported (Fontes & Plummer, 2010; Reitsema & Grietens, 2015; Schönbucher et al., 2012; Ullman, 2003). There is a myriad of reasons why survivors may not disclose abuse, such as systemic oppression, a culture of silence, grooming, gender, barriers to accessing services, distrust of authorities, family dynamics, religious beliefs, taboos, lack of supportive caregivers, lack of culturally competent providers, honor, perpetrator-survivor familial relationship, revictimization, isolation, fear, stigma, guilt and shame (Alaggia et al., 2017; Bottoms et al., 2014; Curry & Utley, 2018; Jeremiah et al., 2017; Lanning, 2010; Myrie & Schwab, 2022; Reddock et al., 2020; Reitsema & Grietens, 2015; Winters et al., 2020).

Therefore, increasing public health education regarding sexual assault is important so that children, caregivers, society, and providers are more informed and alleviate the stigma associated with CSA. Increased public health education could encourage survivors to disclose abuse promptly and improve health-seeking behaviors. The timely disclosure of sexual assault allows the survivor to engage in services and alleviate the manifestation of severe psychological symptoms. Further research is warranted to inform the field of practice. Caregivers and providers should be more vigilant in observing the signs of abuse and educate children on inappropriate versus appropriate touch, as many children are uninformed and hence delay disclosure. A lack of disclosure, unfortunately, subjects the survivor to being revictimized as the perpetrator may continue to have access to the CSA survivor and other potential victims. Lastly,

survivors feel supported and generally experience less internalized stigma and less severe psychological functioning when their disclosure is met with a supportive and positive response. (Alaggia & Mishna, 2014; Alaggia & Kirshenbaum, 2005; Arata, 2002; Bogen & Orchowski, 2024; Bottoms et al., 2014; DeGruy, 2017; Maier, 2011; Ullman et al., 2009).

Trauma-Informed Care

I will discuss the concept of trauma-informed care and its importance in the recovery process of trauma survivors. Trauma-informed principles are considered the interventions applied in service delivery, which mirrors the core values of trauma-informed care. In contrast, trauma-informed care is an organizational context regarding service delivery (Levenson, 2020). Trauma-informed care is a trauma treatment approach that focuses on the survivors' emotional well-being. Trauma-informed care is based on the principles of safety, trust, transparency, peer support, collaboration, empowerment, and hope and an acknowledgment of cultural, historical, and gender-specific traumas and their effects on functioning (Bloom, 1997; Levenson, 2020; SAMHSA, 2014).

Further, trauma-informed care providers acknowledge that survivors have past traumas from childhood and adulthood, which have a profound effect on psychosocial and neurobiological functioning, which impacts the survivor and family members. Trauma-informed providers are cognizant of avoiding retraumatization, encourage client engagement, and aim to foster a trustworthy and therapeutic working relationship. Societal traumas such as poverty and racism also adversely affect survivors. Historically,

populations have received ineffective and negative mental health services (Sweeney et al., 2018). Trauma-informed care providers empower survivors and encourage recovery, promote safety, and a holistic approach to healing from traumas in a safe, supportive, and culturally sensitive environment (Augustus & Pandey, 2023).

The adverse effects of child sexual abuse are well documented. As service providers, there should be a conservative effort to alleviate further traumatization of survivors. A trauma-informed approach and cultural humility are necessary when providing services to trauma survivors as they navigate processing and their recovery journey. Providers should ensure that services are effective, empowering, engaging, collaborative, strength-based, trauma-informed, and culturally sensitive to avoid revictimization and alleviate the severe symptomology associated with child sexual abuse (Edelman, 2022). The adverse effects of child sexual abuse are well documented. As service providers, there should be a conservative effort to alleviate further traumatization of survivors when providing treatment to trauma survivors.

Summary and Conclusions

This chapter focused on the literature review and highlighted the gap in data on the paternal caregiver's experience accessing trauma-informed services to address symptomology after child sexual abuse. Childhood sexual abuse (CSA) is a global health crisis that affects one in five women and one in thirteen men (World Health Organization, 2020). Researchers argued that children are considered vulnerable (Salter & Hall, 2022). Twelve percent of children have experienced CSA worldwide (Fix et al., 2021). Prior research indicates that child sexual abuse (CSA) has negative psychological impacts on

the survivor and can lead to the development of PTSD and other mental health disorders (Castro et al., 2019; Finkelhor & Browne, 1985; Guyon et al., 2019). Survivors of CSA are susceptible to developing affect and emotional dysregulation, disassociation, borderline personality disorder, substance abuse, and maladaptive behaviors (Briere & Rickards, 2007).

Survivors of CSA experience significant internalized shame, which has a debilitating effect on their self-esteem, psychological functioning, emotional regulation, and interpersonal relationships (Kim et al., 2009). Survivors can experience difficulties in forming and maintaining healthy relationships due to interpersonal trauma. Further, some survivors engage in risky sexual behaviors to avoid rejection despite feeling a sense of objectivation and their disdain for engaging in sex due to traumatic sexualization (Senn et al., 2011).

Trauma survivors with a history of childhood maltreatment are more likely to experience revictimization due to maladaptive behaviors, dysregulated emotional regulation, disassociation, unhealthy attachments, impulsive behaviors, and diminished risk assessment (Fereidooni et al., 2023). CSA survivors are likely to engage in risky sexual behaviors with multiple partners, which potentially exposes them to sexually transmitted diseases and revictimization of sexual violence. CSA survivors also exhibit impulsive and deviant behaviors. Further, survivors engage in substance abuse as a coping mechanism, which diminishes their risk assessment and increases the opportunity for revictimization (Dhyatmika et al., 2024)

The negative effects of childhood sexual abuse (CSA), which include internalizing shame and guilt, amongst a plethora of other psychological symptoms, are barriers to disclosure and help-seeking behaviors. The onset, duration, and complexity of childhood maltreatment and abuse are indicative of the severity of psychological functioning, which can last into adulthood. However, a strong and effective support system that includes trauma-informed, culturally sensitive providers can help lessen the severity of symptomatology (Briere et al., 2010; Gómez et al., 2016). Researchers found that trauma survivors with a history of childhood maltreatment, dysregulated emotional regulation, and symptomology such as substance abuse, post-traumatic stress disorder (PTSD), depression, and anxiety are at an increased risk of suicidal behaviors, including suicidal ideations and suicide attempts (DeCou & Lynch, 2019; Gawęda et al., 2019; Thakkar et al., 2000; Tsur et al., 2023). It is important for stakeholders, which include caregivers and providers, to validate the experience of trauma survivors and provide a supportive, collaborative, engaging, and empowering recovery experience (Wei, 2023).

Survivors of CSA experience long-term effects; survivors of CSA also experience residual stigmatization, internalized shame, and guilt associated with the traumatic experience. Many survivors often delay and avoid disclosure due to stigma. Further, survivors of CSA experience emotional dysregulation, which is often associated with interpersonal betrayal by a known perpetrator or a non-supportive response to disclosure by a trusted individual (Henning et al., 2018).

The four traumagenic dynamics can alter a survivors' cognitive and emotional functioning while distorting their self-esteem, identity, and affective capacities (Finkelhor

& Browne, 1985). The traumagenic dynamics model provides a foundation for human service professionals to assess and treat the symptoms associated with child sexual abuse and post-traumatic stress disorders (Cantón-Cortés et al., 2012). The betrayal trauma theory also provides a theoretical lens to examine the social problem as it emphasizes the severity of betrayal associated with child sexual abuse and interpersonal violence perpetrated by caregivers and the negative psychological functioning and symptomology the survivor experiences (Freyd, 1996).

The cultural betrayal theory expanded on Freyd's (1996) betrayal trauma theory as it examined the severity of betrayal of interpersonal violence within a cultural context. The cultural betrayal theory highlights the importance of shared group norms and intracultural trust to alleviate the effects of societal traumas and the high level of betrayal the survivors experience when their trust is violated by a community member (Gómez 2018, 2020, 2022,2023). The prevalence of CSA is a health crisis that affects children without prejudice of socioeconomic status, geographical location, and race. While CSA is a global health crisis, children in minority communities are exposed to increased societal trauma, child maltreatment, and adverse childhood experiences, and they are at a higher risk of developing severe psychological symptomology into adulthood (Freyd, 1996; Gómez, 2022; Schauss et al., 2020).

ACEs are more prevalent in Black and Hispanic communities. However, children in high-income communities also experience ACEs, albeit with fewer occurrences (Brown et al., 2023; Schauss et al., 2020; Stinson et al., 2021; Storrie et al., 2022). A child who experiences intrafamilial sexual abuse will develop high betrayal and shame, which

are associated with the onset of PTSD (Gómez, 2020). The deleterious effects of traumatic symptomology can be mitigated with a positive and supportive response to abuse disclosures. Therefore, caregivers and providers must be aware of personal biases, traumas, and their emotional reactions to disclosure. A negative response to disclosure is detrimental to the survivor's psychological functioning (Kline & Palm Reed, 2021; Russin & Stein, 2022; Salter & Hall, 2022). It is imperative that fathers and paternal caregivers are included in social research and service planning. Fathers and paternal caregivers should be acknowledged and respected within the family dynamic and by stakeholders to dismantle the ghost father paradox. A respectful and effective co-parenting dynamic contributes to acknowledging the importance of the father's role, despite the parental relationship status. The father's active involvement and presence in their children's life is advantageous as the parent-child relationship impacts children's social and emotional development and can alleviate emotional dysregulation of a child. (Brown, 2008; Diaz, 2014; Lee et al., 2022; van Eldik et al., 2020).

In response to the burdens on state agencies to investigate the disclosures of child sexual abuse and physical abuse chi, child advocacy centers (CACs) were established in 1985. The purpose of the CACs is to provide an organized, multidisciplinary approach to addressing the crisis, prosecuting alleged offenders, and providing equitable and appropriate medical and mental health services to the child survivors and caregivers (Elmquist et al., 2015; Fernandes et al., 2023). While the purpose of this research is to highlight the prevalence of child sexual abuse (CSA) and to examine the lived experiences of the paternal caregiver after their child discloses CSA, it is important to

highlight the historical context of violence against women. The Violence Against Women Act (1994, VAWA) was directly in response to the pervasiveness of violence committed against women. The VAWA criminalized interpersonal violence against women (Gover & Moore, 2020).

Historically, mental health services in minority and low-income communities have been ineffective and oppressive (Osborn & Karandikar, 2022; Sue et al., 1982). There has been a conservative effort by stakeholders to improve the quality of mental health services and to address the phenomenon. The National Association of Social Workers (NASW) acknowledged the need for more inclusive mental health services and emphasized the importance of providers being culturally competent and culturally humble and the providers' ongoing education and self-assessments. However, it should be noted that the NASW does not outright advocate for racial justice or abolition of oppressive and discriminatory structural and systemic practices and policies, as evidenced by their delayed public organizational response regarding the murder of George Floyd (Murray et al., 2023). The National Association of Black Social Workers (NABSW) was established to ensure the "survival, well-being, and liberation" of Black communities in 1968 in response to the ineffective and oppressive practices and mental health services afforded to marginalized communities (NABSW, n.d.).

Mental health disparities are prevalent in minority communities. Minorities, specifically African Americans, are considered a vulnerable population. However, they continue to experience significant disparities in accessing healthcare and mental health care. Historically, due to societal trauma, systematic oppression, discrimination, racism,

cultural norms, and mistrust of agencies, minorities, and African Americans will avoid engaging in formal help-seeking behaviors. Societal trauma manifested the necessity for intracultural trust among marginalized group members, wherein survivors could feel more comfortable to informally disclose to avoid involving the authorities and other agencies such as child services due to historically negative and oppressive interactions (Gómez 2022, 2023; Holden et al., 2014; Luken et al., 2021; Mosley et al., 2021).

The stigma associated with mental health in marginalized minority communities is a barrier to help-seeking behaviors. When members of a marginalized minority community seek mental health services, they are often misdiagnosed with psychotic disorders versus affective disorders, although researchers have documented that affect dysregulation and psychological dysregulation are consequences of trauma. The misdiagnosis and ineffective mental health services provided to minorities could be attributed to prejudices, biases, a lack of culturally competent providers, and systematic discrimination. African American women and Latino women are statistically more susceptible to sexual violence than white women, however, they seek less formal and informal help due to societal trauma and negative societal reactions versus white women. Further, African American and Latino caregivers experienced increased blame and guilt versus White caregivers about their child disclosure (Dhyatmika et al., 2024; Feiring et al., 1996; Gross,1998; Klein & Park Reed, 2021; Smith et al., 2010; Wei, 2023).

There should be a deliberate effort by providers, policy makers and stakeholders to eradicate and address the disparities in mental health, health care and the abolition of white supremacy. To address the disparities that exist, providers should operate from a

culturally centered model of health care approach when working with a diverse population and ensure that services are client-centered, collaborative, respectful, inclusive, and culturally sensitive (Holden et al., 2014; Tucker et al., 2011; Wrenn et al., 2017). There have been developments in service approaches such as trauma-informed care, which encourages a holistic client-centered and collaborative approach and promotes safety and recovery from traumas in a safe, engaging, respectful, supportive, and culturally sensitive environment (Augustus & Pandey, 2023).

In the next chapter, I will introduce the applicable methodology for my research. I will also provide in-depth information regarding the methodology, research data procedures, and qualitative research quality indicators.

Chapter 3: Research Method

The purpose of this qualitative phenomenological design study is to examine the lived experiences of fathers after their child has experienced and disclosed child sexual abuse (CSA). Further, the purpose is to gain in-depth information regarding the caregiver's lived experiences regarding the phenomenon. CSA is a global health crisis with deleterious consequences and affects many children and violates their safety (Landberg et al., 2022). I will explore the caregiver's perception of engagement with a multidisciplinary team and local agencies after the child survivor's formal disclosure of CSA. The study participants will include fathers and father figures who have caregiver responsibilities for the child survivor. This qualitative study can inform stakeholders such as local child welfare agencies and police departments, human service providers, child advocacy centers, and parents. There is a lack of qualitative research that has examined the lived experiences of fathers and father figures of CSA survivors. This study aims to gain more knowledge regarding their experience, which can inform culturally sensitive services and interventions and acknowledge the importance of the father's caregiving role. In this chapter, I will describe the qualitative research design and rationale implemented and the role of the researcher. I will also describe the methodology, which includes the participant eligibility criteria, data collection, and data analysis methods. The qualitative quality indicators, such as trustworthiness, credibility, transferability, dependability, and confirmability, will be discussed. Lastly, the ethical considerations and chapter summary will be discussed.

Research Design and Rationale

The purpose of this qualitative phenomenological design study is to examine the lived experiences of adult fathers after their child has experienced and disclosed child sexual abuse to address the documented problem that child sexual abuse survivors have higher risks of suicidal ideations. The purpose of this study is not to generalize findings such as in the case of ethnographies or narrative studies (Corley et al., 2020; van Manen, 2017). A phenomenological design is suitable for this study as phenomenology investigates subjective lived experiences and interpretations (Frechette et al., 2020; Grossoehme, 2014; Tenny et al., 2022). A qualitative research design is appropriate for the study because the purpose of qualitative research is to better understand individual experiences and interpret the complex reality of the phenomena in a natural setting (Oranga & Matere, 2023; Rodriguez & Smith, 2018). Further, a qualitative research design is appropriate as the data collected will be narratives versus numerical, and themes will emerge from data collection (Busetto et al., 2020; Tenny et al., 2022).

The study participants will complete a 1:1 semi-structured interview as this provides an opportunity to contextualize their experiences and offer ample descriptive data and meanings (Arbieto Mamani et al., 2023; Choupani & Atefi, 2021; Jacob & Furgerson, 2012; Neubauer et al., 2019; Turner, 2014). Further, interviews are conversations between the researcher and study participants that elicit rich data in qualitative research (Mwita, 2022a). This phenomenological qualitative research design will provide an opportunity for the study participants to be acknowledged in their roles as caregivers and to provide in-depth information regarding their personal experiences and

their meaning, which is subjective and unique (Arbieto Mamani et al., 2023; Emiliussen et al., 2021).

Research Question

What are the lived experiences of fathers after their child has experienced child sexual abuse?

Role of the Researcher

The role of the researcher conducting qualitative research is to be immersed in the data as the primary source of data collection and to ensure transparency regarding the researchers' positionality and biases (Fink, 2000; Johnson et al., 2020). The researchers' ability to acknowledge and describe preconceptions and biases throughout the research process contributes to the rigor of the qualitative research (Emiliussen et al., 2021). The researcher also has the responsibility to build rapport and develop a hermeneutic relationship with study participants and ensure their anonymity, as this may yield more insightful knowledge regarding the phenomena (Dunwoodie et al., 2022; Mwita, 2022b). As a novice phenomenological researcher, I must possess a descriptive attitude and have the capability to describe the data that I observe and hear (Alhazmi & Kaufmann, 2022). Additionally, I must be flexible and allow the participants to guide the interview (Carter et al., 2021). Lastly, I am obligated to achieve epoch by suspending preconceptions and avoiding misrepresenting the participant's experiences and meanings (Corley et al., 2020).

As a novice qualitative researcher, it is important to be transparent regarding my positionality. Positionality refers to an individual's ontological and epistemological

assumptions. The term ontology refers to your world view and what is true. Whereas the term epistemology refers to beliefs that are justified based on the individual's perception of reality (Darwin Holmes, 2020). A researcher's positionality can influence their research. Therefore, transparency regarding positionality is necessary in hopes of mitigating researcher biases. It is not uncommon for researchers to disclose their positioning in a positionality statement (Boveda & Annamma, 2023). The researcher's positionality and reflexivity can alter and influence the research and research data (Collins & Stockton, 2022). Researcher reflexivity is also necessary when conducting qualitative research. A researcher must disclose their preconceptions and worldviews, and how they can influence the research in its entirety to include the research design and data analysis.

I identify as an African American and Honduran woman. I have over 16 years of experience as a human services professional. I have engaged with the study's population throughout my tenure as a human services professional. I also identify as a sexual assault survivor. As a survivor, I was immersed in the study's population. Consequently, I have personal and professional experience with the targeted population. My professional experience and knowledge equipped me to navigate my traumatic experience.

Although the experience was traumatic and affected my overall functioning, I utilized my resources, support system, mental health providers, local police department, and therapeutic skills to process and heal. The sexual assault impacted the completion of this study as I found myself being triggered to discuss child sexual abuse while actively processing the trauma, and I had to take a break from school. However, I was determined

to complete the study as it was empowering and allowed me to control the narrative of my story while informing future practitioners. The phenomenon and population piqued my interest most during my role as a Clinical Forensic Specialist as I interacted with caregivers of child sexual and physical abuse survivors. I observed that most of the fathers and father figures appeared distrustful of the systems, and they were apprehensive to seek services for themselves. However, they ensured that their child(ren) was actively engaged in services. Further, the fathers would not seek additional assistance such as clothing, food, and housing resources as they feared being labeled as incompetent and inadequate caregivers despite being the non-offending caregivers. Although I have extensive knowledge of CSA sequelae, population and I am a sexual assault survivor, I do not make assumptions regarding the population or their experience. There are no power relationships as I am no longer in the Clinical Forensic Specialist Role. In the next section, I will discuss the research methodology.

Methodology

Participant Selection

The targeted population for this study were paternal caregivers of child sexual abuse survivors residing within the United States. The caregivers were at least 18 years old, and the assault occurred before the child survivor's eighteenth birthday. All criminal proceedings associated with the child sexual abuse case was concluded. During the recruitment phase, I posted the IRB-approved electronic recruitment flyer on social media platforms such as Facebook, Instagram, LinkedIn, TikTok and X. The recruitment flyer was sent to local child advocacy centers, child welfare agencies, and my social networks

to be shared with potential study participants as this approach also aligns with snowball sampling (Leighton et al., 2021). The recruitment flyer was also distributed in public places such as the library, community organizations, and public transportation with authorization. The recruitment flyer had a QR code that could be scanned and directed potential participants to view the informed consent via Google Forms. The recruitment flyer also provided the QR code address bit.ly/40FbNbs. Potential participants could click or enter the address and access the informed consent via Google Forms.

Further, I contacted the potential participants and provide an opportunity for any inquiries and schedule an interview. The interviews were conducted via Zoom due to the topic's sensitive nature and to reduce additional costs. The study participants were intentionally chosen to meet the eligibility criteria to provide rich data regarding the phenomenon (Carter et al., 2021).

Sample Size

While qualitative research does not have a specific sample size requirement, it is suggested that a qualitative study have 5-25 participants. A small sample size is sufficient once the researcher reaches data saturation (Corley et al., 2020). While a small sample size can provide rich data regarding a phenomenon. Some researchers assert that a small sample size does not provide generalization. However, the data can contribute to existing literature (Guest et al., 2020; Mwita, 2022a). I reviewed five peer-reviewed qualitative studies to assist me in selecting a sample size for my study. Prusak and Schab (2021) determined that five participants for their qualitative interpretative phenomenological analysis study were sufficient. Authors Kåven et al. (2018) selected eight study

participants. However, Markwei and Osei-Hwedie (2019) and Markwei and Tetteh (2021) selected seventeen participants for their phenomenological study. Whereas Collin-Vezina et al. (2021) determined that twenty-one participants were sufficient for their consensual qualitative study. The authors conducted interviews as their data collection method and utilized purposive and snowball sampling methods to recruit potential study participants.

The sample size for my study was four participants. However, if the data collection and analysis do not meet the data saturation requirements, snowball sampling will also be used to recruit additional participants. Qualitative sampling is an iterative process. Data saturation will be reached when no further significant data emerges, and the data becomes repetitive (Busetto et al., 2020). The richness of the data collected through participant interviews and throughout the research process is indicative of data saturation (Campbell et al., 2020). The utilization of data triangulation adds to the validity and data saturation (Guest et al., 2020).

Sampling Strategy

I utilized purposive and snowball sampling strategies to recruit participants for the study. I will briefly discuss both sampling strategies. Purposive sampling allows the researcher to intentionally select participants with personal knowledge and experience regarding the phenomenon who can provide rich, in-depth data and alleviate expenses (Frechette et al., 2020; Johnson et al., 2020). Purposive sampling provides an opportunity for the researcher to select participants they deem suitable and align with the research

purpose, whereas snowball sampling provides an opportunity for the participants to refer other potential study participants (Purna Singh et al., 2023).

Snowball sampling is another method of non-probability sampling, such as purposive sampling. However, snowball sampling allows the researcher access to populations that are not readily accessible. The researcher depends on their social networks, professional associations, and recommendations from current participants with personal experience of the phenomenon (Leighton et al., 2021; Purna Singh et al., 2023).

Procedures

Prior to data collection, Walden University's Institutional Review Board (IRB) approval was sought. Instagram, Facebook, Twitter, and LinkedIn policies were reviewed, and approval was requested from the social media platforms, partner sites, and social media group administrators as applicable. A recruitment flyer was drafted in preparation for IRB approval. The recruitment flyer was shared with professional networks in alignment with the snowball sampling strategy. The recruitment flyer will include the research study's description, purpose, and objective. The recruitment flyer will also include the inclusion criteria and the expectations for potential study participants. Lastly, the recruitment flyer will include the researchers' email address and Google voice number for inquiries throughout the process. The recruitment flyer was disseminated once approval was provided by the authorized entities, where applicable.

Potential study participants were directed to Google Forms informed consent form. The participants will provide informed consent by selecting the box which indicates their "Yes, I agree to participate in this study" response. The potential study

participant was contacted via phone or email, and the researcher scheduled a virtual interview for a mutually convenient time. The potential participants were provided with an opportunity to ask additional questions. The informed consent agreement form must be completed by potential participants prior to data collection and reiterated verbally before the scheduled virtual Zoom interview. The participants will also be provided with a Zoom meeting link via email.

The data collection method were semi-structured interviews, which were conducted according to the interview guide (Appendix A). The interviews were conducted via Zoom's encrypted and password-protected digital platform. The interviews did not exceed 60 minutes, in most instances. The interview was audio-recorded and transcribed using the function on the Zoom platform. The researcher kept detailed notes in her reflexive journal throughout the research process. The study participants were provided with a transcribed copy of their interview within seven business days for engagement in member checking and assessment of the transcript accuracy. The participants were also provided with a list of mental health resources for sexual assault via email in addition to the interview transcript. An electronic copy of the transcript and mental health resources within seven business days of the interview. Recruitment continued until data saturation was achieved.

All electronic data will be stored on a password-protected external hard drive and laptop. All research data (hard copies and electronic) will be stored securely, safeguarded, and stored in a locked cabinet when not in use for 5 years after the publication date. The physical data will be shredded, and all electronic data will be

deleted from the external hard drive after 5 years post-publication. If any participant terminates his authorization to participate in the study, his data will be immediately discarded in accordance with data handling procedures.

Data Analysis Plan

Trustworthy and rigorous qualitative research involves systematic and meticulous data analysis (Ahmed, 2024; Bingham, 2023). As a novice researcher, thematic analysis will be utilized for data analysis as it encourages being immersed in the data, researcher subjectivity, reflexivity and transparency regarding biases (Braun & Clarke, 2023c). Data analysis strengthens the credibility of the qualitative research. Thematic analysis is a systematic approach to analyzing qualitative data, identifying themes and patterns, and interpreting the research data (Magquire & Delahunt, 2017).

Thematic analysis has six phases, as defined by Braun and Clarke (2006a). The thematic analysis involves the researcher being familiar with and immersed in the transcribed research data in phase one. In phase two, the researcher meticulously reviews the data and identifies repeated patterns as keywords. The identified keywords are then coded into categories in phase three. In phase four, the researcher creates meaningful themes from the coded and categorized data. The research keywords, codes, and themes are defined and conceptualized in phase five. In phase six, the researcher will compile the findings into a written report or narrative analysis derived from the thematic analysis process and develop the conceptual framework. The findings should be aligned with the theoretical framework and address the research question (Braun & Clarke, 2006a; Naeem et al., 2023; Saunders et al., 2023).

Reflexivity in qualitative research contributes to the trustworthiness of the research and study findings. Therefore, the ability to effectively demonstrate reflexivity and bracketing is essential. A reflexive journal that captures personal observations and biases will be compiled throughout the research process. The use of field notes will highlight the research setting observations. Memoing and maintaining a comprehensive audit trail throughout the data analysis process validates the research findings and reinforces trustworthiness (Ahmed, 2024; Attrash-Najjar et al., 2023; Bingham, 2023; Habibullah et al., 2023).

Triangulation validates and confirms research findings, mitigates researcher bias, and improves qualitative research's dependability, confirmability, and trustworthiness. There are several types of triangulations in qualitative research, which include data, theoretical, methodological, and researcher triangulation (Donkoh & Mensah, 2023). The data analysis phase will incorporate member checks with study participants. The study participants will be able to review the interview transcription for accuracy. Further, the researcher will engage in peer debriefing. (Wallwey & Kajfez, 2023). Implementing reflexivity, audit trails, and peer debriefing will enhance the study's trustworthiness (Braun & Clarke, 2019b).

The researcher will compile field notes, memos, and a reflexive journal as applicable throughout the research study. An audit trail will be compiled throughout the data analysis phase to increase the trustworthiness and rigor of the study findings (Enworo, 2023). Brown & Clarke's (2006) thematic analysis will be utilized for data analysis as I immerse myself in the data and adhere to six phases of the method. The

semi-structured virtual interviews will be conducted on Zoom's encrypted and password-protected platform and will be transcribed by the Zoom platform. The researcher will manually review the raw data interview transcripts and document any reactions and assumptions in her reflexive journal while immersed in the data.

The study participants will be provided with a copy of interview transcript. The participants can review the interview transcript for the accuracy of the transcribed data and make edits as applicable. The participants will be requested to return the transcript with any revisions within 10 days. Researchers argued that participant review of the interview transcript allows meaningful information to be redacted. However, it also allows the participant to clarify and provide additional rich information as necessary (Hagens et al., 2009).

Once the deadline lapses, the researcher will review the interview transcripts. The transcripts returned by the participants will be analyzed, and any revisions from the raw data transcript will be documented. The researcher will manually analyze the research data, and recurring patterns and keywords will be identified. Next, the researcher will begin coding and categorizing the data. Themes are created based on the categorized data; themes are developed and revised before the data is conceptualized. The researcher will interpret and conceptualize the data findings. Lastly, a narrative analysis of the data will be developed and discussed. The research data will be analyzed until no new themes emerge and data saturation is achieved (Maguire & Delahunt, 2017; Mwita, 2022a; Naeem et al., 2023).

Issues of Trustworthiness

As a novice researcher conducting qualitative research, it's imperative to establish trustworthiness. Trustworthiness consists of establishing credibility, transferability, dependability, and confirmability, also known as the four-dimension criteria defined by Lincoln and Guba (1985). Moreover, qualitative data is not generalized and does not seek replication. Therefore, establishing trustworthiness substantiates the research data and findings while enhancing the research validity and reliability (Lincoln & Guba, 1985; Riazi et al., 2023; Stahl & King, 2020). Qualitative research does not have a specific method; therefore, the procedures should be documented and detailed to provide the audience with a thick description, which increases the study's trustworthiness (Geertz, 1973). The alignment of the chosen methodology, conceptual and theoretical framework, study background, literature review, and detailed study data and findings also contribute to the trustworthiness of the research. Trustworthiness is also demonstrated by the researcher engaging in transparency, reflexivity, self-observation, bracketing and epoche, peer debriefings, triangulation, data saturation, and prolonged engagement throughout the research process(Ahmed, 2024; Kakar et al., 2023; Shufutinsky, 2019; Yadav, 2021).

Credibility

Researcher credibility will be established by developing a rapport and trust with study participants by being immersed in the research and through prolonged engagement. The alignment of the research purpose, social problem, research question, conceptual framework, methodology, and interview guide contributes to credibility (Ahmed, 2024). Reflexivity in qualitative research strengthens the credibility of the research data and

findings while allowing the researcher to be transparent about their positionality, worldview, and assumptions (Sabnis & Wolgemuth, 2023a). Credibility assesses the validity, rigor, and accuracy of the research data. While qualitative research is flexible in its processes, researchers must demonstrate credibility.

Credibility will also be established by data triangulation. The research data and findings will be triangulated by multiple sources, including reflexive journals, field notes, peer debriefing, peer reviews, and member checks (Candela, 2019; Enworo, 2023). Member checks allow the study participants to review the transcripts for accuracy, which is considered data triangulation and strengthens credibility (McKim, 2023). Further, credibility will be established by demonstrating subjectivity throughout the research study and ensuring that the research findings are comprehensive, concise, and valid. Establishing credibility contributes to the research's transferability, conformability, and rigor (Enworo, 2023; Muzari et al., 2022).

Transferability

Transferability in qualitative research refers to the contextual, comprehensive, in-depth, and rich data regarding the phenomenon and study (Ritter et al., 2023). The thick description of the research purpose, research question, social problem, methodology procedures, background information, contextual setting, research participant selection, research data, and findings contribute to transferability (Johnson et al., 2020). A thick description of research findings increases investigative generalization across contexts, and researchers can determine if the relevance of the findings applies to future research (Younas et al., 2023). Additionally, researchers found that a thick description should be

"meaningful, interpretative, relational, authentic, contextualized, linked and emic narrative" (Younas et al., 2023, p.4).

The sampling strategy for this study is purposive sampling and snowball sampling. Purposive and snowball sampling allows for intentional participant selection, which aligns with the research purpose, research question, and methodology. Further, purposive sampling increases the likelihood that study participants will meet the inclusion criteria and be most helpful in providing rich, in-depth information regarding the phenomena (Campbell et al., 2020). Purposive and snowball sampling contributes to the transferability in other contexts, geographical locations, and future research. While non-probability sampling methods data cannot be generalized for the population, it is valuable and appropriate for subpopulations (Andrade, 2020; Enworo, 2023; Nyimbili & Nyimbili, 2024).

The indicated phenomenological method of qualitative research and data collection via semi-structured interviews should elicit informed, in-depth, and rich data regarding the participants' lived experiences regarding the phenomenon, which would help inform practice, stakeholders, and policies (Forero et al., 2018; Mwita, 2022a). Furthermore, data saturation is essential, and an iterative process is repeated until no new data emerges. Data saturation strengthens transferability (Busetto et al., 2020; Johnson et al., 2020). Reflexivity is essential when conducting and analyzing qualitative data. As the researcher and main data instrument, I must demonstrate the ability to be subjective and transparent regarding biases and assumptions and ensure that they do not influence the research data, interpretations, or findings. Therefore, I must demonstrate reflexivity and

bracketing throughout the research process by maintaining a reflexive research journal, field notes, memos, and continuous self-reflection (Forbes, 2024; Lavee & Itzchakov, 2021). Demonstrating reflexivity also entails being immersed in the data, being an active listener, and being transparent and detailed regarding the methodological and contextual processes throughout the study (Olmos-Vega et al., 2022).

Dependability

Dependability refers to meticulously documenting the research procedures, findings, and analysis. The replication and consistency of the research procedures and findings in other contexts and future research contribute to dependability. Maintaining comprehensive documentation of the research process from inception to completion as a novice researcher provides transparency, and a well-documented audit trail increases dependability. The audit trail provides a detailed external review of the research process, while triangulation adds multiple perspectives to data analysis. Together, these approaches help ensure reliable results in qualitative research (Lim, 2024; Park et al., 2020; Yadav, 2021). The reflexive process is cyclical and will be demonstrated and transparent throughout the study. (Tanwir et al., 2021).

Confirmability

Confirmability pertains to the objectivity of the research findings and not the researchers' personal biases or assumptions influencing the results. Confirmability can also be established if the researcher applies the quality indicators of qualitative research as outlined above (Ritter et al., 2023). Demonstrating researcher transparency and bracketing, data triangulation, member-checking, peer debriefing, reflexivity, thick

description, and comprehensive audit trails in qualitative research contributes to the confirmability of the research findings (Bell et al., 2022). Furthermore, the research findings should be based on the study participants' experiences and not influenced by the researcher's bias. The verbatim, accurate, and descriptive account of the participants' voices will add to the trustworthiness and confirmability of the findings.

A reflexive research journal will be maintained throughout the research process to document researchers' transparency regarding biases and assumptions. The reflexive journal will also document social contexts and study participant reactions. The study participants will be allowed to review their interview transcripts and assess for accuracy and engagement in member checking, which increases the confirmability of the data and ensures there is no researcher influence on the results (Arora et al., 2022; Forero et al., 2018; Ritter et al., 2023; Smith & Luke, 2023; Tomaszewski et al., 2020)

Ethical Considerations

As a novice researcher, ethical research procedures must be followed throughout the study. As a researcher, there is an obligation to reduce the risk of harm to study participants. Further, researchers are obligated to provide informed consent to study participants regarding their rights as human subjects, the right to express themselves, voluntary engagement in the study, and the right to revoke their participation in the study at any time (Nii Laryeafio & Ogbewe, 2023). Study participants must be treated with respect and dignity regardless of race, disability, or sexual orientation. Researchers should also ensure no conflict of interest when engaging with study participants and maintain a professional relationship with all subjects. Researchers should ensure that no

power dynamic relationship exists with participants. Researchers have due diligence to protect the confidentiality and anonymity of research subjects (Mirza et al., 2023).

Before data collection, Walden University's Institutional Review Board (IRB) approval will be requested. I will also request approval from partner sites and group administrators as applicable. Recruitment flyers will be disseminated on Instagram, Facebook, Twitter, LinkedIn, and other social media platforms. The recruitment flyer will also be shared with local community organizations and providers providing trauma-informed services to trauma survivors, such as Safe Horizon's Child Advocacy Center. The recruitment flyer will also be shared with professional networks, as snowball sampling and purposive sampling will be utilized in the study.

The recruitment flyer being advertised online improves the study's visibility and can potentially increase the number of potential study participants (Carter et al., 2021). Once potential study participants were identified by responding to the study's recruitment flyer, they were directed to Google Forms to review the informed consent form electronically. The potential participants either provided or denied consent. Due to the sensitive nature of the research topic and to avoid retraumatization, study participants were provided with a listing of mental health resources such as the National Suicide Prevention lifeline, National Sexual Assault hotline, Child Help hotline, Department of Defense hotline, Rape, Abuse, and Incest National Network, Office of Victim Services, Substance Abuse and Mental Health Services Administration, and Victim Connect where they can seek assistance.

The potential study participants were provided with an electronic informed consent form via Google Forms that describes the purpose and objective of the study, outlines the confidentiality procedures, participant engagement in the study processes, which will include semi-structured interviews and member checking, data safeguards, and dissemination of study results. The study participants electronically reviewed the informed consent letter and agreement. The study participants were assigned a participant ID to protect their identity, and all identifiable information will be redacted before publication. The identifiable personal information was safeguarded and only accessible to authorized persons as necessary by the Data Protection Act (1998) and Walden University IRB's guidelines. (Act, 1998, Hallinan et al., 2023, Strobl, 2000). The researcher will ensure that the virtual interviews are private, and the door will be closed throughout the interview. A white noise machine was used outside of the private location to maintain the participants' privacy. When feasible, I also requested that the study participants be in a private area, avoid distractions, and maintain privacy. As a researcher, I have an ethical and legal obligation to report any child or vulnerable adult abuse, or neglect disclosed. Although the interview questions do not directly inquire about suspected child or vulnerable adult abuse or require participants to report such during the interview, the researcher's topic and interview questions may prompt a disclosure of suspected child or vulnerable adult abuse, which would require the researcher to file a mandated report. This information will be outlined in the informed consent form.

The research data will be safeguarded and stored in a locked cabinet that only the researcher can access. All electronic data will be stored on the researcher's laptop and

external hard drive, which is password-protected, safeguarded, and stored in a locked cabinet for 5 years after publication. Any study participant who revoked their informed consent had their data destroyed immediately (Act, 1998).

Summary

The purpose of this qualitative phenomenological study was to examine the lived experiences of fathers after their child has experienced child sexual abuse (CSA). Qualitative phenomenological research aims to gain in-depth and rich knowledge of the participants' experiences regarding phenomena. CSA is a global health crisis with deleterious consequences that affect many children and violate their safety (Landberg et al., 2022). The research aims to answer the overarching research question regarding the lived experiences of paternal caregivers after their child has experienced child sexual abuse.

This chapter provided in-depth information regarding the nature of the study, including the research design and rationale, methodology, participant selection, sampling strategies, procedures, data analysis plan, and qualitative research quality indicators. The ethical considerations of the research are also discussed.

As a researcher, I am the primary data collection instrument and must demonstrate transparency, reflexivity, and bracketing (Johnson et al., 2020). Additional instrumentation includes the research guide, Survey Monkey, Zoom, social media, and member checks. Further data sources include field notes, memos, reflexive journal, telephone, email, recorded interview audio, and transcripts.

Qualitative research is considered trustworthy when it meets the four-dimensional criteria of Lincoln & Guba (1985): credibility, transferability, dependability, and confirmability (Kakar et al., 2023). I was transparent regarding my bias, positionality, and assumptions to ensure no researcher influences the data findings. The sample population consisted of fathers and paternal caregivers over 18 years old, residing in the United States, with a child who experienced and disclosed child abuse before their 18th birthday.

Further, all criminal proceedings were concluded. Purposive and snowball sampling were the sampling strategies for the survey. Due to the subject's sensitive nature, the researcher selected the sampling strategies to ensure intentional participant selection as it would elicit in-depth knowledge regarding the phenomenon. The sample size was 4 participants, as qualitative research does not have specifications regarding the sample once the researcher can achieve data saturation. Qualitative research is not intended to be generalized but can add a thick description of the phenomena.

Once approval was granted by Walden University's Institutional Review Board (IRB), the recruitment phase of the research study commenced. The recruitment flyer will be posted on social media platforms and groups and shared with trauma-informed providers and organizations. The recruitment flyer was shared within my professional social networks, as snowball sampling is being implemented. Lastly, the study participants will be asked to recommend additional potential participants. The possible study participants will be directed to a Google Form, and they will review the informed

consent form and provide consent by selecting a button if they agree to participate in the voluntary research study.

The researcher contacted the participant and scheduled a virtual interview. Recruitment continued until data saturation was achieved. The data collection followed the procedures detailed in the procedures and the interview guide (Appendix A). According to Walden University's IRB code of ethics, research must be conducted ethically. Further, the researcher will maintain all research participants' privacy and confidentiality. I ensured that the virtual interviews are conducted privately, and the door will be closed throughout the interview. I used a white noise machine outside the private location to maintain the participants' privacy. When feasible, I also requested that the study participants be in a private area to avoid distractions and maintain privacy. As a researcher, I have an ethical and legal obligation to report any child or vulnerable adult abuse, or neglect disclosed. Although the interview questions do not directly inquire about suspected child or vulnerable adult abuse or require participants to report such during the interview, the researcher's topic and interview questions may prompt a disclosure of suspected child or vulnerable adult abuse, which would require the researcher to file a mandated report. This information was outlined in the informed consent form.

The research data will be stored according to previously discussed data storage procedures. The research aimed to examine the subjects' lived experiences regarding the phenomenon. The goal is to address the social problem of increased suicidal ideations amongst CSA survivors and inform stakeholders (Angelakis et al., 2020). As a social

change agent, addressing the social problem aims to mitigate the effects of CSA and create social change in policy and procedures. Upon CAO approval, the research will be published, and the researcher will be conferred her PhD. in Human and Social Services. In chapter 4, I will discuss the recruitment phase, data collection, and analysis procedures. I will also discuss the results of the research data and the conclusions.

Chapter 4: Results

CSA is a health crisis that adversely affects children into adulthood and increases the likelihood of the onset of negative psychological functioning and mental health disorders. Although CSA is a global health crisis, children in minority communities are exposed to increased societal trauma and adverse childhood experiences. (Freyd, 1996; Gómez, 2022; Schauss et al., 2020). Trauma survivors with a history of childhood maltreatment are more likely to be revictimized due to maladaptive behaviors, dysregulated emotional regulation, and diminished risk assessment (Fereidooni et al., 2023). The social problem that this study aims to address is the increased suicidal ideations among CSA survivors (Angelakis et al., 2020).

Therefore, the purpose of this qualitative phenomenological design study was to examine the lived experiences of adult fathers after their children experience child sexual abuse. Although there is ample research data regarding child sexual abuse, there is limited research data that examines the paternal caregiver's experience; hence, further research was warranted (Schönfelder et al., 2020). The research question for this study was "What are the lived experiences of fathers after their child has experienced child sexual abuse?". I interviewed four fathers of child sexual abuse survivors to address the research question.

Chapter 4 includes an introduction and overview of the research purpose. The chapter will be organized into several sections to analyze the results comprehensively. First, the research settings will be discussed. Second, the research study participant demographics will be described, illustrating alignment with the research methodology

and its effectiveness. Third, the data collection procedures and any deviations from those described in Chapter Three will be presented. Fourth, the data analysis procedures will also be discussed. Fifth, a brief discussion regarding researcher reflexivity. Sixth, the evidence of trustworthiness, which establishes credibility, transferability, dependability, and confirmability in this qualitative study, will be discussed. Lastly, the coding process will be presented, which includes categorization and themes that emerged from the research data and the qualitative research results.

Research Study Setting

Upon receiving Walden University's IRB approval (IRB approval# 03-03-25-0659940) awarded on March 3, 2025, I began the recruitment process. I posted the recruitment flyer on personal and professional social media platforms. The recruitment flyer was also shared with professional colleagues and personal networks. I did not receive approval to post the recruitment flyer on the Walden University Participant Pool page due to the sensitive nature of the research topic. A purposive sampling strategy was used to recruit potential study participants. The snowball sampling strategy was not used as no study participants recommended viable participants. Six responses were received initially. However, only four participants completed the recruitment and interview process.

The potential study participants responded to the recruitment flyer postings and were redirected to a Google form. The Google form reiterated the inclusion criteria for the study, and the electronic informed consent form, which included the specific interview questions, was also included on the form. The participants provided electronic

consent to participate by indicating, “Yes, I agree to participate in this study.” The participant’s email address or contact number was provided via the Google form. I contacted the participants to schedule their virtual interview at a mutually convenient date and time. I assured the participants that all identifiable and personal data would be safeguarded as outlined in the informed consent form.

The virtual interviews were conducted on Zoom’s secure and HIPAA-compliant platform. The virtual interviews were audio recorded, with no video recording to protect the confidentiality and privacy of the participants. The audio recordings were transcribed via Zoom’s transcription feature. The interview audio recordings, transcripts, and all electronically collected data were stored securely on a password-protected laptop and external hard drive as outlined in Chapter 3, the informed consent form, and following the university IRB guidelines (Hallinan et al., 2023)

At the beginning of each interview, I informed the participants that I was in a secure and private location within my home. I also confirmed with each participant that they were in a private and secure location for the interview. I reminded the participants of the informed consent form and their right to skip questions and terminate their participation throughout the research study at any time, without consequence. The interviews consisted of semi-structured open-ended interview questions. Which provided the participants with an opportunity to share rich data regarding their lived experiences (Mwita, 2022a). I provided clarity if a participant did not understand an interview question, or he specifically requested clarification of the inquiry. If I did not clearly understand a participant’s response, I requested clarity to ensure that no assumptions

were made on my behalf. At the end of each interview, I thanked the participants for their voluntary participation. I informed the participants that I would email the interview transcript and a mental health resource within seven business days, which provided them an opportunity to engage in member-checking and assess their transcript data for accuracy which increases the confirmability of the data and ensures there is no researcher bias (Arora et al., 2022).

Demographics of Participants

The inclusion criteria for the four research participants were (a) adult fathers aged 18 and older who are the primary caregivers to the child abuse survivor, (b) the child abuse survivors experienced and disclosed the CSA before their 18th birthday, (c) the child abuse survivor is not actively engaged in criminal proceedings associated with the CSA experience and (d) the participants must reside within the United States. There was no additional screening to confirm the inclusion criteria, and the participants' consent to participate in the study confirmed that they met the outlined research criteria. The inclusion criteria aligned with the purposive sampling strategy to deliberately ensure that study participants could provide rich data (Carter et al., 2021).

I did not collect the study participants' other demographic information, such as race, nationality, age, or geographical location. However, it appeared that P2 was of Caribbean descent, as his accent seemed to be from the West Indies. The other study participants did not have an identifiable accent perse and appeared to be American.

Table 1

Demographic Characteristics of Participants

Participant	Relationship to child survivor	Child experienced and disclosed child sexual abuse (CSA) before his/her 18th birthday	Reside in the U.S.	Active criminal CSA proceedings
P1	Biological Father	Yes	Yes	No
P2	Biological Father	Yes	Yes	No
P3	Adoptive Father	Yes	Yes	No
P4	Biological Father	Yes	Yes	No

Data Collection

A systematic approach was applied during data collection, as outlined in Chapter 3. The recruitment flyer was shared on personal and professional social media platforms. The recruitment flyer was also disseminated to professional colleagues and personal networks. The recruitment flyer could not be posted on the Walden University Participant Pool page due to the sensitive nature of the research topic, which is a deviation from Chapter 3. The research participants were emailed a Zoom link for their scheduled interview. Four participants completed the semi-structured virtual interviews via Zoom, which varied from 10 to over 60 minutes. The interviews were conducted virtually in a secure and private room at my home. The participants confirmed that the interview would be conducted in a secure and private location. A reduction in the sample size from five to four was a deviation from Chapter 3. The issue of potential challenges in recruiting due to

the sensitive topic was discussed with IRB, which approved a sample size of three as sufficient. Although the estimated duration of the virtual interviews was 60 minutes, the interviews concluded when the participants did not have further data to share. Due to the topic's sensitive nature, I did not deviate from the interview questions to protect the participants from unnecessary harm and ensure the study was conducted in alignment with IRB guidelines. However, I requested that participants repeat or clarify a response when necessary. I also elicited additional information for a more robust and in-depth response. It should also be noted that the duration of the interview only includes the recorded interview questions and not the introduction/greeting prior nor the friendly reminder that the transcript and mental health resources would be emailed to each participant within seven business days. The participants appeared willing to engage in the interview and voluntarily shared their lived experiences. The breadth of the responses varied, indicating the participants' willingness to participate in the study, acknowledgment of the traumatic experience, and resilience. As the researcher, I am the primary data collection instrument. Therefore, I maintained a reflexive journal, field notes memos during the data collection process.

The data analysis of the interview data was a multistage process and aligned with Braun and Clarke's 6-stage thematic analysis. The transcription feature on Zoom transcribed the audio-recorded interviews. I immersed myself in the data by reviewing the interview transcript line by line, and it was compared to the audio recording for accuracy. I listened to the audio recording and reviewed the interview transcripts several times for immersion and accuracy of the research data. I also redacted any identifiable

information from the transcripts. The transcripts were cleaned up from the Zoom platform and entered into Word. Each participant was emailed their interview transcript for voluntary engagement in member-checking and to assess its accuracy. The participants were informed that if they did not revise or confirm the accuracy of their transcripts, data analysis would begin ten days after the transcript was emailed. I did not receive any revisions or confirmations of the transcript data. Therefore, data analysis of the interview transcripts was completed as is.

The identity of the participants was protected, and potential harm was minimized as each participant was provided with a research ID number (e.g., 00031025) for initial data collection purposes and later assigned the following alphanumeric identifiers (e.g., P1, P2, P3, and P4). The participants were assigned the identifiers according to their interview completion order. Further, participants were reminded before data recording that no personally identifiable information should be shared during the recorded interview. However, any identifiable information, such as their phone number or Zoom name, was redacted (Subedi, 2025). Data saturation is essential in qualitative research, and an iterative process was repeated until no new data emerged. Data saturation strengthens transferability. Data saturation was achieved within this qualitative study with a small sample size due to the topic's sensitive nature and difficulty recruiting additional participants, as no new themes emerged from data collection (Busetto et al., 2020).

Data Analysis

Trustworthy and rigorous qualitative research is systematic and meticulous (Ahmed, 2024; Bingham, 2023). In Vivo coding, thematic analysis, and an inductive approach were utilized to analyze the interview transcripts manually. Coding is not a linear process; first and second coding cycles were completed by meticulously comparing the transcripts and refining the codes accordingly (Rogers, 2018). Transcripts were entered in Microsoft Word and safeguarded on my password-protected laptop and external hard drive. Qualitative data is considered more trustworthy when reported in the participants' voice, also known as verbatim coding and In Vivo coding (Manning, 2017).

In Vivo coding also mitigates researcher biases as the researcher uses direct quotes, illuminating the participant's experience and voice in their own language. Further, In Vivo coding assists with categorizing the research data, which provides meanings and context to the data regarding the phenomenon (Jugessur, 2022; Özden, 2024). The data was coded deductively in this phenomenological qualitative study as the purpose was to examine the lived experiences of the participants (Mwita & Mwilongo, 2025).

Thematic analysis encourages data immersion, researcher subjectivity, reflexivity, and transparency (Braun & Clarke, 2023c). Data analysis strengthens the credibility of the qualitative research. Thematic analysis is a systematic, iterative approach to analyzing qualitative data, identifying themes and patterns, and interpreting the research data (Braun & Clarke, 2006a). Thematic analysis has six phases, as Braun and Clarke (2006) defined. Thematic analysis involves the researcher becoming familiar with the data in

phase one. During this phase, I used first-cycle coding and reviewed the interview transcripts and audio recordings several times to become familiar with the data and achieve data immersion. I meticulously reviewed the data line-by-line several times, ensuring understanding, and I made memos regarding potential coding and highlighted potentially significant data. The research transcripts, audio recordings, and interviews were triangulated during data analysis.

During phase two, repeated patterns and keywords were identified. The keywords, also known as codes and patterns, were determined based on the descriptive nature of the data and highlighted the participant's voice. There were 65 codes initially identified after reviewing the four interview transcripts in phase two. The identified codes were condensed into secondary codes. An example would be the codes' positive relationship with child, good communication with child, and active paternal caregiver were condensed into a secondary code, positive relationship with child. I assigned the following definition or meaning of the code. "The primary paternal caregiver is actively engaged in the child's life. They have a good rapport and good communication". This process was repeated with similar codes to reduce the number of similar codes during the second coding cycle.

In phase three, similar codes were compiled into six categories, illuminating the significant and repetitive concepts among the four participants. The six categories that were generated are parental engagement with the child, The caregiver's emotional response to abuse or disclosure, The paternal caregiver acted in a protective capacity, The child survivors' emotional response to abuse or disclosure, Interactions with mental health services, Positive and negative interactions with a multidisciplinary team (MDT).

Six meaningful themes emerged from phase four's conceptualized, coded, and categorized data. The six themes aligned with the Traumagenics Dynamics model are appropriate to examine the sequelae of childhood sexual abuse and its impact on the survivor's cognitive functioning. The Traumagenics dynamics model guides the clinical examination of the distorted worldviews and maladaptive functioning of the survivor (Finkelhor & Browne, 1985). Further, the themes generated were specific to addressing the research question (Kiger & Varpio, 2020).

RQ: What are the lived experiences of fathers after their child has experienced child sexual abuse?

The research keywords, codes, and themes were defined and conceptualized in phase five. During this phase, six themes were generated by compiling similar codes. The codes and each category that contributed to the development of the themes will be displayed in their respective tables following the introduction of each theme.

Table 2

Codes and Categories for Theme 1

Category	Codes	Participants
Parental engagement with the child	Positive relationship with child	P1, P2, P4
	Difficult/ Challenging relationship with child	P3
	Caregiver relationship	Biological Father P1, P2, P4 Adoptive Father P3

Table 3

Codes and Categories for Theme 2

Category	Codes	Participants
The caregiver emotional response to abuse or disclosure	Challenging primary caregiver experience	Yes P3, P4 No P1, P2
	No justice for the child survivor	P2, P3
	Caregiver personal response to CSA disclosure	P1, P2, P3, P4

Table 4

Codes and Categories for Theme 3

Category	Codes	Participants
The paternal caregiver acted in a protective capacity	Responsive to CSA disclosure	P1, P2, P3, P4
	Denied medical exam	P1,P2, P4

Table 5

Codes and Categories for Theme 4

Category	Codes	Participants
The child survivors' emotional response to abuse or disclosure	Emotional Dysregulation	P1, P3, P4

Table 6

Codes and Categories for Theme 5

Category	Codes	Participants

Interactions with mental health services	Engaged in mental health services	P2, P3, P4
	Ineffective mental health services for the child survivor	P1, P2, P3

Table 7

Codes and Categories for Theme 6

Category	Codes	Participants
Positive and negative interactions with MDT	Caregiver negative MDT experiences	P1, P2, P3, P4
	Caregiver positive MDT experiences	P1, P2, P3, P4
	Lack of comprehension of interactions with MDT/trauma	P1, P2
	Caregiver devalued by MDT	P3, P4

In phase six, I thoroughly reviewed the research data. I confirmed that the generated themes would address the research question and that the findings and theoretical framework were aligned and addressed the research question (Braun & Clarke, 2006; Kiger & Varpio, 2020; Naeem et al., 2023; Saunders et al., 2023). During this phase, I meticulously reviewed the research data to ensure that the participants' lived experiences were captured as reported and accurately.

Reflexive Field Notes and Journaling

I kept a reflexive journal throughout the research process to capture my biases, reactions, and observations of the participants. I also kept memos during the coding process. During the interview process, I kept notes, which later became journal entries. The reflexive journal also adds to the confirmability of the research data, enhancing the study's trustworthiness (Forbes., 2024). The research data was safeguarded on a password-protected laptop and external hard drive, which aligned with the university IRB guidelines. There were no substantial deviations from the approved data analysis plan in Chapter 3, and the methodological procedures were adhered to as outlined in Chapter 3.

Evidence of Trustworthiness

Qualitative researchers must demonstrate validity by establishing credibility, transferability, dependability, and confirmability, the four-dimensional criteria defined by Lincoln and Guba (1985). Establishing trustworthiness authenticates the research data and increases the research's validity and reliability (Lincoln & Guba, 1985; Riazi et al., 2023; Stahl & King, 2020). Further, qualitative researchers must provide the detailed procedures of the research to its audience with a thick description, which increases the study's trustworthiness (Geertz, 1973).

Credibility

Credibility in qualitative research confirms the data's validity, rigor, and accuracy and contributes to the research's transferability and confirmability (Enworo, 2023; Muzari et al., 2022). Demonstrating reflexivity and researcher positionality in qualitative research improves the credibility of the research data and findings (Sabnis & Wolgemuth, 2023b). Researchers can demonstrate credibility by establishing a positive rapport with

the participants and being immersed in the data. Several strategies were implemented to establish the credibility within my study. I established a positive rapport with study participants by being professional and courteous. The participants were also provided with my email address for questions and concerns.

I demonstrated reflexivity by maintaining a reflexive journal throughout the study to record my reactions, observations, and potential biases. I also took notes during the interviews and created memos during the coding process. Reflexivity was also demonstrated as I was immersed in the research data throughout data collection and analysis. Specifically, I engaged in first- and second-cycle coding and methodically reviewed and compared the interview transcripts and recordings several times (Olmos-Vega et al., 2022). I engaged in peer debriefing at various stages of the research as I consulted with colleagues, the IRB, methodological advisors, and my dissertation committee. Triangulation in qualitative research also enhances credibility. The research data was triangulated as I methodically reviewed the interview transcripts and audio recordings (Candela, 2019; Enworo, 2023). The study participants were emailed their interview transcripts to review for accuracy and revisions and engage in member checking. Lastly, I utilized In Vivo coding, which enhanced the credibility of the research as I will report direct quotations in the participants' language in the research results (Özden, 2024).

Transferability

Transferability in qualitative research is the extent to which the research findings are rich data of the phenomenon are transferrable to various contexts (Ritter et al., 2023).

A thick description and alignment of the research purpose, question, procedures, and findings also contribute to transferability and generalization (Johnson et al., 2020). To ensure transferability, I provided a thick description of the research procedures in Chapter 3. Data saturation also enhances transferability. Despite the small sample size, this study achieved data saturation when no new themes emerged. Further, the in-depth and rich data elicited from the participant interviews indicated that data saturation was achieved (Busetto et al., 2020, Campbell et al., 2020). Lastly, purposive sampling increases the transferability of the research across various contexts and geographic locations (Nyimbili & Nyimbili, 2024).

Dependability

The dependability of qualitative research can be established by maintaining a detailed reflexive journal, field notes, and memos throughout the research process, as it enhances transparency. Dependability requires prudently recording the research methods, results, and analysis thoroughly and in detail (Lim, 2024; Park et al., 2020; Yadav, 2021). I maintained a reflexive journal, field notes, and memos throughout the research process and noted any deviations (Tanwir et al., 2021). Also, as I manually hand-coded the research data in Microsoft Word, it visually illustrated the data analysis (Campbell et al., 2020). I meticulously reviewed the interview data, reflexive journal, field notes, and memos, which confirmed the results findings and mitigated potential researcher bias.

Confirmability

Confirmability refers to the objective and unbiased research findings. Moreover, the results should reflect the genuine experiences of the participants, free from any

researcher bias. Providing a precise, direct account of their voices enhances the credibility and objectivity of the findings and mitigates researcher bias. I will present the participant's responses verbatim using direct quotes from the interview transcripts in their language in the results section (Ahmed, 2024). The participants were also provided with a copy of their interview transcripts to review for accuracy and to engage in member checking, which would also be considered data triangulation. The research transcripts, audio recordings, and interviews were triangulated during data analysis (Ritter et al., 2023; Smith & Luke, 2023)

Ensuring confirmability in qualitative research involves researcher transparency and bracketing, data triangulation, member checking, peer debriefing, reflexivity, and rich descriptions (Arora et al., 2022; Bell et al., 2022). I provided a thick description of the research procedures outlined in Chapter 3. Also, peer debriefing was conducted throughout the study with colleagues, my dissertation committee, methodological advisors, and the university's IRB.

I maintained a reflexive journal throughout the research process and documented my reactions, observations, and potential biases. I took notes during the participant interviews to capture my initial responses and observations. Lastly, my positionality, preconceived biases, and role as a researcher were also presented to enhance researcher transparency and reflexivity (Smith & Luke, 2023; Tomaszewski et al., 2020).

As a novice researcher, applying the above-mentioned trustworthiness strategies enhanced the rigor and validity of the study, which substantiated the research findings

and strengthened the trustworthiness of the research study (Ahmed, 2024; Bingham, 2023).

Results of the Study

I will present the results and findings of this qualitative phenomenological study in this section. I conducted four semi-structured virtual interviews via Zoom regarding the lived experiences and accounts of fathers after their children experienced and disclosed child sexual abuse (CSA). Nine open-ended interview questions were intended to elicit rich and in-depth data from the participants. The interview questions were aligned with the Traumagenics Dynamics model to address the overarching research question: What are the lived experiences of fathers after their child has experienced and disclosed child sexual abuse? The research participants did not skip any questions and willingly responded to all 9 research questions. However, some participants provided more in-depth responses than others. I also noted the participants' emotional reactions when responding to interview questions regarding their lived experiences. Six categories were identified through data analysis and the coding process. The six categories that were generated are 1) parental engagement with the child, 2) The caregiver's emotional response to abuse or disclosure, 3) The paternal caregiver acted in a protective capacity, 4) The child survivors' emotional response to abuse or disclosure, 5) Interactions with mental health services, and 6) Positive and negative interactions with a multidisciplinary team (MDT).

Six themes were developed through a systematic data analysis of the interview transcripts. The themes will be discussed in this section. The six themes that emerged are

1) The primary paternal caregiver for the child survivor responded to disclosure in a positive, engaging, and supportive manner, regardless of the status of the relationship with the child. 2) Theme 2: The paternal caregivers experienced challenges and emotional reactions to their child's CSA disclosure. 3) The paternal caregiver acted in a protective capacity. 4) The paternal caregivers described the child's emotional response to child sexual abuse. 5) The paternal caregivers had positive and negative experiences engaging with mental health services. 6) The paternal caregivers had positive and negative experiences engaging with a multidisciplinary team (MDT). Further, direct quotes from the interview transcripts will be present to substantiate the themes.

Theme1

This theme explored the parental engagement between the father and the child survivor, and it was consistent with each study participant. The fathers described their admiration and concern regarding the safety and well-being of their child. Although the dynamics of the parent-child relationship varied, the steadfast commitment to being a responsive, protective, present, and active father remained the priority for the study participants. The lived experiences shared by the fathers align with the emergent theme.

P1, P2, and P4 described the parental-child relationship as positive, supportive, and essential. However, P3 described the parental-child relationship as challenging, strained, exhaustive, and important. P1, P2, and P4 reported they were the child survivors' biological father, while P4 reported he was the child survivors' adoptive father. All study participants expressed a deep admiration, love, and urgency to protect the child survivor despite the dynamics and status of the parent-child relationship.

P4 stated, “The relationship that I have with my son is amazing. He is, it feels like he's my best friend, or one of my closest friends. As we spend a lot of time together”.

P3 stated, “I was the first man that directly had a hand in their upbringing that can make decisions for them, decisions about them. And so, it was very difficult, because, you know they weren't used to being around a man that was going to be actively be a father, and for lack of a better term, give a damn about them”

Theme 2

The study participants described emotional responses to the disclosure. Although the responses varied, there was a consensus that the disclosure negatively impacted the fathers, who experienced vicarious trauma. Participants P1, P2, P3, and P4 expressed being proud of the child survivor for disclosing the abuse to a trusted individual.

Participant 3 “I was really angry. I always felt guilty that I couldn't protect her, even though it sounds silly, because I wasn't in the picture yet, but I always felt guilty that I couldn't protect her, that I didn't find her sooner”.

Participant 2 stated, “Due to my daughter's age at the time, the DA stated that she would not be swearable, which was upsetting, because that meant no legal justice for my child”.

Participants P3 and P4 reportedly experienced challenges obtaining custody and guardianship of the child survivor through the court system. However, the child's needs were paramount and outweighed any inconvenience experienced.

Participant 3 stated, “My path to becoming the primary caregiver was always one of rejection… On paper, I could be financially the primary caregiver. Emotionally, I was never truly allowed to be”.

Participant 4 stated, “Being a single dad, or becoming the primary custodial parent. It was somewhat of a challenge. The legal system. Isn't that forgiving, For men, I can say that”

Theme 3

The fathers agreed that the priority to safeguard their child is non-negotiable. Participants P1, P2, P3, and P4 positively and actively responded to the CSA disclosure and sought assistance for the child survivors. While the outcome of the aid varied, the participants acted protectively and were responsive and supportive of the child survivors’ recovery and healing.

Participant 2 reported, “ Yes, she participated in an interview, but that was a process I was not familiar with. However, I was doing my best to ensure she gets the justice she deserves.”

Theme 4

The fourth theme emerged as participants described how CSA emotionally impacted their child. Although the symptomology varied, adverse effects were reported more often. Participants P1, P3, and P4 reported that the child survivor experienced emotional dysregulation. However, participant 2 reported that the child survivor did not experience emotional dysregulation, which he attributed to her young age.

Participant 3 stated, “She would start crying, and when she was really frustrated to say, I just don't want to be here anymore…. she never wanted to receive a hug.”

Theme 5

Theme 5 was developed based on the reported accounts and consensus of varying experiences engaging with mental health services and providers. Participants P2, P3, and P4 reported that the child survivor engaged in mental health services. While P1 reported that he did not consent to his child engaging in mental health services, because the child was too young to understand the severity of CSA. Participants P2 and P3 agreed that mental health services were ineffective. However, participant P4 noted that the mental health services for his child were age-appropriate, effective, and collaborative.

P3 noted, “Unfortunately, I felt that the therapy was more so just designed to make sure that we still went through with the adoption. It wasn't really to help”

P4 stated, “Oh, and it's, the experience has been going very well. His therapist is absolutely amazing. She's been a therapist for over a decade nearly two. We trust her judgment. We trust her as a professional, and you know at this point we trust her as a friend of ours”.

Theme 6

Theme 6 was a recurring theme that emerged for all participants. The participants provided varying accounts of satisfaction regarding their MDT experiences. The MDT consisted of various disciplines and providers. Therefore, conflicting accounts exist. There was a consensus as feeling devalued by the MDT amongst participants P3 and P4. However, P1 expressed gratitude for law enforcement.

Participant P4 stated, “Maybe they didn't feel like it was that big of a concern. But that was the biggest thing that happened in his life, and it was a huge concern to us as his parents”, when referring to his initial interaction with law enforcement. P4 also stated

Participant P3 also stated, “They didn't think much of me. they never respected me. They would always want to talk to my ex-wife… they thought I was just being a bold, a hard-headed man… so do not devalue an attentive father's voice”, when referring to child protective services staff.

Participant P1 expressed, “I believe the cops this here, as well as everyone, has been very helpful”. Participant P4 also expressed gratitude towards the child survivors’ therapist. P4 stated, “Oh, and it's, the experience has been going very well. His therapist is absolutely amazing. She's been a therapist for over a decade nearly two. We trust her judgment. We trust her as a professional, and you know, at this point, we trust her as a friend of ours”.

Summary

The purpose of this qualitative phenomenological design study was to examine the lived experiences of adult fathers after their children experienced and disclosed child sexual abuse to answer the research question: What are the lived experiences of fathers after their child has experienced child sexual abuse? I provided in-depth contextual information regarding the data collection and analysis procedures in Chapter 4. The research data was analyzed systematically and inductively utilizing Braun & Clarke’s thematic analysis approach and In Vivo coding. The research data and results were also presented.

The virtual interviews were conducted via Zoom, a HIPAA-compliant platform. The interviews were audio recorded without video to maintain the participants' confidentiality and privacy. The purpose of the virtual interviews was to elicit rich, in-depth narrative responses regarding the phenomenon to address the research questions. Six themes emerged through systematic and meticulous data analysis regarding the lived experiences of Fathers after their child experienced and disclosed child sexual abuse: The primary paternal caregiver for the child survivor responded to disclosure in a positive, engaging, and supportive manner, regardless of the status of the relationship with the child. The paternal caregivers experienced challenges and emotional reactions to their child's CSA disclosure. The paternal caregiver acted in a protective capacity. The paternal caregivers described the child's emotional response to child sexual abuse. The paternal caregivers had positive and negative experiences engaging with mental health services. The paternal caregivers had positive and negative experiences engaging with a multidisciplinary team (MDT).

The themes emerged after thoroughly analyzing the interview transcripts, which included the rich, contextual, and in-depth responses elicited during the virtual interview. The research question was answered by utilizing In Vivo coding and presenting the study participants' responses in their voices, using direct quotes from the transcripts, enhancing the data's trustworthiness. The participants embodied being the primary paternal caregiver for their child in a protective, attentive, responsive, and supportive manner. The participants also emphasized the importance of ensuring the child survivors' safety, well-being, and recovery. Further, the participants expressed their admiration, love, and

commitment to being a contributing and active father for the child survivor and the necessity to mitigate the effects of child sexual abuse for the child survivor.

Lastly, while participants P1, P3, and P4 described emotional dysregulation for the child survivor, only participant P3 endorsed that the child survivor expressed suicidal ideations. The findings contradict prior literature. However, the sequelae of child sexual abuse vary and are influenced by contributing factors such as the onset, frequency, and severity of the child sexual abuse. Also, the response to disclosures of abuse, the parental-child relationships and other factors will undoubtedly influence the severity of symptomology the child survivor experiences.

In Chapter 5, I will present my interpretations of the research data. I will discuss this qualitative phenomenological study's limitations and potential implications. I will also discuss recommendations for future research, social change implications, and the significance of this study.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative phenomenological design study was to examine the lived experiences of fathers after their child experienced and disclosed child sexual abuse (CSA). Further, the purpose is to gain in-depth information regarding the caregiver's lived experiences regarding the phenomenon. CSA is a global health crisis with severe and long-term consequences that affect many children worldwide and violate their safety (Landberg et al., 2022). This study aimed to gain more knowledge regarding their experience, which can inform culturally sensitive services and interventions, and acknowledge the importance of the father's caregiving role. Six themes emerged, which are: The primary paternal caregiver for the child survivor responded to disclosure in a positive, engaging, and supportive manner, regardless of the status of the relationship with the child. The paternal caregivers experienced challenges and emotional reactions to their child's disclosure of child sexual abuse (CSA). The paternal caregiver acted in a protective capacity. The paternal caregivers described the child's emotional response to child sexual abuse. The paternal caregivers had positive and negative experiences engaging with mental health services. The paternal caregivers had positive and negative experiences engaging with a multidisciplinary team (MDT).

In this chapter, I present an interpretation of the data analysis from chapter 4, which is substantiated by the literature review. Further, the study's conceptual framework, limitations, recommendations, and implications will also be discussed. Lastly, a summary of the study will be presented.

Interpretation of the Findings

Interpretations of Findings Related to the Literature Review

The study findings highlighted the complicated yet rewarding experiences of the paternal caregivers lived experiences. The participants exhibited courage, strength, and resilience despite facing adversity. Further, the participants expressed the satisfaction of being a protective, active, and responsive father for their children. Despite the family dynamics, the fathers were reactive to the child sexual abuse (CSA) disclosures and ensured the well-being of the child survivors by engaging in age-appropriate services after the formal disclosure. The caregivers also acted in a protective capacity by preventing the child from engaging in services that were not age-appropriate, culturally sensitive, and posed a risk of retraumatizing the child.

Their experiences highlight the importance of paternal caregivers being active, responsive, supportive, and protective of their children. The participants appeared to prioritize their parenting responsibilities and the child survivors' recovery, although the experience was emotionally challenging at times. The well-being of their children superseded the caregivers' emotional well-being. The participants appeared to be resilient, although they encountered adversity. Also, their stories are reminiscent of the deleterious effects of trauma for survivors and their loved ones. Further, there were reported negative and positive experiences when the participants engaged with various members of the multidisciplinary team (MDT) and mental health providers, which reiterates the importance of cultural humility, trauma-informed providers, increased

public education, law reform, and increased budgets for sexual violence survivor services.

Six themes emerged through systematic and meticulous data analysis regarding the lived experiences of Fathers after their child experienced and disclosed child sexual abuse, which are: The primary paternal caregiver for the child survivor responded to disclosure in a positive, engaging, and supportive manner, regardless of the status of the relationship with the child. The paternal caregivers experienced challenges and emotional reactions to their child's child sexual abuse (CSA). The paternal caregiver acted in a protective capacity. The paternal caregivers described the child's emotional response to child sexual abuse. The paternal caregivers had positive and negative experiences engaging with mental health services. The paternal caregivers had positive and negative experiences engaging with a multidisciplinary team (MDT).

The comparison of my research findings versus the findings discussed in my literature review is presented in the following sections. The interpretation of the findings will contribute to the current literature regarding the phenomenon and provide stakeholders with in-depth information regarding the paternal caregiver experience and influence law reform and increased budgets for services.

Participants expressed their commitment and dedication to being the primary caregiver for their child. The fathers also expressed the obligation and priority to safeguard the child and ensure their well-being and safety. Further, the participants discussed the importance of being a present and active father in their children's lives, regardless of the parent-child and co-parenting relationship status. Fathers play a pivotal

role in their children's social-emotional development. Collaborative, engaging, and positive co-parenting alleviates the emotional dysregulation of a child (Lee et al., 2022; van Eldik et al., 2020).

A negative response to disclosure is detrimental to the survivor's psychological functioning (Kline & Palm Reed, 2021). The father's active role in their children's lives also dispels the myth that fathers are considered ghosts and effectively not present. The negative depiction of fathers in marginalized and vulnerable communities is harmful, as it unknowingly and intentionally influences discriminatory, oppressive, and ineffective practices in these communities. Participant P4 noted, "The relationship that I have with my son is amazing. He is, it feels like he's my best friend, or one of my closest friends. As we spend a lot of time together".

A caregiver's supportive response to the disclosure of abuse and the prompt engagement in services for the child survivor is necessary to ensure the child receives appropriate treatment and mitigate the severe effects of symptomology, which aligns with the current literature (Elliott et al., 2022; Frank, 2019; Hébert et al., 2020). St-Amand et al (2022) found that survivors of CSA with supportive caregivers experienced less severe symptomology and increased self-esteem and functioning (St-Amand et al., 2022). The participants reported varying symptomatology of emotional dysregulation. However, participant P3 reported that his children experienced significant and severe emotional dysregulation despite being a supportive caregiver. However, Participants P1, P2, and P4 reported their children experienced minimal to no emotional dysregulation.

Research data showed that the relationship between nonmaternal caregiver support and healthy child adjustment was more significant than that of maternal support (Parent-Boursier & Hébert, 2015). Further, a positive and supportive response to childhood maltreatment disclosure is therapeutic for the survivor and encourages the healing process.

Participants expressed experiencing various emotional reactions and challenges in response to the disclosure of child sexual abuse (CSA). Trauma affects survivors and their loved ones, unfortunately. Despite the challenges and emotional reactions, the participants were willing to sacrifice their hardships to ensure their child's safety and justice. Previous researchers found that the disclosure of CSA increased distress for the survivors, caregivers, and their immediate support system. However, engagement in services has proven to reduce survivor symptomology and improve the parent-child relationship (Cinamon et al., 2021; Fong et al., 2016). Further, the participants internalized guilt for failing to protect the child survivor. Participant 3 noted, “I was really angry. I always felt guilty that I couldn't protect her, even though it sounds silly, because I wasn't in the picture yet, but I always felt guilty that I couldn't protect her, that I didn't find her sooner”.

The participants expressed their frustration regarding a lack of criminal justice for their children, despite making a formal disclosure to law enforcement. Participant P2 noted, “Due to my daughter's age at the time, the DA stated that she would not be swearable, which was upsetting, because that meant no legal justice for my child”. Further, the participants internalized guilt for failing to protect the child survivor.

Participant 3 noted, “I was really angry. I always felt guilty that I couldn't protect her, even though it sounds silly, because I wasn't in the picture yet, but I always felt guilty that I couldn't protect her, that I didn't find her sooner”. The current literature aligns with my study findings, as the participants expressed experiencing distress after the CSA disclosure. However, my findings did not examine the caregivers’ symptomology nor the effect the trauma had on the parent-child relationship.

Participants responded to the CSA disclosure in a responsive, prompt, and protective manner. The fathers expressed that shielding the child from further potential traumatic encounters was essential and non-negotiable. The caregivers prioritized providing safety and protection for the child survivor and mitigating potentially severe psychological symptomology (Miljkovitch et al., 2022; Wallis & Woodworth, 2021). A supportive response to CSA disclosure alleviates the symptoms a child survivor can experience. The caregivers acted in a protective capacity and reportedly prioritized the well-being of the children. The participants allowed the child survivor to engage in services and law enforcement procedures that they deemed beneficial for the child and their recovery, which aligns with the current literature.

However, the participants declined to enable the child to participate in mental health services that were not age-appropriate, and forensic medical examinations that were intrusive and traumatizing during the examination. Some participants found that the forensic interview was detrimental to the child’s well-being and would potentially induce unnecessary trauma by discussing the traumatic experience in depth. The participants further expressed that they would do what they felt was most beneficial and, in the

child's, best interest. Participant P2 noted, "I didn't allow a medical exam, because it seem at her age, it was too much for her." Researchers argued that supportive responses to CSA disclosure allow survivors to feel empowered, protected, and regain a sense of control (Guyon et al., 2019). The current literature aligns with the research data, which posits that a supportive response to disclosure can potentially decrease symptomology.

The paternal caregivers shared their experiences regarding the child survivors' emotional response to the child sexual abuse (CSA) disclosure. The participants reported emotional responses ranging from no impact to severe emotional dysregulation. The fathers expressed concern regarding the effects of CSA on the child survivor and sought to alleviate negative consequences and symptomology. CSA has been linked to dysregulated emotional and physical functioning, stigmatization, post-traumatic stress disorder, poor coping skills, and suicidal ideations (Burgić Radmanović., 2020; Frank, 2019; & Guggisberg et al., 2021).

Previous researchers have demonstrated that child survivors of CSA are likely to experience suicidal ideations (Schonfedler et al., 2020; Ramaswamy & Seshadri &, 2020; Burgić Radmanović., 2020). However, one out of four study participants reported that their child endorsed suicidal ideations after experiencing child sexual abuse. Participant P3 noted that his child endorsed and displayed severe self-injurious behaviors and suicidal ideations. Further, participant P3 reported "She would hit herself, and you know, and she would start hitting herself in the head".

The following responses were extracted from the interview data regarding the observed child survivors ' emotional responses. Participant P1 noted, "At first, he was

very timid and had a bit of a temper, but as time went on, he usually calmed down and went back to normal life". Participant P2 noted, "Honestly, she appeared to be her normal, loving self". Participant P3 reported, "She would start crying, and when she was really frustrated say, I just don't want to be here anymore… she never wanted to receive a hug." Participant P4 noted, "Oh, well, I feel he's very shy, and sometimes I feel that that shyness could come from him feeling a little unsure of himself".

The stigma associated with CSA can worsen the adverse psychological effects and cognitive distortions the survivor experiences (Castro et al., 2019). Adverse childhood experiences (ACES) have also been associated with adverse mental health issues. DeCou et al. (2019) conducted a quantitative study and found that patients with a history of CSA endorsed suicidality and emotional dysregulation (DeCou et al., 2019). Previous authors posited that the early onset of trauma affects the survivor's worldview and causes dysfunctional affect regulation and low self-esteem, which aligns with the reported accounts of low self-esteem of the child survivors as noted by participants P1, P3, and P4 (Briere et al., 2010; Finkelhor & Brown, 1985; Gómez, 2023). Lastly, survivors' symptomology will vary based on the severity of the abuse and the caregivers' response to disclosure (Fatmawati, 2017).

The stigma and disparities associated with mental health in marginalized minority communities are barriers to help-seeking behaviors. Historically, mental health services in marginalized and low-income communities have been ineffective and oppressive (Osborn & Karandikar, 2022; Sue et al., 1982). The caregiver's history with social

agencies is important as it could impede collaborative engagement in services (Cinamon et al., 2021).

The study participants disclosed that they sought mental health services for the child survivor to alleviate potential traumatic symptomatology. It should be noted that P2, P3, and P4 expressed that their child engaged in mental health services. While P1 opted not to have his child engage in mental health services, as he stated, " just trying to give him more time to, I would say, get older, and not necessarily get older, but understand what really happened to him." The fathers acted in a protective and responsive manner to ensure the mental health services would be beneficial to their children.

The satisfaction rating with mental health services varied according to the participants. P2 noted, "It wasn't what she needed, because at the time, like I said, she was still being her normal self, and she didn't really comprehend what was going on." Therefore, while the caregiver acted in a protective capacity by engaging the child in mental health services, he discontinued services because they were ineffective and not conducive to the child's well-being at the time. Participant P3 stated, "They were placating them. They're doing just enough so that if the records showed, if the questions ever asked, yes, they went through therapy". Participant P3 also expressed that the mental health services provided to his child were ineffective and routine to facilitate the adoption process.

However, P4 shared that the experience with his child's mental health provider was effective, collaborative, positive, and impactful. Participant P4 expressed, " We trust her judgment, we trust her as a professional, and you know, at this point, we trust her as a

friend of ours. Working with his therapist has been great. She's always been very patient with us. Having a good relationship with this therapist helps out a lot, she's able to allow him to open up in ways that we just don't have the skills".

Despite the caregivers' personal experience with mental health providers, the fathers sought effective mental health services for their child. Further, the fathers were optimistic about working collaboratively with the providers as a protective measure to alleviate the negative consequences of child sexual abuse. However, the fathers were vocal about the quality of services provided to the child survivor and acted in a protective capacity to disengage the child from services when it was not beneficial for the child survivor.

Participants communicated their overall satisfaction regarding engaging with various members of the multidisciplinary team (MDT) while navigating the systems after the formal disclosure of child sexual abuse by the child survivor. Participants P1, P2, and P4 expressed that overall, the interactions were positive, and they felt that the MDT was helpful. Participant P4 expressed that while he was satisfied overall with the MDT, when he initially engaged with the court system, it was challenging for a single father to obtain legal custody of his child and he stated, "Being a single dad, or becoming the primary custodial parent. It was somewhat of a challenge. The legal system. Isn't that forgiving, For men, I can say that". My research findings align with the peer-reviewed literature regarding the systematic oppression and history of discrimination of marginalized and vulnerable community members.

Further, the initial interaction with law enforcement made him feel that the formal disclosure was not taken seriously, as he noted, “Maybe they didn't feel like it was that big of a concern. But that was the biggest thing that happened in his life. and it was a huge concern to us as his parents”. However, Participant P3 expressed that his interactions with the MDT were overall negative and felt that the MDT devalued him as a father, despite his active engagement. Participant P3 noted, **“**They didn't think much of me, they never respected me. They would always want to talk to my ex-wife. They thought I was just being a bold, a hard-headed man. So do not devalue an attentive father's voice.” Participant P3 also discussed the challenges he faced to become the primary caregiver for the children and reported, “My path to becoming the primary caregiver was always one of rejection… On paper, I could be financially be the primary caregiver. Emotionally, I was never truly allowed to be”.

The lived experiences of the fathers cannot be negated, as these are their personal accounts. Despite the experience, they were proactive and responsive to the child survivors’ disclosure of abuse and sought the services they deemed most appropriate and beneficial for the child. The caregiver did not allow their experience with the MDT and court system to deter them from acting in a protective manner to safeguard the child survivor, albeit at times they became discouraged during the process. The priority to ensure the safety and well-being of the child survivor was paramount. It has been argued by researchers that the caregivers’ and societal response to CSA disclosure is pivotal in determining the severity of psychological impact. Moreover, increased budgets, law reform, public education regarding CSA and its effects could alleviate the stigma

associated with CSA and improve the quality of mental health services to ensure that they are client-centered, effective, and trauma-informed (Tsur et al., 2023).

Interpretation of Findings and Theoretical Framework

Finkelhor and Browne (1985) posited that this conceptual model can explain the symptomology resulting from CSA. The traumagenic dynamics of the framework are traumatic sexualization, betrayal, stigmatization, and powerlessness, which impact a child's cognitive and emotional functioning while distorting their self-esteem, identity, worldview, and affective capacities. Moreover, the model illustrates the negative consequences of CSA and the development of dysregulated emotional, physical, and sexual functioning (Cantón-Cortés et al., 2012; Finkelhor & Browne, 1985; Guyon et al., 2019). The Traumagenics dynamics model provides guidance for clinicians and practitioners to examine the sequelae, distorted worldviews, and maladaptive functioning of survivors of child sexual abuse (Finkelhor & Browne, 1985). Further, the themes generated were aligned with addressing the research question and provided additional data regarding the phenomenon and the confirmation of prior data. (Kiger & Varpio, 2020).

The traumagenic dynamic stigmatization refers to the internalization of negative thoughts, lowered self-esteem, guilt, and shame (Alix et al., 2017; Krahé et al., 2023). Prior researchers found that CSA survivors who experienced stigmatization were at greater risk for psychological distress (Schröder et al., 2021). Shame and stigma are associated with increased suicidal ideations in CSA survivors (Finkelhor & Browne, 1985; Lateef et al., 2023). A history of abuse, abuse-related shame, poor executive

functioning, and adverse childhood experiences (ACEs) are considered prominent risk factors for suicidal ideations and behaviors (Bertule et al., 2021; Bloch-Elkouby et al., 2024; Brown et al., 2023).

Based on the literature review and research findings, the Traumagenic Dynamics conceptual framework is appropriate to examine childhood sexual abuse and its impact on the survivor's cognitive functioning. (Guyon et al., 2019; Finkelhor & Browne, 1985). Further, survivors' trauma symptomology will differ based on the severity of the abuse and the caregivers' response to disclosure (Fatmawati, 2017).

Limitations of the Study

The study was limited to fathers and paternal caregivers of child sexual abuse (CSA) survivors who experienced and disclosed CSA, residing in the United States before the child survivors' 18th birthday. Therefore, fathers and paternal caregivers outside the United States were excluded. Further, caregivers of children who did not disclose or experience CSA before their 18th birthday are also excluded. Maternal caregivers were intentionally excluded. A limitation of this qualitative phenomenological research is that the research is subject to the researcher's biases (Emiliussen et al., 2021; Leigh-Osroosh, 2021).

The study findings regarding emotional dysregulation were based on the reported observations of the paternal caregivers and not direct accounts from the child survivors. The child survivors were not directly included in the study. A limitation of this qualitative study was generalizability due to the small sample size. Therefore, this data is not representative of the larger population. However, the research findings contribute to

existing literature regarding the phenomenon (Guest et al., 2020; Mwita, 2022a). The nature of the topic was sensitive, which limited the participation in the study, and the interview questions included. I did not inquire about the demographics of the study participants. Further, I did not examine the trauma symptomology of the caregivers or the effect that the sexual violence had on the parent-child relationship.

Recommendations

Recommendations for future qualitative studies would be the inclusion of child sexual abuse survivors, as they could provide more accurate first-hand accounts regarding their experience, emotional dysregulation, and suicidal ideations. Examine the effects of the trauma on the parent-child relationship. The interview questions could be examined more specifically regarding the caregivers' demographics and the impact of the lived experience. The inclusion criteria could be expanded for a more robust and diverse participant pool. Although data saturation was achieved with this study, a larger sample size could potentially lead to additional data and the development of additional themes. Lastly, Fathers and paternal caregivers should be acknowledged and respected within the family dynamic and by stakeholders to dismantle the ghost father paradox and highlight their importance, commitment, and active engagement in their children's lives.

Based on the research findings, I recommend increased public education and training to eradicate the stigma associated with interpersonal violence, such as child sexual abuse and sexual violence. An increased public campaign and advertisement regarding victim services could be advantageous. An additional recommendation is to

increase federal and state funding to provide more access to services for survivors. Increased funding for victim services is incumbent upon city and state officials.

To address ineffective mental health services for vulnerable communities, free trauma-informed mental health services should be available for the survivor, caregiver, spouse, and loved ones, with limitations regarding the additional persons who should be covered under victim services. The creation of a survivors' database of services and mental health providers would provide caregivers with the opportunity to select providers based on their preferences. All providers would register to be a part of the program (Survivor Gemz) and annually provide proof of continuous training on cultural humility, trauma-informed, and evidence-based practices for continued enrollment in the program. Client satisfaction surveys would also be completed biannually to assess the services being provided to the clients, and mandatory biannual reassessments of symptomology, which would be conducted by an impartial consultant assigned to the provider and organizations. A satisfactory rating would be required annually to maintain participation in the program.

Stakeholders must mandate a cultural humility and trauma-informed approach for providers and MDT members to improve the caregiver experiences, reduce the severe effects the child survivor experiences, and provide effective and equitable services. Law reform is essential to provide increased protection for sexual abuse survivors, such as free trauma-informed mental health services. Funding for relocating and permanent housing assistance would be beneficial for survivors and their loved ones to reduce retraumatization of the child within the triggering community. Law reform should also

include increased criminal punishment and mandatory prosecution and sentencing for sexual violence and child sexual abuse. The litigation of sexual violence criminal cases should aim to minimize the retraumatization of the survivor, when feasible. An oversight committee should be formed to investigate and address claims of inappropriate actions and conduct of officials working with survivors and their families, which includes child service providers, law enforcement, court officials, and service providers. Although each entity has its own investigatory processes, the oversight committee would ensure there is an unbiased and thorough investigation of all allegations. The oversight committee would be useful in rebuilding and strengthening the community and survivors trust of public officials and social service entities.

Implications

The social determinants of social and community context must be examined when addressing this social issue. Safety is an inalienable right. A lack of safety affects the community. Safety is a multidimensional concept that influences behavior and the community (Malekafzali et al., 2018). Children have the right to a safe and violence-free childhood. However, child sexual abuse (CSA) is a global epidemic that infringes on their basic right to safety and negatively affects their psychological functioning(Landberg et al., 2022).

Policy makers and stakeholders should intentionally engage in law reform to ensure perpetrators of sexual violence are criminally prosecuted while minimizing additional harm and retraumatization of the child survivor, while simultaneously supporting the caregiver throughout the process. A respectful, collaborative, and

restorative approach could be beneficial to improve the paternal caregivers' experience with stakeholders.

Study participants P2, P3, and P4 expressed their disappointment with the lack of criminal prosecution of the alleged perpetrators. The participants also expressed feeling exasperated regarding the seemingly lack of importance to ensure justice was served for the child survivor. Further, participants P3 and P4 reported negative experiences engaging with the legal system while seeking legal custody of their children after the CSA disclosure. The fathers expressed feeling disregarded and belittled when interacting with legal and child welfare officials. It is important for stakeholders to engage in cultural humility and operate from a trauma-informed approach. The caregiver's experience should be acknowledged, as trauma also affects the loved ones of trauma survivors.

The four dynamics of Finkelhor and Browne's Traumagenic model are traumatic sexualization, betrayal, stigmatization, and powerlessness (Finkelhor & Browne,1985; Canton-Cortes & Canton, 2012). Finkelhor and Brown (1985) postulate that the negative effects of experiencing sexual assault, specifically child sexual abuse, impact the cognitive and emotional functioning of the child survivor and increase the potential for developing mental health disorders. The child survivors' affective capacities, self-esteem, identity, and worldview are also negatively impacted, as substantiated by study participants' P1, P3, and P4 disclosure of their children's emotional dysregulation (Feiring et al., 1996; Finkelhor & Browne, 1985). The traumagenic dynamics model provides a conceptual framework for assessing CSA symptoms and consequences. The

framework is also useful in clinical assessment and treatment of the deleterious effects of CSA (Ramaswamy & Seshadri &, 2020; Van Der Merwe, 2009).

This study highlights the need for deliberate efforts by providers, policy makers, and stakeholders to eradicate and address the disparities in mental health, health care, and the abolition of white supremacy. To address the disparities that exist, providers should operate from a culturally centered model of health care approach when working with a diverse population and ensure that services are client-centered, collaborative, respectful, inclusive, and culturally sensitive. Cultural humility must be practiced when engaging with vulnerable populations and trauma survivors to avoid retraumatization (Holden et al., 2014; Tucker et al., 2011; Wrenn et al., 2017). Participants P1, P2, and P4 disclosed negative experiences when they engaged with mental health providers. A restorative justice approach could alleviate systemic oppression experienced by vulnerable and marginalized communities.

Further, stakeholders must intentionally implement strategic efforts to alleviate the stigma surrounding child sexual abuse and increase public health education and social change regarding access to services and legislative change in hopes of increased formal disclosures to ameliorate symptoms. Resources and services should be customized for paternal caregivers to acknowledge their presence and role as a primary caregiver and support for their child and the trauma survivor. The paternal caregivers lived experience and symptomology should be assessed, acknowledged, and addressed. Lastly, the dismantling of the ghost father paradox is imperative, as the study participants highlighted the importance of being an active and engaged father in their children's lives,

despite societal negative stereotypes. In fact, the study participants' self-actualization was reportedly attained by their satisfaction with being the primary caregiver. The paternal caregivers ensured the safety and well-being of the children and acted protectively. Most of the study participants disclosed that they were the biological fathers of their children and had positive relationships with their children. All the study participants shared the sentiment that being a protective and supportive father was a fulfilling and rewarding role that they embodied.

Further examination of the phenomena using the traumagenics dynamics framework is warranted for a more in-depth examination and analysis.

Lastly, the research findings highlight the necessity of continuous development in service approaches, such as trauma-informed care. Stakeholders should engage in client-centered, strength-based, collaborative, and restorative techniques. Providers should promote safety and recovery from traumas in a safe, engaging, respectful, supportive, and culturally sensitive environment, which clinicians and practitioners should adopt and implement in practice (Augustus & Pandey, 2023).

Conclusion

This qualitative phenomenological study contributed to the field of human and social services. The examination of the lived experiences of fathers generated six themes. The primary paternal caregiver for the child survivor responded to disclosure in a positive, engaging, and supportive manner, regardless of the status of the relationship with the child. The paternal caregivers experienced challenges and emotional reactions to their child's CSA disclosure. The paternal caregiver acted in a protective capacity. The

paternal caregivers described the child's emotional response to child sexual abuse. The paternal caregivers had positive and negative experiences engaging with mental health services. The paternal caregivers had positive and negative experiences engaging with a multidisciplinary team (MDT).

The importance of providing client-centered and effective mental health services to address trauma is highlighted and substantiated by the research findings. The need for increased public education, policy reform, and the alleviation of societal stigma regarding child sexual abuse and sexual violence is supported by the research findings and literature review. Addressing the stigma associated with CSA can mitigate the shame and guilt experienced by survivors of CSA (Lateef et al., 2023). Further, the findings demonstrate that a positive response and support from caregivers are instrumental in the survivor's healing process and likely the catalyst to engaging in help-seeking behaviors and mitigating the potentially severe consequences of CSA (Rancher et al., 2022).

Fathers developed and embraced their caring masculinities when they were responsible for caregiving for their children, which differs from societal perceptions of masculine attributes such as being aggressive and violent. Children depend on their caregivers to meet their basic needs, including protection and safety. Child maltreatment is considered a salient public health issue and affects one in four children (Bertule et al., 2021; Massullo et al., 2023; Schonfelder et al., 2021). A history of abuse, abuse-related shame, poor executive functioning, and adverse childhood experiences (ACEs) are considered prominent risk factors for suicidal ideations and behaviors (Bertule et al., 2021; Bloch-Elkouby et al., 2024; Brown et al., 2023). However, a positive and

supportive caregiver response and effective mental health services can alleviate the adverse effects of child sexual abuse.

The traumagenic dynamics framework provided the theoretical lens for this study by exploring the dynamics of stigmatization and examining the impacts of child sexual abuse. The study participants were forthcoming regarding their lived experiences and highlighted the necessity for improved service developments, public education, policy reform, cultural humility, and effective mental health services. The findings highlight the necessity for a trauma-informed approach when working with trauma survivors.

This research filled a gap in the literature by understanding the lived experiences of fathers after their child has experienced and disclosed child sexual abuse. This study provided insights from the primary paternal caregiver regarding the impact of child sexual abuse and the father's lived experience, which adds to the current limited research. The results of this study potentially benefited stakeholders, including adult fathers, caregivers, child abuse survivors, the community, child advocacy centers, practitioners and clinicians, child services, law enforcement, and community mental health organizations that provide trauma-informed services.

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Appendix A: Interview Guide

Greeting

1. Greet the participant, ensure distractions are limited, and the interview is conducted in a space that provides privacy.
2. Thank the participant for attending the scheduled interview.
3. Inform the participant of the duration of the interview process. The interview will not exceed 60 minutes, unless the participant agrees.

Research Purpose

1. The purpose of this study is to examine the lived experiences of adult fathers and paternal caregivers after their child experienced and disclosed child sexual abuse.

Research Objective

1. The objective of this qualitative study is to gain a better understanding of the paternal caregivers' individual experiences impacted by the phenomena in a natural setting. The research data would be advantageous to stakeholders including child sexual abuse survivors, caregivers, law enforcement, child services providers, local policy makers and community mental health organizations that provide child sexual abuse and trauma-informed services by providing in-depth and rich information regarding the lived experiences and needs of the adult fathers of child abuse survivors.

Research Question

1. What are the lived experiences of fathers after their child has experienced child sexual abuse?

Participant Inclusion Criteria

1. the father or paternal caregiver of a child sexual abuse survivor, (b) the caregiver is over 18 years old, (c) the child disclosed child sexual abuse, before their 18th birthday, (d) there are no active criminal proceedings concerning the child sexual abuse allegation, and (e) the caregiver resides within the United States.

Informed consent/ Confidentiality

1. Participants will review the informed consent form via Google Forms. If he agrees to participate, he will provide his electronic consent, email address, and phone number. This should take an estimated 5-10 minutes.
2. The researcher will verbally reiterate to study participants that participation is voluntary, and they can terminate participation at any time.

Interview Questions

1. How would you describe your relationship with your child as the father/ paternal caregiver?
2. How long have you been the primary caregiver for the child?
    a. What is your relationship to the child?
    b. Please describe your experience to become the primary caregiver for the child.
3. Describe how you became aware that the child experienced child sexual abuse?

   a. Did the child make an informal disclosure (family/friends) or formal disclosure (law enforcement, teacher, providers)?
      i. If the child made a formal disclosure, did he or she participate in a forensic interview?
      ii. If yes, please describe the experience.
      iii. If no, please explain any barriers to participating in the forensic interview.
4. Describe the symptoms that the child endorsed after the disclosure.
   a. Did the child disclose suicidal thoughts?
      i. If yes, please describe the experience.
   b. Did the child disclose feelings of guilt, shame, negative thoughts, or lowered self-esteem?
      i. If yes, please describe the experience.
5. Did the child receive medical treatment after the disclosure?
      i. If yes, what is your perception of the experience?
      ii. If no, please explain any barriers to accessing medical treatment.
6. How would you describe any changes that you observed in your child after the disclosure?
7. Did the child engage in trauma-informed mental health services?
      i. If yes, please describe the experience.
      ii. If no, please explain any barriers to accessing mental health services.

8. How would you describe the experience working with a multidisciplinary team (law enforcement, medical & mental health professionals, child services etc.) after the disclosure?
9. Is there anything else you would like to share with me?

Closing

1. I will thank the participant for their time and participation in the research study.
2. I will remind the participants that they will receive a copy of their audio-transcribed recording and mental health resources within 7 business days of their interview.

Interview Guidance for Researcher & Participants

1. The researcher will verbally inform the participants that he can skip questions that make him uncomfortable.
2. Explanation of study process and procedures.
3. The data collection method will be semi-structured interviews, which will be conducted according to the interview guide.
4. The interviews will be conducted via Zoom's encrypted and password-protected digital platform.
5. The interview will not exceed 60 minutes, unless the participant agrees.
6. The interview will be audio-recorded only and transcribed using the function on the Zoom platform.
7. The study participant will also be informed that I will be taking fieldnotes to include observations, researcher reactions.

8. Debriefing: Provide the participant with an opportunity to ask questions about the interview.
9. Explain what information will be shared with the participant and the public once the study has been completed.
10. To ensure the confidentiality of research participants, no identifying data will be published. The semi-structured interviews, memos, reflexive journal, fieldnotes, and research data will not include the participant's name; however, each participant will be provided with a participation ID for identification purposes of data collection, triangulation, and dissemination.
11. The study participants will be provided with a transcribed copy of their interview within seven business days for engagement in member checking and assessment of the transcript accuracy. Member checking will take an estimated 30 minutes to complete.
12. The participants will also be provided with a list of mental health resources for sexual assault via email in addition to the interview transcript.
13. Recruitment will be an ongoing process to ensure data saturation is achieved.
14. All electronic data will be stored on a password-protected external hard drive and laptop. All research data (hard copies and electronic) will be stored securely, safeguarded, and stored in a locked cabinet when not in use for 5 years after the publication date.
15. The physical data will be shredded, and all electronic data will be deleted from the external hard drive after 5 years post-publication.

16. If any participant terminates their authorization to participate in the study, their data will be immediately discarded in accordance with data handling procedures.