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Fathers' Perceived Self-Efficacy in Talking to Their Children About Child Sexual Abuse Prevention

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Abstract

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by

Lori Campbell

MA, University of Southern California, 1999

BA, San Diego State University, 1993

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Social Work

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Abstract

The research problem for this study was fathers' low participation in child sexual abuse (CSA) prevention with their children. The purpose of this study was to explore how fathers perceive their self-efficacy in talking to their children about CSA prevention. Bandura's self-efficacy concept, which is a part of social cognitive theory, was used as the theoretical foundation for this study. The primary research question addressed fathers' perceptions of their self-efficacy in discussing CSA prevention with their children. The secondary research question addressed what fathers think could be affecting their comfort level in talking to their children about CSA prevention. A generic qualitative design was used to address these research questions. Fathers of children between the ages of 7 years and 13 years were included in this study. The participants were interviewed via telephone. Data were analyzed using a 12-step process to performing an inductive analysis on qualitative data. The findings from this study showed that 90% of the participants talked to their children about CSA prevention, even though some of them expressed doubt about their efficacy and competency in having the discussion. Participants stated that they wanted easily accessible resources to increase their efficacy and gave suggestions on how to make the resources available. This study has important social implications because increasing fathers' self-efficacy in talking to their children about CSA prevention could lead to the increased protection of children in their environment. Increasing the protection of children could contribute to fewer cases of CSA.

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Dedication

This is dedicated to all child sexual abuse survivors.

Acknowledgments

I would like to deeply thank my dissertation chair, Dr. Shari Jorissen, and my committee member, Dr. Sandra Harris, for the countless hours they both devoted to repeatedly reviewing and editing my dissertation. I have learned so much from both of them. I will forever be grateful for their patience and persistence with me.

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Chapter 1: Introduction to the Study

Introduction

I addressed the social problem of child sexual abuse (CSA) in this study. The research problem was fathers' low participation in CSA prevention with their children (Babatsikos, 2010; Babatsikos & Miles, 2015; Scourfield, 2014; Smith, Duggan, Bair-Merritt, & Cox, 2012). This study is significant because previous researchers established that fathers have low engagement in CSA prevention with their children but more needs to be understood about why this occurs (Babatsikos, 2010; Babatsikos & Miles, 2015; Scourfield, 2014; Smith et al., 2012). The results from this study could be used to provide important information about how fathers see their competency in talking to their children about CSA prevention. Having a better understanding of fathers' perceptions in this area could help program designers and outreach professionals engage fathers more in prevention programs. Increased father engagement in CSA prevention could potentially reduce the incidences of CSA (Mendelson & Letourneau, 2015).

In this chapter, I provide an overview of this study. Topics that I address include the background of literature related to the topic of the study, problem statement, purpose of the study, research questions, theoretical framework, nature of the study, key definitions, assumptions, scope and delimitations, limitations, and significance of the study. I conclude the chapter with a summary and preview of chapter 2.

Background

Researchers found that fathers have low participation rates in CSA research, low participation rates in attending prevention programs, and perceive that mothers are

responsible for talking to their children about CSA. Few fathers participated in primary prevention programs for child maltreatment (Babatsikos, 2010; Babatsikos & Miles, 2015; Jing QiChen, Dunne, & Ping Han, 2007; Scourfield, 2014; Smith et al., 2012). Researchers suggested that more studies need to be conducted to increase knowledge about why fathers have low engagement in CSA prevention and how to increase fathers' participation in prevention programs (Babatsikos, 2010; Babatsikos & Miles, 2015; Jing QiChen et al., 2007; Scourfield, 2014; Smith et al., 2012). Fathers' involvement in their children's lives has important effects on children. Father's self-efficacy has been associated with overall child developmental outcomes (Giallo, Treyvaud, Cooklin, & Wade, 2013; Glatz & Buchanan, 2015; Malm, Henrich, Varjas, & Meyers, 2017; Murdock, 2013; Pinto, Figueiredo, Pinheiro, & Canário, 2016; Rominov, Giallo, & Whelan, 2016; Trahan, 2018).

CSA prevention programs focusing on children have been used since the 1970s in the United States (Rudolph & Zimmer-Gembeck, 2018b; Walsh, Zwi, Woolfenden, & Shlonsky, 2018). These programs have mainly been delivered through the school system to teach children how to recognize the danger of CSA, how to defend themselves against it, and what to do if CSA occurs (Rudolph & Zimmer-Gembeck, 2018b; Rudolph, Zimmer-Gembeck, Shanley, & Hawkins, 2018). Critics of this approach questioned whether children can integrate the information from these prevention programs into a potential or actual sexually abusive situation (Rudolph & Zimmer-Gembeck, 2018b; Rudolph, Zimmer-Gembeck, Shanley, & Hawkins, 2018). Another concern regarding these programs is that children may experience undesired negative outcomes due to

attending a child-focused CSA prevention program (Rudolph & Zimmer-Gembeck, 2018b). As a result of the concerns regarding child-focused prevention programs, parents were included in the prevention programs (Mendelson & Letourneau, 2015; Rudolph & Zimmer-Gembeck, 2018b). CSA prevention programs were found to be more effective when parents participate in comparison to only children (Babatsikos & Miles, 2015; Mendelson & Letourneau, 2015; Rudolph & Zimmer-Gembeck, 2018b; Rudolph, Zimmer-Gembeck, Shanley, & Hawkins, 2018).

Despite the positive influences of parental involvement in preventing CSA, parents have expressed hesitancy in discussing CSA with their children due to concerns such as lack of appropriate knowledge, vocabulary, and materials for having conversations with their children; worries about children being too young for such conversations; and fears that the information would be too upsetting for the children (Rudolph & Zimmer-Gembeck, 2018b; Wurtele & Kenny, 2010). Parents also reported that lack of confidence in their ability to discuss CSA prevention with their children was a concern (Rudolph & Zimmer-Gembeck, 2018b; Wurtele & Kenny, 2010). Fathers typically do not participate in prevention programs and do not talk to their children about CSA prevention as much as mothers do and this has been an issue several researchers have raised as a topic that requires further investigation (Babatsikos, 2010; Babatsikos & Miles, 2015; Jing QiChen et al., 2007; Scourfield, 2014; Smith et al., 2012).

Positive parental involvement in children's lives has been connected to several positive child outcomes (Rominov et al., 2016; Rudolph, Zimmer-Gembeck, Shanley, Walsh, & Hawkins, 2018). Positive parenting practices are positive behaviors that parents

engage in to help develop children's skills, talents, interests, and choices (Glatz & Buchanan, 2015). Positive parenting practices help foster children's brain development, emotional regulation, behavior, and cognitive functioning (Rominov et al., 2016). Parents who believe they are effective and have a positive influence on their children's lives are more likely to be involved and engage their children in multiple ways (Glatz & Buchanan, 2015; Rudolph, Zimmer-Gembeck, Shanley, Walsh, et al., 2018; Vance & Brandon, 2017; Wittkowski, Garrett, Calam, & Weisberg, 2017).

Fathers' mental health and self-efficacy impact their children (Giallo, Evans, & Williams, 2018; Trahan, 2018). Fathers' positive parenting involvement in their children's lives affects the children's behaviors and choices as well as reducing the risk of being bullied and victimized (Seçer, Gülay Ogelman, & Önder, 2013; Trahan, 2018). Although there has been research conducted on fathers' involvement in children's lives, there is a gap in the research regarding father's parental self-efficacy (PSE) and why fathers do not participate as much as mothers do in CSA prevention (Babatsikos, 2010; Babatsikos & Miles, 2015; Jing QiChen et al., 2007; Scourfield, 2014; Smith et al., 2012; Trahan, 2018). More needs to be known about why fathers have low engagement in sexual abuse prevention and how to engage fathers to participate in CSA prevention with their children (Babatsikos, 2010; Babatsikos & Miles, 2015; Chen et al., 2007; Scourfield, 2014; Smith et al., 2012). In this study, I addressed the gap in the research regarding fathers' low participation in CSA prevention with their children as well as contributed to the body of knowledge regarding fathers' self-efficacy in talking to their

children about CSA prevention (Babatsikos, 2010; Babatsikos & Miles, 2015; Jing QiChen et al., 2007; Scourfield, 2014; Smith et al., 2012).

Problem Statement

The research problem that I focused on in this study is the documented low engagement of fathers in CSA prevention with their children (Babatsikos, 2010; Babatsikos & Miles, 2015; Jing QiChen et al., 2007; Scourfield, 2014; Smith et al., 2012). CSA is a widespread national and worldwide problem that causes negative mental health and physical health outcomes for the victims and their families (Jin, Chen, & Yu, 2019; Kenny & Wurtele, 2012; Krahé & Berger, 2017; Mendelson & Letourneau, 2015; Papalia, Luebbers, Ogloff, Cutajar, & Mullen, 2017; Sabri, Hong, Campbell, & Cho, 2013). Approximately one in four girls and one in six boys will be sexually abused before 18 years of age ("Facts and Statistics—The Dru Sjodin National Sex Offender Public Website," n.d.; "National Children's Alliance," n.d.; Schober, Fawcett, Thigpen, Curtis, & Wright, 2012) and approximately 1.8 million adolescents have been the victims of CSA ("National Children's Alliance," n.d.). A total of 205,438 cases of CSA were disclosed by children in the United States in 2015 ("National Children's Alliance," n.d.). By the age of 17 years , 26.6% of girls and 5.1% of boys will have experienced CSA (Mendelson & Letourneau, 2015). In 2012, 9.3% of the maltreatment cases of children were classified as sexual abuse ("Facts and Statistics—The Dru Sjodin National Sex Offender Public Website," n.d.).

Victims of CSA are more vulnerable to later sexual and nonsexual victimization as well as sexual aggression perpetration (Krahé & Berger, 2017; Mendelson &

Letourneau, 2015). The outcomes of CSA on victims include short- and long-term negative effects on functioning in school, work (after becoming adults), overall quality of life, and life expectancy (Lalor & McElvaney, 2010; Mendelson & Letourneau, 2015). CSA victims are at increased risk for suicide, self-harm, drug overdose, mental health problems, offending, and victimization (Papalia et al., 2017). More than half of all people who receive mental health services in the United States are CSA victims (Wurtele & Kenny, 2010). The costs of CSA are related to legal issues such as prosecution, incarceration, monitoring, and treatment of offenders as well as costs associated with the victims' medical, psychiatric, and substance abuse treatment (Lalor & McElvaney, 2010; Mendelson & Letourneau, 2015). The direct costs of CSA in the United States have been estimated to be more than $33 billion a year and the indirect costs have been estimated at more $103 billion a year (Anderson, 2014).

Even though there are effective treatments for children and families who have experienced CSA, these treatments are not enough to address this social problem (Mendelson & Letourneau, 2015). The benefits of including parents in CSA prevention with their children have been established through research (Babatsikos & Miles, 2015; Mendelson & Letourneau, 2015; Rudolph, Zimmer-Gembeck, Shanley, & Hawkins, 2018; Rudolph, Zimmer-Gembeck, Shanley, Walsh, et al., 2018; Wurtele & Kenny, 2010). Educating parents about CSA prevention could lead to the increased protection of children in their environment, which could contribute to fewer cases of CSA (Babatsikos & Miles, 2015; Rudolph, Zimmer-Gembeck, Shanley, & Hawkins, 2018; Wurtele & Kenny, 2010). As stated earlier, previous researchers have found that fathers do not

participate as much as mothers do in CSA prevention with their children (Babatsikos, 2010; Wurtele & Kenny, 2010). Although the aforementioned research regarding fathers' low participation in CSA prevention illuminates important findings, more needs to be known about why fathers are not participating as much as mothers do in CSA prevention with their children. There is a limited number of researchers who have studied fathers' roles and participation in preventing CSA (Babatsikos, 2010; Babatsikos & Miles, 2015), and I did not find any researchers who examined fathers' perceptions of their self-efficacy in talking to their children about CSA prevention. Therefore, the research problem I addressed was fathers' low engagement in CSA prevention with their children. I explored fathers' perceived self-efficacy in talking to their children about CSA prevention.

Purpose of the Study

My purpose in this qualitative study was to explore fathers' perceptions of their self-efficacy in talking to their children about preventing CSA (Babatsikos, 2010; Babatsikos & Miles, 2015; Wurtele & Kenny, 2010). Although there has been research conducted about fathers' parenting practices and child outcomes, there is a need for more research on fathers' PSE (Murdock, 2013; Rominov et al., 2016; Vance & Brandon, 2017). Most of what is known about father's PSE is derived from quantitative studies (Giallo et al., 2013; Murdock, 2013; Pinto et al., 2016; Rominov et al., 2016; Seçer et al., 2013; Steca, Bassi, Caprara, & Fave, 2011). More qualitative research is needed regarding father's PSE both in general domains and task-specific domains, such as talking to their children about CSA.

Several researchers stated that low father engagement in prevention programs is a topic that needs further research (Babatsikos, 2010; Babatsikos & Miles, 2015; Jing QiChen et al., 2007; Scourfield, 2014; Smith et al., 2012). There is also a paucity of research in exploring fathers' PSE in talking to their children about CSA prevention (Murdock, 2013; Rominov et al., 2016; Vance & Brandon, 2017). In this study, I addressed the gap in the literature regarding father's low engagement in CSA prevention with their children. I also addressed the need for more studies researching fathers' PSE, specifically in the area of fathers' perceptions of their competency in talking to their children about CSA prevention.

Research Question

The primary research question was: What are fathers' perceptions of their self-efficacy in discussing child sexual abuse prevention with their children? The secondary research question was: What do fathers think could be affecting their comfort level in talking to their children about child sexual abuse prevention? There were several interview questions that I used to address these research questions (Appendix F).

Theoretical Framework

I used Bandura's social cognitive theory (SCT) as the theoretical framework for this study (Bandura, 1997, 2012). In SCT, the reciprocal relationship between a person and their environment plays a key role in understanding psychological functioning (Bandura, 2012). People are the agent of change in their lives. This concept is called the *agentic approach*. To be an agent of change, a person must purposefully make changes in their functioning (Bandura, 2012). A higher sense of self-regulatory influence has been

linked to better time management, follow-through on solutions, and effective problem-solving skills. All of this leads people to have higher self-efficacy, which is a determinant in the quality of their performance (Bandura, 2012).

Self-efficacy is a concept derived from SCT (Bandura, 1997, 2012; Wittkowski et al., 2017). Self-efficacy refers to people's beliefs about their ability to execute tasks and those beliefs affect their decisions about whether to act or not (Bandura, 1977, 1997, 2012; Wittkowski et al., 2017). A perception of low self-efficacy could lead people to quit more easily when faced with difficult challenges, whereas people with higher self-efficacy may be more likely to address the challenge (Bandura, 2012).

Parents' beliefs about their ability to perform parental tasks affects their willingness to actually do those tasks (Glatz & Buchanan, 2015; Malm et al., 2017; Seçer et al., 2013; Vance & Brandon, 2017; Wittkowski et al., 2017). This phenomenon has been coined *parental self-efficacy* (PSE). PSE applies the concept of self-efficacy to general parenting domains and specific parenting tasks. PSE has important impacts on parenting behavior, such as positive parenting practices (Glatz & Buchanan, 2015; Malm et al., 2017; Steca et al., 2011; Wittkowski et al., 2017). PSE has been associated with child developmental outcomes, child functioning, child behaviors, parental competence, and parental satisfaction. High PSE has also been linked to improvement in children's social, physical, behavioral, and academic success (Giallo et al., 2018; Glatz & Buchanan, 2015; Malm et al., 2017; Murdock, 2013; Pinto et al., 2016).

PSE applies to exploring fathers' low participation in CSA prevention with their children because fathers may not talk to their children about CSA prevention due to a

belief that they are not as effective at it as mothers are. As previous researchers found, fathers believe that CSA prevention is the mother's role and fathers do not participate as much as mothers do in attending trainings or talking to their children about CSA prevention (Babatsikos, 2010; Babatsikos & Miles, 2015; Scourfield, 2014; Smith et al., 2012; Wurtele & Kenny, 2010). If fathers are not confident in their ability to talk to their children about CSA prevention, they may avoid doing so. I will discuss more on the topic of self-efficacy and PSE in Chapter 2.

Nature of the Study

In this study, I used a generic qualitative research approach. Researchers use generic qualitative inquiries to explore people's beliefs or opinions about a specific issue or experience. The descriptive generic qualitative approach is a specific type of generic qualitative research approach (Kahlke, 2014). The researcher using the descriptive qualitative approach strives to describe a phenomenon with as little inference as possible. The goal of the descriptive approach is for the researcher to generate codes from the data itself to describe the phenomenon that is being studied (Kahlke, 2014). I used the descriptive qualitative approach for this study because my goal was to explore fathers' perceptions of their self-efficacy in talking to their children about CSA prevention.

The participant inclusion criteria for this study included biological fathers of boys and girls due to previous researchers having found that both boys and girls are at risk for CSA ("Facts and Statistics—The Dru Sjodin National Sex Offender Public Website," n.d.; "National Children's Alliance," n.d.; Schober et al., 2012). I included fathers who were married, separated, divorced, or never married in the sample as long as they had a

female to coparent with. Fathers needed to have a coparenting situation with either the biological mother, stepmother, or cohabitating girlfriend. Participants also needed to have at least one child between the ages of 7 years and 13 years due to the data showing that children between those ages are most vulnerable to CSA ("Child Sexual Abuse Facts—The Children's Assessment Center Houston, Texas USA," n.d.; "Child Sexual Abuse Statistics," n.d.). I used purposeful sampling and snowball sampling in my study. Purposeful sampling is a systematic, nonprobability sampling method in which the researcher identifies specific groups of people who fit the parameters of the study (Isaacs, 2014; van Rijnsoever, 2017). Snowball sampling involves a researcher requesting that a participant disseminate the study information to other potential participants who meet the study inclusion criteria (Griffith, Morris, & Thakar, 2016).

I recruited participants for my study by posting on the online university research participant pool, which is an electronic bulletin board advertising the study to students, faculty, and staff. I also posted a study announcement (see Appendix A) and a flyer (see Appendix B) with the study information in public online community forums. Additionally, I asked participants to share the study information with potential participants who met the study criteria (snowball sampling). Participants who were interested in participating in the study contacted me directly through email or by telephone. I sent those who contacted me through email a reply email that asked for convenient times to set up a phone interview. Upon receipt of the chosen interview times, I set up a telephone interview with them. I asked those who contacted me via telephone initially, rather than by email, whether it was a convenient time to do the interview.

Given that it was a convenient time, I proceeded with the interview protocol. I scheduled a telephone interview for a future date if it was not a convenient time.

At the beginning of the telephone interview, I informed the participant that the call would be audio recorded and I asked for verbal consent to record the call. I asked the potential participants the study inclusion questions (see Appendix C). If they met criteria, I reviewed the consent form with them via phone and I obtained verbal consent, which I recorded. I sent all participants a copy of the consent form through email following the interview. If they did not have email, I sent them the consent form through the mail.

I interviewed the participants by phone one time only and each interview took approximately 30 to 45 minutes to complete. I took notes during the phone interview, audio recorded it, and had the interview transcribed by a professional transcribing service. I contacted the participants one time after the interview and asked them to perform a participant validation on the transcribed interviews. Participant validations are used by researchers to review the interview for accuracy, which helps enhance the trustworthiness of the data. Once the transcribing company completed transcription of the interviews, I imported them into Dedoose. Dedoose is a qualitative research software program used in the organization, analysis, and coding of the data.

I analyzed the data using first and second coding cycles. Qualitative researchers are interested in uncovering the meaning in the data and aim to find categories, subcategories, and themes in the data (Belotto, 2018; Brod, Tesler, & Christensen, 2009; Saldana, 2016). I used open, axial, and selective coding methods in my data analysis. Open coding is a first cycle coding method, whereas axial and selective coding are

second cycle methods (Brod et al., 2009; Saldana, 2016). Open coding is the first process of reviewing the data and involves assigning labels and codes. Selective coding follows open coding. The researcher looks for the data that most frequently appeared from open coding and then categorizes the data to begin to develop themes. In axial coding, the researcher uses overarching themes to connect subcategories to the main categories (Brod et al., 2009; Percy, Kostere, & Kostere, 2015). I also followed the 12-step process of inductive analysis as described by Percy, Kostere, and Kostere (2015).

Definitions

The central concepts of this study were self-efficacy, PSE, CSA, and CSA prevention.

Self-efficacy (SCT). Self-efficacy is a concept from social cognitive theory (SCT) that states that peoples' perceptions of their ability to execute tasks affects their actual ability to perform those tasks (Bandura, 1977, 1997, 2012).

Parental self-efficacy (PSE). Parental self-efficacy (PSE) was derived from the self-efficacy concept and it describes parents' beliefs about their ability to perform parenting tasks (Glatz & Buchanan, 2015; Malm et al., 2017; Seçer et al., 2013; Vance & Brandon, 2017; Wittkowski et al., 2017).

Child sexual abuse (CSA). The term child sexual abuse (CSA) is an overarching term that incorporates several types of CSA including sexual assault, commercial sexual exploitation of children, rape, and incest (Murray, Nguyen, & Cohen, 2014).

Child sexual abuse (CSA) prevention. CSA prevention programs aim to educate children and parents about preventing CSA. The rationale for having parents participate

in the prevention program includes the proximity they have to their children, the influence they have over their children's behavior, and the protective factor that quality communication with their children can have (Mendelson & Letourneau, 2015; Rudolph & Zimmer-Gembeck, 2018b; Rudolph, Zimmer-Gembeck, Shanley, & Hawkins, 2018).

Assumptions

Assumptions are factors that cannot be proven but must be assumed in order to conduct research. One assumption in qualitative research is that knowledge is not absolute but rather socially constructed by the person who experiences it (Ellis & Levy, 2009; Kahlke, 2014). Social constructionism is a concept that addresses how people make meaning and understand their experiences. Reality is subjective rather than objective and is created through people's interpretations of life events (Walker, 2015). Therefore, the qualitative researcher strives to discover the participants' meaning rather than approaching the data as an already known fact (Morrison, 2015; Walker, 2015). The subjective reality of the participants was one assumption in this study.

Another assumption was that the participants answered the research interview questions honestly and factually. It is not possible for researchers to validate each participant's response, so the researcher must assume that the participant is answering honestly. To increase the likelihood of the participants answering honestly, the researcher can assure them of their confidentiality in the study, which I did do (Ellis & Levy, 2009).

I also assumed that due to the subjective nature of qualitative research, it was not possible to be completely free of biases and perceptions that could affect the interpretation and coding of the data (Anney, 2014; Cho & Lee, 2014; Cope, 2014).

Reflexivity entails the researcher having an awareness of and being reflective about how their own personal and professional experiences and social position can influence the research choices they make (Morrison, 2015; Råheim et al., 2016). I looked at my potential biases by keeping a reflective journal and by keeping an audit trail of notes throughout the data collection and analytic process (Anney, 2014; Cho & Lee, 2014; Cope, 2014). Audit trails incorporated in-depth descriptions of the data analysis process, notes on methodology, and a record of all documents and records created and edited during the study (Cho & Lee, 2014).

Scope and Delimitations

The scope of the study refers to what the researcher will be addressing through conducting the study. The researcher determines what relates to the problem being studied and what does not (Höijer, 2008). Delimitations result from the choices the researcher makes about what will be included and excluded from the study. The first delimitation is the choice of the research problem (Ellis & Levy, 2009; Höijer, 2008).

I focused on the social problem of CSA and father engagement in CSA prevention. Because CSA is a large topic, I had to narrow the topic to be able to conduct a research study. Previous quantitative and qualitative researchers established that fathers have low engagement in CSA prevention with their children but more needed to be known about why this occurred (Babatsikos, 2010; Babatsikos & Miles, 2015; Scourfield, 2014; Smith et al., 2012). The identified gap in the literature regarding why fathers were not engaged in CSA prevention was used to identify the research problem for this study. This meant that other related topics to CSA were not included in the focus of the

research. Examples of some related topics that I excluded were parents' beliefs about what actions they should take to prevent CSA (Rudolph & Zimmer-Gembeck, 2018a) or parents' experience of watching a PSA on sexual abuse (Schober et al., 2012).

The choice to use self-efficacy and SCT excluded other possible theoretical frameworks. Another theoretical framework that I could have used with this study was Bronfenbrenner's ecological system's model, which researchers have used to conceptualize CSA intervention and prevention at multiple levels (Jin et al., 2019). Using this theory would have framed the problem and prevention strategy differently, which would have changed the research question and methodology from focusing on fathers' perceptions to looking at multisystem prevention. I chose social cognitive theory and self-efficacy because a lack of belief in oneself to be able to execute a task may inhibit that person from pursuing the task (Bandura, 1977, 1997, 2012). There was a lack of research on fathers' PSE, so I focused on father's self-efficacy in talking to their children about CSA prevention to address the gap (Murdock, 2013; Rominov et al., 2016; Vance & Brandon, 2017).

It was also necessary to choose a population to study, which meant excluding participants who did not meet criteria. Because my focus in this study was on fathers' low engagement in CSA prevention, I did not include mothers. I chose the age range of the fathers' children by looking at the current literature and statistics from Children's Assessment Center (2016) and Victims of Crime (2012). According to the data, children between the ages of 7 and 13 years were most susceptible to CSA. Therefore, I chose that age range as the age of children for this study ("Child Sexual Abuse Facts—The

Children's Assessment Center Houston, Texas USA," n.d.; "Child Sexual Abuse Statistics," n.d.). This meant that fathers who did not have children between the ages of 7 and 13 years of age were excluded. In addition, only biological fathers who had a biological mother, stepmother, or cohabitating girlfriend to coparent their children with met criteria. Not having a woman to coparent with may alter the father's decision to talk to their children as they may see themselves as being the only one who could have this conversation with their child. Therefore, I excluded fathers who did not have a female coparent. Another consideration was the language the study was conducted in. I speak only English fluently; therefore, I included those fathers who also spoke English, which omitted fathers who were not English speaking.

Delimitations can raise issues regarding transferability due to the exclusions from the study (Höijer, 2008). Transferability means the degree to which the data can be applied to other people, contexts, or settings (Anney, 2014; Cope, 2014). Excluding certain topics or populations means that the study cannot be generalized or transferred to those contexts. Purposeful sampling and heterogeneity of the participant sample are two ways to address transferability (Anney, 2014). Purposeful sampling is a method of identifying participants who have experienced the phenomenon the researcher is interested in studying (Anney, 2014; Cope, 2014). Heterogeneity in the sample involves having a larger variation in the demographics of the cases, which can add to the depth of interest and experiences of the participants (Brod et al., 2009; Cope, 2014). This can help with transferability by making the data more relatable to a larger group of people (Brod et al., 2009). I used purposeful sampling by including fathers of children between the ages

of 7 and 13. Fathers did not have to meet specific demographic criteria to participate and fathers from different demographic situations were included.

Limitations

Limitations are related to the inherit constraints in the chosen methodologies and study design (Ellis & Levy, 2009; Morrison, 2015). Qualitative studies have limitations with generalizability due to the subjective, descriptive, and exploratory nature of qualitative research. Generalizability in qualitative research has been conceptualized and labeled as transferability. This is a limitation in qualitative research because the perspectives and meanings are subjective to the participant (Höijer, 2008; Morrison, 2015). I addressed the limitation of transferability by utilizing audit trails and purposeful sampling (Anney, 2014; Cope, 2014).

The qualitative concept of dependability is like the quantitative concept of reliability. In qualitative research, dependability refers to the data being consistent and stable over time and in similar conditions (Cope, 2014). Dependability is an inherent limitation in qualitative research because qualitative methods are context sensitive, interpretivist, flexible, and explore complex issues (Carcary, 2009). The naturalistic setting and subjective nature of qualitative research can create challenges for other researchers being able to replicate the study and achieve similar results (Anney, 2014; Carcary, 2009). Dependability can be enhanced by using triangulation and audit trail methods. Triangulation involves the researcher taking different perspectives to confirm interpretations and looking at a conclusion from more than one viewpoint (Cope, 2014). Triangulation can include the use of multiple investigators or data coders, several

different data sources, or theoretical perspectives. I used triangulation by incorporating different sources of information and by using the theoretical framework and current research to analyze the data (Anney, 2014).

Transparency of the researcher's processes, decisions, assumptions, and biases can also improve dependability (Carcary, 2009; Cope, 2014). A researcher can achieve transparency by keeping detailed notes and memos of decisions, biases, and processes during the research study. These descriptive notes and memos are also referred to as an audit trail (Carcary, 2009; Cope, 2014). I kept an audit trail and wrote notes and analytic memos throughout the research process to address the issue of dependability.

The researcher's experiences, beliefs, and perspectives can create researcher bias, which is another implicit limitation in qualitative research (Goodell, Stage, & Cooke, 2016; Råheim et al., 2016). Reflexivity is one-way researchers can address biases by examining their roles, relationships, and perspectives in the research process (Anney, 2014; Morrison, 2015; Råheim et al., 2016). My own professional experience as a licensed clinical social worker working with sexually abused children could have created a bias for me in data collection and analysis. To address this potential bias, I kept data logs and analytic memos that documented my personal reflections, ideas, responses, and reasons for decisions that I made about methods and coding (Råheim et al., 2016).

Significance

Knowing more about fathers' roles in CSA prevention with their children is important because CSA prevention programs are more effective when the parents participate and talk to their children about preventing CSA (Babatsikos & Miles, 2015;

Mendelson & Letourneau, 2015; Rudolph & Zimmer-Gembeck, 2018a). In this study, I addressed a gap in research regarding why fathers under-participate in CSA prevention with their children (Babatsikos, 2010; Babatsikos & Miles, 2015). The information gathered from this study could help researchers and program designers understand more about how to increase fathers' self-efficacy in talking to their children about CSA. Increasing fathers' self-efficacy in talking to their children about CSA can contribute to social change because increased communication with children about CSA could reduce incidences of CSA (Mendelson & Letourneau, 2015).

Summary

In this chapter, I provided an overview of my research study. I identified the social problem and research problem as well as the purpose of this study. Additionally, I stated what the research questions were as well as the theoretical framework that I used. I outlined the nature of the study, including the methodology, and reviewed key definitions. I addressed the assumptions, scope and delimitations, and limitations of the study. I also discussed the significance of the study and the potential for social change.

In this next chapter, I will cover some of the aforementioned information in more detail. In Chapter 2, I will include the literature search strategy, which includes the search terms and databases that I used to obtain relevant journal articles, books, and other academic resources. I will present an exhaustive literature review that is related to the key concepts of this study. I will also discuss the theoretical framework and my reasoning for choosing this theoretical foundation.

Chapter 2: Literature Review

Introduction

In this study, I addressed the research problem of fathers' low participation in CSA prevention. My purpose in this study was to explore fathers' perceptions of their self-efficacy in talking to their children about preventing CSA. Knowing more about fathers' roles in CSA prevention with their children is important because CSA prevention programs are more effective when the parents participate and talk to their children about preventing CSA (Babatsikos & Miles, 2015; Mendelson & Letourneau, 2015). In this study, I have added to the body of knowledge regarding the social problem of CSA by gaining insight into fathers engagement in CSA prevention with their children (Babatsikos, 2010; Babatsikos & Miles, 2015; Smith et al., 2012).

In this chapter, I will review the existing literature in the field of CSA prevention and fathers' self-efficacy. I will discuss the theoretical framework of the study, which is SCT, as well as self-efficacy, which is a construct from SCT. I provide an analysis of the literature on PSE and fathers' self-efficacy. In the literature review, I will address the definition, prevalence, effects, and prevention of CSA. I will also cover the search terms and databases that I used to find journal articles, books, and other academic resources pertaining to the aforementioned topics.

Literature Search Strategy

I conducted searches in research databases at Walden University and at the University of Southern California (USC) libraries using key terms and concepts that related to this study. The databases that I searched included Sage Journals, SocINDEX,

PsycINFO, Google Scholar, ProQuest Central, PubMed, ERIC, CINAHL Plus with full text, Criminal Justice Database, Academic Search Complete, and Dissertations. The key terms that I searched were *CSA, CSA prevention, child sexual assault, parent-focused CSA prevention, child-focused CSA prevention, self-efficacy, PSE, father self-efficacy, perception of self-efficacy, fathers' perceptions of self-efficacy, parents' self-efficacy and CSA prevention,* and *parental communication about CSA prevention.*

I found numerous articles and studies about CSA prevention and parent and child-focused CSA prevention (Anderson, 2014; Jing QiChen et al., 2007; Kenny & Wurtele, 2012; Mendelson & Letourneau, 2015; Renk, Liljequist, Steinberg, Bosco, & Phares, 2002; Rudolph & Zimmer-Gembeck, 2018b; Rudolph, Zimmer-Gembeck, Shanley, & Hawkins, 2018). My search produced quantitative and qualitative studies in which researchers examined parents' attitudes, knowledge, and practices in CSA prevention with their children and also parents' preferences in talking to their children about sexuality and CSA (Babatsikos, 2010; Babatsikos & Miles, 2015; Jing QiChen et al., 2007; Xie, Qiao, & Wang, 2016). I also discovered several articles and literature resources about self-efficacy and the application to PSE (Bandura, 1997, 2012; Giallo et al., 2013; Glatz & Buchanan, 2015; Malm et al., 2017; Murdock, 2013; Steca et al., 2011). Researchers previously studied PSE and father self-efficacy in other domains of parenting but not in relation to talking to children about CSA prevention (Balkaran, 2015; Pinto et al., 2016; Rominov et al., 2016; Seçer et al., 2013). I addressed the lack of research directly pertaining to the topic of father self-efficacy and CSA prevention by searching for related topics, such as PSE and CSA and sexual assault prevention and

father self-efficacy. I did not find articles, papers, and dissertations on fathers' perceptions of self-efficacy in CSA prevention. Iterations of the search terms included PSE in communication with children about CSA, father self-efficacy and child abuse, father PSE and child sexual assault, and parent-focused CSA and parental efficacy. I found papers and articles that related to father self-efficacy and behavior of children and to parents' approaches and preferences in communicating with children about CSA (Babatsikos, 2010; Babatsikos & Miles, 2015; Pinto et al., 2016; Rominov et al., 2016; Seçer et al., 2013; Steca et al., 2011) but not regarding father's perception of self-efficacy and talking to children about CSA prevention.

Theoretical Foundation

The theoretical foundation that I used for this study was Bandura's social cognitive theory (SCT), which he originally named social learning theory (Bandura, 1997, 2012). In social learning theory, psychological functioning occurs as a reciprocal relationship between personal and environmental forces (Bandura, 2012). Social learning theory combines cognitive theory with behavioral learning theory to understand how a person acquires behaviors from their environment. Social learning theory focuses on how people learn from one another in a social context (Chavis, 2011). SCT uses the agentic approach, which considers people the agent of change in their lives. To be an agent, one must consciously apply influence over their functioning (Bandura, 2012).

Self-Efficacy

Self-efficacy is a concept from SCT. Bandura postulated that peoples' perceptions of their ability to execute tasks affects their actual ability to perform those

tasks (Bandura, 1977, 1997, 2012). Self-efficacy influences the choices people make and how they behave (Wittkowski et al., 2017). Bandura (2012) considered human functioning to have three interconnected, reciprocal elements: “intrapersonal influences; the behavior individuals engage in; and the environmental forces that impinge upon them” (p. 11, para. 5). This triadic interplay is causal in human behavior and as Bandura (2012) noted, self-efficacy is part of the intrapersonal influences. People use four sources of information to monitor self-efficacy: 1) assessment of performance, where successful performances build self-efficacy and unsuccessful performances lower it, 2) watching others perform a task and then considering their own abilities, and 3) response to environmental reinforcement or social pressure (Wittkowski et al., 2017). These sources of information are integrated with three core processes to formulate a person’s self-efficacy. The three core processes are: 1) assessing the skills needed to complete the task, 2) reflecting on prior performance and why the outcome went the way it did, and 3) having an understanding of which personal and environmental factors support or hinder being able to perform the task (Wittkowski et al., 2017). The disparity between efficacy beliefs and action is driven by the assessment of self-efficacy (Bandura, 2012).

The most effective way to create self-efficacy is through mastery of a task but people can also develop self-efficacy through vicarious learning and modeling (Bandura, 1977, 1997). Symbolic, vicarious, and self-regulatory processes are the main pathways to learning, change, and behavior (Bandura, 1977). Symbols give people a way to understand phenomenon and meaning. Through the use of symbols, people are able to record and generate guides for future behavior as well as create action towards those

future goals. Vicarious learning addresses how people can learn through observation and modeling and not only through direct experience and exercising control over one's behavior (Bandura, 2012). Self-influence, or self-regulation, plays a large part in which actions people choose to partake in (Bandura, 1977). People with a higher sense of self-regulatory influence have been shown to have better time management, are more persistent, are more likely to follow-through on good solutions, and exhibit effective problem-solving skills. All of this leads people to have higher self-efficacy, which is a determinant in the quality of their performance (Bandura, 2012).

Outcome and self-efficacy expectations are distinct from each other, although both are equally important in personal efficacy (Bandura, 1977). An outcome expectation is a person's idea about how certain behaviors will result in a desired outcome, whereas a self-efficacy expectation is the belief or conviction that one is capable of successfully performing the behavior that is necessary to produce the desired outcome (Bandura, 1977). The degree to which people believe in their abilities to execute tasks determines whether they will even try to deal with a situation or not (Bandura, 2012). People will fear and avoid situations in which they believe themselves to be ill-equipped to handle (Bandura, 1977). Alternatively, people will take action at times when they see themselves as capable of effectively dealing with the situation (Bandura, 1977). People with low self-efficacy more easily succumb to the difficulties of a situation and may not act whereas people with higher self-efficacy are more likely to face the challenge and create ways to conquer it (Bandura, 2012).

Self-efficacy is best measured using domain-specific measures rather than general measures (Bandura, 2012). The perception of self-efficacy differs depending on the general domain and specific task and there are multiple self-efficacy facets even within one task (Bandura, 2012). Bandura (2012) gave an example of self-regulatory efficacy in managing weight, which involves several aspects: making choices about what types of food will be purchased to keep in the house; eating habits and monitoring daily caloric intake; and the amount of daily physical activity one gets to burn calories. Measuring self-efficacy in weight management would necessitate considering all of the specific self-efficacy tasks in the general category of weight management. PSE is similar in nature. There is the general category of PSE but there are also several task-specific self-efficacy facets within the parenting domain.

Parental self-efficacy (PSE). PSE is a construct derived from self-efficacy that describes parents' beliefs about their ability to execute tasks that are necessary to effectively parent and engage in parenting behaviors (Glatz & Buchanan, 2015; Malm et al., 2017; Seçer et al., 2013; Vance & Brandon, 2017; Wittkowski et al., 2017). Vance and Brandon (2017) defined it by saying "Parenting self-efficacy is a multidimensional concept defined as parental beliefs or confidence in their ability to successfully carry out parenting tasks and is a distinct, domain-specific concept captured under self-efficacy theory" (p. E30, para. 3). It has also been defined as a person's appraisal of their competence in performing parenting roles (Trahan, 2018). Parents who perceive themselves as being effective are more likely to perform successful parenting behaviors and feel confident in their role as a

parent (Glatz & Buchanan, 2015; Trahan, 2018; Vance & Brandon, 2017; Wittkowski et al., 2017).

Vance and Brandon (2017) compared and contrasted the concepts of parenting confidence, PSE, and parental competence. The researchers discovered that the concepts of parenting confidence, competence, and PSE were very closely related and that using the concepts interchangeably was not a disadvantage. On the other hand, Wittkowski et al. (2017) discussed how using the terms interchangeably can cause inaccuracy and inconsistency in the literature and research results. They cautioned against mixing the terminology and recommended being clear in which terms where being studied. Parenting confidence refers to a belief in ability to do a task but differs from PSE in that PSE includes both the strength of the belief and the assessment of ability based on that belief. Parenting confidence is also not specific to a situation and is not grounded in a theoretical framework, like PSE is (Wittkowski et al., 2017). For the purpose of this study, the concepts of parental competence and self-efficacy will both be used.

PSE has three elements: a global construct, which looks at overall self-efficacy; a general construct, which categorizes self-efficacy; and a specific construct, which focuses on task-specific self-efficacy (Malm et al., 2017). For example, the general construct would differentiate between PSE and career self-efficacy, whereas task-specific self-efficacy would delineate between parental monitoring and parental communication. Bandura (1997) and other researchers (Glatz & Buchanan, 2015; Malm et al., 2017; Murdock, 2013; Wittkowski et al., 2017) found that PSE is most accurately measured when domain or task-specific self-efficacy is measured or assessed rather than general

PSE. The following example illustrates the previous point: the domain of parenting self-efficacy can include the task-specific elements of parental communication, parental discipline, parental play, etc. The difference between general self-efficacy and specific self-efficacy impacts how PSE affects children's functioning (Glatz & Buchanan, 2015; Malm et al., 2017). Malm et al. (2017) found that task-specific PSE was more associated with child behaviors than general PSE (Malm et al., 2017). The researchers looked at the association between general PSE and a task-specific PSE related to bullying and peer victimization. They found that the task-specific PSE was associated with lower levels of bullying behaviors and victimization at statistically significant levels whereas the general PSE was not (Malm et al., 2017).

PSE has been linked to promotive parenting and positive parenting practices (Glatz & Buchanan, 2015; Malm et al., 2017; Steca et al., 2011; Wittkowski et al., 2017) as well as to improvement in children's social, physical, behavioral, and academic success (Giallo et al., 2013; Glatz & Buchanan, 2015; Malm et al., 2017; Murray et al., 2014; Pinto et al., 2016). Promotive parenting practices are positive behaviors that parents engage in to help develop children's skills, talents, interests, and choices (Glatz & Buchanan, 2015). Positive parenting practices help foster children's brain development, emotional regulation, and cognitive functioning including language development and academic performance (Rominov et al., 2016). Researchers have found that parents who report positive parenting practices are more likely to discuss CSA prevention with their children and believe that their children are at lower risk of being victims of CSA. These

parents also reported that they feel more confident in their ability to protect their children from CSA (Rudolph, Zimmer-Gembeck, Shanley, Walsh, et al., 2018).

High PSE in early parenthood has been positively associated with less depressive symptoms in parents and increased parental satisfaction (Rominov et al., 2016). PSE trainings have been shown to decrease child maladaptive behaviors through increased parental monitoring, increased parent-child communications, increased parental involvement, and increased parent emotional-regulation (Malm et al., 2017). PSE was strongly correlated to positive parent-child relationships, child adjustment, parental competence, and parental satisfaction (Pinto et al., 2016; Steca et al., 2011; Wittkowski et al., 2017). Parents' belief in their ability to influence their children's behavior affects their use of positive parenting practices and if parents believe they will be effective in impacting their children, then they are more likely to intervene and use promotive parenting practices (Glatz & Buchanan, 2015).

Glatz and Buchanan (2015) explored the reciprocal nature of PSE and children's behaviors. Parents' PSE is related to children's behavior (parent-driven process) but children's behaviors are also related to a parent's PSE (child-driven process) (Glatz & Buchanan, 2015). Glatz and Buchanan (2015) investigated the relationship between PSE, promotive parenting practices, and adolescents' externalizing behaviors over three years. Their results supported the reciprocal relationship between PSE and children's behaviors. They also discovered a PSE-driven process among mothers but not fathers, which could highlight the need for fathers to build more self-efficacy in parenting (Glatz & Buchanan, 2015).

Father's parental self-efficacy. Father's PSE is a key element in family functioning and contributes greatly to the child's social emotional regulation, internalizing and externalizing behaviors, child literacy, child language skills, and educational outcomes (Trahan, 2018). Paternal PSE has been shown to be an important psychological factor in the transition to parenthood (Pinto et al., 2016). Rominov et al. (2016) found that the fathers' psychological distress and lower PSE in the postnatal period was related to long-term lower levels of parenting warmth for their children ages 8-9 years old at statistically significant levels. Others have found that fathers who perceive themselves as successful in executing parenting tasks are more likely to be successful and fathers who are successful in parenting outcomes believe they are capable parents (Pinto et al., 2016; Trahan, 2018). Fathers who do not feel confident in their ability to parent may develop hopelessness and stress in parenting (Rominov et al., 2016; Trahan, 2018). Secer et al. (2013) investigated the effect that the fathers' PSE had on the behavior and victimization levels of their preschool children and found a statistically significant negative relationship between fathers' PSE and hyperactivity, aggression, exclusion, and victimization of the children. The fathers' PSE level was the best predictor of the victimization of the child (Seçer et al., 2013). Trahan (2018) conducted a quantitative study to determine predictive factors of father involvement. The study outcomes showed that paternal self-efficacy and personal expectations of father involvement were the two predictive factors of father engagement and involvement.

More research needs to be conducted on fathers' perceptions of self-efficacy to understand the associations between father's task-specific PSE and parenting behavior

and child behavior outcomes (Murdock, 2013; Rominov et al., 2016; Trahan, 2018; Vance & Brandon, 2017). Much of what is known about PSE and parenting behaviors was inferred from research done with mothers and there is a need for more research that is specifically focused on father's PSE (Rominov et al., 2016; Trahan, 2018). Additionally, most of the studies that have been done on father's PSE have been quantitative (Giallo et al., 2013; Murdock, 2013; Pinto et al., 2016; Rominov et al., 2016; Seçer et al., 2013; Steca et al., 2011) and there is a lack of qualitative research on fathers' PSE. Understanding more about father's PSE is important because as general and task-specific PSE research has demonstrated, PSE is associated with overall child developmental outcomes and with father involvement and engagement (Giallo et al., 2013; Glatz & Buchanan, 2015; Malm et al., 2017; Murdock, 2013; Pinto et al., 2016; Trahan, 2018).

PSE applies to exploring fathers' low participation in CSA prevention with their children because fathers may not talk to their children about CSA prevention due to a belief that they are not effective or as good at it as mothers are. As previous researchers found, the fathers believed that CSA prevention was the mothers' role and fathers did not participate as much as mothers did in attending CSA prevention trainings or in talking to their children about CSA prevention (Babatsikos, 2010; Jing QiChen et al., 2007; Wurtele & Kenny, 2010). If fathers are not confident in their ability to talk to their children about CSA prevention, they may avoid doing it. Building fathers' PSE in talking to their children about CSA prevention could increase the likelihood that fathers would participate more in prevention with their children.

Literature Review

In the next section, I will review the literature pertaining to CSA including definitions, prevalence, impact, and prevention. I will discuss child-focused and parent-focused prevention programs as well as fathers' participation in prevention programs. This section culminates in a discussion regarding the need for further qualitative research in father's participation in CSA prevention programs.

Definition of Child Sexual Abuse

Definitions of CSA vary depending on the type of defining entity and what the definition is being used for. Different definitions may be used in research, policy, law, and prevention programs (Mathews & Collin-Vézina, 2017; Murray et al., 2014). The federal government and the states may have different definitions as well. All states have sexual abuse included in the definition of child abuse, but some states have a more general definition of CSA while others include specific types of sexual acts ("Definitions of Child Abuse and Neglect," 2019). The lack of a shared and agreed upon definition can lead to difficulties in determining the prevalence of CSA, establishing laws and policies, and developing prevention programs. The wide range of CSA prevalence is problematic because incidences may be over or under-reported, which impacts decisions made about services, treatment, and laws (Mathews & Collin-Vézina, 2017; Murray et al., 2014). Clearly stating how CSA is defined is an important element in conducting research on CSA.

The term CSA incorporates several types of CSA, including sexual assault, commercial sexual exploitation of children, rape, and incest (Murray et al., 2014). At the

federal level, CSA is defined in the Child Abuse Prevention and Treatment Act (CAPTA) as:

> The employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or interfamilial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children (*About CAPTA: A Legislative History*, 2017, p. 2, para 1).

In 2015, the federal definition of CSA was amended by the Justice for Victims of Trafficking Act by adding commercial sexual exploitation of children to the above definition (*About CAPTA: A Legislative History*, 2017). Sexual exploitation of children includes the prostitution of children and the production of child pornography ("18 U.S. Code § 2256—Definitions for chapter," n.d.; "Definitions of Child Abuse and Neglect," 2019). The federal government defines a minor as any person under the age of 18 years old ("18 U.S. Code § 2256—Definitions for chapter," n.d.). However, the federal government gave states the power to define what the age of the child in CSA cases should be for that state.

Prevalence of Child Sexual Abuse

Estimates show that 500,000 babies born in a given year will be sexually abused before the age of 18 years if not prevented ("Child Sexual Abuse Facts—The Children's Assessment Center Houston, Texas USA," n.d.) It is estimated that one in four girls and

one in six boys in the United States will be sexually abused before the age of 18 years-old ("Facts and Statistics—The Dru Sjodin National Sex Offender Public Website," n.d.; "National Children's Alliance," n.d.; Schober et al., 2012) and approximately 1.8 million adolescents have been the victims of CSA ("National Children's Alliance," n.d.). Three percent of children aged 1-2 years-old were sexually abused in 2012. The percentage rose to 14% for children aged 3-5 years-old but the highest reported cases occurred in the teen years (Mendelson & Letourneau, 2015). Close to 70% of all reported sexual assault cases happen to a child under the age of 18 years ("Child Sexual Abuse Facts—The Children's Assessment Center Houston, Texas USA," n.d.) By the age of 17 years-old, 26.6% of girls and 5.1% of boys will have experienced CSA (Mendelson & Letourneau, 2015). There are approximately 39 million CSA survivors in the United States (Schober et al., 2012) and 205,438 cases of CSA were disclosed by children in the United States in 2015 ("National Children's Alliance," n.d.). In 2012, 9.3% of the maltreatment cases of children were classified as sexual abuse and this equaled 62,936 reported CSA cases (Mendelson & Letourneau, 2015).

The Rape, Abuse, and Incest National Network ("Children and Teens: Statistics-RAINN," n.d.) is the nation's largest organization that is devoted to anti-sexual violence. RAINN created and oversees the national sexual assault hotline and is also contracted by the Department of Defense (DOD) to run the safe helpline. This group also compiles national CSA statistics using data from the Department of Justice (DOJ), the National Crime Victimization Survey (NCVS), and the Department of Health and Human Services (HHS). According to RAINN (2018), Child Protective Services (CPS) substantiates a

CSA claim every 8 minutes. Of all of the CSA victims, 34% are under the age of 12 and 66% are between the ages of 12-17. Females between the ages of 16-19 years old are four times more likely than the general population to be the victims of rape, attempted rape, or sexual assault. Ninety-three percent of all of the perpetrators in CSA cases reported to law enforcement are known by the child. Thirty-four percent of those are someone in the family and 59% are someone involved with the child but not in the family. Only 7% of perpetrators are strangers to the child ("Children and Teens: Statistics-RAINN," n.d.). Approximately 15% of children experience sexual abuse that involves some type of sexual contact and one-third includes some type of sexual penetration (Papalia et al., 2017).

Impact of Child Sexual Abuse

CSA is experienced across the world and has been reported by all nationalities and ethnicities (Jin et al., 2019). The negative impacts of CSA effect the victims, their families, and society as a whole (Jin et al., 2019; Kenny & Wurtele, 2012; Krahé & Berger, 2017; Letourneau, Brown, Fang, Hassan, & Mercy, 2018; Mendelson & Letourneau, 2015; Papalia et al., 2017; Sabri et al., 2013). CSA victims are at higher risk for both sexual and nonsexual victimization. Victims of CSA of are more likely to commit crimes compared to people who have not experienced CSA and there is evidence showing that offenders with a history of CSA have higher recidivism rates (de Jong, Alink, Bijleveld, Finkenauer, & Hendriks, 2015). They are also more likely to commit sexually aggressive crimes than those who were not sexually abused (Krahé & Berger, 2017; Mendelson & Letourneau, 2015; Walsh et al., 2018).

The victim outcomes related to CSA include short and long-term negative impacts to functioning in school, work (after becoming adults), overall quality of life, and life expectancy (Lalor & McElvaney, 2010; Mendelson & Letourneau, 2015). CSA has been associated with lower academic performance (Walsh et al., 2018) and CSA victims are at increased risk for suicide, self-harm, drug overdose, mental health problems, offending, and victimization (Papalia et al., 2017; Walsh et al., 2018). CSA is associated with "depression, posttraumatic stress disorder (PTSD), panic disorder, substance abuse, schizophrenia, and antisocial personality disorder" (Shrivastava, Karia, Sonavane, & De Sousa, 2017, p. 4). More than half of all people who receive mental health services in the United States were victims of CSA at some point in their life (Wurtele & Kenny, 2010). Twenty to forty percent of psychiatric patients have a history of CSA (Shrivastava et al., 2017). In addition to negative mental health impacts, CSA victims also experience negative outcomes to their physical health such as obesity, gastrointestinal, gynecological, and cardiovascular problems (Walsh et al., 2018).

CSA has been associated with poor relationship quality and insecure adult attachment styles (Tardif-Williams, Tanaka, Boyle, & MacMillan, 2017). Children who experienced physical and/or sexual abuse formulate an unhealthy internal working model of relationships that they carry into their adult relationships. This abusive working model is detrimental to positive relationships in their lives (Tardif-Williams et al., 2017). CSA victims are at increased risk for more relationship dissatisfaction and higher rates of divorce and separation (de Jong et al., 2015). They also reported younger ages of first-time consensual sex and more dissatisfaction with their sex lives (de Jong et al., 2015).

Researchers have shown that CSA has been associated with interpersonal violence in the victim's adult relationships (de Jong et al., 2015; Tardif-Williams et al., 2017) and the risk of interpersonal violence increases if the CSA involved penetration, occurred multiple times, or was with a known perpetrator (de Jong et al., 2015).

The costs of CSA are related to legal issues such as prosecution, incarceration, monitoring, and treatment of offenders as well as costs associated with the victims' medical, psychiatric, and substance abuse treatment (Lalor & McElvaney, 2010; Mendelson & Letourneau, 2015). The direct costs of CSA in the United States have been estimated to be over $33 billion a year and the indirect costs have been estimated to be over $103 billion a year (Anderson, 2014). In the United States in 2015, there were 40,387 new CSA cases reported by child protective services and of those, 30,290 were females and 10,097 were males (Letourneau et al., 2018). The estimated total lifetime average cost per female victim of nonfatal CSA was $282,734 and was $74,691 for males. Childhood health care costs, adulthood medical costs, productivity losses, child welfare costs, and violence/crime costs were included in the lifetime average cost estimates (Letourneau et al., 2018). An additional estimated cost of loss of quality of life for females was $41,001 and was $38,904 for males (Letourneau et al., 2018). Fatal CSA average lifetime cost (17 girls and 3 boys who died from sexual abuse) was estimated at $1,128,334 for female victims and was $1,482,933 for male victims. The discrepancy in cost between females and males was due to estimated productivity losses (Letourneau et al., 2018).

Victims of CSA often have long-term negative impacts on mental health and behavior, even for those who receive treatment (Mendelson & Letourneau, 2015; Papalia et al., 2017). Papalia et al. (2017) investigated the relationship between CSA and the long-term co-occurrence of psychiatric disorders and behavioral problems. They found that out of the 2,688 CSA cases they studied, more than half developed mental health issues including offending, victimization, or self-harm. CSA victims were more likely to have multiple adverse experiences that contributed to the increased co-occurrence of psychiatric illnesses and behavioral problems the victims experienced. The CSA cohort had higher rates of contact with mental health services, offending, further victimization, and deaths by suicide or drug overdose to the comparison group (Papalia et al., 2017). Although there are effective treatments for children and families who have experienced CSA, these treatments are not enough to address this social problem and CSA professionals and researchers have called for more prevention efforts (Mendelson & Letourneau, 2015; Rudolph & Zimmer-Gembeck, 2018b). The most effective strategy in reducing the negative outcomes of CSA is to prevent it (Renk et al., 2002).

Prevention of Child Sexual Abuse

In the following section, I review CSA prevention programs. I give a brief overview of the development of child-focused CSA prevention programs as well as parent-focused prevention programs. The benefits and limitations of both will be considered. I conclude this section with a discussion of fathers' participation in CSA prevention and the need to engage fathers more in the prevention of CSA with their children.

Child-focused CSA prevention programs. On January 31, 1974, the federal government passed CAPTA, which required states to create mandatory child abuse reporting laws (*About CAPTA: A Legislative History*, 2017). CSA prevention programs began in the late 1970's and were greatly influenced by the feminist movement, which theorized that, like female assault protection programs, children should also be trained on how to recognize signs and be able to protect themselves from being abused sexually (Rudolph & Zimmer-Gembeck, 2018b; Walsh et al., 2018). The CSA prevention effort was fueled by high profile cases in the 1980s, such as the McMartin preschool case. Although ultimately there weren't any convictions, the McMartin preschool abuse trial lasted from 1987-1990 and had the effect of heightening the publics' awareness and outrage regarding CSA (Rudolph & Zimmer-Gembeck, 2018b).

Public outrage about the problem caused government agencies and professionals to quickly take action against CSA, but without research to create a knowledge base about the most effective way to prevent it. As a result, child-focused prevention programs were developed and delivered to children in schools without supportive evidence (Rudolph & Zimmer-Gembeck, 2018b). CSA prevention programs in the late 1970's and 80's were modeled after the women's anti-rape movement, which focused on empowerment and self-defense (Rudolph & Zimmer-Gembeck, 2018b). The programs taught children how to protect themselves from sexual advances and put the responsibility of preventing abuse on the child rather than on the adults or potential perpetrators. By 1993, 67% of schools in the United States had incorporated some type of

child-focused CSA prevention program into their curriculum (Rudolph & Zimmer-Gembeck, 2018b).

The effectiveness of child-centered CSA prevention programs has since been established in teaching children about warning signs, knowledge, skills, self-protective skills, and what to do if CSA occurs (Mendelson & Letourneau, 2015; Rudolph & Zimmer-Gembeck, 2018b, 2018a; Rudolph, Zimmer-Gembeck, Shanley, & Hawkins, 2018; Wurtele & Kenny, 2010). However, it is unknown whether increasing children's skills and knowledge about CSA leads to a decrease in the incidence of CSA (Rudolph & Zimmer-Gembeck, 2018a). Subsequently, questions have been raised about the effectiveness of child-focused CSA prevention programs in preventing sexual abuse (Mendelson & Letourneau, 2015; Rudolph & Zimmer-Gembeck, 2018b; Walsh et al., 2018). Assumptions have been made about this type of training such as children will be able to identify the subtle grooming that occurs, will be able to counter the psychological manipulation, can challenge the authority of an adult, will be able to reject the manipulative tactics of affection, attention, or incentives, and will be willing to report someone they may like to other adults or authorities (Rudolph & Zimmer-Gembeck, 2018b; Rudolph, Zimmer-Gembeck, Shanley, & Hawkins, 2018). Questions have been raised regarding whether children can integrate the information that was taught to them in their prevention programs and can use it accordingly when needed (Rudolph & Zimmer-Gembeck, 2018b; Rudolph, Zimmer-Gembeck, Shanley, & Hawkins, 2018). Researchers have shown that children who participated in school-based prevention programs were unable to protect themselves from being sexually victimized by offenders (Rudolph,

Zimmer-Gembeck, Shanley, & Hawkins, 2018). This brings into question the appropriateness of the prevention programs that are currently in use.

Rudolph and Zimmer-Gembeck (2018b) discussed the effectiveness of child-centered programs through a meta-analysis of child focused prevention programs. They noted that in addition to the positive outcomes of these programs there were also undesired negative outcomes. The researchers of a number of the studies reviewed found that children developed anxiety about touch, strangers, and an increased dependency on parents after participating in the programs (Rudolph & Zimmer-Gembeck, 2018b) and other researchers found similar results in exploring the effectiveness of child-focused prevention programs (Mendelson & Letourneau, 2015). Critics of child-focused prevention programs have asserted that teaching children how to avoid being abused has sent the message to children that they are responsible for stopping the abuse rather than the adults (Rudolph & Zimmer-Gembeck, 2018b). This has caused professionals in the area of CSA to call for a multi-systemic approach that would utilize the community, professionals, and parents to help protect children (Mendelson & Letourneau, 2015; Rudolph & Zimmer-Gembeck, 2018b).

Parent-focused CSA prevention programs. Researchers have cited the benefits of including parents in CSA prevention and have called for parents to be more involved (Babatsikos & Miles, 2015; Mendelson & Letourneau, 2015; Rudolph & Zimmer-Gembeck, 2018b, 2018a; Rudolph, Zimmer-Gembeck, Shanley, & Hawkins, 2018; Wurtele & Kenny, 2010; Xie et al., 2016). The rationale for having parents participate in the prevention program includes the proximity they have to their children, the influence

they have over their child's behavior, and the protective factor that good communication with their children can have (Mendelson & Letourneau, 2015; Rudolph & Zimmer-Gembeck, 2018b, 2018a; Rudolph, Zimmer-Gembeck, Shanley, & Hawkins, 2018). Educating parents about CSA prevention could lead to the increased protection of children in their environment and this may contribute to fewer cases of CSA (Babatsikos & Miles, 2015; Rudolph & Zimmer-Gembeck, 2018a; Rudolph, Zimmer-Gembeck, Shanley, & Hawkins, 2018; Wurtele & Kenny, 2010). Parents providing supervision of their children and monitoring interactions that children have with adults has been associated with reducing the risk of CSA (Rudolph & Zimmer-Gembeck, 2018b; Rudolph, Zimmer-Gembeck, Shanley, & Hawkins, 2018). Increasing communication between parents and children has been found to be related with improved protective factors to CSA (Mendelson & Letourneau, 2015; Rudolph & Zimmer-Gembeck, 2018b, 2018a) as well as improving sexual safety among adolescents (Mendelson & Letourneau, 2015).

CSA prevention programs are more effective when parents participate and when they talk to their children at home about CSA prevention (Babatsikos & Miles, 2015; Mendelson & Letourneau, 2015; Rudolph & Zimmer-Gembeck, 2018b, 2018a; Rudolph, Zimmer-Gembeck, Shanley, & Hawkins, 2018). Children who participated in programs with their parents were more aware of what an inappropriate touch was when they were taught this by a parent compared to by a teacher (Renk et al., 2002; Rudolph & Zimmer-Gembeck, 2018a). Positive outcomes of parental involvement in CSA prevention also included parents being more sensitive to their child's individual needs and being more

open to discussing sexual related topics (Renk et al., 2002; Rudolph & Zimmer-Gembeck, 2018a).

Parents expressed hesitancy in discussing CSA with their children due to concerns such as lack of appropriate knowledge, vocabulary, and materials for having conversations with their children; worries about children being too young for such conversations; and fears that the information would be too upsetting for the children (Rudolph & Zimmer-Gembeck, 2018b, 2018a; Wurtele & Kenny, 2010). Parents also reported concerns regarding how much information to give children about CSA, when to give it to them, and the impact the information would have on the child (Mendelson & Letourneau, 2015; Rudolph & Zimmer-Gembeck, 2018b; Rudolph, Zimmer-Gembeck, Shanley, & Hawkins, 2018). Lack of confidence in their ability or belief of low self-efficacy to discuss CSA prevention with their children was reported as a major contributing factor to parents not participating in discussing prevention with their children (Rudolph & Zimmer-Gembeck, 2018a; Rudolph, Zimmer-Gembeck, Shanley, Walsh, et al., 2018; Wurtele & Kenny, 2010).

Jin QiChen et al. (2007) found that parents had concerns about giving their children too much information about CSA and this finding was supported by subsequent researchers in other studies (Rudolph & Zimmer-Gembeck, 2018a; Rudolph, Zimmer-Gembeck, Shanley, Walsh, et al., 2018). Babatsikos and Miles (2015) found that parents were concerned with how much information to give their children and they were worried that information that was too explicit would be upsetting or damaging to their child. The researchers indicated that programs needed to help parents establish a balance for parents

between giving the level of information necessary to protect their children with not giving them too much information that could upset them (Babatsikos & Miles, 2015). Given that parents' concerns regarding talking to their children about CSA has persisted over time, parents could benefit from prevention programs that would help build their skills and confidence in talking to their children about CSA prevention (Rudolph & Zimmer-Gembeck, 2018a). Prevention programs could also help parents find the balance between providing children enough information to protect themselves with not getting information that could scare them.

Father involvement in CSA prevention programs. Fathers historically have not participated as much as mothers have in CSA prevention programs or in talking to their children about CSA prevention (Babatsikos, 2010; Babatsikos & Miles, 2015; Jing QiChen et al., 2007; Scourfield, 2014). Fathers also under-participate in other child maltreatment prevention programs that included CSA prevention as part of the curriculum (Scourfield, 2014; Smith et al., 2012). Fathers have low participation rates in CSA research, low participation rates in attending prevention programs, and perceive that mothers are responsible for talking to their children about CSA (Babatsikos, 2010; Scourfield, 2014). Smith et al. (2012) discovered that few fathers participated in primary prevention programs for child maltreatment and noted more needs to be understood about how to engage fathers in prevention programs. Challenges to engaging fathers in prevention programs include difficulty reaching and recruiting fathers due to work schedules, strained relationships between mothers and fathers, lack of interest by fathers in participating, and low involvement with the father and child (Smith et al., 2012). It was

also noted that some researchers and child welfare workers may have had biases against involving fathers in prevention programs due to beliefs that fathers were not involved with child rearing or were involved themselves in the maltreatment of the children (Scourfield, 2014; Smith et al., 2012).

There is a lack of research regarding family child welfare interventions for fathers, which is partly due to the low participation of fathers in prevention programs. Another reason for the lack of data is that evaluation programs either did not involve fathers or they combined the data of the mothers and fathers, which primarily included mothers (Scourfield, 2014; Trahan, 2018). Researchers have suggested that more studies need to be done to understand why fathers have low engagement in CSA prevention and how to increase fathers' participation in prevention programs (Babatsikos, 2010; Babatsikos & Miles, 2015; Jing QiChen et al., 2007; Scourfield, 2014; Smith et al., 2012).

Summary and Conclusions

CSA is a widespread social problem that has negative effects for the victims, the victims' families, and for society (Kenny & Wurtele, 2012; Krahé & Berger, 2017; Mendelson & Letourneau, 2015; Papalia et al., 2017; Sabri et al., 2013). Victims of CSA are more likely to have mental, emotional, and behavioral disorders and also have a lower quality of life compared to people who were not sexually abused (Krahé & Berger, 2017; Mendelson & Letourneau, 2015; Walsh et al., 2018). Although there are effective treatments for the victims of CSA, preventing it in the first place is the best way to reduce the harmful impacts on victims (Mendelson & Letourneau, 2015; Renk et al., 2002;

Rudolph & Zimmer-Gembeck, 2018b). Both child-focused and parent-focused prevention programs aim to reduce the incidence of CSA, however, the effectiveness of child-focused prevention programs has been raised as a concern (Rudolph & Zimmer-Gembeck, 2018b; Rudolph, Zimmer-Gembeck, Shanley, & Hawkins, 2018). Several researchers have established that CSA prevention programs are more effective when parents participate rather than only children (Babatsikos & Miles, 2015; Mendelson & Letourneau, 2015; Rudolph & Zimmer-Gembeck, 2018b; Rudolph, Zimmer-Gembeck, Shanley, & Hawkins, 2018).

Even with the positive benefits of parental involvement, parents expressed hesitation in discussing CSA prevention with their children (Rudolph & Zimmer-Gembeck, 2018b; Wurtele & Kenny, 2010) and fathers typically do not participate in prevention programs nor talk to their children about CSA prevention as much as mothers do (Babatsikos, 2010; Babatsikos & Miles, 2015). Low father engagement in prevention programs has been an issue several researchers have raised as a topic that requires further investigation (Babatsikos, 2010; Babatsikos & Miles, 2015; Jing QiChen et al., 2007; Scourfield, 2014; Smith et al., 2012). There is a lack of literature regarding why fathers do not participate as much as mothers do in prevention programs (Babatsikos, 2010; Babatsikos & Miles, 2015; Jing QiChen et al., 2007; Scourfield, 2014; Smith et al., 2012) as well as a gap in better understanding father's PSE (Murdock, 2013; Rominov et al., 2016; Vance & Brandon, 2017). Therefore, the focus of this qualitative study was fathers' perceptions of their self-efficacy in talking to their children about CSA prevention.

In the upcoming chapter, I discuss the generic qualitative research design of this study. I describe the methodology, which includes population selection, recruitment, instrumentation, and data collection. Ethical issues, validity, and trustworthiness are also covered.

Chapter 3: Research Method

Introduction

My purpose in this study was to explore fathers' perceptions of their self-efficacy in talking to their children about preventing CSA. In this chapter, I discuss the qualitative research design that I used in this study. I also address the role of the researcher, which includes my relationship to the participants, biases, and ethical issues. I will also explain the methodology, which includes population selection, sampling strategy, and procedures for data collection, coding, and analysis. I will address issues of trustworthiness including credibility, transferability, dependability, and confirmability. Finally, I discuss ethical procedures involving research with human participants as well as how I addressed the ethical concerns.

Research Design and Rationale

The primary research question was: What are fathers' perceptions of their self-efficacy in discussing child sexual abuse prevention with their children? The secondary research question was: What do fathers think could be affecting their comfort level in talking to their children about child sexual abuse prevention? I explored the central phenomenon of how fathers perceive their efficacy or competency in talking to their children about sexual abuse prevention. The research tradition that I used in this study was a qualitative, generic research approach.

Qualitative research is used when researchers are interested in examining participants' experiences, perspectives, and the meanings they ascribe to experiences. Qualitative researchers pose open-ended questions that gather data on participants'

perspectives (Isaacs, 2014; Kahlke, 2014). The what, how, or why of a phenomenon, perception, or experience is the focus of interest for qualitative researchers (Isaacs, 2014).

Generic qualitative inquiries are best suited for studies where researchers investigate people's beliefs or opinions about a specific issue or experience (Kahlke, 2014). The generic qualitative approach is most similar to the phenomenological approach (Percy et al., 2015). Phenomenology researchers focus more on participants' experience of the phenomenon by exploring the participants' internal cognitive processes of the experience. The generic qualitative researcher focuses more on what the experience was and how that experience was translated into actions in the participants' outer world (Percy et al., 2015). The generic qualitative approach is appropriate for studying what people think about a topic or issue (Percy et al., 2015). For this research, I explored fathers' beliefs and ideas about their skills in talking to their children about CSA prevention and not how fathers felt about those beliefs. Phenomenology would not have been the right design for this study because the study was not about participants' lived experiences of a phenomenon. Rather, the focus of this study was fathers' perceptions of their competency in discussing sexual abuse prevention with their children.

There are two subcategories of the generic qualitative approach, which are the descriptive qualitative approach and the interpretive approach (Kahlke, 2014). The purpose of the descriptive qualitative approach is to describe a phenomenon with as little inference from the researcher as possible. When using the descriptive approach, the researcher does not form opinions about the data but rather attempts to describe the phenomenon that is being studied from the perspectives of the participants. The

descriptive data can then be used to help answer the research question (Kahlke, 2014). Researchers who employ the interpretive approach seek to explain phenomenon by uncovering the phenomenon's characteristics and structure with the purpose of applying the study results in a clinical practice setting (Kahlke, 2014). Because my purpose in this study was to examine fathers' perceptions of their competency in talking to their children about CSA prevention, I used the descriptive qualitative approach rather than the interpretive description approach. The results generated from this study were not used to help improve practice in a clinical setting, rather, the results were used to provide insight into fathers' perceptions of their competency in discussing CSA with their children.

Generic qualitative research has been likened to the use of the grounded theory methodology (Kahlke, 2014). The grounded theory approach entails extracting meaning from the participants' data and developing themes from participants' responses to questions and prompts (Kahlke, 2014). Researchers who use the grounded theory methodology develop theories from analyzing the participants' responses and researchers using the generic approach do not create theories from the data (Kahlke, 2014). I did not use the data from the interviews with the participants in my study to develop a theory, so the principles of grounded theory did not apply to my study.

Role of Researcher

In qualitative research, the researcher is considered the data collection instrument throughout the research process. The researcher develops the research questions, recruits the participants, collects the data (often through interviews), then subsequently codes, analyzes, and interprets the data (Goodell et al., 2016; Råheim et al., 2016). The

researcher's worldview and relationship to the topic and participants could adversely affect the research process and outcome. The researcher's experiences, beliefs, and perspectives can create researcher bias. Therefore, it is critical to consider the researcher's subjectivity in qualitative research to maintain rigor and validity (Goodell et al., 2016; Råheim et al., 2016).

Positionality and reflexivity are two concepts that researchers can use to bring awareness to how their roles, relationships, and perspectives could introduce bias that could impact the research process and results (Råheim et al., 2016). *Positionality* refers to the researcher's identity as it relates to the context and setting of the research, to the participants, and to the topic (Råheim et al., 2016). *Social location*, or social identity, is part of positionality and includes factors such as race, religion, language, social class, ethnicity, and sexual identity/orientation (Råheim et al., 2016). Positionality and social location can affect the choices the researcher makes, such as the what the research problem will be and what questions the researcher will ask. They can also affect how the researcher interacts with the participants or how the researcher interprets and codes the data.

Researcher *reflexivity* refers to the process by which researchers assess how their positionality, social location, and subjectivity could affect them throughout the research process. Reflexivity entails an awareness of biases, professional and personal experiences, the selection of participants, and how the data was interpreted through the researcher's lens. Keeping journals and memos that detail the researcher's reflections, thoughts, reasons for decisions, and reactions is one way to use reflexivity throughout the

research process. I used journals and memos throughout the interviews with participants and coding of the data (Cooper & Endacott, 2007; Råheim et al., 2016).

My positionality in this research included my professional experience with CSA. Since 2000, I have worked in the field of social work by providing mental health treatment to children and families who have been victims of various types of trauma. Trauma includes physical or sexual abuse, witnessing or experiencing domestic violence, exposure to community violence, or child maltreatment and neglect (Oseldman, 2017). My desire to examine father's perceptions regarding their role in CSA prevention and to add to the body of knowledge regarding CSA was born from my clinical experience of working with victims of CSA. According to the concepts of positionality and reflexivity, it was important that I was aware of how my professional experience as a clinical social worker could have affected not only my choice of topic, but also how I wrote the research questions and how I asked them in the interview (Råheim et al., 2016). Although there were fathers who brought their children to therapy, I observed that the majority of caregivers that brought their children in for therapy were mothers. I needed to be aware of the potential bias of believing that fathers did not want to participate as much as mothers did. I also did not want to have the preconception that fathers did not participate because they believed they were not as effective as mothers were in addressing therapeutic issues. I did not want to assume that low self-efficacy was the reason prior to exploring the topic with the participants. To address this issue, I was open to the participant's answers to the interview questions and I maintained an exploratory approach rather than looking for a certain type of response. This exploratory approach is called an

emergent design or an inductive process. With an inductive process, the researcher listens and looks for emerging meanings in what the participants say while still maintaining a systematic approach to data collection and analysis (Råheim et al., 2016). Including personal reflections, ideas, and responses in a data log as part of the data collection process can help identify potential biases and can aid in ensuring rigor in qualitative research (Råheim et al., 2016).

Methodology

In this upcoming section, I explain the selection criteria for the participants. I also cover the population, sample size, and data saturation guidelines. I describe the instrument that I used to collect the interviews as well as the plan for data analysis.

Participant Selection Logic

Population. The population of interest for this study was biological fathers with at least one child between the ages of 7 to 13 years. I determined the age range of the children for this study by using the data which showed that children between 7 years to 13 years of age were most vulnerable to CSA. Several sources revealed that the median age for victims of CSA was 9 years of age ("Child Sexual Abuse Facts—The Children's Assessment Center Houston, Texas USA," n.d.; "Child Sexual Abuse Statistics," n.d.). Fathers from various demographic backgrounds (racial identity, income, education, employment, living situation and location, socio-economic status) were also included. Heterogeneity in participant samples can add to the range and depth of experiences or perceptions of a phenomenon, which could enhance the transferability of results (Brod et al., 2009).

Fathers who were married, separated, or divorced were eligible to be included in the sample. However, to meet criteria for the study, the fathers needed to have a coparenting situation with the mother of the child or with another female, who either had to be a stepmother or cohabitating girlfriend. Fathers' parental arrangements with the other parent could affect the choices the fathers make about their parenting roles and activities (Coles, 2015). The demands of the single-parenting environment could cause the parent to override gender roles in parenting (Coles, 2015). For instance, not having a female to coparent with could be related to the fathers' level of participation in talking to their children about CSA prevention. These fathers may be more likely to talk to their children about CSA due to not having a female coparent present who they could rely on to talk to their children. Therefore, fathers who did not have a female to coparent with were excluded.

Sampling strategy. The sampling strategies that I used in this study were purposeful sampling and snowball sampling. Purposeful sampling is a systematic, non-probability sampling method in which the researcher identifies specific groups of people who fit the parameters of the study and who are accessible to the researcher (Isaacs, 2014; van Rijnsoever, 2017). Researchers using purposeful sampling strive to recruit information-rich cases that can provide insight into the phenomenon being studied (Gentles, Charles, Nicholas, Ploeg, & McKibbon, 2016; Gentles, Charles, Ploeg, & McKibbon, 2015).

Snowball sampling occurs when the researcher asks a participant to provide information about the study to other individuals who meet the study inclusion criteria

(Griffith et al., 2016). Griffith et al. (2016) indicated that snowball sampling is one of the most common research sampling methods used in qualitative research. Babatsikos (2015) used snowball sampling to recruit parents for a study that explored how parents manage the risk of CSA. I also employed this method of participant recruitment in this study.

Sample size. Inductive qualitative researchers use the concept of saturation to determine sample size (Gentles et al., 2016, 2015; Hennink, Kaiser, & Marconi, 2017; van Rijnsoever, 2017). Saturation refers to reaching a point in data collection and coding in which there is informational redundancy or repetitive codes (Gentles et al., 2016, 2015; van Rijnsoever, 2017). It is generally accepted that definitively predetermining the sample size in a qualitative study is impossible, but researchers do acknowledge a need to estimate the sample size (Gentles et al., 2016, 2015; Gentles & Vilches, 2017).

Gentles et al. (2015) created a table of suggested sample sizes based on previous research studies and types of qualitative approaches. The generic approach was not included in the table; however, descriptive phenomenology was included, and this is close to the generic descriptive approach (Percy et al., 2015). Gentles et al. (2015) suggested the number of interviews or cases needed to achieve saturation for descriptive phenomenology was approximately 12 participants. Hennink et al. (2017) attempted to establish sample size and saturation in qualitative studies. The researchers examined 25 in-depth interviews and determined that code saturation was reached after nine interviews. Similarly, other researchers determined that saturation occurred between eight and 16 interviews (Hennink et al., 2017). Therefore, the goal for participant recruitment in my study ranged from 10 to 20 participants, with the target sample size being 10.

Recruitment of participants. I recruited participants by posting my study announcement (See Appendix A) and flyer (See Appendix B) in the online university research participant pool. I also posted the flyer and announcement in public community online forums. Additionally, I recruited by using snowball sampling. Before I began recruiting participants, I obtained approval from the university institutional review board (IRB) office to conduct the study.

The university research participant pool is an online site where students, faculty, and staff can sign up to volunteer to participate in research studies. Prior to posting on this site, I received permission from the university IRB as part of the IRB application approval process for the study (Walden University, n.d.). Ethical research involves being transparent with participants and openly discussing any concerns participants may have (Råheim et al., 2016). I planned to inform any student who participated that their identity would be confidential. I also planned to explain that withdrawing from the study at any point would not negatively affect their standing as a student at the university. The students were going to be encouraged to ask any questions or discuss any concerns.

I also posted in public community forums in the city where I live. Participants may have had a concern about responding to the post or participating in the study due to potentially seeing me in the community or me knowing a mutual person. I explained to the participants that their participation was confidential and that I would not disclose their identity to other participants. In addition to the university research participant pool and posting in community sites, I also used the snowball sampling method. I asked

participants to pass the study information on to other people who met the study inclusion criteria.

Instrumentation

I developed the demographic form and semi-structured interview questions for this research study. Establishing content validity for new measures in qualitative research involves asking questions that answer the research question and accurately collecting the participants' answers (Brod et al., 2009). To help ensure the interview questions I developed addressed the topic of father's self-efficacy, I reviewed three related sources to my proposed study. The three sources were: 1) a qualitative dissertation that examined the perceptions of PSE among the mothers and fathers of middle adolescents (Gray, 2006), 2) the quantitative fathering self-efficacy scale (FSES) (Sevigny, Loutzenhiser, & McAuslan, 2016), and 3) the quantitative parenting sense of competence scale (PSOC) (Johnston & Mash, 1989). Although I referenced these sources to help make sure I addressed the topic of father self-efficacy in my interview questions, my interview questions and study were original and unique. I wrote the interview questions to specifically address fathers' perceptions of their competency in talking to their children about CSA prevention.

Semi-structured interviews are recommended for generic qualitative data collection. The interview questions should be more general at the beginning and then become more focused and specific towards the end of the interview (Isaacs, 2014; Percy et al., 2015; Roulston, 2018). The interview questions should also be open-ended in

hopes of eliciting more in-depth answers (Isaacs, 2014; Percy et al., 2015). I used semi-structured, open-ended interview questions in this study (See Appendix F).

Procedures for Recruitment, Participation, and Data Collection

Recruitment procedures. Individuals who were interested in participating were able to contact me through email or by phone. Those who contacted me through email were sent a reply email asking for convenient times to schedule the phone interview. I then set up a telephone interview with them. Those who contacted me via telephone initially, rather than by email, were asked if it was a convenient time to do the interview. Given that it was a convenient time, I proceeded with the interview protocol. If it was not an agreeable time, I scheduled a telephone interview for a future date.

Participation procedures. I began the interview protocol by asking the potential participants the study inclusion criteria questions (See Appendix C). To qualify for the study, fathers must have been the biological father of a child between the ages of 7 and 13 years old. The fathers must also have had a woman to coparent with who was either the biological parent, a stepparent, or a cohabitating girlfriend. Because I spoke only English and the informed consent materials were only provided in English, speaking and reading English was an additional inclusion criterion. If they met criteria, I informed the participant that the call was going to be audio-recorded and then I obtained consent to record the call. I reviewed the informed consent form (See Appendix D) with the participant over the phone and obtained verbal consent, which was recorded. I sent all participants a hard copy of the consent form through email following the interview. If they did not have email, I planned to offer to send them the consent form through the

mail. All the participants did have email, however. If they did not meet criteria, I planned to thank them for their interest in the study and explain that they did not meet the inclusion criteria. The phone interview would have ended there. All of the fathers who contacted me, though, did meet the study criteria.

Once I established that the participant met inclusion criteria, I began each interview with an introduction that included a brief description of the study, the approximate timeframe of the interview, which was between 30 to 45 minutes, and an explanation that the interview was going to be audio-recorded. I reviewed the informed consent form with each participant prior to beginning the interview. I asked them if they had any questions and then asked for their agreement to the informed consent to continue to participate (again, this was part of the recording). If a participant did not agree with the terms described in the informed consent, the participant would have been thanked for his time and I would have ended the interview. If the participant agreed to continue to participate, I asked the questions on the demographic form (See Appendix E) and then went into the interview questions (See Appendix F).

Data collection. The participant was only interviewed by phone one time throughout the data collection process. There were disadvantages and advantages to using the telephone as the method for collecting the interview data. The disadvantages included having an absence of face-to-face contact, which could impede the researcher's ability to respond to nonverbal cues and body language (Lechuga, 2012). The lack of in-person interaction could also create a barrier to establishing rapport and engagement with the participant, which may have led to the participant withholding sensitive information

(Lechuga, 2012). There could have also been problems with technology failure or poor telephone connections which could negatively impact the interview experience. However, some evidence has shown that telephone interviews could increase disclosure of sensitive information from study participants (Lechuga, 2012). This was due to the participants having a sense of privacy and being comfortable in their own setting (Lechuga, 2012). Other advantages included greater access to participants in varying geographical locations, convenience for both the participant and the researcher, and the ability for the researcher to takes notes without being intrusive to the interview process (Lechuga, 2012).

I audio-recorded each interview and I had the interviews transcribed by a confidential transcribing service. One of the transcribing companies was REV (rev.com). This company encrypts their data using TLS 1.2 encryption. The company also insists the researcher and company have a strict confidentiality agreement.

After the interview was transcribed, I contacted the participants through email and asked them to perform a participation validation or member check of the transcribed interview. I did not contact them again after I asked them to review the interview. Member checks enhance the trustworthiness and accuracy of qualitative data (Birt, Scott, Cavers, Campbell, & Walter, 2016; Brod et al., 2009). Member checking encompasses several different methods: 1) giving the interview transcript to participants to review, 2) asking the participants to look at the transcripts with interpreted data from the interview, 3) or giving them analyzed data along with quotes from the interview to support the analyzed data (Birt et al., 2016). I emailed each participant a copy of his transcribed

interview for his review. I asked that they inform me through email if the interview was acceptable as it was or if they wanted any changes. If they stated they wanted any changes, I made a note in the data analysis memo regarding which participant requested a change. The requested change was added to the interview and was included in the data analysis.

Data Analysis Plan

Each research question had interview questions which addressed that specific research question (See Appendix F). I coded the answers to the interview questions and used the data to respond to the research questions. I analyzed the data and identified patterns and themes. In the next section, I describe the coding procedure I used to analyze the data.

Qualitative researchers use first and second cycles to code and recode data because qualitative coding is not linear, but rather cyclical in nature (Brod et al., 2009). Generic qualitative researchers are interested in uncovering people's interpretations of their experiences, people's world paradigms and constructs, and the meanings people give to their experiences (Kahlke, 2014). Due to the inductive nature of qualitative research, some of the coding methods used are open, axial, and selective coding. Open coding is a first cycle coding method whereas axial and selective coding are second cycle methods (Brod et al., 2009; Saldana, 2016).

Open coding is the first open-ended process of assigning labels and codes to the data. The researcher starts the process of open coding the data by first identifying events, actions, interactions, and emotions that seem related to the research question. The

researcher highlights sentences, paragraphs, or phrases that appear several times or seem meaningful. The data is given conceptual labels to be categorized and subcategorized later (Brod et al., 2009; Percy et al., 2015; Saldana, 2016). During this phase of coding, themes are tentative and can change as the researcher further analyzes the data. Decisions about which data is not related to the research question are also made by the researcher during this phase of coding (Percy et al., 2015). I used open coding during the first cycle coding of the interviews.

In the second round of coding, I used selective coding. In selective coding, the researcher looks for the data from open coding that most frequently appears and then categorizes them to begin to develop themes. Researchers in this phase of data analysis make decisions about which codes make the most analytic sense. Axial coding is a way to expand on selective coding. Axial coding uses categories or overarching themes, much like an axis, to link subcategories to the main categories (Brod et al., 2009; Percy et al., 2015). In axial coding, the researcher groups codes into broader conceptual categories. It is also important for the researcher to make notes during this phase of coding in order to identify how and why the categories and subcategories were linked in the ways they were (Brod et al., 2009). I used selective and axial coding in the second cycle coding of the interview data.

First and second cycle coding methods are the general concepts of conducting data analysis. The specific process of analysis that I used to analyze the data also needs to be identified and described. Thematic analysis is a process that is used to analyze qualitative data (Percy et al., 2015). This type of analysis is recommended in generic

qualitative studies where the data is collected by using a semi-structured interview and the purpose is to investigate people's experiences. Thematic analysis is a process of looking for patterns of meanings across data sets, which could include interviews, focus groups, or text (Percy et al., 2015). Due to the nature of this study, I conducted a thematic analysis of the qualitative data.

Inductive analysis (IA) is a specific type of thematic analysis which is driven by the data rather than by categories that already exist (Brod et al., 2009; Percy et al., 2015). In IA, the researcher suspends pre-conceptions and looks at the data to capture the participants' meanings (Percy et al., 2015). The data is analyzed for repeating patterns and themes. Once the themes have been identified, they are put together into a composite synthesis with the goal of interpreting meanings to address the research question (Percy et al., 2015).

The generic inductive approach was first identified by Caelli, Ray, and Mill in 2003 (Liu, 2016). They wanted to address a methodologically flexible approach to meet the needs of generic qualitative research since the other established qualitative methodologies did not always work with the generic research approach. A few years later, Thomas and Hood outlined the features of the generic inductive approach clarifying how to use this approach in inductive analysis (Liu, 2016) . Percy et al. (2015) further illustrated how to do this process by creating a 12-step outline to performing a generic inductive analysis.

I followed the 12-step process to performing an inductive analysis on qualitative data that was outlined by Percy et al. (2015). Steps one to four fell under the first cycle

coding method of open coding. Steps five to six described the second cycle coding method of selective coding and finally, steps seven through twelve explained the coding techniques of axial coding. The process of IA according to Percy et al. (2015) entailed: 1) reviewing the data, which was the transcribed interview, 2) highlighting data that was relevant to the research question, 3) removing unrelated data, 4) coding the data, 5) clustering related codes to look for patterns, 6) labeling and describing patterns and connecting data to those patterns, 7) looking for patterns of patterns and combining related patterns into themes, 8) arranging themes into a matrix that includes the supporting patterns and data codes, 9) writing a detailed abstract analysis of each theme that addresses the scope and substance of the study, 10) conducting the above steps for each participant's data, 11) combining the patterns and themes from all of the participants' data, and 12) synthesizing the themes together to create a composite synthesis of the data regarding the research question (Percy et al., 2015).

I used a qualitative research software program, which was Dedoose (dedoose.com). Once the interviews were transcribed, I imported them into the software program. I used this program in the organization, analysis, and coding of the data. Although this program assisted in the organization of the data, I coded and analyzed the data and made the choices regarding how to code and theme the data.

I carefully considered data that did not conform to the common patterns (discrepant data). Discrepant data should not be disregarded or excluded only because it does not fit into the expected patterns or themes. Discrepant data in qualitative research can provide the researcher with a more complex interpretation of the data and should be

thoroughly considered before being removed. It was important for me to be clear about how I derived meaning from the data and to be transparent about my choices of which data I kept and which were removed (Cope, 2014).

Issues of Trustworthiness

Trustworthiness in qualitative research addresses what would be equivalent to validity and rigor in quantitative research. Rigor refers to the quality of the research process and design (Brod et al., 2009; Carcary, 2009; Cope, 2014). Trustworthiness is akin to validity in quantitative research and addresses the methods qualitative researchers use to verify that their findings are an accurate representation of the participants' experiences. Trustworthiness includes credibility, transferability, dependability, confirmability, and reliability (Brod et al., 2009; Carcary, 2009; Cope, 2014).

Credibility

Credibility involves the degree of confidence that can be given to the researcher's interpretation and representation of the participants' experiences and views (Cho & Lee, 2014; Cope, 2014). Credibility is affected by how the researcher handles complexities in the data or patterns that cannot be readily explained. Researchers can enhance credibility by employing the strategies of participant validation, also known as member checking, reflexivity, and triangulation (Brod et al., 2009; Carcary, 2009; Cope, 2014).

Member checking, or participant validation, helps to improve credibility because the participants review their interviews and validate whether the researcher accurately captured and represented their views and experiences (Birt et al., 2016; Cope, 2014). Lincoln and Guba (Lincoln, Y. S. & Guba, E. G., 1985) stated that participant validation

was the most significant way to establish credibility because participants determine if their realities were adequately represented in the answers to the interview questions. I asked the participants in my study to review their transcribed interviews for accuracy and I encouraged them to give feedback as to whether they believed their answers were accurately captured (Birt et al., 2016). Participants who declined to review the data were not contacted again. Birt et al. (2016) recommended that researchers should only make one attempt at requesting a member check from the participant. If the participant does not respond, then the researcher should not continue to contact the participant.

I also used reflexivity to enhance the credibility of the data. Reflexivity is a method qualitative researchers use to minimize researcher bias (Anney, 2014; Cho & Lee, 2014; Cope, 2014). The process of reflexivity enables researchers to be aware of how their professional and personal experiences can affect data collection, data coding, data analysis, and interpretation of the data. To address reflexivity, researchers keep a reflexive journal throughout the research process to document their thoughts and feelings about the interviews and first and second cycle coding decisions. This helps identify the researcher's perceptions and subjectivity (Anney, 2014; Cope, 2014). Keeping analytic memos can also help increase trustworthiness of the data (Cope, 2014). Analytic memos are notes and insights the researcher writes down during the coding process. These memos help the researcher track thought processes and decision-making about the codes. I kept reflexive notes and analytic memos in Dedoose throughout the interview and coding processes. In the notes, I kept track of my decision-making about codes and

recorded my perspectives and thoughts pertaining to the participants, the interviews, and the data analysis process.

Triangulation was the third technique I used to enhance the credibility of the findings from the research. Triangulation is the process of utilizing multiple sources of information to develop themes and make conclusions about the data. Triangulation also entails taking different perspectives and looking at a conclusion from more than one viewpoint (Anney, 2014; Cope, 2014). Method triangulation involves using previous research, literature, and theory throughout the research process to help make conclusions about the data and themes (Anney, 2014; Cope, 2014). I used methods triangulation in my research by incorporating multiple sources of data and using theory to ground my conclusions. The multiple sources of information included previous research studies, literature, and Bandura's (1997, 2012) concept of self-efficacy as a framework to help me make analytic conclusions about the phenomenon I studied.

Transferability

Transferability refers to the degree to which the data can be applicable to other contexts or settings (Anney, 2014; Cope, 2014). Methods for enriching transferability involve the researcher using an audit trail. Audit trails incorporate in-depth descriptions of the data analysis process, notes on methodology, and a record of all documents and records created and edited during the study (Cho & Lee, 2014). Keeping an audit trail increases the possibility of the readers being able to relate to the findings and make their own comparisons to other contexts (Anney, 2014; Cope, 2014). I kept logs and journals that had a detailed description of my research process to help improve transferability. I

also wrote notes on the interview process, the first and second cycle methods and coding decisions, and the context of the study.

Purposeful sampling is another way to help enhance transferability (Anney, 2014). In purposeful sampling, the participants are recruited based on their ability to help answer the research question. Participants who have an association with the research problem are able to provide the researcher with more in-depth information that is related to the research inquiry (Anney, 2014; Cope, 2014). Different demographic characteristics, such as participant age, ethnicity, socioeconomic status, and educational levels, represents a wider range of cases and experiences (Brod et al., 2009). Having a larger variation in cases can add to the depth of interest and experiences of the participants (Brod et al., 2009; Cope, 2014). This can help with transferability because it allows more people with different life experiences to provide data that can be used to address the research question (Brod et al., 2009). I had a sample of fathers from various demographic variables to help increase transferability.

Dependability

Dependability in qualitative research refers to the consistency and stability of the date over time and in similar conditions. Dependability can be achieved by using strategies such as heterogeneity in the sample, triangulation, and audit trails (Anney, 2014; Cooper & Endacott, 2007). There are several different types of triangulation (Anney, 2014; Cooper & Endacott, 2007; Cope, 2014). I used methods triangulation by using research, literature, and theory to ground the results in multiple sources of information as discussed in the previous section (Anney, 2014; Cope, 2014).

Heterogeneity in the sample includes people with different roles, occupations, or educational levels which can provide a larger spectrum of experience. Having participants with a range of perspectives helps increase the breadth of the data, which contributes to the dependability of the data. Including people with varying perspectives on a similar phenomenon adds to the complexity of understanding the issue. Whereas having a more limited view of a problem may not sustain over time or in different contexts (Cooper & Endacott, 2007; Cope, 2014). I used heterogeneity of the sample in this study to increase dependability by including participants from different residential places, educational levels, occupations, ages, and races.

Audit trails improve dependability by making the researcher's processes, decisions, and assumptions transparent (Carcary, 2009; Cho & Lee, 2014; Cope, 2014). To enhance dependability, I kept records, notes, and study documents. I also maintained a log of data collection activities and memos of my data analysis processes. This helps readers identify how and why I made the choices I did throughout my data collection and analysis procedures. I began an audit trail when I started conducting interviews and began the coding process.

Confirmability

Confirmability refers to the degree to which other researchers can confirm the results of the study and to the extent that the data reflects participants' experiences accurately (Anney, 2014). Confirmability can be attained by the researcher acknowledging inevitable biases that exist due to the subjectivity of qualitative research. This can be achieved by keeping a reflexive journal or notes. Providing transparency

about the thought processes, choices, and experiences of the researcher can help readers identify how the researcher came to their conclusions and interpretations of the data (Carcary, 2009; Cope, 2014). Confirmability can also be increased by using audit trails, triangulation, and member checking (Anney, 2014; Birt et al., 2016; Carcary, 2009; Cope, 2014). I used audit trails, triangulation, and member checking in the manner that was discussed in the previous sections to improve confirmability (Anney, 2014; Carcary, 2009; Cope, 2014).

Ethical Procedures

Ethical practices and procedures in research help protect participants from potential harm (Pollock, 2012). I will address issues of participant access and recruitment, informed consent, reactions to the interviews or adverse reactions, data collection and storage, and confidentiality and anonymity in this section. I requested approval from the Walden University institutional review board (IRB) before conducting any data collection. The IRB oversees, approves, and regulates research to ensure that ethical procedures and practices are followed (Pollock, 2012). I did not begin the recruitment process or data collection until after I received approval from IRB. In the IRB application, I indicated that I wanted to post information about my study on the university participant pool and public online forums, as well as use snowball sampling recruitment practices.

I verbally reviewed the informed consent form on the recorded call with the participant and asked for verbal agreement/disagreement with the informed consent. Potential participants were advised to print or save a copy of the informed consent form

that I provided electronically through email. The informed consent (See Appendix D) explained the purpose of the study, how confidentiality was assured, and that the participants had a right to refuse to participate or to terminate participation in the study at any time without repercussions. I did not use incentives to encourage participation and the consent form clearly stated that participation was completely voluntary.

Potential risks, such as having an adverse reaction to the topic of CSA, was addressed in the consent form. If a participant became upset or distressed during the interview, I would have stopped the interview and asked how they were feeling. If a participant wanted to terminate the interview, then I would have terminated the interview at that time. I offered referrals to supportive resources for CSA (See Appendix G). One ethical concern that I directly addressed was the fact that I was a mandated reporter due to being a licensed clinical social worker. I informed them that I was a mandated reporter, and I explained that it meant I was bound by law to report any suspected child abuse that had not already been reported. I also explained how I was not going to asking about their own or their child's history of CSA, but rather their perceptions of their competence in talking to their child about CSA prevention. The participants were clearly informed that any experiences of CSA they disclosed about their child that was not already reported would need to be reported to child protective services due to reporting laws.

I protected the participants' confidentiality by using a numerical identification system for the transcribed data. I assigned the participant interview a numerical record so that the name of the participant was not kept with the interview data. I filed the transcribed interview data separately from the participants' names and the recorded audio

data. Research materials will be destroyed 5 years from IRB approval. All identifying information was removed from the final study so that the participants cannot be identified or connected to the data. I will disseminate the outcomes from my final study to the participants and to interested stakeholders, such as programs for fathers at community agencies, parent training programs, school boards, or sports' leagues.

Summary

In this chapter, I reviewed the generic qualitative research design and the rationale for choosing that particular design. I used a generic qualitative approach for this study due to the nature of the inquiry, which was exploring fathers' perceptions of their efficacy in talking to their children about CSA prevention. Due to my study being qualitative, I used semi-structured phone interviews as the research method. I also discussed the role of the researcher and how that impacted qualitative research. I presented strategies to address researcher subjectivity and bias. I described the research methodology, including participant selection and instrumentation, and outlined the data analysis plan. I explored the issues of trustworthiness, including credibility, transferability, dependability, and confirmability, along with approaches to address those and improve the trustworthiness and rigor of my study. This section culminated with me identifying and addressing ethical procedures and concerns. In chapter four, I will cover data collection and analysis following the gathering of the data from the participants. I will also explain the evidence and implementation of trustworthiness. Finally, I will present and discuss the results of the data analysis.

Chapter 4: Results

Introduction

My purpose in this generic qualitative study was to explore fathers' perceptions of their self-efficacy in talking to their children about CSA prevention. The primary research question was: What are fathers' perceptions of their self-efficacy in discussing child sexual abuse prevention with their children? The secondary research question was: What do fathers think could be affecting their comfort level in talking to their children about child sexual abuse prevention? In this chapter, I provide an overview of the study, which includes a description of the interview setting, demographics, the data collection and analysis process, and how I addressed trustworthiness. I conclude this chapter with a discussion of the results of this study.

Research Setting

I conducted the semistructured interviews over the telephone. The interviews were scheduled to accommodate the participant's availability. To record the interviews, I used Voice Recorder, which is a mobile application developed by TapMedia Ltd. The recording application worked well but it gave a constant beeping throughout the interview. The beep let me and the participant know that the call was being recorded. There were times where the beeping was loud enough to cause the participant to have a difficult time hearing me and it was necessary to repeat questions. Although this was

slightly disruptive, it did not interfere with the participants' ability to complete the interviews.

I made sure to be alone in a quiet room when I conducted the interviews. However, because I completed the interviews via the phone, some of the participants had challenges with connectivity and distractions. One participant had difficulty with the connection because he was driving in the car. I asked the participant if there was a better time to conduct the interview so he would not have to be in the car, but he stated that was the only time he had to complete the interview. He did not have time to complete the interview at work or when he got home; he was with his children and wife. This participant used a hands-free speaker while in the car to maintain safety. Another participant had a barking dog in the background, which caused the participant to ask me to repeat some of the questions. Even with these issues, I was able to complete the interviews with clarity and accuracy.

Demographics

This sample consisted of 10 biological fathers who had children between the ages 7 years and 13 years. To meet criteria, the fathers also needed to coparent with either the biological mother, stepmother, or cohabitating girlfriend. A total of 80% of the fathers had multiple children and 20% had one child. Nine of the 10 participants were married to the child's mother and one was remarried. The remarried participant lived in a different state than his child, but he visited once a month and was involved in the coparenting/rearing of his child. All of the participants had earned a bachelor's degree or higher. The ages of the participants ranged from 37 to 59 years and there was a variation

in race. Only two of the participants reported having received CSA training. The demographics of the participants are shown in Table 1.

Data Collection

I received IRB approval on May 3, 2019, and the approval number was 05-03-19-0551973. I requested permission to recruit between 10 to 20 participants. After receiving IRB approval, I posted a recruitment flyer on several public online sites, which included Manhattan Beach Residents Forum Facebook page, Reddit, Nextdoor, and Myneighborhood.com. Although I had received IRB approval to also post on the Daddilife Facebook page, I did not post because I sent two requests asking for permission, but they did not respond. I also posted in the university research participant pool. I did not receive any participation responses through the participant pool. In addition to posting on the online sites, I used snowball sampling to recruit participants. I asked participants to share information about the study with people who they thought met the study criteria.

Participants contacted me through email or by calling me. Upon receiving an inquiry from a potential participant, I either returned the call or sent an email and asked him for days and times that would be convenient to do the phone interview. I interviewed 10 fathers, which was my target sample size. I began participant recruitment on May 3, 2019. I conducted the phone interviews between May 21, 2019 and June 7, 2019.

Table 1

Participant Demographic Data

Participant	Age (y)	Education/ degree	Race	Number of children	Sex and age of children (y)	Relationship status	CSA training
P1	37	Doctoral	Caucasian/Hispanic	2	M/10 F/1	Remarried	No
P2	48	Master	Caucasian	3	F/16 M/15 M/11	Married	No
P3	39	Bachelor	Asian	3	M/8 M/6 M/4	Married	No
P4	42	Master	Caucasian	8	M/18 M/16 F/14 F/12 F/10 F/7 F/5 M/6 mo	Married	Yes

P5	59	Doctoral	Asian	3	F/15 M/15 F/13	Married	No
P6	43	Bachelor	Caucasian	2	M/9 M/6	Married	No
P7	43	Bachelor	Caucasian	2	M/12 M/8	Married	No
P8	40	Bachelor	Black	2	F/19 M/7	Married	Yes
P9	53	Master	Asian	1	M/12	Married	No
P10	55	Doctoral	Hispanic	1	M/13	Married	No

The interviews were conducted over the telephone at a day and time that the participant chose as convenient to them. Each participant was only interviewed one time. First, I established that they met the study inclusion criteria by asking them the study inclusion questions (Appendix C). After eligibility was verified, I asked participants for their permission to begin recording the interviews. After the recording began, I asked participants to verbally acknowledge their consent to be recorded. I orally read the consent form to them and asked them to state that they consented to be interviewed, if they in fact did consent. After I obtained verbal informed consent, I completed the demographic survey by asking the participants questions over the phone. Once that was completed, I read the interview questions to them. If they gave brief or yes or no answers, I asked probing questions. The details of the questions and the follow-up questions are discussed below.

Following completion of the interview, I sent a recording of the interview to REV (rev.com), which is an online transcribing company. The recordings as well as the transcribed interviews were saved on my password protected computer. I emailed participants a copy of their transcribed interviews and requested they review them for accuracy. If participants did not respond to the first email, I sent one follow-up email requesting they review the transcribed interview. If they did not reply after two requests, I did not contact them again. Four participants responded to the participant validation request. One requested a change to the educational level question. He originally answered some college but stated it should be changed to bachelor's degree in the email (P8). One participant clarified that he stated that his race was Iranian/Mexican (P1). Another

participant noted that he originally said one of his daughters was 11 but changed it to 10 in the participant validation email (P4). I made the requested changes to the transcribed interviews and created memos in Dedoose regarding the changes.

I made some variations to a few questions after the first interview. I realized during the interview with participant 1 that question one needed to have an additional sub-question added. Question 1 asked, *Have you ever discussed child sexual abuse with any of your children?* The participants answered in a closed-ended way by just saying yes, so I added a probing question asking what they discussed with their child(ren). I started doing this with participant 1 and asked the follow-up probing question to all participants who answered yes. Question 5 asked, *How do you think that your child's /children's age made you more or less comfortable discussing this topic with your child(ren)?* Beginning with participant 1, I added a question that asked what age they first talked to their child about CSA prevention if they answered yes to question one. I added this question because participants answered question 5 by discussing how the age did not make them uncomfortable, but age did affect what they talked about and how they talked about it. Giving a starting point for when they first talked to their child(ren) helped give a context for the question. Question 9 was, *Tell me about how competent you believe you are in talking to your child about sexual abuse prevention?* Again, starting with participant 1, I added a sub-question that asked what they thought could help increase their feeling of competence in talking to their child(ren) about CSA prevention. I added this question to elicit more information about what could help increase the fathers' sense

of competency and self-efficacy in this area. The original and adapted questions are listed in Table 2.

Table 2

Original and Adapted Questions

Original question	Adapted question
Q1. Have you ever discussed child sexual abuse with any of your children? a. If yes: Which children did you have these discussions with? b. If no: Why have you not had these discussions with your children? c. If they have only had discussions with some of their children: Why did you have these discussions with some of your children and not others?	Q1. Have you ever discussed child sexual abuse with any of your children? a. If yes: Which children did you have these discussions with? b. If yes: What did you discuss? c. If no: Why have you not had these discussions with your children? d. If they have only had discussions with some of their children: Why did you have these discussions with some of your children and not others?
Q5. How do you think that your child's/children's age made you more or less comfortable discussing this topic with your child(ren)?	Q5. What was the first age you talked to your child/children about child sexual abuse? Q5a. How do you think that your child's/children's age made you more or less comfortable discussing this topic with your child(ren)?
Q6. What, if anything, is preventing you from talking to your child/children about the topic of child sexual abuse?	Q6. This question was deleted because it was redundant with Q1b
Q9. Tell me about how competent you believe you are in talking to your child about sexual abuse prevention.	Q8. Tell me about how competent you believe you are in talking to your child about sexual abuse prevention. Q8a. What do you think could help increase your feeling of competence in this area?

Data Analysis

After the participants reviewed the transcribed interviews, I uploaded the transcribed interviews into Dedoose (dedoose.com), which is a qualitative and mixed methods data management program. I redacted the names from the interviews and replaced them with participant numbers before I uploaded the interviews to Dedoose. I entered the demographic survey data into Dedoose using the participant numbers and linked the survey data to the participant interview.

After I entered the interviews and demographic data, I began the coding process. Because of the generic qualitative design of this study, I used an inductive approach to code the data which included open, axial, and selective coding. Open coding is the first open-ended process of assigning labels and codes to the data whereas selective coding entails looking for patterns and categorizing data into groups. Axial coding is the process of looking for overarching themes by linking subcategories to the main categories to create an axis or a code tree (Brod et al., 2009; Percy et al., 2015). (Brod et al., 2009; Saldana, 2016).

I used the 12-step process of doing an inductive analysis that was developed by Percy et al. (2015) as a guideline for coding the data in this study. Steps one to four addressed open coding; steps five to six described selective coding; and steps seven through 12 explained axial coding. The 12 steps to doing an inductive analysis according to Percy et al. (2015) were:

- Step 1: reviewing the data,
- Step 2: highlighting data that is relevant to the research question,

- Step 3: removing unrelated data,
- Step 4: coding the data,
- Step 5: clustering related codes to look for patterns,
- Step 6: labeling and describing patterns and connecting data to those patterns,
- Step 7: looking for patterns of patterns and combining related patterns into themes,
- Step 8: arranging themes into a matrix that includes the supporting patterns and data codes,
- Step 9: writing a detailed abstract analysis of each theme that addresses the scope and substance of the study,
- Step 10: conducting the above steps for each participant's data,
- Step 11: combining the patterns and themes from all of the participants' data,
- Step 12: synthesizing the themes together to create a composite synthesis of the data regarding the research question (Percy et al., 2015).

I began the process of open coding by first reading the interviews several times to familiarize myself with the content (step 1). I then highlighted sentences, paragraphs, and phrases that where pertinent to the research questions or that seemed important to the participant (step 2 and 3). I created initial codes in two ways. I first created codes based on the semi-structured interview questions and the possible answers to those questions. I also created codes as I read and highlighted the passages and identified meaningful phrases (step 4). Some of the initial codes were: *talked to children about boundaries,*

talked about private parts and privacy, did not attend a class because not aware of classes, classes not a priority, didn't think I needed them, spouse has CSA information, felt effective talking about CSA, felt average talking about CSA, unsure if I was effective, classes or information would be helpful, and *accessible resources would help increase competency*.

After completing the first cycle coding methods for all ten interviews, I moved to second cycle coding, or selective coding. For selective coding, I reviewed the codes and the attached passages and grouped some codes together or re-ordered them (steps 5). Dedoose allowed me to add and re-order codes in many ways, which gave me flexibility when coding. I kept memos in Dedosse regarding which codes were grouped and why I made those decisions. During second cycle coding, I reorganized the codes in order of the questions and began grouping some codes together, such as the codes *spouse has information* and *my wife knows more about that topic than I do*. I grouped those codes into one code, which was *rely on spouse for CSA information*. I also grouped *talked to children about boundaries*, *talked about private parts and privacy* into the code *boundaries and private parts*. I reviewed all of the initial codes and read the attached passages from the interviews to make decisions about re-coding, grouping, and categorizing (step 6).

For axial coding, I identified subcategories and patterns in the responses (step 7). Dedoose assisted by offering several different types of reports that analyzed the data and highlighted repeating codes. I created emerging themes by reviewing reports that showed patterns in coding (step 8). Because Dedoose is also a mixed methods program, I was

able to run reports that combined the demographic data with the codes to identify participant specific themes as well as themes that spanned across the participants (step 8). I kept notes in Dedoose on how I created themes and why they addressed the research questions (step 9). I did the above steps for all the participant data (step 10). By identifying themes in each interview and across all the interviews, I was able to identity themes for each research question (steps 11 and 12). The research questions, themes, results, and associated interview passages will be discussed further in the results section.

There was one case that stood out as the discrepant case. Nine out of the 10 participants stated that they had talked to their children in some capacity about CSA prevention and most had not attended a CSA training. Only two participants stated they had received a CSA training and one of those had talked to their children about CSA prevention. The discrepant case was the only participant who stated he had not discussed CSA in any fashion with his child. However, he had attended a training and did feel competent with the knowledge. Nine participants also stated that the age of the child did not affect their comfort level as much as the age affected the content they discussed. The same discrepant case stated that age did affect comfort level and that the child being older made him feel more comfortable having the conversation. He also stated that he had not talked to his child because he was waiting for him to be old enough and now that his child was 7 years old, he was planning on talking to him about CSA prevention. This case was considered in the data analysis by considering his responses and framing his answers using the theoretical framework of this study. This discrepant case will be discussed further in the results section.

Evidence of Trustworthiness

Trustworthiness, or the validity and rigor in qualitative research, is addressed through the process and design of the research study. Qualitative researchers use a variety of methods to verify that their findings are an accurate representation of the participants' perspectives (Brod et al., 2009; Carcary, 2009; Cope, 2014). In this section, I address the methods I proposed using in chapter 3 to enhance trustworthiness. I explain how I executed them during my data collection, coding, and analysis phase of this study.

Credibility

I used participant validation, also known as member checking, to increase the degree of confidence in my interpretation of the participants' experiences and views (Brod et al., 2009; Carcary, 2009; Cope, 2014). I emailed the transcribed interviews to all ten participants and requested that they review the transcribed interview for accuracy. Four out of the ten participants reviewed the interviews, which limited my ability to enhance credibility using this approach. I also used the methods of reflexivity and triangulation to establish credibility. To address reflexivity, I kept memos and notes in Dedoose about my thought process and decision-making throughout the data collection, coding, and analysis process. I addressed triangulation by using method triangulation, which involves using multiple sources of information to develop themes and make conclusions about the data (Anney, 2014; Cope, 2014). To address method triangulation, I used previous research, literature, and Bandura's (1997, 2012) self-efficacy concept to develop themes and interpret the data.

Transferability

In order to make the data more applicable to other contexts or settings, I increased transferability by keeping memos and logs throughout the data collection and analysis process (Anney, 2014; Cope, 2014). I made notes during data collection regarding the interviews and created memos in Dedoose that chronicled my coding and analysis decisions. I also used purposeful sampling to help improve transferability (Anney, 2014). According to Anney (2014) and Cope (2014), participants who have an association with the research problem can provide the researcher with more in-depth information. I recruited participants based on their ability to help answer the research questions, which I determined by having study criteria that they needed to meet in order to participate. Having varying demographic characteristics also helps improve transferability (Brod et al., 2009; Cope, 2014). The sample of participants in my study had different ages, races, and residential locations.

Dependability

I used triangulation and audit trails to help establish dependability, which refers to the consistency and stability of the data over time and in similar conditions (Carcary, 2009; Cho & Lee, 2014; Cope, 2014). To address triangulation, I used theory and research to support the themes that emerged from the data (Anney, 2014; Cooper & Endacott, 2007). I also kept audit trails to improve dependability (Carcary, 2009; Cho & Lee, 2014; Cope, 2014). I documented my research processes, decisions, and assumptions to help make the process transparent. I kept records, notes, and study documents and I maintained a log in Dedoose of data collection activities and memos. I began keeping an

audit trail when I started conducting interviews and continued through the coding and analysis process.

Confirmability

I increased confirmability by using audit trails, triangulation, and participant validation, or member checking (Anney, 2014; Birt et al., 2016; Carcary, 2009; Cope, 2014). I kept reflexive notes on my thought processes, choices, and experiences throughout the research procedure as well as notes about the interviews. I also used participant validation by emailing the participants the transcribed interview and requesting they review it. As discussed earlier, I sent two emails total and if the participant did not respond after the second email, I did not send another. Due to only four participants responding, establishing confirmability with this method was limited. I used triangulation as it was discussed in the previous sections to improve confirmability (Anney, 2014; Carcary, 2009; Cope, 2014).

Results

The perceptions of the participants in this study emerged through analysis of their interviews. Each research question had several interview questions that addressed the research questions. I created codes for the answers to the interview questions and then developed themes from those codes. The following section will be organized by research question and interview questions.

Research Question 1

The primary research question was: What are fathers' perceptions of their self-efficacy in discussing child sexual abuse prevention with their children? Interview

questions 1, 6, 7, 8, and 8a addressed this research question. Table 3 shows the interview questions, themes, and results that were associated with this research question.

Interview question 1 asked participants if they had ever talked to their children about CSA and if so, what they talked about. Table 4 has the participant quotes for this question. Ninety percent of the participants said they talked to their children about CSA prevention. Several participants did not label it as CSA prevention but said they did their best to talk to their children about boundaries, bodies and private parts, and what to do should the child experience something inappropriate with someone (P1, P2, P3, P5, P6, P9). Participant 1 talked about boundaries and stated, "I just discussed boundaries regarding if and when he feels uncomfortable, he needs to let one of his parents know, and how it's okay to have uncomfortable conversations with, and who's allowed to touch him or see him naked." Participant 3 talked about how he did not explicitly call it CSA but did talk about body parts and touch. Participant 9 discussed how he and his wife also did not directly label the conversation as being about sexual abuse, but they did talk to their child about being aware that some people could harm him. He said, "We didn't get into the nature of sexual abuse, but we certainly got into the general topic of why he has to be very careful and aware, and what other bad people may end up doing."

Table 3

Summary of Results Related to Research Question 1

Interview question	Themes and participant number	Results
Q1. Have you ever discussed child sexual abuse with any of your children?	Yes (1,2,3,4,5,6,7,9,10) No (8)	90% of participants talked about CSA prevention but did not label as CSA.
a. If yes: Which children did you have these discussions with?	All of them (1,2,3,4,5,6,7,9,10)	
b. If yes: What did you discuss?	Boundaries (1,2,3,4,5,6,7,10) Private parts/bodies (2,3,4,6,7,10) What to do (1,2,3,4,10) Strangers (6,9)	The participants discussed boundaries, private parts, bodies, and what to do.
c. If no: Why have you not had these discussions with your children?	Too young (8)	
Q6. How effective do you think you would be/were at helping your child/children understand the topic of child sexual abuse and prevention?	I felt effective (1,4,6,7) Unsure (2,3,5,8,9,10)	40% of participants felt effective in talking about CSA prevention. 60% of participants were uncertain about their effectiveness.

Q7. As a father, what do you think your role is in talking to your child/children about the topic of child sexual abuse?	Both parents have a role (1,3,4,5,6,7) Help them feel comfortable talking to me (4,5,6,7,8,9,10) To empower them (1,2,3,6) To protect them (1,2,6,9)	Participants perceived their role was to protect and empower their children and to have open communication with them.
Q8. Tell me about how competent you believe you are in talking to your child about sexual abuse prevention.	I felt competent (2,4,5,6,7,8) Unsure (1,3,9,10)	Some participants felt competent talking about CSA prevention and others were uncertain about their competency.
Q8a. What do you think could help increase your feeling of competence in this area?	Accessible classes/materials (1,7,10) Sports leagues (3) Hospital/Doctor (1) School (7,10) Read/research online resources (5,6,8,9) Not sure/don't know (2,4)	Participants wanted easily accessible resources through the school, sport's leagues, doctors, or online resources to increase competency.

Table 4

Q1: Comments Related to Talking to Children About Child Sexual Abuse Prevention

Participant Number	Participant Statement
P1	I just discussed boundaries regarding and if and when he feels uncomfortable, he needs to let one of his parents know, and how it's okay to have uncomfortable conversations with, and who's allowed to touch him or see him naked. That sort of thing, like parents and doctors, pretty much.
P2	You know that your privates are your privates, and nobody should be talking about or ... You shouldn't be showing your privates or doing anything with your privates with anyone else except for your doctor.
P3	I guess explicitly we haven't discussed, or I haven't discussed child sexual abuse. What I have discussed with them is their body parts and how they should go about ... Who should touch them, who is not permitted to touch them, and what actions they need to take if anyone does attempt to touch them.
P4	We talk about their privacy and what are private parts and what's okay and what's not okay, and as far as touching goes or hugging and who it's okay to hug or have someone touch you, like your parents or your grandparents, to have them hold you or hug you or even kiss you on the head or the cheek. These are all safe things and explain that who it's not okay to get those types of things from and also to stay in public areas.
P5	So, I guess, and I'm sorry to make it complicated, but it depends a little bit on the definition. We certainly have had conversations about if something inappropriate happens you have to let us know, or something like that, you know, sort of general vague ones, not real specific things as to what we've, my spouse and I, believe to be, what would be child abuse. I don't think we've had like those explicit conversations, but certainly we've had, you know, things about, conversations about if someone does something inappropriate, you should let us know or things of that nature. But nothing very explicit in terms of what exactly or very descriptive in terms of what exactly would constitute child abuse.
P6	I don't think in graphic terms, but we've certainly spoken with them about how precious their bodies are and to be careful around strangers and Stranger Danger.

P7	That it's not okay for anyone to touch them inappropriately anywhere, especially on the genitals or things like that. No touching, don't take your clothes off, don't be in a room naked, or just in a room, that kind of stuff. You know, the most basic types of conversation.
P9	We didn't get into the nature of sexual abuse, but we certainly got into the general topic of why he has to be very careful and aware, and what other bad people may end up doing.
P10	We had, at different times, just talked to him about if somebody is touching you in your private parts, let people know people are doing things to you that you aren't comfortable with. Let people know, let mom and dad know, let your teacher know. It's pretty basic stuff like that.

Question 6 asked the participants about how effective they thought they were in helping their children understand CSA prevention. Passages from the interviews presented in Table 5 illustrate the participants' statements regarding their perceived efficacy in discussing CSA with their children. The quotes are divided into sections that demonstrate perceived effectiveness and quotes that show perceived uncertainty. The results revealed that the participants' perceived effectiveness was mixed.

Several participants stated that they felt effective in having the conversation about CSA prevention (P1, P4, P6, P7). These participants expressed a sense of self-efficacy in talking about CSA. Participant 4 expressed his sense of efficacy in his statement,

> "I think we're effective. They seem to understand the concept of their private... Their privacy, is what we call it, at a young age. We start with that. Your body is your privacy and that's not for anybody to touch. So, I think they understand it."

Participant 6 stated, "I felt like it was effective in terms of giving them the tools to maximize the chance that it is not going to happen to them" and participant 7 said, "But I

would say, I think that I would feel that we were fairly effective at providing that information."

Some participants said they were uncertain as to how effective they were in talking about CSA prevention with their children. Participant 2 expressed his uncertainty when he said, "Man, I hope I'm effective, but I hope I'm effective about everything I talk to them about. That doesn't always seem to be the fact. I think I felt effective in communicating it." Participant 5 discussed how he was unsure when he said, "Yeah, I think I would say that I'm unsure as to my effectiveness. I think that it's just something that you kind of do the best that you can and hope that it is effective, but you have very little means of judging how effective it is."

Table 5

Q6: Comments Related to Perceived Effectiveness in Talking About Child Sexual Abuse

Participant Number	Participant Statement
Felt Effective	
P1	Probably average. I don't think I'm any better or worse than any other parent at being able to do that.
P4	I think we're effective. They seem to understand the concept of their private... Their privacy, is what we call it, at a young age. We start with that. Your body is your privacy and that's not for anybody to touch. So, I think they understand it.
P6	I felt like it was effective in terms of giving them the tools to maximize the chance that it is not going to happen to them .
P7	But I would say, I think that I would feel that we were fairly effective at providing that information.

Felt Uncertain	
P2	Man, I hope I'm effective, but I hope I'm effective about everything I talk to them about. That doesn't always seem to be the fact. I think I felt effective in communicating it.
P3	To answer your question, at least we've had the discussion and it is topical for us, but I'm not sure if I could grade myself. Just ongoing discussion. I still felt I was not perfectly adequate for that conversation.
P5	Yeah, I think I would say that I'm unsure as to my effectiveness. I think that it's just something that you kind of do the best that you can and hope that it is effective, but you have very little means of judging how effective it is.
P8	I'm hoping I'd be good. I believe it would have to be multiple conversations. The thought process that we would just get it all done in one, which would probably make me feel better, but knowing that we probably might have to take a few bites of the apple, if you will, just to make sure there was an understanding of what I'm trying to say and that it's registering is probably the natural way it would go.
P9	Yeah, so, I think the message sunk in.
P10	I mean it's hard to say. I don't think you can really know, you just kind of hope that it sinks in with him right and that if something were to happen that they would draw on that. But I don't how successful I was or wasn't.

Question 7 asked participants what they perceived their role was in discussing CSA with their children. Quotes from question 7 are shown in Table 6. All 10 participants said that they felt fathers should have a role in talking to their children about CSA prevention. Several participants (P1, P2, P4, P5,) talked about how both the mother and father had a role in discussing CSA with their children. Participant 1 talked about how the mother and father complement each other in having that discussion. He stated, “I

think the mom and the dad are kind of a yin and yang in that scenario, each bringing different strengths to the table." Participant 2 stated that he thought both parents had the responsibility to talk to their children about CSA and participant 4 said,

> "I think my role is important as a parent. The mother and the father, if there are a mother and a father, should be talking to them about it and ideally talking to them together about it so they know the parents are on the same page and agree with what one another's saying."

The participants discussed how their role is to protect, empower, and communicate with their children. Participant 1 explained his role as protector when he said,

> "The protector role in that context is a little bit different because it's more empowering your child, so I think it's just a good balance and complement to the other parent, whether it's two dads or two moms there - in our case, a mom and a dad, but I think it's just, you do your best to empower and educate and embolden your child to be aware of their situations and boundaries."

Participant 9 also talked about his role as a protector when he gave this answer,

> "I'll answer first generally and then specifically. Generally, the role of a dad is to protect the child and to take care of the child. And that means many, many different aspects. In this specific area, I think it's very important, and especially in our, sadly, in our modern society, that the kids are very aware. I consider it one of my primary responsibilities."

Participant 3 discussed empowering his child to love himself and tell someone if something where to happen in his statement,

> "As a father, I think it's imperative to make sure that my children know that they should love themselves and that they have every right to speak up for themselves. They don't need to shy away from a subject like this, and to really try to empower them so that if and when these situations arise, they know what to do."

Participants also wanted to help their children feel comfortable talking to them about many different topics, not just CSA. Participant 5 illustrated this when he said,

> "There is an obligation to figure out how best to communicate with your children about all the dangers in life and all the threats in life and to explain to them what is appropriate and inappropriate to the extent that you can and to try to make sure that you're available to them for them to have those conversations."

Table 6

Q7: Comments Related to Perceptions of Their Role in Talking About Child Sexual Abuse

Participant Number	Participant Statement
P1	I think the mom and the dad are kind of a yin and yang in that scenario, each bringing different strengths to the table. The protector role in that context is a little bit different because it's more empowering your child, so I think it's just a good balance and complement to the other parent, whether it's two dads or two moms there - in our case, a mom and a dad, but I think it's just, you do your best to empower and educate and embolden your child to be aware of their situations and boundaries.
P2	I think it's both [parent's responsibility]. Pretty much like everything else. As fathers, you want your kids to be able to survive in the world, adapt, not be taken advantage of or anything, learn to survive. That kind of thing.

P3 As a father, I think it's imperative to make sure that my children know that they should love themselves and that they have every right to speak up for themselves. They don't need to shy away from a subject like this, and to really try to empower them so that if and when these situations arise, they know what to do.

P4 I think my role is important as a parent. The mother and the father, if there are a mother and a father, should be talking to them about it and ideally talking to them together about it so they know the parents are on the same page and agree with what one another's saying.

P5 Well, that's an interesting question. Not one that I've given a lot of thought to, but I think that as with any parent, there is an obligation to figure out how best to communicate with your children about all the dangers in life and all the threats in life and to explain to them what is appropriate and inappropriate to the extent that you can and to try to make sure that you're available to them for them to have those conversations. Now, thinking about it, I don't know if any of my children would come to me first. Perhaps they would, and perhaps maybe they would come to my wife and talk with her about it before they would talk to me. I don't know. But I've tried to make sure that they feel comfortable talking to me about any subject.

P6 I think it's giving them the tools as well as an understanding that they can always share everything. Understanding what's going in their lives and having a good understanding of who and where they spend their time, I think, is one of the things that we're always trying to do in the background in the sense of we pretty much know where the kids are and who they're with 24 hours a day, which certainly adds a lot of comfort.

P7 At this point, I think it's like I mentioned earlier. It's awareness, it's a level of comfort for them to talk about it should they feel the need to do so. I've never thought there is a responsibility beyond that in terms of this... the only thing I can remember are two things that come to mind. Is one, putting them in a position to be on the lookout or read the clues, report anything that any of their friends might relate to them. And then two, and again, I think it's probably just way too early, but the role of a father or parent is to teach children, adolescents, teenagers, etc., so that when they become adults they understand the world and behave in a way that you hope is appropriate and responsible, and sort of carry on the tradition, so to speak. At this point

	it really is just the, "Make sure this doesn't happen to you. If it does, let's talk", as a very general summary of discussion.
P8	I think when you talk about sexuality, it's usually generally a feminine thing. No one talks about male sexuality. I think him hearing it from me versus his mom I think could have a different impact on him. Maybe not right now, but later on when he hopefully is a father and has to raise his children. It's not just with this, it's with other things, so I think breaking down some of those gender stereotypical roles will be very impactful for him in the long run.
P9	I'll answer first generally and then specifically. Generally, the role of a dad is to protect the child and to take care of the child. And that means many, many different aspects. In this specific area, I think it's very important, and especially in our, sadly, in our modern society, that the kids are very aware. I consider it one of my primary responsibilities.
P10	I would say that I thought at least at that young age [my role] was just to help them feel like if something happened that they could say something, right, and to sort of give them people you should go to, right. Hopefully if anything that if he felt uncomfortable with what did happen that he would go talk to an adult like that and let them know right away.

Question 8 inquired about how competent participants believed they were in talking to their children about CSA prevention. The answers revealed that some participants perceived themselves to be competent in this area and some were unsure. Table 7 has the participants' responses to this question. Six participants expressed a feeling of competence about talking to their children about CSA prevention (P2, P4, P5, P6, P7, P8). Participant 2 reflected on his sense of competence in his response,

> "I guess I was competent in telling them the things that I told them. Yeah, that they need to be careful and they need to be aware and they need to not put

themselves in a bad situation, yet even if something does happen, it's not their fault. I was confident in saying that."

Participant 4 simply stated that he feels competent in discussing CSA. Participant 6 elaborated further on his feeling of competence when he stated, "So I think in terms of competence, I'm confident talking to them but it's something I would spend a fair amount of time putting thought into before having a planned conversation with them."

Four participants expressed doubt or uncertainty about their level of competence in the area of CSA prevention (P1, P3, P9, P10). Participant 1 stated, "I think, average at best. I feel like I never got that kind of training myself or that discussion with my parents, so I feel like there's definitely room for improvement." Participant 10 talked about his doubt in his reply, "I don't know, I'm not particularly competent to talk about it."

Table 7

Q8: Comments Related to Perceived Competence in Talking About Child Sexual Abuse

Participant Number	Participant Statement
Felt Competent	
P2	I guess I was competent in telling them the things that I told them. Yeah, that they need to be careful and they need to be aware and they need to not put themselves in a bad situation, yet even if something does happen, it's not their fault. I was confident in saying that.
P4	I would say competent.
P5	You know, I don't have any trouble at all talking to my children about any number of things, and especially now that they're all teenagers, there's a maturity level that allows for a more open conversation about a wider array of subjects.

P6	So I think in terms of competence, I'm confident talking to them but it's something I would spend a fair amount of time putting thought into before having a planned conversation with them.
P7	I would say fairly competent.
P8	I would say I'm above average. I know people who have been victims. I went through some trainings as a coach of children in order to be certified for those kinds of things, and so I feel above average confident. I guess the real issue is if there's questions that I can't answer.
Felt Uncertain	
P1	I think, average at best. I feel like I never got that kind of training myself or that discussion with my parents, so I feel like there's definitely room for improvement.
P3	On a scale from one to 10, I try to put it together, I would be like a 6. I think there's still a lot more I can learn about and then be able to educate my children.
P9	If I had to grade myself, I would say it's probably a B or a B plus at best. Certainly, we could have more detailed conversations.
P10	I don't know, I'm not particularly competent to talk about it.

Question 8a asked fathers what they thought could help increase their sense of competence in talking to their children about CSA prevention. Table 8 presents a summary of participants' responses to this question. Participants thought accessible information and training could help increase competence.

Two participants stated they were unsure or did not know what could increase their sense of competence (P2, P4). Eight participants talked about how they wanted the resources to be accessible and easy to find (P1, P3, P5, P6, P7, P8, P9, P10). Participants

discussed how they were not aware of resources or classes and they thought more should be done make the resources known. They wanted the school, doctor, or sports leagues to make the information more available. Participant 1 expressed his opinions about this in his statement,

> "I think having training or education available to parents, whether it's at birth through the hospital or through parenting networks or continuing education in whatever capacity, it should be available if it's not. And if it is, then we need to advertise better, because I've never seen anything like it."

Participant 5 also talked about wanting resources but not being aware of any existing when he said,

> "You know, the availability of information and perhaps suggestions on how best to broach the subject. And I think it would be really good to have sort of a resource guide of what is the appropriate way to raise the issue and subject for children of different ages. I don't remember seeing anything like that, but perhaps it's out there, I don't know."

Participant 7 talked about how he probably would not go to a training but would like to have a printed resource provided through the school. He stated,

> "So, yeah, would I sign up to go to the local synagogue for a two-hour training class on this, probably not. But if there was some simple resource that was distributed maybe by the school, or some way that just forces it in front of me, like a one-pager, something like that, that might be a good starting point."

Participant 10 also expressed a desire to have information given through the school in his response, “I mean if there were classes, materials and things for parents through the school that would be helpful.” Participant 3 stated he would like to see the sports’ leagues offer training or information in his statement, “I actually do think all of the youth sports leagues should offer that.” Participant 8 discussed wanting to be able to search or find online resources in his answer, “I think you can't go wrong with more education, more training, more guidance. I'd imagine a quick Google search, maybe there's some nonprofit out there that's put together some kinds of materials that help facilitate the conversation, so a little more studying on my part.”

Table 8

Q8a: Comments Related to What Would Increase Competence in Talking About Child Sexual Abuse

Participant Number	Participant Statement
P1	I think having training or education available to parents, whether it's at birth through the hospital or through parenting networks or continuing education in whatever capacity, it should be available if it's not. And if it is, then we need to advertise better, because I've never seen anything like it.
P3	I actually do think all of the youth sports leagues should offer that.
P5	You know, the availability of information and perhaps suggestions on how best to broach the subject. And I think it would be really good to have sort of a resource guide of what is the appropriate way to raise the issue and subject for children of different ages. I don't remember seeing anything like that, but perhaps it's out there, I don't know.
P6	So I would probably do some research on the best ways to talk about this topic with kids to try to make sure that I'm not doing anything that's a red flag or a bad way to approach it, but then I would try to tailor it to what I know about him and input from my wife, etc.

P7	So, yeah, would I sign up to go to the local synagogue for a two-hour training class on this, probably not. But if there was some simple resource that was distributed maybe by the school, or some way that just forces it in front of me, like a one-pager, something like that, that might be a good starting point.
P8	I think you can't go wrong with more education, more training, more guidance. I'd imagine a quick Google search, maybe there's some nonprofit out there that's put together some kinds of materials that help facilitate the conversation, so a little more studying on my part.
P10	I mean if there were classes, materials and things for parents through the school that would be helpful.

In summary, Research Question 1 addressed the primary focus of this study which was fathers' perceptions of their self-efficacy in talking to their children about CSA prevention. Interview questions 1, 6, 7, 8, and 8a provided answers to the primary research question. The main results for each question were presented. These results provided insight into how the participants perceived their self-efficacy in talking to their children about CSA prevention.

Research Question 2

The secondary research question was: What do fathers think could be affecting their comfort level in talking to their children about child sexual abuse prevention? Interview questions 2, 3, 4, 5, and 5a addressed the secondary research question. Table 9 shows the interview questions, themes, and summary of results that were associated with Research Question 2.

Interview question 2 asked the participants if they had attended a training or class about CSA. Table 10 shows the comments of the participants regarding CSA training.

The table is divided by those participants who had attended a training and those who had not. Two participants had received CSA training (P4 and P8) and eight had not (P1, P2, P3, P5, P6, P7, P9, P10).

Regardless of receiving training or not, all of the participants had favorable attitudes toward CSA classes or trainings. The participants who had received a training said they thought it helped prepare them to talk to their children about CSA prevention. Even though participant 8 had attended a training, he had not talked to his child about CSA prevention. He stated that he was waiting for his child to be old enough to talk to him about CSA prevention and now that his child was 7 years old, he felt that his son was ready. He said that he thought the training had prepared him to have the conversation about CSA with his son and he felt confident about talking to him about that subject. Participant 8 stated,

> "I think [the training] gave me some more tools. I feel like I'm better prepared when we do have the conversation on things to look out for and things to say, language, and verbiage to use and things like that. I think it was helpful in that regard, but sometimes you don't want to use slang. Now that I'm older my slang

Table 9

Summary of Results Related to Research Question 2

Interview question	Theme and participant Number	Results
Q2. Have you ever attended a training or class about child sexual abuse?	Yes (4,8) No (1,2,3,5,6,7,9,10)	20% of participants did have CSA training. 80% did not have CSA training.
a) If yes: What do you think was valuable for you in attending this training/class?	Helped me understand risks (8) Ideas on how talk to them (4)	Participants said the training helped to educate and prepare them to talk about CSA.
b) If yes: How do you believe that the training/class impacted your ability to discuss child sexual abuse with your child(ren)?	Helped prepare me (4,8)	
c) If no: Why did you not attend a training or class about child sexual abuse?	Not aware of class/training (1,2,3,6,7,10) Didn't think I needed it (2,7,9) Rely on spouse for information (5,7) Not a priority (2,3)	Participants did not receive CSA training because they were not aware of trainings, did not think they needed it, or did not prioritize it.

d) If no: What is your opinion about these types of trainings or classes on child sexual abuse?	Trainings/classes should be offered (1,2,3,5,6,7,9,10)	Participants think classes should be offered.
Q3. Has your child/any of your children had information shared with them at school about child sexual abuse?	Yes (2,4,5,8,9,10) No (1,3,6) Not sure (7)	60% of participants said that their children received CSA training at school.
a) If yes: How has knowing that this was discussed at school impacted your comfort level with discussing child sexual abuse with your child/children?	Comfort level not affected (3,4,6,7,9) Comfort level affected (2,5,8,10)	Half of the participants said their comfort level talking about CSA was affected and half said that it was not.
b) If no: How has knowing that this was not discussed at school impacted your comfort level with discussing child sexual abuse with your child/children?	Comfort level affected (1)	
Q4. What do you think the value is, if any, of discussing the topic of child sexual abuse with your child(ren)?	Be safer (1,4,9) Child will tell us (6,7,10) Child would know what to do (6,8,10) Educate (1,4,7,8,9) Helps them understand it's not their fault (2) I want to empower them (7,8) To protect and prevent (1,2,4,5)	Value of talking about CSA is to educate, empower, and protect children.

Q5. What was the first age you talked to your child/children about child sexual abuse?	3 (5,10) 4 (1,2,3,6,7) 5 (4) 6 (none) 7 (9)	80% of participants talked to their children when they were between 3-5 years old.
Q5a. How do you think that your child's/children's age made you more or less comfortable discussing this topic with your child(ren)?	Did not affect comfort but did affect content (1,2,3,4,5,6,7,9,10) Did affect comfort (8)	90% of participants said that the child's age did not affect comfort level but did affect content or how they spoke to their child.

> may not be what their slang is, so you want to use the right verbiage, I think is important."

Participant 4 received an online, video-based training and also expressed that he thought the training was valuable in helping him talk to his child about CSA prevention. He expressed his opinion about the training in his statement,

> "[The training] helped. Just gave us other things to consider when discussing these things with them. We have additional ideas and stories, firsthand accounts of the type of people that are often found to be involved in that type activity. You know, videos, things like that. It was video based."

Both participants were very positive about the trainings and thought that the trainings had increased their sense of competency in talking about CSA with their children.

Eight of the participants had not participated in a CSA training (P1, P2, P3, P5, P6, P7, P9, P10). Several participants said the reason they did not attend a class was because they did not know classes existed (P1, P2, P3, P6, P7, P10). Some of the participants stated that they did not seek out a training because they did not think they needed it or it was not a priority for them (P2, P3, P7, P9). Two participants said they did not look for a training or class because they relied on their wives for information regarding talking to their children about CSA prevention (P5, P7). Even though these participants did not attend a training, they were still positive towards those types of trainings. Participant 1 simply stated, "Overwhelmingly positive. I think it would be great. I think all parents should have to do something like that" and participant 3 said, "I think it's fantastic. I actually do think all of the youth sports leagues should offer that."

Participant 2 talked about how he thought CSA trainings could help reduce incidents of CSA in his statement,

> "I think they are good ideas. I think that if everybody ... All parents were required to go, then there would be a definite ... It would definitely help everyone as a whole. I think there would be less cases of sexual abuse. I definitely would be for them."

Table 10

Q2: Comments Related to Child Sexual Abuse Classes or Trainings

Participant Number	Participant Statement
Had Training	
P4	[The training] helped. Just gave us other things to consider when discussing these things with them. We have additional ideas and stories, firsthand accounts of the type of people that are often found to be involved in that type activity. You know, videos, things like that. It was video based.
P8	I think [the training] gave me some more tools. I feel like I'm better prepared when we do have the conversation on things to look out for and things to say, language, and verbiage to use and things like that. I think it was helpful in that regard, but sometimes you don't want to use slang. Now that I'm older my slang may not be what their slang is, so you want to use the right verbiage, I think is important.
Did Not Have Training	
P1	Overwhelmingly positive. I think it would be great. I think all parents should have to do something like that.
P2	I think they are good ideas. I think that if everybody ... All parents were required to go, then there would be a definite ... It would definitely help everyone as a whole. I think there would be less cases of sexual abuse. I definitely would be for them. It's hard. I

	think that the common feelings that people have, including me, is those are for parents that don't know any better and I'm already a good parent and I don't need to. I don't need to do anything else.
P3	I think it's fantastic. I actually do think all of the youth sports leagues should offer that.
P5	Oh, I think it's a great idea to educate people about that. You know, there's probably better ways to do the training and education because of the sensitivity of the subject, but I think it would be very helpful to have that opportunity so that you could have avoid situations where children are subject to sexual abuse. And if there's anything that we could do to, to reduce that possibility, I think I'd be in favor of it.
P6	I think they would be helpful in terms of making sure people know what to look out for and a reminder of what the best ways are to approach these types of conversations because I think we all probably have a fair amount of learning to do in terms of what is the best way and it's such an important topic. I think I'm certainly open to learning because I think if something were to happen it would have such a potentially lasting impact on a child that we should do everything in our power to give them the tools as well as be aware of any potential signs.
P7	Those types of things are always super helpful because professionals who have thought through this and who understand this can help you to be a better communicator and say, "Here's some tips and tools and here's how to do it", in a way that's going to be what that professional world thinks is going to be most successful.
P9	I mean, I think if somebody feels the need that they need to get a better understanding on how to approach their children with it, I think it's fantastic. My wife and I, we don't feel that we need some specialized training in that area. But I'm certainly not against it.
P10	It's hard to have an opinion because I haven't been to one but I would say that I would probably think positively about that kind of information.

Question 3 inquired whether the participants' children had received CSA training at school. The question also asked if knowing that their child either did or did not receive training affected their comfort level in talking to their children about CSA. Table 11 has the quotes from participants that relate to Question 3. The table was split into comfort level affected and comfort level not affected. Six of the participants stated that their children had received CSA training at school (P2, P4, P5, P8, P9, P10), three participants said their children had not received CSA education (P1, P3, P6), and one participant was unsure (P7).

Five participants (P1, P2, P5, P8, P10) said that their comfort level was affected by whether their children had received training at school. Participant 1 talked about how his child not having the training made it more difficult for him to have the conversation with his child. His answer was,

> " [My child not having the training at school] makes it harder, because you're the only resource, and it's not being reinforced in schools, so it certainly adds a challenging aspect to it, for sure, but, I mean, that doesn't mean we shouldn't have to do it as parents."

Participant 2 stated that knowing his child had the training made him feel more comfortable discussing CSA prevention in his statement, "I guess it was welcome and a good feeling that the school is covering that. Probably made me more comfortable." Participant 5 expressed how his child having CSA prevention education at school made it easier for him to talk to his child about CSA in his response,

> "The fact that they've had the conversations with someone who is trained and experienced in discussing with children of their age makes it easier for me as a parent to have that conversation with my child if I thought it were necessary."

Five participants (P3, P4, P6, P7, P9) reported that their comfort level was not affected by their children having CSA education at school. Participant 3 said that his child not having the training did not give him discomfort. He said he would have appreciated guidance from the school, though, in providing CSA prevention to his child. His statement was,

> "I guess I would say it doesn't give me any discomfort knowing that my child didn't have it at school. I guess it's as a parent, trying to figure out when it is the perfect time to use those types of words with my kids. I guess getting guidance would be helpful, so perhaps the school could help partner with the parents. If that makes sense."

Participant 6 focused on how he thought that he should be comfortable talking to his child about CSA whether or not his child had the training at school. He stated, "I think I should be comfortable talking to them about things that they're ready to talk about whether or not they're covered in school." Participant 4 and 7 directly stated that their comfort level was not impacted.

Table 11

Q3: Comments Related to Whether Children's Child Sexual Abuse Training at School Affected Participant's Comfort in Discussing Child Sexual Abuse

Participant Number	Participant Statement
Comfort Level Affected	
P1	[My child not having the training at school] makes it harder, because you're the only resource, and it's not being reinforced in schools, so it certainly adds a challenging aspect to it, for sure, but, I mean, that doesn't mean we shouldn't have to do it as parents.
P2	I guess it was welcome and a good feeling that the school is covering that. Probably made me more comfortable.
P5	The fact that they've had the conversations with someone who is trained and experienced in discussing with children of their age makes it easier for me as a parent to have that conversation with my child if I thought it were necessary.
P8	I think knowing that he's had some conversation about it probably makes me feel more comfortable, I just need to make the time to pull him out of something fun and have this serious conversation with him.
P10	And so, I think that the schools are able to sort of kick it off and I think that it certainly makes it easier for the parents to have a conversation.
Comfort Level Not Affected	
P3	I guess I would say it doesn't give me any discomfort knowing that my child didn't have it at school. I guess it's as a parent, trying to figure out when it is the perfect time to use those types of words with my kids. I guess getting guidance would be helpful, so perhaps the school could help partner with the parents. If that makes sense.
P4	It hasn't impacted it. We're comfortable with discussing sexual abuse with our children and we consented to it being done at school.
P6	I think I should be comfortable talking to them about things that they're ready to talk about whether or not they're covered in school.
P7	[My child not having training at school] hasn't impacted my comfort level.

P9	I think both my wife's and my comfort level is fairly high. If I were to rank it, it would be 9 out of 10. However, one of the things that we've noted is, is as our son has gotten older and has gotten exposure from school, he's at that awkward age where he shies away from talking about it too much.

Question 4 explored what participants thought the value was of talking to their children about CSA prevention. Table 12 has the statements from the participants regarding what they thought the value was of discussing CSA with their children. The participants discussed how talking to their children about CSA could help prevent it from happening. They also talked about increasing their child's awareness about signs and what to do if something were to happen. Other participants stated that empowering their children to protect themselves and communicate if something happened was the value in discussing CSA with their children.

Two participants focused on prevention as the main value in talking about CSA (P2, P5). Participant 2 stated,

> "Well, the value would be ... Well, it would help prevent them from being a victim if they are aware of adults that may be predators or things that they might try to use to get them ... Get close to them. Also, helps them understand that if it happens to them, it's not their fault."

Participant 5 said, "Well, obviously the value is in the possibility of preventing their being subject to sexual abuse or identifying if they had been approached or subject to any sexual abuse. So there's, of course, value in it."

Other participants focused more on increasing their child's awareness and comfort with communicating about the topic (P1, P6, P7, P10). Participant 6 expressed this in his answer, "I think making sure that they know what to do and how to be as vigilant as possible, and how to communicate with us or appropriate parties if they're ever in a position that makes them uncomfortable." This was also illustrated in participant 7's response, "Number one, just awareness. Number two, I would hope that it would allow for them to feel comfortable talking about it with us if there was ever any sort of incident or threat, or nervousness, or any sort of feelings about the issue at all. We want to empower them to be able to report or talk about it."

Some participants (P3, P8, P10) discussed how empowering their children to feel like they can stand up for themselves and communicate if something happened was the value in talking about CSA prevention. This emphasis is evident in participant 3's response, "Yeah, more just making sure they honor themselves and that they have the right to stand up for themselves." Participant 8 talked about empowerment in his answer,

> "I think it's just like anything, you want to prepare them for the world. You can't be with them all the time. You want them to be empowered, and you'd hate to have not equipped them with some warning signs and for them not to trust their instincts or their gut in situations. Yeah, that's how I feel about it."

Table 12

Q4: Comments Related to Value of Discussing Child Sexual Abuse with Children

Participant Number	Participant Statement
P1	Protecting them, educating them, and I think leads to them being more well-rounded people and safer children.

P2 Well, the value would be ... Well, it would help prevent them from being a victim if they are aware of adults that may be predators or things that they might try to use to get them ... Get close to them. Also, helps them understand that if it happens to them, it's not their fault.

P3 Yeah, more just making sure they honor themselves and that they have the right to stand up for themselves.

P4 I think it's important because they're so young and they may not understand when somebody is trying to get them into a position where they could sexually abuse them.

P5 Well, obviously the value is in the possibility of preventing their being subject to sexual abuse or identifying if they had been approached or subject to any sexual abuse. So there's, of course, value in it.

P6 I think making sure that they know what to do and how to be as vigilant as possible, and how to communicate with us or appropriate parties if they're ever in a position that makes them uncomfortable.

P7 Number one, just awareness. Number two, I would hope that it would allow for them to feel comfortable talking about it with us if there was ever any sort of incident or threat, or nervousness, or any sort of feelings about the issue at all. We want to empower them to be able to report or talk about it.

P8 I think it's just like anything, you want to prepare them for the world. You can't be with them all the time. You want them to be empowered, and you'd hate to have not equipped them with some warning signs and for them not to trust their instincts or their gut in situations. Yeah, that's how I feel about it.

P9 Well, I think it's a... You know, as I said, we tend to read a wide variety of different journals and follow news articles and such. Children are not aware, so it's our parental responsibility to make sure that we're not just sharing the good parts with them, but also being vigilant and teaching them about some of the negative parts of our society that they don't have to be afraid of, but they have to be aware of.

P10 My hope is just that, if anything happened that he would feel like he would know what to do. He would feel confident and understand that

> he should tell somebody who's a safe person for him to talk to and so then it would be recorded and it would be dealt with. To create that space for him to feel like "yeah this is something I need to talk to somebody about and it's okay to talk to somebody about" even if the person is perhaps telling them not to, right.

Question 5 asked participants about what age their child was when they first talked to them about CSA. Table 13 shows the participant responses to this question. Eighty percent of fathers said they first talked to their children about CSA prevention when the children were around preschool age, which was 3-5 years old (P1, P2, P3, P4, P5, P6, P7, P10). Two participants stated that they chose preschool age because their children were away from home and out of their supervision. Participant 5 stated, "In all honesty, I believe that the conversation started to happen when they were in preschool when they were spending significant time around other kids and adults without our direct supervision" and participant 7 said, "It probably was around four, whenever they start going to pre-school and they're out of our hourly care. Participant 9 talked to his child at the age of 7 and participant 8 was going to talk to his child now that his child was 7 years old.

Table 13

Q5: Comments Related to Age of Child When Participant First Talked About Child Sexual Abuse

Participant Number	Participant Statement
P1	Probably around preschool, maybe just before kindergarten.
P2	Oh, probably four or five.

P3	Well, again, I guess we're just continuing with our experience with the material in that book about body parts, probably around age four or five.
P4	So at a very early age. Our five year old is aware of these things, so I would say as early as three or four we're talking about it with them.
P5	In all honesty, I believe that that conversation started to happen when they were in preschool when they were spending significant time around other kids and adults without our direct supervision.
P6	Yikes, I'd be guessing. Let's see, I don't know, I would guess four.
P7	It probably was around four, whenever they start going to pre-school and they're out of our hourly care.
P9	Yeah, it was about seven.
P10	I'm feeling it's probably three and I think it was because they were talking about it in the preschool.

Question 5a further inquired about whether the participants believed that their children's age affected their comfort level in having that discussion. Table 14 presents a summary of the participants' responses. Nine participants said the age of their children did not affect their comfort level with discussing CSA (P1, P2, P3, P4, P5, P6, P7, P9, P10). Some of the participants talked about how the child's age affected what they told their child and how they spoke to their child about the topic (P2, P3, P4, P5, P7, P9, P10). Participant 3 talked about this in his reply,

> "I don't think it's the discussion of the topic, I think it's just finding the age appropriate words. It seems to me at least the words CSA, not sure if a four-year-old would understand what that meant, but perhaps an eight-year-old would better understand."

Participant 5 also expressed how his child's age determined the content of the discussion when he stated, "Well, I think, you just have to gear it, based on their age, what they're capable of understanding, how their thought patterns work, what their experience is and their degree of knowledge." Participant 8 stated that his child's age did affect his comfort level and that he had waited for his child to be older to feel more comfortable and ready to talk to about it. He stated,

> "I think his age has made me more comfortable. He's older now. I think he's in that risk window, seven, eight, nine, ten seems to be a period of time where kids are exploring their independence, so they want to be more alone. Parents are busy, and so there's probably more interaction with other adults and things like that. Knowing he's involved in sports and other activities, it is something that's on my mind. I think his age makes me more aware and more comfortable having the conversation.'

Table 14

Q5a: Comments Related to How Child's Age Affected the Comfort Level of the Participant

Participant Number	Participant Statement
P1	I think it's probably easier earlier because they just don't have an understanding of that even being an uncomfortable discussion. It's just they're so moldable and you're able to frame it in the context of them being safe and mom and dad looking after them, and so I don't think it should be too uncomfortable, to be honest.
P2	Well, I think that the discussions are just at the time age-appropriate for that time. The discussions change over time. I guess it was just like math. It's taught about more basic stuff in the beginning and then you get more advanced.

P3 I don't think it's the discussion of the topic, I think it's just finding the age appropriate words. It seems to me at least the words child sex abuse, not sure if a four-year-old would understand what that meant, but perhaps an eight-year-old would better understand.

P4 It doesn't make us uncomfortable either way, no matter what age they are. When they're little kids, they might be at a friend's house or even at a party or a get together with family. Just by covering the basic things to look out for and avoid, and to speak up about if they ever find themselves in a position like that. One of the things we tell them is it's absolutely okay and encouraged to say, "Don't touch me like that," if they feel like anybody is touching them in a wrong way and make it public and make it known that that's what was happening. So at a very early age.

P5 Well, I think, you just have to gear it, based on their age, what they're capable of understanding, how their thought patterns work, what their experience is and their degree of knowledge.

P6 I guess I just see them grow and I can tell how they interact and how trusting they are of people and how much they share with us.

P7 I don't think there was any level of comfort issues. It was more, "Are they capable of understanding what it is we're talking about, processing it and hopefully, remembering it?"

P8 I think his age has made me more comfortable. He's older now. I think he's in that risk window, seven, eight, nine, ten seems to be a period of time where kids are exploring their independence, so they want to be more alone. Parents are busy, and so there's probably more interaction with other adults and things like that. Knowing he's involved in sports and other activities, it is something that's on my mind. I think his age makes me more aware and more comfortable having the conversation.

P9 Yeah, so, early on, more about good people, bad people. But when he started in school as well, we started talking more specifically about what potential threats could be out there and what their modus of operandi may be.

P10 I think it's hard at a young age because you know kids don't understand certain things and you know you're trying to explain something, but you can't explain all of it. They wouldn't be able to comprehend it. It's kind of a basic message, right. I kind of compare it to stuff you say in

> school like 'stranger danger' like “don't talk to strangers”. It's that kind of basic talk like, “don't talk to strangers, with anyone touching you or kissing you or doing anything then you need to tell someone. You can tell a policeman, you can tell a teacher, you can tell mom and dad, you can tell gram and grandpa." But it's difficult in a way because one you don't want to scare them but two you can't really explain to them at that age what it's really all about.

To summarize, Research Question 2 inquired about what could be affecting the participants’ comfort level in talking to their children about CSA prevention. Interview questions 2, 3, 4, 5, and 5a addressed the second research question. The answers to these questions were presented and discussed. These results helped provide insight into what participants thought was impacting their comfort level in talking to their children about CSA prevention.

Discrepant Case

One case stood out as the discrepant case. Participant 8 did not talk to his child about CSA prevention and he had attended a CSA training. He also was the only participant who stated his child’s age did affect his comfort level and choice to talk to him about CSA. He also stated that he thought he would be effective in talking to his child when he did have the conversation. He felt confident in his ability due to the CSA class, but he had not actually talked to his child. He stated that he was planning on talking to his son once his son had turned 7 years old. I did not exclude this case from the data analysis but rather I considered and included his answers in the data analysis.

Summary

My purpose in this generic qualitative study was to explore the perceptions of fathers in talking to their children about CSA prevention. I conducted semi-structured interviews to collect the data from 10 biological fathers who had children between the ages of 7 and 13 years and who coparented with the mother, a stepmother, or cohabitating girlfriend. The primary research question was: What are fathers' perceptions of their self-efficacy in discussing child sexual abuse prevention with their children? Interview questions 1, 6, 7, 8, and 8a addressed Research Question 1. The secondary research question was: What do fathers think could be affecting their comfort level in talking to their children about child sexual abuse prevention? Interview questions 2, 3, 4, 5, and 5a answered Research Question 2.

I used an inductive approach as outlined by Percy et al. (2015) to create codes, develop themes, and analyze the results from the interviews. The results gave insight into how fathers perceived their effectiveness in talking about CSA and what they thought was affecting their comfort level. In chapter 5, I will discuss the interpretation of the findings, limitations of the study, recommendations for future studies, and implications for social change.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

My goal was to conduct a generic qualitative study to explore fathers' perceptions of their self-efficacy in talking to their children about CSA prevention. The primary research question was: What are fathers' perceptions of their self-efficacy in discussing child sexual abuse prevention with their children? The secondary research question was: What do fathers think could be affecting their comfort level in talking to their children about child sexual abuse prevention? Interview Questions 1, 6, 7, 8, and 8a answered Research Question 1 and Interview Questions 2, 3, 4, 5, and 5a addressed Research Question 2. In this chapter, I will discuss the findings from my study compared with the work of previous researchers, the limitations to trustworthiness, make recommendations for further research, and will discuss the potential implications for positive social change.

Interpretation of the Findings

Findings from Research Question 1

Research Question 1 was: What are fathers' perceptions of their self-efficacy in discussing child sexual abuse prevention with their children? A summary of the main results from the interview questions pertaining to Research Question 1 is outlined in the following section. Please refer to Table 3 for a complete list of the interview questions, sub-questions, and answers. I interpreted the findings from my study using research or literature that was discussed in the literature review in Chapter 2.

Interview Question 1: Have you ever discussed child sexual abuse with any of your children? A total of 90% of the participants in my study indicated that they talked to their children about CSA prevention. This finding is inconsistent with previous researchers who found that fathers did not participate in CSA prevention with their children and had low engagement in CSA prevention efforts (Babatsikos, 2010; Babatsikos & Miles, 2015; Jing QiChen et al., 2007; Scourfield, 2014). It is possible that the participants in my study talked to their children about CSA prevention due to exhibiting positive parenting practices, which Glatz and Buchanan (2015) described as positive behaviors that parents engage in to help foster children's healthy development. The participants in my study talked about protecting and empowering their children and developing open communication with them, which are positive parenting practices (See answers from Research Question 1/ Interview Question 7 in Table 3 and Research Question 2/ Interview Question 4 in Table 9). Previous researchers found that parents who reported positive parenting practices were more likely to discuss CSA prevention with their children (Rudolph, Zimmer-Gembeck, Shanley, Walsh, et al., 2018).

The participants' education level could have affected the participants' involvement and engagement in CSA prevention with their children. The outcomes of the study may have been different for fathers with lower educational levels. I did not previously examine the literature pertaining to education levels and fathers' engagement in CSA prevention with their children. A post hoc library search produced a study that was conducted by Deblinger, Thakkar-Kolar, Berry, and Shroeder (2010). The researchers studied 298 guardians and their efforts to educate their school-aged children

about CSA. The sample consisted of 274 females and 15 males. Out of the 298 participants, 69 had a 2- or 4-year college degree and 30 had a graduate school degree. The researchers discovered that there was no relationship between the guardians' educational level or age and the likelihood that they would discuss CSA with their children. There are a few important differences between the study conducted by Deblinger et al. (2010) and my study. First, their study had 94.8% females and 5.2% males, and my study was made up of only males who were the biological father. Second, their study was quantitative and mine was qualitative. Finally, the participants in their study did not have the same level of education as the participants in my study. The number of participants in their study that had a 2- or 4-year college degree was 69 (23.9%) and the number that had a graduate degree or higher was 30 (10.4%), whereas 100% of the participants in my study had a bachelor's degree or higher. The number of participants in my study that had a bachelor's degree was four (40%), three (30%) had a master's degree, and three (30%) had a doctorate degree. A higher educational level for my participants may be one factor that affected their involvement and engagement in CSA prevention.

Additionally, all of the participants in my study were married. One participant was remarried to the non-biological mother. Marital status could have also been a factor that impacted the participants' involvement in CSA prevention with their children. I did not discuss the possible association between marital status and paternal CSA prevention involvement in the literature review.

I also asked the participants what they talked to their children about when they discussed CSA prevention. The participants in my study did not explicitly label the topic or content as CSA. They discussed boundaries, private parts, bodies, and what to do if something inappropriate were to occur. This finding is consistent with the literature and previous researchers who found that parents are concerned with what to tell their children and did not want to scare them or overwhelm them by giving them too much information (Babatsikos, 2010; Babatsikos & Miles, 2015; Jing QiChen et al., 2007; Rudolph & Zimmer-Gembeck, 2018b, 2018a; Wurtele & Kenny, 2010). Babatsikos and Miles (2015) revealed that parents were concerned with how much information to give their children and they were worried that information that was too explicit would be upsetting or damaging to their child.

Interview Question 6: How effective do you think you would be/were at helping your child/children understand the topic of child sexual abuse and prevention? The participants in my study reported having a mixed perception of their effectiveness. Nine participants talked to their children about CSA but only four said they felt effective in talking about CSA prevention with their children. Six participants reported they were uncertain about their effectiveness in talking about CSA prevention.

The outcome of participants talking about CSA even though they expressed uncertainty about their effectiveness was not consistent with outcomes from previous research. Previous researchers found that a lack of confidence in ability to discuss CSA prevention was a contributing factor to parents not discussing it with their children (Rudolph & Zimmer-Gembeck, 2018a; Rudolph, Zimmer-Gembeck, Shanley, Walsh, et

al., 2018; Wurtele & Kenny, 2010). However, the participants in my study talked about how they were involved in their children's lives and believed that they should feel comfortable talking to their children about any topic. Trahan (2018) determined that the predictive factors of father engagement in their children's lives were paternal self-efficacy and personal expectations of father involvement. Paternal self-efficacy and expectations of father involvement seem to apply to the participants in my study. Even though 60% of the participants expressed doubt about their efficacy in specifically discussing CSA, they expressed enough paternal self-efficacy and expectations of involvement to have participated in CSA prevention with their children.

Interview Question 7: As a father, what do you think your role is in talking to your child/children about the topic of child sexual abuse? All of the participants in my study stated that they thought they had a role in CSA prevention with their children. This finding is inconsistent with previous researchers who found that fathers believed that CSA prevention and talking to children about CSA was primarily the mother's role (Babatsikos, 2010; Babatsikos & Miles, 2015; Jing QiChen et al., 2007; Scourfield, 2014). When the participants in my study were asked what they thought their role was in talking about CSA prevention, they focused on open communication, protection, and empowerment with their children. This finding was consistent with Rudolph and Zimmer-Gembeck (2018a), who demonstrated that parents approached CSA prevention by increasing protection of children in their environment, open communication, and by being involved in their children's lives and activities.

Interview Question 8: Tell me about how competent you believe you are in talking to your child about sexual abuse prevention. Sixty percent of the participants said they felt competent talking to their children about CSA prevention and 40% said they felt uncertain as to how competent they were. These results were similar to the findings from interview question 6, which asked about participants' perceived efficacy in talking about CSA. Refer to the discussion of findings for question 6.

Interview Question 8a: What do you think could help increase your feeling of competence in this area? The participants in my study stated that more information or training on how to talk to their child about CSA could help increase their competence in that area. This finding is consistent with the results from Rudolph and Zimmer-Gembeck (2018a). They revealed that 50% of the parents expressed a desire for more information and resources regarding CSA prevention. Participants in my study said that they were not aware of CSA programs or resources. They expressed a desire for the resources or trainings to be advertised or made known. Several participants stated that they would prefer an easily accessible resource, such as online information, information given through the school or doctor's offices, or through sports' leagues. The information regarding fathers' opinions about CSA trainings or classes and how they would like to access them was not previously presented or discussed in the literature review. A preliminary post hoc search in the Walden University Library, Google Scholar, and the University of Southern California Library revealed that fathers' opinions about CSA trainings and how they would like to access them may be a unique finding.

Findings from Research Question 2

Research Question 2 was: What do fathers think could be affecting their comfort level in talking to their children about child sexual abuse prevention? The findings below summarize the main results from the interview questions pertaining to Research Question 2. Please refer to Table 9 for a complete list of the interview questions, sub-questions, and answers. I discuss the findings from my study using research or literature from the literature review in Chapter 2.

Interview Question 2: Have you ever attended a training or class about child abuse? Twenty percent of the participants received CSA training and 80% did not. This finding is consistent with previous researchers who discovered that fathers had low participation rates in child abuse prevention trainings (Scourfield, 2014; Smith et al., 2012). Both participants who received CSA training reported that the classes were helpful in preparing them to talk to their children about CSA prevention. The other participants who did not receive CSA training thought that trainings, classes, or resources should be offered and stated that they thought the classes would be beneficial to them. The findings from my study regarding fathers being positive about CSA resources was consistent with Rudolph and Zimmer-Gembeck (2018a), who found that parents were favorable towards CSA resources. However, they focused on both mothers and fathers and I solely included the perceptions of fathers.

A sub-question to question 2 asked participants who did not participate in a training why they did not attend a CSA training or class. Those participants stated that they did not attend a CSA training because they: (a) were not aware of classes/trainings,

(b) did not think they needed it, (c) relied on their spouse for the information, or (d) did not think it was a priority to search for CSA classes. This finding regarding fathers' reasons for not attending a CSA training or class was not discussed in the literature review. A preliminary post hoc search in the Walden University Library, the University of Southern California Library, and Google Scholar revealed that fathers' reasons for not attending a CSA training may be a unique finding.

Interview Question 3: Has your child/any of your children had information shared with them at school about child sexual abuse? Sixty percent of the participants said their children received CSA education at school and 30% said their children did not. One participant did not know if his child received CSA education at school. Participants were also asked in sub-questions if their comfort level in talking about CSA with their child was affected by their child receiving or not receiving CSA education at school. Participants were mixed in their opinions of whether CSA training for their child affected their comfort level in talking about CSA with their child. Some of the participants thought that their child receiving the information at school helped support the discussion at home and made it easier to talk to their child about the topic. However, some of the participants stated that it did not affect their comfort level in talking about CSA. They felt they should be comfortable talking to their child regardless of whether their child received the information in school or not. Examining how the fathers' comfort level was impacted by their children's CSA education at school was not addressed in the literature review. A preliminary post hoc library search revealed that this may be a unique finding.

Interview Question 4: What do you think the value is, if any, of discussing the topic of child sexual abuse with your child(ren)? This finding illuminated what the participants thought the value of talking about CSA was. Participants thought that talking to their children about CSA could help protect, prepare, and empower their children and could prevent CSA. This finding was consistent with Rudolph and Zimmer-Gembeck (2018a), who studied parents' views on CSA prevention. Half of parents discussed how they thought educating their children about CSA was the intervention of choice. The other parents in that study said that protective parenting practices, such as involvement/engagement, open communication, and having a good parent-child relationship was their approach to CSA prevention. The participants in my study similarly talked about how they hoped to protect and empower their children by establishing open communication and being involved in their children's lives. They also believed that talking to their children about their bodies, boundaries, private parts, and what to do if something were to happen could help prevent CSA.

Interview Question 5: What was the first age you talked to your child/children about child sexual abuse? Most of the participants in my study talked to their children when they were preschool age, which was 3-5 years old. This finding is inconsistent with previous researchers who reported that parents expressed concern discussing CSA with their children due to lack of appropriate knowledge, vocabulary, and materials for having conversations with their children; worries about children being too young for such conversations; and fears that the information would be too upsetting for the children (Rudolph & Zimmer-Gembeck, 2018b, 2018a; Wurtele & Kenny, 2010).

However, given that these participants described being involved with their children and valuing open communication, it could be that they talked to their children at young ages due to their sense of PSE (Bandura, 1997; Malm et al., 2017). It is also possible that the participants' education level affected their choice to talk to their children at a young age. The age of the child when participants first talked about CSA with children was not addressed in the literature review.

Interview Question 5a: How do you think that your child's/children's age made you more or less comfortable discussing this topic with your child(ren)? Nine out of the ten participants said that their child's age did not affect their comfort level in talking about CSA prevention. Participants did say that they altered the content of the conversation to match the child's developmental age but still felt strongly that having the conversation was important. They also adapted the content so that it would not be overwhelming or frightening to their children. This finding was consistent with Babatsikos and Miles (2015) who found that parents balanced the content of the CSA prevention conversation with not upsetting or frightening their children.

Analysis of the Findings in Relation to the Theoretical Framework

The theoretical framework that I used for my study was Bandura's social cognitive learning theory. The concept of self-efficacy was part of social cognitive learning theory (Bandura, 1977, 1997, 2012). PSE indicates that parents are more likely to partake in a parenting task if they believe they would be effective in executing it (Bandura, 1997; Malm et al., 2017). This concept applies to the participants in my study who expressed feeling effective talking about CSA prevention. According to the self-

efficacy concept, these participants followed through on having the discussion about CSA with their children because they believed they were effective at doing it (Bandura, 1997; Malm et al., 2017).

Bandura differentiated between general self-efficacy and task-specific self-efficacy (Bandura, 1997; Malm et al., 2017). Self-efficacy has three domains: a global construct, which looks at overall self-efficacy; a general construct, which categorizes self-efficacy; and a specific construct, which focuses on task-specific self-efficacy. A person can have general self-efficacy but lack confidence in the task specific self-efficacy (Malm et al., 2017). The perception of self-efficacy can differ depending on the general domain and specific task domain (Bandura, 2012). Therefore, the participants who expressed feeling effective and competent talking about CSA demonstrated general PSE as well as task specific PSE. The participants who expressed doubt about their effectiveness and competency in talking about CSA but still discussed it may have had general PSE but low task-specific PSE. It is possible that the participants in my study talked to their children about CSA prevention due to a perceived general PSE and they saw the task of talking about CSA as a core parental responsibility. The doubt about their self-efficacy in talking about CSA did not stop them from having the conversations with their children.

Limitations of the Study

One limitation of my study was that only four participants responded to the request for member checking or participant validation. Participant validation of the data involved asking the participants to review the transcribed interview for accuracy.

Participant validation was one strategy for enhancing trustworthiness (Anney, 2014; Carcary, 2009; Rolfe, 2006).

Another limitation was that all of the participants had a bachelor's degree or higher and were married. There was not heterogeneity of the sample in the domains of education and marital status. The lack of heterogeneity could have affected the transferability of the results (Cooper & Endacott, 2007; Cope, 2014).

Recommendations for Future Research

The criteria for my study was focused on biological fathers who had a female to coparent with, which excluded single fathers who were parenting alone. Future researchers could replicate my qualitative study but with a sample of fathers who are parenting alone. The qualitative study could discover the perceived self-efficacy in talking about CSA with fathers who are parenting alone rather than coparenting with a female. A quantitative study could also be conducted to compare the perceived self-efficacy in talking about CSA with fathers who are parenting alone to fathers who are coparenting with a female. This may help illustrate if fathers with an involved female perceive their self-efficacy in talking about CSA differently than fathers who are the only parent in the child's life. Another recommendation is that my qualitative study could be replicated but with fathers who are parenting with a same-sex parent. Further research could also be done by conducting a quantitative study to compare the perceived self-efficacy in talking about CSA between heterosexual fathers and homosexual fathers.

Another recommendation for future research would be to ask fathers questions about general PSE in addition to questions about task-specific self-efficacy in the area of

talking about CSA prevention (Murdock, 2013; Rominov et al., 2016; Trahan, 2018; Vance & Brandon, 2017). This study could be done as a mixed methods design. Giving fathers a measure for general PSE and task-specific self-efficacy in the area of CSA prevention with their children could help provide more information about fathers' perceived self-efficacy in the area of CSA prevention (Junttila, Aromaa, Rautava, Piha, & Räihä, 2015; Kwok, Ling, Leung, & Li, 2013; Kwok et al., 2013; Murdock, 2013). The general PSE measure could be compared to the task specific self-efficacy measure in CSA prevention. Comparing the measures in conjunction with doing a qualitive study could give more information regarding why some fathers talked to their children about CSA prevention even though they expressed doubt about their effectiveness in executing that parental task. A strong general PSE could help explain why fathers still talked to their children about CSA even though they reported feeling uncertain about their efficacy and competency in having those specific conversations (Bandura, 1997, 2012; Murdock, 2013; Steca et al., 2011). The final recommendation would be to do a quantitative study comparing the perceived self-efficacy of fathers in talking to their children about CSA prevention across the variables of educational level, income, age, marital status, and coparenting status.

Implications for Social Change

A father's positive involvement in their child's life is integral to the overall healthy development of the child and has been associated with reduced risk of being bullied and victimized (Seçer et al., 2013). A father's perceived PSE is a key element in family functioning and contributes to the child's social emotional regulation,

internalizing and externalizing behaviors, child literacy, child language skills, and educational outcomes (Trahan, 2018). To date, researchers studying PSE have mostly included mothers in the sample and much of what is inferred about PSE comes from mothers' perspectives (Rominov et al., 2016; Trahan, 2018). Additionally, most of the researchers who have studied father's PSE have used quantitative approaches (Giallo et al., 2013; Murdock, 2013; Pinto et al., 2016; Rominov et al., 2016; Seçer et al., 2013; Steca et al., 2011).

I used a generic qualitative study to focus on fathers and their perception of self-efficacy in the area of talking about CSA prevention with their children. Understanding more about father's PSE is important because as general and task-specific PSE research has demonstrated, PSE is associated with overall child developmental outcomes and with father involvement and engagement (Giallo et al., 2013; Glatz & Buchanan, 2015; Malm et al., 2017; Murdock, 2013; Pinto et al., 2016; Trahan, 2018).

The participants in my study reported that they wanted to be involved in talking to their children about CSA prevention and that they wanted more accessible information on how to increase their efficacy and competency in this area. Participants also stated that they were not aware of CSA programs or resources. The participants gave suggestions on how they would like to receive the CSA prevention resources. They wanted brief and easily accessible resources given through schools or sports' leagues. They indicated that they would also like to know about online resources. These findings could be shared with school boards or sports' organizations to help engage fathers in CSA prevention with their children. Engaging fathers more in CSA prevention with their children and

increasing their self-efficacy in talking to their children about CSA could help protect children and reduce the incidences of CSA (Mendelson & Letourneau, 2015). Given that CSA is a detrimental international problem, focusing on decreasing cases of CSA would be beneficial to the child, family, and society as whole.

Conclusion

I used a generic qualitative approach to explore fathers' perceptions of their self-efficacy in talking to their children about CSA prevention. There were a limited number of researchers who solely focused on fathers' self-efficacy and there was a gap in the literature regarding fathers' self-efficacy in talking about CSA prevention (Murdock, 2013; Rominov et al., 2016; Vance & Brandon, 2017). I addressed that gap and extended the literature and body of knowledge pertaining to fathers' perceptions of their self-efficacy in talking about CSA prevention. Previous researchers found that fathers typically did not participate in CSA prevention with their children as much as mothers did and they perceived that talking to their children about CSA was the mother's role (Babatsikos, 2010; Babatsikos & Miles, 2015; Jing QiChen et al., 2007; Scourfield, 2014; Smith et al., 2012). There was a documented low engagement of fathers in CSA prevention with their children (Babatsikos, 2010; Babatsikos & Miles, 2015; Jing QiChen et al., 2007; Scourfield, 2014; Smith et al., 2012).

I addressed the problem of fathers' low engagement by exploring fathers' perceptions of their self-efficacy in talking to their children about CSA prevention. The research questions asked fathers about their perceptions of talking to their children about CSA and what they thought was affecting their comfort level in having the discussion. I

found that 90% of the participants reported that they had talked to their children about CSA. One participant stated that he was planning on talking to his child. All of the participants perceived that it was their role and responsibility as fathers to talk to their children about CSA prevention. My findings were inconsistent with the findings from previous researchers who reported the low engagement of fathers in CSA prevention with their children (Babatsikos, 2010; Babatsikos & Miles, 2015; Scourfield, 2014; Smith et al., 2012) . I also discovered that about half of the participants perceived low efficacy and competency in discussing CSA with their children. They explained that even though they were uncertain about their effectiveness, they felt that it was their responsibility as fathers to do what they could to try to communicate with, protect, and empower their children in hopes of trying to prevent CSA. The participants in my study were favorable towards CSA trainings or resources and expressed an interest in wanting more accessible resources. The participants said they were unaware of such resources and would like to see convenient information made available through the schools, doctors' offices, or sports' leagues. I found that the participants in this sample were engaged with talking about CSA prevention with their children even though about half of them had low perceived self-efficacy. The participants stated that they wanted to improve their efficacy and competency in the area of CSA prevention. The participants gave suggestions on how they would like to receive more resources and information on CSA prevention.

My results could be shared with school boards and sports' organizations to encourage them to give easily accessible resources to fathers. Increasing the fathers' sense of self-efficacy in the area of discussing CSA could also help to increase father

participation in CSA prevention. The participants in my study showed that they are an elemental and important part of their children's lives and they want more support to be able to effectively talk to their children about CSA prevention.

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Appendix A: Study Announcement

Study Announcement

I am conducting a study for my PhD dissertation on how fathers perceive their effectiveness in talking to their children about child sexual abuse prevention. Your participation will be confidential, and the interviews will be conducted over the telephone at your convenience.

I am interested in interviewing fathers of both boys and girls between the ages of 7 years old and 13 years old.

If you are interested in participating, please email me or call me.

Appendix B: Study Flyer

PhD Study on Fathers and Child Sexual Abuse Prevention with Their Children

———

Participation is completely voluntary and confidential

———

Looking for fathers of both boys and girls between the ages of 7 and 13 years old

———

Lori Campbell

PLEASE CONSIDER PARTICIPATING IN A STUDY ON FATHERS

PHD STUDY

I am conducting a study for my PhD dissertation on how fathers perceive their effectiveness in talking to their children about child sexual abuse prevention. Your participation will be confidential, and the interviews will be conducted over the telephone at your convenience.

Appendix C: Study Inclusion Questions

Study Inclusion Questions

1) Are you comfortable being interviewed in English?

   A) Yes B) No

2) Are you the biological father of at least one child between the ages of 7 years old and 13 years old?

   A) Yes B) No

3) Do you have a female to coparent with who is either the biological mother, a stepmother, or a cohabitating girlfriend?

   A) Yes B) No

Appendix D: Study Informed Consent Form

CONSENT FORM

Do I have your consent to record this call? Please answer with "I consent to record this call" if you agree. I will be audio-recording me reading this consent form to you. I will also audio-record the interview as well. This form is part of a process called "informed consent" to allow you to understand this study before deciding whether to take part. You are invited to take part in a research study about how fathers perceive their effectiveness in talking to their children about child sexual abuse prevention. I am inviting fathers of boys and girls who are between the ages of 7 years old and 13 years old to participate. To be eligible for the study, you will also need to have a female who you coparent with, who is either the biological mother, a stepmother, or a cohabitating girlfriend.

I, Lori Campbell, am conducting this study. I am a researcher who is a doctoral student at Walden University.

For this study, I will only be asking you about how you perceive your effectiveness in talking to your child about child sexual abuse prevention. I will not ask about your or your child's history or experiences with child sexual abuse. If you do disclose information regarding your child's history or experience with child sexual abuse, I may need to report that information to the department of children and family services (DCFS). I am a mandated reporter due to being a licensed clinical social worker and am bound by law to report suspected child abuse.

Background Information:
The purpose of this study is to increase understanding about how fathers perceive their effectiveness in talking to their children about child sexual abuse prevention.

Procedures:
If you agree to be in this study, you will be asked to:

- Complete a one-time brief demographic survey over the telephone which will take about 5 minutes.
- Complete a one-time interview over the telephone which will take about 45 minutes.
- Review your answers to the interview questions which will take about 20 minutes to review. I will send you the interview transcript by email or mail following the telephone interview.

Here are some sample questions:

- Have you ever discussed child sexual abuse with any of your children?
- What do you think the value is, if any, of discussing the topic of child sexual abuse with your child(ren)?
- How effective do you think you would be at helping your child/children understand the topic of child sexual abuse and prevention?

Voluntary Nature of the Study:

This study is voluntary. You are free to accept or turn down the invitation. If you are participating through the Walden Participant Pool, no one at Walden University will treat you differently if you decide not to be in the study. If you decide to be in the study now, you can still change your mind later. You may stop at any time.

Risks and Benefits of Being in the Study:
Being in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as becoming upset with some of the questions or topic. Being in this study would not pose risk to your safety or wellbeing. If the sensitive nature of the topic creates distress, these resources can be accessed to get support. Help for Adult Victims of Child Abuse (HAVOC) is an online source of support and can provide access to other forms of support if necessary. The web address is https://www.havoca.org/. Another source of support or information for child sexual abuse is RAINN at https://www.rainn.org/articles/child-sexual-abuse. ChildHelp is a national child abuse hotline that is available 24 hours a day 7 days a week. The hotline covers the U.S. and Canada and is dedicated to child abuse prevention. The phone number is 800-422-4253.

The benefit of participating in this study includes helping to increase understanding about fathers and their participation in child sexual abuse prevention. Increasing understanding on this topic can help benefit the larger society by potentially contributing to lower cases of child sexual abuse by helping to increase fathers' participation in child sexual abuse prevention.

Payment:
There will be no payment or compensation for participating in this study.

Privacy:
Reports coming out of this study will not share the identities of individual participants. Details that might identify participants, such as the location of the study, also will not be shared. The researcher will not use your personal information for any purpose outside of this research project. Data will be kept secure by, using password protection and using codes in place of names in the data analysis. Data will be kept for a period of at least 5 years, as required by the university.

Contacts and Questions:
You may ask any questions you have now. Or if you have questions later, you may contact the researcher via email. If you want to talk privately about your rights as a participant, you can call the Research Participant Advocate at my university at 612-312-1210. Walden University's approval number for this study is **05-03-19-0551973** and it expires on **May 2nd, 2020.**

Please print or save this consent form for your records.

Obtaining Your Consent

If you feel you understand the study well enough to make a decision about participating in it and would like to participate, please say "I consent". You will receive a copy of this informed consent either through email or mail, whichever you prefer.

Appendix E: Demographic Questions

Demographics

Demographic Questions & Coding

Question	Answers & Coding
What is your age in years?	Actual age
What is your race?	White (0) American Indian or Alaska Native (1) Asian (2) Black or African American (3) Hispanic or Latino (4) Native Hawaiian or Other Pacific Islander (5) Two or more races (6) Prefer not to answer (7)
What are the gender(s) and age(s) of your child(ren)?	Ages and genders of children
What is your highest level of education?	No high school diploma (0) High school diploma or GED (1) Some college (2) Associates Degree (3) Bachelor's Degree (4) Master's degree (5) Doctoral Degree (6)
What is your relationship status?	Never married (0) Married (1) Separated (2) Divorced (3) Widowed (4)

Appendix F: Interview Questions with Aligned Research Questions

Research Question 1 (RQ 1):

What are fathers' perceptions of their self-efficacy in discussing child sexual abuse prevention with their children?

Research Question 2 (RQ 2):

What do fathers think could be affecting their comfort level in talking to their children about child sexual abuse prevention?

Interview Questions:

1) Have you ever discussed child sexual abuse with any of your children? (RQ 1)
    d. If yes: Which children did you have these discussions with?
    e. If yes: What did you discuss?
    f. If no: Why have you not had these discussions with your children?
    g. If they have only had discussions with some of their children: Why did you have these discussions with some of your children and not others?
2) Have you ever attended a training or class about child sexual abuse? (RQ 2)
    a. If yes: What do you think was valuable for you in attending this training/class?
    b. If yes: How do you believe that the training/class impacted your ability to discuss child sexual abuse with your child(ren)?
    c. If no: Why did you not attend a training or class about child sexual abuse?
    d. If no: What is your opinion about these types of trainings or classes on child sexual abuse?

3) Has your child/any of your children had information shared with them at school about child sexual abuse? (RQ 2)
    a. If yes: How has knowing that this was discussed at school impacted your comfort level with discussing child sexual abuse with your child/children?
    b. If no: How has knowing that this was not discussed at school impacted your comfort level with discussing child sexual abuse with your child/children?
4) What do you think the value is, if any, of discussing the topic of child sexual abuse with your child(ren)? (RQ 2)
5) What was the first age you talked to your child/children about child sexual abuse?

5a) How do you think that your child's/children's age made you more or less comfortable discussing this topic with your child(ren)? (RQ 2)

6) How effective do you think you would be/were at helping your child/children understand the topic of child sexual abuse and prevention? (RQ 1)
7) As a father, what do you think your role is in talking to your child/children about the topic of child sexual abuse? (RQ 1)
8) Tell me about how competent you believe you are in talking to your child about sexual abuse prevention. (RQ 1)

8a) What do you think could help increase your feeling of competence in this area?

Appendix G: Referral Sources

- ChildHelp is a national child abuse hotline that is available 24 hours a day 7 days a week. The hotline covers the U.S. and Canada and is dedicated to child abuse prevention.
    - The number is (800) 422-4253 and
    - The web address is https://www.childhelp.org/hotline/.
- Help for Adult Victims of Child Abuse (HAVOC).
    - The web address is https://www.havoca.org/.
- RAINN is an organization that gives support or information for child sexual abuse.
    - The web address is https://www.rainn.org/articles/child-sexual-abuse.
- National child traumatic stress network is an organization that provides research and resources for child trauma.
    - The web address is https://www.nctsn.org/.