NON-OFFENDING FATHERS AS CAREGIVERS IN THE AFTERMATH OF CHILD SEXUAL ABUSE DISCLOSURE: APPLYING A HISTORICAL, ATTACHMENT AND CASE STUDY LENS

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Abstract
Changing gender roles and caretaking roles in the family have resulted in greater involvement of fathers in the day-to-day care of their children (Parker & Livingston, 2017). As a result, there is a need to better understand the nature of father-child relationships on many levels and within the context of multiple circumstances. One specific example is the role of non-offending fathers in the care of children after child sexual abuse disclosure. Employing attachment theory as a theoretical framework, this two-paper dissertation examines the experiences of fathers as caregivers. The first paper reviews the evolution of paternal roles in the United States, documenting ways in which cultural and economic pressures of fathering have been interconnected with the development and implementation of attachment theory, child welfare policy, and direct clinical practice. Building on the discussion of paternal roles, the second paper offers a case study of a non-offending father’s experience in parenting his child after the disclosure of sexual abuse. Findings from this case study identify the protective support a father offers, the barriers and resources of support he may experience, and the importance of a father’s secure attachment relationship with his child after the disclosure of child sexual abuse. This two paper dissertation is meant to serve as a critical beginning step in exploring the role of fathers in the care and healing of their children. Implications for social work practice include enhanced acknowledgement, engagement, intervention and prevention strategies that incorporate fathers effectively, better utilizing fathers as allies in the overall care of their children.

Degree Type
Dissertation

Degree Name
Doctor of Social Work (DSW)

First Advisor
Marcia Martin, PhD

Second Advisor
Rebecca Bolen, PhD

Keywords
child sexual abuse, non-offending caregiver, non-offending father, attachment, paternal support, paternal roles

Subject Categories
Social and Behavioral Sciences | Social Work

This dissertation is available at ScholarlyCommons: https://repository.upenn.edu/edissertations_sp2/107
NON-OFFENDING FATHERS AS CAREGIVERS IN THE AFTERMATH OF CHILD SEXUAL ABUSE DISCLOSURE: APPLYING A HISTORICAL, ATTACHMENT AND CASE STUDY LENS

Johanna Crocetto

A DISSERTATION

In

Social Work

Presented to the Faculties of the University of Pennsylvania

In

Partial Fulfillment of the Requirements for the

Degree of Doctor of Social Work

2018

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Dedication

This work is dedicated to the many fathers that are making a real difference in the lives of their children. Your journey teaches us all lessons of strength and love.

And to my father, Billy Crocetto, my father-in-law Gary Gardiner, and my partner Sean Gardiner… the three greatest fathers I know.
Acknowledgements

I would first like to acknowledge Dr. Marcia Martin for her continuous support, guidance and mentorship. This final work is something very different from the initial plan. Dr. Martin was able to steer me in a direction that honored my original intentions, and I ended up surpassing my greatest hopes. The journey was challenging, but I always felt sure. Thank you for everything. A very special thank you to Dr. Becky Bolen. Your edits, thoughts, and comments lifted my writing to something I am truly proud of. And to Dr. Jessica Kahn, who has supported me in every area of my life throughout my entire life, thank you for being my greatest cheerleader.

It would have been impossible to complete this work without the inspiration and support provided by my DSW 2015 Cohort. One of my greatest joys has been knowing you, learning from you, and being part of a network of such brilliant minds.

A very special thank you to my parents, friends and family. This work had the potential to pull me away from my existing connections. Instead, because of your love and support, you gave me the space and time to get things done. And in the end, our connections are stronger than ever.

Loving thanks to my daughters Claire and Zandi. Being your mother inspires me to continue to push myself and grow – your support and love have been incredible, and my hope is to show you no dream is too high. And most of all, thank you to Sean. You do more than bring out the best in me, you help me find it all on my own and fly. I couldn’t love you more.
ABSTRACT

NON-OFFENDING FATHERS AS CAREGIVERS IN THE AFTERMATH OF CHILD SEXUAL ABUSE DISCLOSURE: APPLYING A HISTORICAL, ATTACHMENT AND CASE STUDY LENS

Johanna Crocetto

Dissertation Chair: Marcia Martin, Ph.D.

Changing gender roles and caretaking roles in the family have resulted in greater involvement of fathers in the day-to-day care of their children (Parker & Livingston, 2017). As a result, there is a need to better understand the nature of father-child relationships on many levels and within the context of multiple circumstances. One specific example is the role of non-offending fathers in the care of children after child sexual abuse disclosure. Employing attachment theory as a theoretical framework, this two-paper dissertation examines the experiences of fathers as caregivers. The first paper reviews the evolution of paternal roles in the United States, documenting ways in which cultural and economic pressures of fathering have been interconnected with the development and implementation of attachment theory, child welfare policy, and direct clinical practice. Building on the discussion of paternal roles, the second paper offers a case study of a non-offending father’s experience in parenting his child after the disclosure of sexual abuse. Findings from this case study identify the protective support a father offers, the barriers and resources of support he may experience, and the importance of a father’s secure attachment relationship with his child after the disclosure of child sexual abuse. This two paper dissertation is meant to serve as a critical beginning step in exploring the role of fathers in the care and healing of their children. Implications for social work practice include enhanced acknowledgement, engagement, intervention and prevention strategies that incorporate fathers effectively, better utilizing fathers as allies in the overall care of their children.
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**Shared Introduction**

Approximately one in four girls and one in twenty boys are reported to have been sexually abused before the age of eighteen (Finkelhor, Shattuck, Turner, & Hamby, 2014). In the fourth and most recent National Incidence Study of Child Abuse and Neglect (NIS-4; Sedlack et al., 2010), conducted by the United States Department of Health and Human Services, data indicated that an estimated 1,256,600 children were identified by a wide array of community professionals as experiencing some type of abuse or neglect. Of these children, approximately eleven percent (135,300) were reported to have been sexually abused. A more recent report, summarizing the national estimate of child abuse cases reported in 2015 to child protection agencies, found approximately 57,000 cases of child sexual abuse (US Department of Health and Human Services, 2017). Extrafamilial abuse, where the perpetrator of the abuse is someone outside of the child’s family, has been found to be as prevalent as cases where the offender is a family member (Finkelhor, Ormord, Turner, & Hamby, 2005; Vogeltanz et al., 1999). National statistics show that 60% of perpetrators of child sexual abuse are known to the child but are not family members, while about 30% of perpetrators are family members, and 10% are strangers (Finkelhor & Ormrod, 2010). Child victims of extrafamilial abuse often experience a comprehensive range of psychological, emotional, and neurobiological difficulties resulting from the abuse (Amado, Arce & Herraiz, 2015; van der Kolk, 2003). The symptoms can be significant and long-lasting, affecting many child victims well into adulthood (Amado et al., 2015; Browne & Finkelhor, 1987). An important line of research has been the identification of protective factors in a child’s life, which can be predictive of resiliency through the trauma of child sexual abuse.
Many fathers take active roles in their children’s lives (Jones & Mosher, 2013). Although women remain predominantly responsible for the care of the children and household (Pew Research Center, 2015; 2017), as an increasing number of women enter the workforce, and as gender roles change in society, provision of care for children in families is changing (Gorsuch, 2014; Laughlin and Smith, 2015; Miller, 2011). Fathers and mothers may share parenting activities, or fathers may be sole caregivers. In the circumstances of separation, divorce, and blended families, fathers may be responsible for the care of their children on a regular basis according to custody arrangements. In all of these familial contexts, fathers are often significantly involved with their children’s care and development (Cyr et al., 2014). Lamb (2010) claims that children whose fathers have been present in their lives have positive outcomes in many areas, suggesting that paternal relationships may positively influence the outcomes for child victims of extrafamilial sexual abuse. Yet, a gap in the research exists: the paternal role in the child’s adjustment is noticeably underrepresented. Very few studies have explored the experiences and actions of fathers of children who have been sexually abused, and none of these studies examined the extent to which paternal support after abuse disclosure affects children’s adjustment (Bolen & Gergely, 2015; Elliott & Carnes, 2001).

Attachment theory provides a framework for understanding the importance of fathers in the adjustment of child victims of sexual abuse. Children’s close attachment relationships with their early caregivers are critical to their development and overall well-being (Andersson, 2005; Grossman et al., 2008; Harden, 2004). Researchers assert that one factor influencing a child’s adjustment over time after sexual abuse disclosure is the pre-existing attachment relationship that the child has with a secure, supportive caregiver (Bolen & Lamb, 2002; Bolen & Lamb, 2007; Parent-Bousier and Hebert; 2015; Stubenbort, 2002).
As a result of the changing gender roles and caretaking roles in the family that have resulted in the greater involvement of fathers in the day-to-day care of their children (Parker & Livingston, 2017), there is a need to better understand the nature of father-child relationships on many levels and within the context of multiple circumstances. Attachment theory research, focused on fathers, demonstrates that fathers share unique attachment relationships with their children (Bretherton, 2010). Alexander (1992), for example, argues for an emphasis on the father-child attachment in efforts to prevent abuse and potentially reduce its negative consequences. When professionals acknowledge the importance of the father-child relationship, both parents are held responsible for their roles in providing security for the child.

Research focusing on child victims of sexual abuse has predominantly examined maternal reactions, relationships, and adjustment (Cohen & Mannarino, 2000; Elliott & Carnes, 2001; Tremblay et al., 1999; Walsh et al., 2012). This dissertation will include two conceptually linked article-length papers, with the aim of examining the experiences of fathers as caregivers, both historically and currently with a particular emphasis on experiences of fathers caring for a child who has experienced extrafamilial sexual abuse. Historical theory and practice will be examined concerning the inclusion of fathers in the conceptualization of caregiving. The beliefs, expectations, and importance of fathers will be reviewed generally, as well as in respect to parenting a child who has been sexually abused.

The first paper will explore the role of the father, which has historically evolved over time in theory and direct practice within the study of caregiving. This article reviews the evolution of parenting roles, specifically fatherhood traditions, in the United States, documenting ways in which cultural and economic pressures have been interconnected with the development and implementation of attachment theory, child welfare policy, and direct clinical practice. It will
offer a review of ways in which cultural and economic realities have guided the definitions, roles, and responsibilities of parents, changing what families have come to expect from mothers and fathers over time. The author seeks to examine why the paternal role in a child’s life has often been minimized in theory and practice, and present evidence for the importance of fathers as caregivers to their children.

Building on the discussion of the changing role of fathers, the second paper offers a case study of one biological father whose child experienced extrafamilial sexual abuse. The case study explores the following questions: 1) What is the lived experience of one non-offending father, specifically in offering support after his child disclosed sexual abuse? 2) How did the father’s understanding of parenting change after his child’s disclosure of sexual abuse? This qualitative lens focusing on the father is intended to further the current research on the relationship between parental attachment and child outcomes after sexual abuse disclosure. A particular focus on the father helps to identify emergent themes about various supports fathers offer, the barriers to support they experience, and the elements of parenting that are most affected after the disclosure of child sexual abuse.

Attachment theory informs both articles of this dissertation. Historically, attachment theory itself reflects the tendency to examine the role of the mother to the exclusion or minimizing of the role of the father. The theory was also used as a vehicle for professionals to overlook fathers as caregivers within theoretical research and practice. The first article will review ways that sociocultural and economic influences shape this theoretical approach, and how the theory itself perpetuated the gender division in our culture’s understanding and expectations of parenting. Over time, however, as the focus shifted from mother to any available caregiver, attachment theory actually validates the potential importance of the father in a child’s
development, especially during times of crisis. Utilizing attachment theory, the elements of this
dissertation, both the historical review of fatherhood and the case study, are designed to serve as
a critical beginning step in documenting the value of fathers’ roles in the healing of their children
following extrafamilial sexual abuse.

Childcare patterns are more varied now than in the past. Mothers still provide the
majority of care for children and the household (Pew Research Center, 2015; 2017), but we also
see participatory actively engaged fathers (Cyr et al., 2014; Jones & Mosher, 2013). Therefore, it
is vital to continue adapting social work theories, training practices and agency policies in the
area of child welfare to reflect changing parenting patterns, specifically recognizing and
empowering fathers. Children rely on the bonds that are formed with nurturing parental figures,
especially when faced with significant stress or a traumatic event (Alexander, 1992; Bowlby,
1973; Cyr et al., 2014; Heller et al., 1999). In the past, the assumption of writers, researchers,
and practitioners has been that the mother is the nurturing parental figure, and attention has been
paid to that relationship. But as parental roles change, and as marital and household patterns
change, children find that both parents provide nurturing, independently of each other. The roles
that each parent plays in children’s survival should be acknowledged, examined, and valued. An
improved understanding of the process of paternal support could empower clinicians to
acknowledge, evaluate and intervene with fathers effectively, to develop intervention and
prevention programs that include the specific needs and roles of fathers, and to utilize fathers as
allies in the overall care of their children following sexual abuse.
Article I

Fathers as Caregivers: A Historical Review

"As fathers, we need to be involved in our children's lives not just when it's convenient or easy, and not just when they're doing well — but when it's difficult and thankless, and they're struggling. That is when they need us most."
President Barack Obama (Parade Magazine, June 16th, 2011)

When considering the various factors in a child’s life that build resiliency, the responses and reactions of caregivers matter. In both theory and practice, a child’s caregivers have often been named as among the most vital and influential supports in overall child development. Yet the term “caregiver” has changed over time. Historically, the mother has been identified as the primary caregiver and the more significant parent. The historical emphasis on mothers as caregivers is grounded in behavioral and developmental theory, and is frequently acted out in both professional and personal realms.

Cultural and economic realities of a given time guide the definitions, roles, and responsibilities of parents, changing what families have come to expect from mothers and fathers over time. While mothers historically may have been the focus of theory and professional practice with regard to caregiving, changes in family caretaking practices have begun to shift that focus. Over the past two decades there has been a shift in the numbers and roles of women in the labor force (Bailik, 2017; Parker & Wang, 2013). The increased involvement of women in the labor force and the increased involvement of fathers within family life are two main social trends that “have fundamentally changed the social cultural context in which children develop” (Cabrera et al., 2000, p. 1).
Current research examines the premise that many fathers are involved in their children’s lives and actively take part in parenting activities from day to day, and in times of crisis (Jones & Mosher, 2013). And as gender roles change in society, provision of care for children in nuclear families is changing (Doucet, 2006; Kaye & Applegate, 1990; Parker & Livingston, 2017; Pleck & Pleck, 1997). Fathers and mothers may share parenting activities, or fathers may be sole caregivers. In the circumstances of separation, divorce, and blended families, fathers may be responsible for the care of their children on a regular basis according to custody arrangements. In all of these familial contexts, fathers are often significantly involved with their children’s care and development (Cyr et al., 2014).

Practitioners engaged in the evaluation, intervention and prevention processes must acknowledge and utilize the presence and importance of fathers in work with families. The collective research on paternal involvement shows that children with supportive and secure paternal relationships are more likely to experience psychological well-being, compared to children who lack a secure relationship with their fathers (Lamb, 2010). But the integration of interest and research on the father’s role in caregiving into clinical theory and practice has been slow. The mother-child relationship continues to dominate in the conceptualization about parenting and child development (Smith, 2009). Thirty years ago, Applegate (1987) explained the danger in this limitation when he states:

While the overriding importance of the early mother-child relationship cannot be denied, a strictly matrifocal view of parenthood constricts knowledge building about contemporary family life and, ultimately, constrains practice. Highlighting the involved father’s contributions to earliest development can provide an expanded theoretical perspective for learning about and helping families (p.4).
A historical review of fatherhood allows one to better understand the process of how society creates ideals and norms, as well as how those ideals and norms change over time. This article will consider how the conceptualization of caregiving in theory, direct practice and everyday family life is influenced by the sociocultural and economic conditions of the time.

The first section of this article will review the origins of fatherhood traditions in the United States, as well as how cultural and economic pressures have been interconnected with the roles of fathers over time. The remainder of the article offers examples of how developmental theory and direct clinical practice have mirrored these shifts of cultural traditions around the concepts of gender and parenting. First, attachment theory is outlined in relation to its historical emphasis on mothers and its current shift to acknowledge all caregivers as vital to child development. Child protection services will then be explored as an example of how policy and practice have followed a similar shift, historically overlooking fatherhood as a vital element in the life of the child, and then, over time, shifting to acknowledge potential of fathers to act as agents of change within their children’s lives. This historical look backward is a way to understand how culture, theory, and clinical practice are interconnected. It will outline how cultural perspectives on parenting and children influence theory, which then influences policy and practice within the lives of families. It is the hope that this new understanding helps in making the shift away from outdated, and potentially inequitable, practices and moving towards the inclusion of fathers in all conceptualizations, policies and procedures related to caregiving. The goal is to educate and enable professionals to look forward in ways that recognize and empower fathers in our practice with families.
**Fatherhood: A Historical Review of Economic and Sociocultural Influences**

Research has shown that parents are socialized in ways that lead to mothers and fathers engaging with their children differently (Doucet, 2009; Lareau & Weininger, 2008). This socialization stems from cultural practices around parenting and gender, family-of-origin histories, family circumstances, and workplace demands (Miller, 2011). Although mothers and fathers often have a shared set of values and goals around parenting, they work towards their goals through differentiated roles and behaviors (Palkovitz, 2013). The argument has been made that these roles and behaviors change as the need for income changes, daycare configuration changes, and the personification of gender changes within society.

It is helpful to view parenting, and specifically fatherhood, from a historical perspective. Understanding how ideals around fatherhood have come about, due to sociocultural and economic conditions, clarifies why certain parental behaviors and expectations are seen as “good” and “bad” with resulting social judgements and personal consequences. Townsend (2002) explains that understanding men’s “self-definitions as good fathers, illuminates the cultural foundations of men’s actions in families. Locating men in specific historical circumstances illuminates the role of economic structures in magnifying the effects of cultural patterns” (p. 137). This historical perspective offers the opportunity to understand how the concept of fatherhood has changed over time, with strict ideals continuing today.

Historically, researchers began exploring the concepts of gender and parenting predominantly through studying the experiences of women (Pleck & Pleck, 1997; Walker, 2007). Yet in the last two decades, research has delved into the history of men. This research, however, has mostly focused on masculinity, rather than fatherhood, and so a full understanding of the qualitative nature of father-child relationships is still lacking (Pleck & Pleck, 1997). Miller
(2011) explains that “for many men as fathers, where, how and what caring constitutes in relation to their children is, and has been, significantly influenced by the structural condition of paid work outside of the home” (p. 15). It is essential to understand the origins of this tradition in the United States, and to recognize the interconnectedness between cultural traditions and economic pressures on the roles of fathers.

One story commonly told about the history of fatherhood in America primarily relies on the experiences of white men. From a historical perspective, the practices of colonial white men dominate our understanding of fathering in early America, ignoring Native American, African-American, and Hispanic fathers who are part of our history. But the reality of history is that once Europeans colonized America, the majority of fathers were white, and they were the cultural and economic power of early-American society. From this came the concept of a cultural ideal of fatherhood, defined as “a set of implicit rules about what constituted a good father,” that included standards of morality expected of men (Pleck & Pleck, 1997, p. 34). Over time this ideal has changed according to the economic and cultural pressures of the time. And yet there has always been some kind of American ideal by which all fathers are judged and which they are expected, by their loved ones and by society, to achieve.

In a review of historical ideals of fatherhood in America, Pleck & Pleck (1997) explain that in colonial times fathers had all rights and power over children. “The father [had] an absolute right to custody, in the event of separation or a divorce. A man’s children were not only his property, but his responsibility to provide for and educate properly” (p.35). A shift took place in the early nineteenth century when the courts began to recognize the role of the mother in custody decisions, basing their determination on the welfare of the child. With the shift in courts favoring mothers in custody cases, fathers were no longer seen as caretakers but as passive
providers (Pleck & Pleck, 1997).

In the late 18th century, the ideal role of the father changed in America. Where the ideal father had been the primary owner, teacher, and provider for children, the ideal father was now considered to be the “distant breadwinner” (Pleck & Pleck, 1997, p. 38). A change in the economic picture of America in the late 18th century and early 19th century meant that the majority of fathers no longer worked as farmers, but rather left the home to work in businesses, factories, and offices. The provision of money for the family now demanded that the father travel outside of the household, leaving the mother to provide the majority of caregiving and education of children. The gender division, with males working outside of the home and women working within the home, was prevalent in society. Young girls’ education focused on their future responsibility of taking care of a house and children. Young boys were groomed for work in jobs outside of the home, including businesses and factories. Society also emphasized the importance of mothers influencing the character of their children, and forming stronger attachments to their children, compared to fathers (Walker, 2007). Overall, the industrial revolution pushed fathers outside of the home to provide for their families, and as a result the social conception of ideal parenting and gender roles changed.

Starting in the 1920’s, media began campaigning that fathers should take an active role in their children’s lives. Yet childrearing, as well as household duties, remained the primary responsibility of the mother. Pleck and Pleck (1997) explain that the behavior and success of the father marked the class stature of the family. Middle class fathers were considered successful in their attainment of steady employment outside of the home and material gains, prescribing fathers to spend more time with their children in more playful, non-childrearing activities. This availability to spend more time with their families, along with the publicized ideal of increased
father involvement through the media and professional advice books, heightened the class divide. Pleck and Pleck (1997) pose that fathers in the working class at this time in history frequently worked nights and weekends, were seen as less successful and were often seen as overly masculine, aggressive, and at times violent. This gender divide and class stereotype continued throughout the 1900’s, and some may say it still exists today.

The 1930’s brought the Great Depression. Griswold (1993) explains that the principal lesson of this time period was that the main purpose and goal of the fathers was the provision of money, rather than being involved with their children. Children were often sent to work in the place of their unemployed fathers, and expressed a greater desire for their fathers to bring home money rather than spend time with them. For some families, mothers and children worked in order to supplement the low earnings of the father (Walker, 2007). Anger, rebellion and pity were common in the lives of families with fathers who did not find work, and so the cultural ideal of fatherhood was again influenced by the economy, with the emphasis on work and money being further strengthened (Griswold, 1997; Walker, 2007).

In 1950, 73 percent of the work force in America was men, demonstrating the societal expectation that fathers work (United States Bureau of the Census, 1953). But Pleck and Pleck (1997) also suggest that media, specifically television, offered a shift in cultural expectations for fathers beyond working. Popular television shows presented the ideal fathers as white, working outside of the home, but also spending special time with their sons. It was at this time in history that a father’s involvement in the lives of his son was seen as directly related to juvenile delinquency. Father absence became synonymous with black, unemployed, and male delinquent behavior; race and economic class set the tone for what society deemed the ideal father. Coles and Green (2010) explain that this stereotype continues today, asserting that black males have
become the symbol of the absent father. This stereotype remains intertwined with poverty, health disparities among black men, and cultural practices that perpetuate the idea that black men are often not active, engaged fathers (Coles & Green, 2010).

By 1970, the amount of men in the American workforce dropped to 62 percent (United States Bureau of the Census, 1973). The 1970’s brought about a new ideal for fathers, demanding that fathers play an equal role in all caregiving and household responsibilities with the mothers of their children. The feminist movement drove society to reconsider the roles of both men and women as parents and as workers, campaigning for a more egalitarian relationship between men and women to develop (Pleck & Pleck, 1997). No longer was the father seen solely as disciplinarian and breadwinner, but instead was expected to take an interest in all aspects of the care of both male and female children throughout their development. In addition, women were reconsidering their goals in life, wanting more than maintaining clean houses and raising well-behaved children. Women and men were being asked to sacrifice new and different elements in their typical lives in order to create a more equal, co-parenting existence.

It is important to note that although each parent was being pulled in a new direction during this time in history, literature shows that household duties and childcare were still highly skewed towards females (Barnett & Baruch, 1987; Coverman & Sheley, 1986). The feminist movement was driving a great degree of father involvement in chores and childcare, but these duties were a choice for men, and not the result of cultural demands or expectations. For women during this time, if they chose to work outside of the home, there still remained the expectation for them to come home and take care of the children, the husband, and the chores each evening (Coverman & Sheley, 1986).

This societal shift around gender norms continues today, but many still believe that ingrained
gender roles in American culture prevent this shift from being fully implemented in our societal practices (Miller, 2011). In a review of men’s lives in relation to their families and culture, Townsend (2002) explains that the modern father still draws a great amount of worth to self and others through his experience as a worker and his level of earnings. For most fathers, this tradition came from the historical influence of their own families of origin as well as the evaluation of others. Townsend (2002) explains that regardless of education or socioeconomic class, there is “a shared set of assumptions about the proper sequence of a man’s life, the place of work in that life, and the centrality of work in the definition of a man’s responsibility to his family” (p. 128). The expectation of work only increases when a man becomes a father, with income being a vital part of a man’s responsibility to his family.

One way to understand changes in fatherhood practices is to consider America’s shifting economy and shifting views of women in the workplace. Maternal employment has risen over time, partly out of financial need for an increased household income and partially due to the narrowing (but still significant) gap in pay and opportunity in the workplace for women (Laughlin and Smith, 2015; Pew Research Center, 2013). The Pew Research Center reports “seven-in-ten moms with kids younger than 18 were in the labor force in 2014, up from 47% in 1975” (Bialik, 2017, p. 1). This shift in turn has also influenced the frequency of paternal housework and child care (Fuligni & Brooks-Gunn, 2004; Gorsuch, 2016; Pleck & Pleck, 1997). Modern fatherhood is now being conceptualized as the combination of financial provider and direct caregiver, offering a more multifaceted definition and expectation of fathering (Miller, 2011). It is not just cultural practices creating this shift, but also the influences of the American workplace economy. In two-parent households, the roles may be beginning to shift, where both mothers and fathers have some level of shared household, childcare, and financial
While it is important to acknowledge the changing role of the father over time, it is also essential to acknowledge the social and economic restrictions of women that continue to exist in America today. The gender pay gap is one clear example of this. Over the past four decades the gender pay gap has narrowed, but still persists. Where women in 1980 earned only 64% of what men earned in the workplace, thirty-five years later in 2015 women earned 83% of men’s salary (Brown & Patten, 2017). Although trends over time in the gender pay gap shows great progress, it is important also to recognize that the gap continues to exist and to understand the reasons why. Although women have an increased presence in male-dominated managerial and professional positions that are higher paying, women remain overrepresented in jobs that have lower pay. Approximately forty percent of working women have noted having to reduce their work hours or having to take significant time off from work in order to fulfill childcare responsibilities, and thirty percent of working women have reported having to quit a job in order to provide childcare (Brown & Patten, 2017). Women report family responsibilities and childcare as primary reasons for lack of work advancement and pay.

It is also critical to note that the struggle to balance work and childcare responsibilities remains a significant stressor for women, especially for women who work full-time (Pew Research Center, 2015). These women often feel rushed, and feel as though they do not spend enough time with their children or their partner. Compared to full-time working fathers, full-time working mothers take on more of the household responsibilities and the management of schedules and activities of their children (Pew Research Center, 2015). Although more two-parent working household share more household responsibilities than in the past, and more women are active in the workforce than ever before, women still carry more ongoing responsibilities.
responsibilities in the home and are earning less.

Considering more current economic history, the United States experienced a recession in years 2007-2009, where the economy realized an abrupt and significant increase in unemployment. Gorsuch (2016) describes the dramatic toll the recession had on employment:

The national unemployment rate doubled from 5.0 % of the labor force in December 2007 to its peak at 10.0 % in October 2009. The rate of unemployed, under-employed, and discouraged workers grew from 8.8 % in December 2007 to 17.2 % at its peak in October 2009 (p.58).

Gorsuch further explains that the unemployment rate affected more men than women, resulting in a significant increase of time men spent physically caring for their children. Once the recession ended, the average amount of time that men spent caring for their children returned to pre-recession rates. Gorsuch (2016) concludes that the increase that occurred during the recession demonstrates that men are willing and able not only to increase the time they spend with their children, but also to change in ways that increased time spent. Fathers spent time not only playing with their children but also attending to the physical aspects of childcare that have historically been performed by women (feeding, bathing, putting the child to bed). Yet, the amount of paternal childcare lowered at the close of the recession, suggesting a strong tie between paternal care and employment and on a larger scale, a strong tie between the paternal practices and the economy.

Laughlin and Smith (2015) reviewed how the rate of father-provided child care is impacted by employment changes in the family. Utilizing the backdrop of “The Great Economic Recession” from 2007 through 2010, the authors utilized longitudinal survey data from two data points (2010 and 2011) to track job transition in families and its relationship to the occurrence of
child care provided by fathers. As expected, the instability of the economy during this time directly impacted employment schedules, which then impacted the rate of father-provided child care. The rate of father-provided child care was highly dependent on employment status, with fathers being more likely to provide care when they were unemployed and also during their wives’ working hours. Mothers’ reduction in work hours was predictive of fathers’ provision of childcare, in that when mothers worked less, fathers cared for their children less. Together, these findings support the idea that economic pressure increases the rate of father involvement in the care of children (Laughlin and Smith, 2015). These findings also further support the gender bias in such provision, in that fathers most often provide care only when the child’s mother is working or otherwise unavailable. The data suggest that the ways in which families balance the demands of work and family in the face of shifting employment rely heavily on the availability of the mother.

Raley, Bianchi, and Wang (2012) found a relationship between paternal caregiving and maternal employment prior to the Great Recession. The authors utilized national survey data through the years of 2003 to 2007 of married parents with at least one child under the age of thirteen. In this sample, sixty percent of mothers were employed and ninety-five percent of fathers were employed. Participants were mostly white, college-educated and had an average of two children. Results showed that fathers with employed wives care for their children more often than those with wives who are not employed, and that paternal childcare, including both relational and physical care, increases as a wife’s earnings increase. Results also showed that the majority of fathers work full-time, regardless of whether or not the wife works, indicating that a father’s availability for his children is constrained by his own schedule and choices, regardless of the mother’s employment status (Raley, Bianchi, & Wang, 2012, p. 1449). In other words, when
men work full-time, they spend less time with their children, unlike women, who may work full-time but struggle to provide childcare in their non-working hours.

Again, it is important to note that paternal involvement in household responsibilities and childcare fluctuates according to economic and social pressures. And yet maternal responsibilities remain constant. Whether women are working or not, and whether a man is working or not, the mother remains predominantly responsible for the care of the children and household (Pew Research Center, 2015). There still remains a discrepancy between the flexibility of gender roles in the American family, with men shifting role responsibilities over time and women sustaining continuous responsibilities inside and outside the home.

But the concept of fatherhood and its role in child development has changed significantly over time, impacted by sociocultural and economic pressures. An increasing number of women have entered the workforce outside of the home in recent history, yet still have distinct demands within the household. This varies depending on the class, race, and culture of the family, with American society at times prioritizing fathers as both caregivers and breadwinners. The historical perspective of fatherhood in America helps one to understand the complex pressures put on both mothers and fathers today. But it is also essential to consider the unique influence that fathers have on child development and family life.

Fathers as Caregivers

The father’s unique parenting functions enable the father to become a strong attachment figure (Bretherton, 2010; Palm 2014) and contribute to a child’s overall development and, more specifically, sense of global self-worth (Allen & Daley, 2007; Grossman et al., 2008; Guelzo, Cornett, & Dougherty, 2002). Fathers are slowly being recognized in the literature as playing a critical role in the positive development of their children (Lamb, 2013).
Allen and Daly (2007) presented an updated review of 150 research studies that examined the impact of father involvement on the development of children. Their work provides a rich summary of published works demonstrating the positive impact paternal involvement has on children’s cognitive, emotional and social development and physical health. Children of all ages with involved fathers were found to demonstrate greater cognitive and verbal skills, had greater academic achievement and greater academic motivation, had few behavioral problems, and greater occupational, social and psychological well-being in adulthood (Allen & Daly, 2007). More recent research has continued to support these findings. Leidy, Schofield, & Parke (2013) argue that through play with fathers, children develop the ability to recognize, express, and regulate emotions. Tamis-Lemonda, Baumwell, & Cabrera (2013) identified the unique impact on a child’s language development when fathers communicate with their children through early reading and emotional play.

In a systematic review of longitudinal studies investigating the long-term effect of paternal involvement, active and regular engagement of fathers with children predicted several positive outcomes, including enhanced cognitive development, decreased delinquency, and reduction of behavioral problems for males, and a reduction of psychological problems for females (Sarkadi, et al., 2008). In a longitudinal study investigating the relationship between father involvement and child outcomes, Kroll et al. (2016) found that fathers who engaged in creative play and held positive beliefs about parenting had children who were at a low risk for behavioral problems. The authors conclude that, because a father’s workload of parenting activities had no association with a child’s behavioral problems, it may be that the quality of parenting is more important than the division of parenting labor when considering children’s behavioral outcomes (Kroll, 2016). Another longitudinal study (Baxter & Smith, 2011) found
similar results. Here the researchers found that the quality of father parenting, including warmth, self-efficacy, and a strong co-parenting relationship, was associated with positive child behavior. Overall, engagement of fathers has been shown to have valuable cognitive and emotional benefits for children.

Lamb (1997) was one of the first to acknowledge fathers in the research about parenting. He offers a historical review of research exploring paternal influences on child development, where masculinity was at first the main focus of interest. For instance, Mussen & Rutherford (1963) hypothesized that more masculine fathers would raise more masculine children, meaning children with more “sex-appropriate responses and attitudes” out of a heightened reward and punishment system for their children’s behavior (p. 591). In this research, masculinity in children was defined as the child’s proclaimed preferences for sex-appropriate activities, and was the goal of positive, nurturing parenting. No relationship was found between the masculinity of fathers and that of their sons, which inspired researchers to explore which paternal characteristics did influence sons. Over time, evidence showed that the quality of the father-son relationship, including warmth and closeness, was directly related to a child’s achievement and psychosocial adjustment. A heightened paternal involvement in caretaking has been found to be related to increased cognitive competence, increased empathy, and increased sense of internal locus of control for the child (Lamb, 1997). It seems that the quality of a child’s relationship with a father, rather than individual characteristics of a father (such as masculinity or intellect), has considerable influence on the child. Mothers and fathers may parent differently, but emotional expressiveness by mothers and by fathers are equally valuable, with positive child outcomes associated with experiences of warmth and nurturance with either the mother or father (Lamb, 1997).
As times have changed, there is a debate about the need to develop a more “gender-neutral” conceptualization of parenting. Fagan, Day, Lamb and Cabrera (2014) argue that “the field should move toward a more general model of parenting rather than a model that emphasizes separate dimensions of fathering and mothering” (p.391). In conceptualizing parenting according to gender, one is operating on the assumption that fathers and mothers inherently parent differently. Yet, the authors claim that research has shown that children’s outcomes are impacted similarly through mothering and fathering behaviors, and that the parenting behaviors as well as the amount of time mothers and fathers have with their children are becoming very similar. The authors acknowledge that sociocultural background, socioeconomic status, and personal history need to be taken into account. But in order to better capture the evolving complexity of families today, it is proposed that the conceptualization of parenting needs to be addressed in a more general fashion, as opposed to a model that emphasizes separate and different dimensions of maternal and paternal care (Fagan et al., 2014).

Palkovitz, Trask, and Adamsons (2014), however, take the other side of the debate, claiming a need for parenting research to acknowledge that mothers and fathers engage with different rules and roles dictated by sociocultural pressures, and that in these roles men and women have different experiences of power in the family. Due to these sociocultural roles engrained in American systems, the authors state that “even if mothers and fathers were to engage in the same behaviors with similar frequency, neither parents nor children would experience or perceive the convergent behaviors as equivalent, and therefore, the processes, meaning, and outcomes would be different” (Palkovitz et al., 2014, p.408).

Mothers and fathers are often held to different standards in various sociocultural contexts, and the intersection of gender, race and socioeconomic class needs to be considered as an
essential element of the parenting experience. In addition, with research showing that children learn about differences in gender roles through their experiences of observing and interacting with their parents, these socialized gender differences get entrenched in a generational pattern of rules and roles in the family (Palkovitz et al., 2014). It is important to note that these conclusions are based primarily on the experiences of heterosexual parenting systems. But the authors claim that there may be benefits to conceptualizing mothering and fathering as similar, utilizing shared measurements and definitions; however, there is still the need to value the distinct lived experiences of mothers and fathers with their children, acknowledging the critically unique contribution each parent makes in the family (Palkovitz et al., 2014).

In the review of fatherhood over time in American history, the sociocultural and economic influences become clear. Recent changes in American economics and culture have shifted the experience of family roles. Challenges to raising children and economic pressures have resulted in parents having to renegotiate the expectations and practices of financial earnings, family values, and role responsibilities. Participants in this debate acknowledge the significant impact paternal involvement has on children. And yet historical pressures based on gender still exist. There still remains the gendered issue of power, where fathers may be more able to claim choice to refuse certain childcare and household responsibilities and mothers do not have such choice. Beyond the sociocultural and economic factors, one may explore how theory and direct service practice have played a role in the ever-changing conceptualization of fathering, and how theory and practice continue to develop over time.

**Parenting in Attachment Theory: Historical and Current Trends**

We have seen how social and economic changes have resulted in changing the practical reality of the role of the fathers. But is there a corresponding change in the psychological
literature and in the provision of support for mothers and fathers? This next section explores Attachment Theory as a means of understanding how theory has been impacted by social and economic changes over time. Attachment theory was developed by John Bowlby in the mid-twentieth century, as a means to understand the methods how and why children develop bonds with their caregivers. Since its inception the theory has influenced scientific study and clinical practice (van der Host, 2011). This section will offer a historical review of the theory’s development and concepts, and outline its evolution over time in the recognition of fathers as significant caregivers. This evolution appears to parallel the economic and cultural pressures of its time, demonstrating the interconnectedness of theory and culture over time.

Attachment Theory: A Review

In 1939, John Bowlby submitted a paper in order to qualify for full membership into the British Psycho-Analytical Society. It was in this paper that Attachment Theory was first articulated. In the paper, Bowlby stresses several primary ways in which certain environmental experiences affect a child, including the history and treatment by its mother, any experiences of separation from the mother, and any experiences of illness or death in the family (Bowlby, 1940). In another early publication, Bowlby investigated the common adverse environmental events commonly found in delinquent children (Bowlby, 1944). In this study, he asserts three different factors that lead to maladjusted behavior: genetic factors, the early home environment and the current home environment of the child. Bowlby’s assertions continued to focus on the mother, as the paper emphasized the child’s separation from its mother as a primary adverse event in the child’s early environment. Bowlby clearly emphasized the importance of the environment in the development of children, and was the first to explicitly acknowledge the child’s primary caregiver as a principal environmental factor. In many of his published works,
Bowlby specifically focused on the mother-child relationship as the primary source of interest, and this emphasis persisted in attachment theory for several decades.

Bowlby’s interest lay in separation, specifically the child’s tie to its mother and the unfavorable consequences of prolonged separation (van der Host, 2011). Utilizing the field of ethology, specifically Harry Harlow’s work on learning, motivation, and affection in monkeys, Bowlby recognized the importance of translating animal research into a better understanding of human behavior. He theorized that attachment with the mother occurred not only through the psychoanalytic emphasis on sucking (the provision of food), but was also developed through comfortable clinging or holding by the mother, following crying and smiling. Through observational research with humans, it became clear that attachment relationships occurred with mothers who provided contact and comfort, but who did not necessarily provide food (Cassidy, 2008). Bowlby posed that human infants had a “biologically based desire for proximity that arose through the process of natural selection” (p.4). His theories on attachment, separation, and loss are summarized in his landmark trilogy book series (1969; 1973; 1980). His thesis is clear: “Whether a child or adult is in a state of security, anxiety, or distress is determined in large part by the accessibility and responsiveness of his principal attachment figure” (Bowlby, 1973, p. 23).

Attachment theory is primarily concerned with the primary caretaker’s provision of care and safety to the child, and how children are able to use these attachment relationships as a source of security in future interactions and relations. The theory rests on the assertion that there is a biological basis to the bond between a caregiver and a child, serving as a survival function that is universal and present throughout a person’s life (Ainsworth & Bell, 1970; Bowlby, 1988). The argument is made that infants seek out proximity to their caregivers, creating a relationship that is based on the assumption that humans are preset to protect children from harm (Palm, 2014).
The caregiver then becomes a secure attachment figure, whose relationship to the infant serves is to ensure safety. The relationship becomes internalized within the infant and this internalized sense of safety and security serves as a survival function, especially during times of stress and fear. Internalized attachment figures, and the security they come to represent, are considered the child’s internal working model of the self and other, and stay with children throughout their lives (Bowlby, 1988).

**Attachment Theory: The Road to Considering the Role of Fathers**

Attachment theory illuminates the importance of caregivers in child development and well-being. A secure attachment relationship with a caregiver provides an internalized sense of safety and security for a child (Andersson, 2005; Grossman et al., 2008; Harden, 2004). Research on attachment theory has kept a predominant focus on the mother-child relationship (Bretherton, 2010; George & Solomon, 2008; Palm, 2014; Parent-Boursier & Hebert, 2015). In a review of the caregiving system through an attachment lens, George and Solomon (2008) offer a comprehensive, behavioral framework for understanding the process through which caregivers provide comfort, safety, and care for the child, and the ways in which fathers’ roles have been neglected. They define a caregiving system as being motivated by biologically based behaviors and goals. Drawing from attachment theory, the goal of the caregiver system is to protect a child, but George and Solomon take a more evolutionary perspective claiming the goal is derived out of the motivation to enhance “one’s own reproductive fitness” (p. 835). A caregiver actively seeks out information from the environment and from the child’s cues, assessing for safety and providing a sense of comfort and satisfaction. The authors stress the shift in focus away from the child’s care-seeking behaviors, and instead towards the provision of care by attachment figures in the study of caregiving systems. They state, “This shift is fundamental to understanding the
meaning of and motivation underlying critical aspects of parental behavior, cultural differences in providing care, the development of the child’s quality of attachment, and the mechanisms of intergenerational transmission” (p. 834). In this view, caregiver behavior and provision of safety and comfort become important, which requires an emphasis on all available caregivers. In this review George and Solomon (2008) state,

[a]tachment research has focused primarily on mothers, although there is evidence that fathers can also be sensitive and involved fathers. A few recent attachment studies describe fathers’ views of their parenting activities. No attention has been devoted, however, to defining the caregiving system in relation to a father’s behavior system (p.836).

In other words, according to George and Solomon (2008), fathers can be importantly involved but research and literature continues to consider fathers’ impact in addition to the presence of the mother.

Bowlby’s theory prioritized the mother-child-relationship as the primary attachment, evidenced through his explanation that when a child is separated from its mother, “disturbance is at a minimum” when the child has family access to a familiar family companion and/or a substitute mother (Bowlby, 1973). At first glance this seems to open the door for the consideration of fathers as potential attachment figures, but it does so by considering fathers as second best, and only relevant when the mother is unavailable. In fact, when offering examples of family companions and substitute mothers in his text, Bowlby mentioned grandmothers, siblings and foster mothers, but did not specifically mention fathers as an option (Bowlby, 1973).

Bowlby commented that the term “mother-figure” made reference “to the person who mothers the child, and to whom he becomes attached rather than to the natural mother” (p. 177,
Bowlby, 1969). Again, he left room for the father to be an attachment figure in the child’s life, but referred to the figure as someone who “mothers” the child, emphasizing the traditional role and behaviors of the mother. Moreover, he explained that although the principal attachment figure role can be taken by someone other than the natural mother, a substitute mother has particular limitations that make their mothering responses to the child “unavoidably less strong and less consistently elicited than those of a natural mother” (Bowlby, 1969, p. 306). He explains that these limitations come about because only the natural mother has the hormonal levels and early access to the child, that are both necessary for a strong and consistent mothering attachment. In this explanation, biology and cultural norms keep fathers from ever being considered as primary attachments.

As attachment research progressed, so did the need to include fathers. Recent research has demonstrated that both fathers and mothers provide psychological safety and security for their children by fostering secure attachment relationships (Grossmann et al., 2008; Parent-Boursier & Hebert, 2015). In his review of fathers with regard to attachment theory, Bretherton (2010) explains that a series of laboratory and home observational research studies conducted by Lamb in the 1970’s introduced father-attachment research. Lamb’s research (1976; 1977a; 1977b) showed that mothers and fathers elicit the same amount of contact-seeking behaviors from infants, and that infants offered fathers more affiliative behavior. Fathers were found to hold their children for play where mothers were more likely to hold them for caregiving (Lamb, 1977a), and that infants with insecure attachments with their mothers were still able to have secure attachment relationships with their fathers (Lamb, 1978). Lamb’s findings, along with replicated studies, demonstrated that fathers had unique attachments with their children, independent of the attachment relationship with the mother. In fact, in 1982, Bowlby himself
pronounced the father as an important attachment figure for a child, but in a more subsidiary way, occurring in the form of safe play. These research findings and writings reinforced the need to incorporate paternal relationships within attachment discourse (Bretherton, 2010; Parent-Boursier & Hebert, 2015), adding to the depth and application of attachment theory through the acknowledgement of fathers as important attachment figures.

Although attachment theory validates the research inquiry investigating the role of fathers, the ways in which many researchers define and measure attachment implicitly creates a division between the genders with regard to parenting. For example, in Parent-Boursier and Hebert’s (2015) study, parental support (i.e., attachment) is defined by 1) parental availability and 2) ease in communication, both of which are often ascribed to traditional parenting by women. The authors themselves make this claim about this measurement, stating “the framework in which the measure is based (i.e. attachment theory), may be more representative of the specific primary caregiving role most frequently assumed by mothers” (p.118). The authors, by assigning caregiving primarily to mothers, embrace a traditional definition of caregiving. They begin with the assumption that the attachment between mother and child is the attachment of interest, and charge mothers with the responsibility for any successes and failures that may derive from the realities of parenting, including a lack of availability or communication problems.

The use of attachment theory to verify gender differences in caregiving has a historical context. The theory first gained popularity in the mid 1960’s, a time where the sociocultural view of motherhood was still very traditional. Franzlau (1999) explains that over time, the meaning of motherhood developed into the sole responsibility for protecting and caring for a child from inception through all of child development. “Women’s obligations inherent in ‘doing’ mothering are presently explained as a natural outcome of ‘being’ a mother” (p. 23). Any woman who
rejected or challenged this image of motherhood ran the substantial risk of being rejected by her family and her community. Attachment theory also emphasized the mother-child relationship as the primary source of safety, security, and positive child development long-term (Bowlby, 1952; Bowlby, 1988).

The assumption of a biologically determined attachment between mothers and children was historically an argument against women’s pursuit of opportunities in education, work, or any identity outside of mother or wife. Bretherton (2010) explains that this may have come about as a result of the reliance of early attachment research on the Strange Situation Procedure (Ainsworth & Bell, 1970). This was an experiment conducted in a laboratory setting designed to examine mother-child relationships.

In the Strange Situation Procedure (SSP), patterns of a child’s behavior in response to certain separations and reunions with the mother are observed, and then interpreted in terms of attachment behaviors and relationships. To this day, attachment theory relies heavily on this research, but Bretherton (2010) makes the point that “[b]ecause these observations were conducted while fathers were at work, father-infant interactions were not assessed. Most of the mothers, as usual during the 1960’s, were not employed outside of the home” (p.12). Bowlby (1969) himself echoes this emphasis on the availability of the caregiver when he states, “quite often figures who were readily responsive to crying and who frequently interacted socially were also those who were most frequently available” (Bowlby, 1969, p. 315). The popularity of attachment theory helped to cement the feminine responsibility for attachment, with little regard for the role of fathers (Franzlau, 1999).

Beyond the manner in which attachment is defined and measured, research also tends to utilize attachment theory as an explanation for a difference in parenting styles between mothers
and fathers, “where fathers stimulate exploration in children rather than comfort” (Parent-Boursier & Hebert, 2015, p. 118). In regards to the Strange Situation Procedure, Grossman et al. (2002) explain that in the late 1980’s researchers began utilizing SSP to explore paternal attachment. “Studies using the Strange Situation procedure with infants and their fathers have looked, often in vain, for parallels to maternal tender loving care or caregiving sensitivity when searching for the origins of infant–father attachment security in the first year of the infant’s life” (p. 308). The research failed to show any significant relationship between infant-father attachment as measured by the SSP and later social aptitudes in children, and because it is indisputable that the father-child attachment relationship plays a role in the development of the child, the authors suggest that researchers may need to utilize a different assessment tool, other than the SSP, to measure the father-child relationship (Grossman et al., 2002).

Recent research has explored the ways in which fathers parent, suggesting that the development of maternal attachment relationships may be different from the process of paternal attachment relationships, stemming from particular differences in parenting behaviors (Breherton, 2010; Palm, 2014). Grossman (2008) asserts a mother’s attachment to her child is formed through provided nurturance and care and contrasts with the attachment of fathers, who are characterized as providing sensitive and challenging support. More specifically, paternal caretaking has been found to have an emphasis on stimulating, sensitive play with high rates of secure explorations (Applegate, 1987; Grossman et al., 2008; Rosenberg & Wilcox, 2006). Again, research acknowledges that fathers are important, but in their description of “male parenting”, traditional gender differences are reinforced.

Grossman et al. (2002) posed that the father’s role as an attachment figure is to provide challenging support when a child’s system is aroused, compared to the mother’s role of
providing security. The researchers analyzed interaction patterns of mother and fathers with their children, attempting to understand which aspects of the interactions relate to children’s secure attachments later in life. Attachment security of 49 German children was measured at ages six, ten and sixteen. The SSP, as well as in-home observations and interviews were utilized to collect information on parental interactions with children. The findings of this longitudinal study supported the authors’ hypothesis that paternal support and gentle challenges in play best predict a child’s attachment with the father at a later age, compared to the traditional SSP assessment. For mothers, the best predictor of future attachment style was the quality of attachment as measured by the SSP, and sensitivity in play was not a predictor. The authors conclude, “A likely explanation may be that the Strange Situation assessment of attachment does not capture the specific qualities of the child–father ecology by emphasizing infants’ responses to separation only” (p. 324).

Limitations to the study include culture and geography, with study participants being traditional, German two-parent, middle class families. And yet the longitudinal nature of the data collection suggests that mothers and fathers may contribute to a child’s development in distinctively different, but complementary ways, where a father’s role is to provide sensitive and challenging support during play, and a mother’s role is to provide comfort during a child’s distress.

The sources of these parenting differences between mothers and fathers are often in danger of being overgeneralized. Yoder and Kahn (2003) states “[c]omparing women and men, girls and boys, is a preoccupation that intrigues everyone from laypeople to research psychologists” (p. 281). Considering the historical emphasis on mothers as caregivers, both culturally and through attachment theory, it is understandable that the field separates “mothering” from “fathering.” But
there is a need to look at the social context of these differences. One should disentangle the
cultural, historical, and political nature of gender differences within parenting. In acknowledging
these influences, attachment theory can be utilized more effectively.

**Attachment Theory: A Turn Towards Context**

Current attachment research has the challenge of investigating attachments to and by fathers
through the more diverse and ever-changing roles fathers play in current family structures.
Mattson (2014) defines intersectionality as “an analytical ambition to explore gender, sexuality,
class, and race as complex, intertwined, and mutual reinforcing categories of oppression and
social structures” (p. 9). Through this lens, systemic and cultural inequalities, as well as
individuals’ sense of multiple identities, are brought into awareness to be acknowledged and
explored. When considering the study and practice with caregivers, the omission of many
categories of identity significantly limits our ability to illuminate the ways in which they impact
child development. Without reporting on the various categories of difference and identity of
parents, theorists and researchers have limited ability to place people’s experiences in context.

Addressing the omission of fathers from the conceptualization of caregiving is the first
step towards attending to context and diversity within attachment research. It is critical to
understand how not only gender, but also race, age, health, social class and family context are
integral parts of the identities of parents. In order to understand the experience of parents, one
must acknowledge the intersectionality of the multiple identities of the parents being studied.

Recent attachment research has attempted to address such issues. Palm (2014) recommends a
family system view of attachment, which “acknowledges that family context is essential for
understanding the father-child attachment relationships and different pathways and processes that
may help explain not only the relationship does exist, but more important, how it happens in
different family contexts” (p.288). A multifactor analysis of children, fathers, and family dynamics is recommended to better understand the “pathways and processes” of father-child attachment. Here, context becomes paramount, where the context of caregiving lends to a richer understanding of a child’s attachment experience. Palm names child factors (age, gender, temperament), father factors (relationship with the co-parent and residence status), and cultural community factors (family income, cultural gender roles) as dynamics of a child’s life that impact the ways in which not just fathers, but all caregivers form attachment relationships.

Sherry, Adelman, Farwell and Linton (2013) explore the intersectionality of social class, race, and culture concerning parent-child attachment experiences. They claim that although there seems to be a connection between social class and attachment, the relationship is not direct. Instead, poverty “creates opportunities for attachment slights through things like substance abuse, abuse, or neglect. The unrelenting and chronic stressors posed for parents living in poverty make attuned and attentive parenting difficult. The researchers assert that if other protective factors are in place, poverty has no direct relationship to insecure attachment” (p. 3). Factors such as financial hardship, accessibility to resources, unemployment or threat of unemployment, and level of emotional well-being have all been found to be significant factors that influence the quality of parental interactions with children and the parent-child attachment process (Sherry et al., 2013).

In addition, Sherry et al. (2013) claim the need to acknowledge race and ethnicity, and the cultures that accompany these categories, as important factors when considering the attachment process for parents. Much research on impoverished families has ignored the racial and ethnic differences among the impoverished, with the result that sweeping generalizations are made about the characteristics and experiences of poor families (Sherry et al., 2013). This is
where the intersection of race and social class becomes imperative in creating research, theory, and practice that recognize the ways in which the social class and the race of a parent factor into the parent-child experience. Early attachment theory explored attachment security across cultures (Ainsworth, 1964). But quickly a cultural bias was engrained in the research and the application of attachment theory and our preconceived notions about parenting, with a cultural bias that favors the White, middle-class American experience. But as Sherry et al. (2013) point out, the concepts of parenting and attachment vary greatly according to the various identities a parent may hold.

Van der Kolk (2014) discusses attachment in reference to understanding children’s caregivers’ capacity to attune to their children’s needs. He explains that context is necessary when exploring attachment relationships, specifically the caregiver’s trauma history. Utilizing Bowlby’s research, van der Kolk explains that children are biologically driven to attach to their caregivers, and that they “will become attached to whoever functions as their primary caregiver” (p. 113). Here the author acknowledges that someone other than the mother may become an attachment figure, yet he continues by acknowledging the context of these caregiver experiences by explaining that a caregiver’s preoccupation with current stressors and traumas can significantly affect the pathway towards attachment.

A disorganized attachment style offers an example of how caregiver stress influences attachment. Main and Solomon (1986) reviewed the disorganized attachment style, an attachment classification that developed out of the observations of abused and neglected children taking part in the Strange Situation Procedure (SSP). Developed by Ainsworth, the SSP offers researchers the opportunity to observe and classify a child’s attachment style by placing a child in brief procedure involving separation and reunions with the infant and its caregiver. The
separations are meant to create mildly stressful events for the infant, eliciting a behavioral attachment response from the infant when reunited with its caregiver. Main and Solomon (1985) explain that many researchers were observing abused and neglected children demonstrate secure attachment behavioral responses upon immediate reunification, but then over time demonstrated anxious and depressed maladaptive behaviors, including confusion, apprehension, dazed or distant and unorganized reaction to caregiver. These “difficult to classify” infants’ offered a new classification, named Disorganized-Disoriented. This attachment classification was born out of the observations of abused and neglected children, suggesting a pathway originating in parental stressors and trauma, shaping parenting behaviors, and then shaping attachment experiences of children.

Economic instability, domestic violence, and grief and loss are all examples of the contextual factors that impact caregivers’ ability to be attuned to their children. Caregivers may feel too overwhelmed or preoccupied to provide care to others in need, and others are too fearful or avoidant. In these examples, the context of the caregiver’s engagement, or lack thereof, is essential to fully understanding the process of attachment (van der Kolk, 2014).

In summary, attachment theory provides a frame for understanding how caregivers are vital to the process of child development. Early attachment research showed that caregiver provision of support and safety during childhood becomes internalized, and becomes a constant and enduring sense of security throughout a person’s life. Yet the theory predominantly named the mother-child relationship as the primary and most influential relationship in regard to attachment, minimizing all other contextual factors of caregiving. More recent attachment theory acknowledges the complexity of caregiving. This shift enables one to recognize all available and
significant caregivers as attachment figures, and allows for a richer understanding of how community, cultural, family, and personal differences influence attachment experiences.

**Parenting in Child Protection Services: Historical and Current Trends**

America’s history of child protection offers a vivid example of how policy and clinical practice often mirror the cultural pressures of the time. Over time, American culture’s acknowledgement and active priority of children has shifted in intensity, and the definitions and policies around care, safety, and caregiving have shifted along with them. This section will offer a historical review of the development and practices of Child Protection Services, and outline its progression over time in the acknowledgement of fathers. Similar to Attachment Theory, its progression emulates the economic and cultural pressures of its time, demonstrating the interconnectedness of culture, theory and clinical practice.

**Child Protection Services: A Review**

In recent history, the safety and protection of children has become one of the highest priorities to individuals, families, communities, and the government. Over the last sixty years the number of national child abuse reports has risen steadily, reaching over three million in 2015 (Shireman, 2015). On a more local level, the total number of reported child abuse cases in the state of Pennsylvania rose from 23,181 in 2006 to 40,590 in 2015 (Pennsylvania Department of Human Services, 2016). This 75% increase is to a significant extent due to the state’s implementation of 24 new laws which have enhanced the awareness and education of professionals and the general public. In 2015, close to 500,000 individuals in Pennsylvania were trained in recognizing and reporting child abuse, and over one million people requested child abuse clearances thorough the state’s clearance system ChildLine, in order to embark in paid or volunteer work with children (Pennsylvania Department of Human Services, 2016). These
numbers represent a new level of interest in prioritizing the safety and well-being of children in our society.

This increased interest has resulted in legislation that broadened the definition of child abuse and the amount of people officially considered to be mandated reporters in the state. But with these changes came several challenges in the implementation of child welfare services. An audit of the Pennsylvania’s child-abuse hotline found that the increased number of mandated reporters, coupled with a broader definition of what constitutes a child abuse report, has overwhelmed CPS agencies and workers (DePasquale, 2017). The report states,

County children and youth agencies across the state face similar challenges, which are interlaced: Difficulty hiring qualified candidates and ineffective training for new hires leads to caseworkers who are not equipped to deal with overbearing caseloads and burdensome paperwork. Add remarkably low pay and dangerous situations, and the outcome is extraordinary turnover, which results in the hand-off of children’s cases to new, more-overwhelmed caseworkers (p. 2).

The challenges that Pennsylvania CPS agencies face are similar across the nation, being charged with the protection of an increased number of children while under pressures of time, high workloads and financial constraints. The broader community’s awareness and need for action in the welfare of children has increased over time, but is fairly new in America’s long history.

Myers (2006, 2008) offers a historical review of child protection in America. The author explains that the country’s government did not sponsor services and programs dedicated to child protection until 1962. Myers describes the colonial times as the first wave era of understanding child protection. During this time in American history, law enforcement had the means of prosecuting egregious cases of child abuse, and judges had the means of removing children from
abusive homes. Yet prior to 1875, organized child protection interventions were infrequent. Child protection became more organized after 1875, but in nongovernmental agencies and organizations. Myers describes this as the second era of child protection. The New York Society for the Prevention of Cruelty to Children (NYSPCC) was established in 1875, and was the first child protection agency in the world (Myers, 2006; The New York Society for the Prevention of Cruelty to Children, 2016). Interestingly, the first anti-cruelty laws were written in 1866, but were enacted to protect animals, not children. The means by which these laws were created became pertinent to their application on behalf of humans, specifically children. Following the precedent of animal protection, the New York Society for the Prevention of Cruelty to Children (NYSPCC) was established, leading activists in other cities in America to organize nongovernmental child protection societies (Myers, 2006).

Myers (2006, 2008) describes the establishment of government-sponsored child protection services as the third era of child protection. In the early 1960’s, the medical community became more interested in, knowledgeable about, and willing to examine the occurrence of child abuse. This led to an increase of research and publications on the topic, as well as media coverage of child abuse cases. This increased knowledge and interest in child abuse and child protection led to governmental action. In 1962, Congress amended the Social Security Act to emphasize child protection, requiring that all states make child welfare services available over the next thirteen years. In 1974, the Child Abuse Prevention and Treatment Act was passed, laying the legal framework for child welfare services to develop a means to identify abuse and protect children (Shireman, 2015). The influence of government, medical and media pressures drove the expansion of government child welfare programs, including services devoted to child protection. Myers (2008) describes this trend when he states:
By 1967, all states had reporting laws. As reporting laws went into effect, the prevalence of child abuse and neglect came into focus. By 1974, some 60,000 cases were reported. In 1980, the number exceeded one million. By 1990, reports topped two million, and in 2000, reports hovered around three million (p. 4).

Today, child welfare services are essential in our society, and child protection is one of its primary functions (Shireman, 2015). Every state has its own public welfare agency, responsible for investigating child abuse and evaluating the needs of children and families (Child Welfare Information Gateway, 2014). Each state has its own laws defining child abuse, protection, and processes, and these laws govern the states’ child welfare agencies. Child welfare agencies are devised to “ensure that children are safe and that families have the necessary support to care for their children successfully” (Child Welfare Information Gateway, 2014, p.1).

In this definition of child welfare, it becomes necessary to understand the processes through which professionals within the child welfare system acknowledge, interact, and intervene with members of a child’s family. These workers receive and investigate reports of child abuse, assess the strengths and challenges of a child’s family, and provide a variety of services that may include prevention, protection, or out-of-home care for the child (Child Welfare Information Gateway, 2014). A review of how child protection workers have acknowledged and engaged with fathers offers a historical overview of the system’s recognition of the value of fathers over time.

Child Protection Services: The Road to Considering the Role of Fathers

The 21st century brought about federal interest and funding for research concerning paternal involvement in the lives of children. The United States Department of Health and
Human Services has developed several federal programs and policies with the sole goal of supporting and strengthening the role of fathers. The National Quality Improvement Center on Non-Resident Fathers and the Child Welfare System was a five-year program designed to organize and disseminate information on a national level to educate and promote the engagement of nonresidential fathers on issues such as child safety and well-being. The Partners for Fragile Families program included employment services, enhancing parenting skills, arrangement of visitation with children, and promotion of child support collection for nonresidential fathers. These initiatives focused on promoting interest and ability of low-income fathers to assist and engage with their children and both programs ended in 2011 (Child Welfare Information Gateway, 2010; Martinson et al., 2007; Rosenberg & Wilcox, 2006;).

Current programs include The National Responsible Fatherhood Clearinghouse, an ongoing resource for professionals, families, and individuals to promote programming, research and support in regards to responsible fatherhood (National Responsible Fatherhood Clearinghouse, 2017) and the Healthy Marriage and Responsible Fatherhood initiative, which provides education and support about healthy relationships, responsible parenting, economic stability, and re-entry support to fathers transitioning from incarceration (Administration for Children and Families, 2017). Although these programs are implemented primarily on a small scale, multi-million dollar investments in these programs have been authorized by the United States Department of Health and Human Services. This level of funding indicates that the federal government has an interest in supporting paternal involvement in the lives of children.

In a review of father involvement in child welfare and overall child development, Rosenberg and Wilcox (2006) assert that professionals working within the child welfare system should be recognizing the value of fathers to children. Child protection workers have the unique
job of protecting children from harm or neglect, while at the same time assembling community resources to keep families together. These two objectives, coupled with often burdensomely large caseloads, present workers with great obstacles, and yet child protection workers still often change the lives of children and families for the better (Myers, 2006). Figuring out how best to engage with and support families is an indispensable skill in child protection. However, child protection workers have historically neglected to engage with fathers as allies.

Recent research has recognized this lack of acknowledgement of fathers within child welfare. In a review of critical issues within the child welfare system, Shireman (2015) states “though we speak of ‘family’ and ‘parents,’ child welfare services tend to focus on the mother and ignore the father…Fathers, however, are part of these families. Even absent or incarcerated fathers are part of the family and can play a role in strengthening it” (p. 99). Coakley et al. (2014) identified various reasons that fathers are often uninvolved in services. Societal factors such as societal racism and discrimination were named, as well as the father’s personal factors such as substance abuse, mental illness and inadequate parenting skills. Family factors were also named, including living outside of the child’s home, parental disputes leading to a decrease in father visitation, and a lack of family support assisting the involvement of fathers during times of crisis. Together, these factors create significant barriers to father involvement and may prevent fathers from fully participating in the child welfare services and in the lives of their families.

With the numerous social, familial, and personal obstacles to father involvement, Coakley et al. (2014) also point out that an additional barrier may be created by child welfare caseworkers’ perceptions, opinions, and practices. The authors state:

…currently there is minimal value placed on the role of the father and his parenting contributions. As a result, child welfare practices are not structured to
engage fathers properly in case planning or handle their multifaceted, complex
issues in order to improve their own life circumstances and become more
involved parents (p. 359).

A significant number of child welfare cases have lacked father contact, either in person or over
the phone, and in the activities of case-planning, intake, assessment (Brown et al., 2009;
O’Donnell, 2001). In placement decisions, grandmothers are significantly more likely than
fathers to be sought out as a resource (Brown et al., 2009), with only a small minority of child
welfare workers considering fathers as potential assets to the family (Strega et al., 2008). A
national survey of child protection cases found that 88 percent of non-resident fathers had been
identified in the case file, but caseworkers had only contacted 55 percent of those fathers at least
one time (Malm, Murray & Geen, 2006). Of those contacted, half had expressed an interest in
having their children live with them, but administrators cite several obstacles to increased father
involvement, including fears around the safety of mothers and children, fears around increased
parental conflict, and fears around an increased workload for the caseworker, adding more
people for the worker to consult (Malm, Murray & Geen, 2006).

Literature has clarified the reasons why fathers are often excluded from child welfare
services, proposing that the child welfare system does not expect or train employees to engage
with fathers. Brown et al. (2009) explain:

…that as long as one parent is acting protectively, usually the mother, then no
intervention is necessary with the other parent, usually the father. The use of
‘parent’ rather than mother and father can lead to shortcuts for busy workers
where once a parent is contacted and interviewed there is little incentive to
similarly contact other parents (p. 27).
Workers often feel as though they have inadequate resources to offer fathers, and that the intentional inclusion of fathers would significantly increase their caseloads (Brown et al., 2009). The roles of fathers and the impact of fathers on children and families are not emphasized and often undervalued in the education and training of workers (Brown et al., 2009). This lack of appropriate education and training regarding fathers has prevented many workers from fully acknowledging and including fathers. The perception is that fathers are extraneous to the care of children, and the male figures involved in child welfare are often assumed to be dangerous, incompetent, and/or uncaring (Brown et al., 2009; Ferguson, 2012).

Utilizing focus groups, O’Donnell et al. (2005) examined the practices of caseworkers with fathers. Five focus groups were conducted, including a total of 34 experienced child welfare workers in the Chicago area, who provided services in foster care, teen parenting, and family preservation. Workers were asked open-ended questions about whether and how fathers were included in services, and if involved, their opinions as to why this was so.

Examination of the responses of workers in these focus groups revealed six major themes about paternal involvement. The most recurrent theme was that caseworkers believed that fathers were significantly less participatory than mothers in services due to the system’s gender bias and its tendency to consider fathers as only marginally important. Another strong theme was that caseworkers believed that many fathers have no commitment to the child or family. Case workers discussed a systemic bias against fathers, including harsher parenting standards both in the child protection arena and in the courts. Fathers’ mistrust of the system was another theme, as well as mothers’ obstruction of father involvement due to either fear or retaliation in response to legitimate cases of domestic abuse. A final theme was that treatment of mothers and fathers by the courts and agencies. Caseworkers claimed that that mothers and fathers were treated equally
by workers, but several participants gave examples where systemic biases within the courts and policies disadvantaged fathers (O’Donnell, 2005).

The caseworkers in this study offered unique insights as to why fathers are not engaged in child welfare services. “Woven into their explanations was the sense that, in general, fathers constituted a clientele that was difficult to understand and engage.” The workers ranged in experience with fathers and showed a lack of awareness and understanding of fathers’ problems and circumstances as well as how to engage and support them. Even for those caseworkers that still felt inclined to include fathers, in the absence of necessary training and skills, this engagement may not be effective. This lack of training and education about fathers led the researchers to question whether caseworkers’ preconceived notions about fathers influence their expectations and engagement of fathers within services (O’Donnell, 2005).

More recent research studies have found that caseworkers expect to work with fathers and do so more often and with some skill (English et al., 2009; Huebner et al., 2008; Saleh, 2013). Yet even with this identified increase in work with fathers, caseworkers still report mixed opinions about fathers (Huebner et al., 2008). Even those workers who voiced positive attitudes towards working with fathers remained unsure about how best to engage with them (Huebner et al., 2008), and often their actions did not match their positive attitudes (English et al., 2009).

Arroyo and Peek (2015) examined how the attitudes of American caseworkers about non-custodial fathers were affected by the race, gender, geographic location, education and employment characteristics of the workers. The opinions of caseworkers were investigated around the following questions: 1) Do fathers want to be involved; 2) Does father involvement increase children’s well-being; 3) Do fathers need help parenting; and 4) Is involving fathers in services troublesome? The authors found that race was a demographic characteristic that
significantly impacted the workers’ opinions. Black caseworkers more often believed that fathers wanted to be involved in services and less often believed that father involvement was troublesome. Hispanic caseworkers expressed positive views towards fathers less often compared to white caseworkers. The authors also found that those workers who had training in identifying and engaging with fathers were less likely to consider father involvement as troublesome, and more likely to believe that fathers want to be involved in services. In addition, more years working in the field led to greater belief that fathers want to be involved and that father involvement increases the child’s well-being (Arroyo & Peek, 2015).

This research indicates that personal and professional characteristics guide a caseworker’s opinions and actions within the child welfare system. More specifically, a caseworker’s racial, cultural, and educational history can contribute to the worker’s attitudes towards fathers, and the work experience and training of a worker may mediate the effects of personal characteristics. For instance, regardless of race or geographic location, workers with more years of experience and more training had more positive opinions about fathers and their inclusion in services. Arroyo & Peek (2015) state that

the association between employment characteristics and more positive opinions likely results from the balance of opportunities for successful father involvement that comes with training, years of experience, and supervisory status. For instance, supervisors and caseworkers with more years of experience may have a broader reservoir of case-related experience upon which to draw when engaging fathers, especially in complex cases. Through training, caseworkers who lack experience or success working with fathers may gain awareness of potentially useful techniques and resources (p. 49).
This becomes especially important when considering that both mothers and fathers have been found to be the perpetrators of abuse at similar rates (Pennsylvania Department of Human Services, 2016), but are also probable providers of protection and support for children. In all cases, services must be provided in a competent and inclusive manner in order to be most useful to families. Neglecting to consider both parents are possible resources for the child and the family would be a noteworthy shortcoming in service provision (Shireman, 2015).

Only recently has the child welfare field acknowledged and addressed the unique need to involve fathers in services (Rosenberg & Wilcox, 2006). Changes in child welfare policies, as well as the inclusion of trainings and education, have led to a new level of acknowledgment and inclusion of fathers in services. In a recent exploratory study of over twenty child welfare professionals, Saleh (2013) found that caseworkers perceive a positive turn in the child welfare system, having made great strides in terms of its treatment of fathers. Findings showed that caseworkers demonstrate an ability to treat mothers and fathers equally, while also having the ability to offer specified education and support depending on gender. Workers also have demonstrated an ability to thoroughly assess familial and regional circumstances that may be preventing paternal involvement.

Saleh (2013) concludes that this new consideration of fathers in child welfare has come about “since research findings of the benefits of father involvement in children’s lives have permeated the professional helping realm and the larger society to some extent” (p. 134).

Saleh did not report on the educational level of the caseworkers who participated in this study, but the average length of time in the profession was eleven years. It may be that attitudes and practices have changed within the system, but these results may also mirror the findings of Arroyo & Peek (2015), where longer time in the field offers experience and training that leads to
father engagement. It may be that caseworkers can broaden their perspectives as they have more field experience, but it may also be true that specialized training can help.

Recent research offers evidence that specialized training for child welfare professionals can increase the engagement of fathers. Scourfield et al. (2012) implemented a pilot training course that aimed to increase awareness of gender issues and increase Motivational Interviewing skills. The training was found to significantly increase the workers’ interest and confidence in engaging with fathers, as well as self-reported engagement with non-abusive fathers. As previously reported, Arroyo and Peek (2015) found that greater education and training significantly predicted an interest in engaging with fathers and a more positive belief in the ways that fathers affect children’s well-being. It is important to note that the results from these studies are correlational, and depend on self-reported data and are location-specific.

Maxwell et al. (2012) point out that although training can serve “as a catalyst to changing occupational culture” (p. 309), culture within the child protection system most likely will also require a change in systems and procedures. It may not be enough to train individual workers. Instead, a significant shift in practice that emphasizes the role of fathers would entail supervisors and administrators creating and implementing policies within the system that model this priority.

In a review of the literature regarding father engagement in child welfare, Zanoni et al. (2013) explain that it is essential that child welfare professionals receive training that educates them about the importance of engaging fathers. Fathers in the child welfare system may be resistant or challenging, and it may require extra time to locate them and build relationships with them. Working with fathers requires several unique skills. First, it is essential that professionals recognize that many fathers are open and willing to enhance their parenting skills. Professionals also need to develop the ability to build rapport and take a strengths perspective with all fathers,
while at the same time assess for risk (Zanoni et al., 2013). In order for workers to implement such skills, they must also understand and appreciate that this unique effort to engage fathers can be productive and helpful for the children and families they serve.

Saleh (2013) points out that there is a significant lack of fatherhood services available within the child welfare system. In 2002, the federal government unveiled a package of initiatives meant to promote responsible fatherhood. One set of programs was designed to encourage father involvement and increase opportunities for fathers to gain employment and pay child support. Others focus on providing parenting support and education. Bronte-Tinkew, Bowie and Moore (2007) point out that these programs have had mixed results, resulting in little economic or policy changes to truly increase fathers’ ability to financially and emotionally contribute to the lives of their children. Further, these services are specific to various regions, with certain geographic locations having no father-specific programs at all.

These regional issues underscore the need of training for child welfare workers. Saleh (2013) explains that training should be tailored to the unique cultural circumstances of the region, but also match the best practices of father engagement. Matching the needs of fathers, including their unique style of parenting, is especially important. Fathers have reported that they prefer approaches that are activity-based and skills-based, giving them opportunities to interact and learn with their children (Maxwell et al., 2012). Fathers also seem to respond best when services are offered as early as possible, when the children are young (Bronte-Tinkew et al., 2007). Specialized training has the potential to combat the stereotypes of fathers being unwilling and uncaring, and offer workers skills to create a power-differential that is one of mutual-care in their engagement with fathers (Zanoni et al., 2013). Overall, services and interventions specifically geared towards fathers are most likely the best way to engage and support non-
abusive, non-offending fathers within the child welfare system. But along with these services, it is also essential to have the professional in the system well trained not only in the implementation of these services, but also their importance (Zanoni et al., 2013).

**Conclusion**

This article reviewed the evolution of parenting roles origins of fatherhood traditions in the United States, as well as how cultural and economic pressures have been interconnected with the development and implementation of theory, policy, and direct clinical practice. The role of the father has evolved over time. When fathers moved from agrarian work to factories and offices, parenting roles became differentiated. As women increasingly join the work force, parenting patterns respond to that change as well. In the literature about child attachment to caregivers, the role of the mother has taken priority, overshadowing the role of the father. This paper has demonstrated how this bias has been embedded in the research about child development, working from the assumption of the mother as the primary caregiver. Moreover, the evolution of the professional helping realm was shown to be related to changes in the literature about attachment and the economic and social changes in parenting patterns.

When considering the changing parenting roles in the American family over time, issues of gender, sexism, and power must be addressed. Although cultural and economic forces have shifted the roles of fathers over time, women still hold the majority of household responsibilities, are primarily responsible for the welfare of the children, and still more often take the burden of blame when anything goes wrong. The inclusion of fathers should occur within the complex interplay of the power that men still have in families and society. The question remains as to how academic and professional realms integrate the importance of fathers in the work, while still acknowledging the gendered power dynamic in families that remains strong. Thoughtful
attention should be given to the acknowledgement and assimilation of fathers into our work, ensuring that both mothers and fathers are engaged in a nonsexist, egalitarian manner.

It is imperative that professionals become well educated and trained in current policies and practices, but it is also imperative that integrating such knowledge is done in an ethical and inclusive manner. As this article has demonstrated, cultural ideals often influence theory and practice, and it is the responsibility of professionals to consider these ideals but not to follow them blindly. Instead, the hope is that a greater understanding of how culture, theory, and practice are interconnected will empower professionals to develop theories and practice that are more inclusive and equitable. If we begin to understand how to include fathers in the welfare of their children, and how to adapt practices and policies to enable such inclusion, we acknowledge a changing reality, and capitalize on an under-valued resource. It is vital to continue adapting our theories, training practices and agency policies to reflect changing parenting patterns, recognizing and empowering fathers.
Article II:  
The Experience of the Non-Offending Father

“You’re in a boat in a rough ocean.  
There’s going to be ups and downs and your job is to keep the ship afloat…”  
Sam

Introduction

Approximately one in four girls and one in twenty boys are sexually abused before the age of eighteen (Finkelhor et al., 2014). Extra-familial abuse, where the perpetrator of the abuse is someone outside of the child’s family, has been found to be as prevalent as cases where the offender is a family member (Finkelhor, Ormord, Turner, & Hamby, 2005; Vogeltanz et al., 1999). An important line of research has focused on the identification of protective factors in a child’s life, which can be predictive of resiliency after the trauma of child sexual abuse. Yet, a gap in this research exists; the paternal role in the child’s adjustment is noticeably underrepresented. Very few studies have explored the experiences and actions of fathers of children who have been sexually abused, nor have these studies examined the extent to which paternal support after abuse disclosure affects children’s adjustment (Bolen & Gergely, 2015; Elliott & Carnes, 2001).

This article offers a case study of one biological father whose child has experienced extra-familial sexual abuse. The study investigated the experiences of the father parenting and offering support after his child’s disclosure. This qualitative lens focusing on the father is intended to further the current research on the relationship between parental attachment and child outcomes after sexual abuse disclosure. A particular focus on the father is intended to help to identify emergent themes about the supports fathers offer and accept, the barriers to support they experience, and the elements of parenting that are most affected after the disclosure of child
sexual abuse.

Utilizing attachment theory (Bowlby, 1969) and acknowledging the importance of caregivers in the adjustment of abused children over time (Cyr et al., 2014; Ford & Saltzman, 2009), this study is designed to serve as a critical beginning step in documenting the role of fathers in the healing of their children following extra-familial sexual abuse. An improved understanding of the process of paternal support could empower clinicians to acknowledge, evaluate and intervene with fathers effectively, to develop intervention and prevention programs that include the specific needs of fathers, and to utilize fathers as allies in the overall care of their children following sexual abuse.

**Literature Review**

**I. Child Extra-familial Sexual Abuse**

**A. Definitions & Scope**

Child sexual abuse (CSA) is defined as “the involvement of the child in sexual activity to provide sexual gratification or financial benefit to the perpetrator, including contacts for sexual purposes, molestation, statutory rape, prostitution, pornography, exposure, incest, or other sexually exploitative activities” (p. 109, United States Department of Health & Human Services, 2017). The Child Abuse Prevention and Treatment Act (United States Department of Health and Human Services, 2010) states that the term sexual abuse includes:

- 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 inter-familial relationships, statutory
rape, molestation, prostitution, or other form of sexual exploitation of children, or incest
with children (p. 31).

CSA can take many forms, including fondling, exposure, rape, sexual exploitation, and various

In the fourth and most recent National Incidence Study of Child Abuse and Neglect (NIS-4; Sedlack et al., 2010), conducted by the United States Department of Health and Human
Services, data collected in 2005 and 2006 indicated that an estimated 1,256,600 children were
identified as experiencing some type of abuse or neglect. Of these children, approximately
eleven percent (135,300) were sexually abused. The report also found that girls were five times
more likely to be sexually abused than boys (Sedlack et al., 2010). The most recent Child
Maltreatment report (US Department of Health & Human Services, 2017), which provides state
child abuse and neglect information data on an annual basis, reported that in 2015 the national
estimate of children who received a child protection investigation was 3,358,000. Of these cases,
8.4 percent were children who had been sexually abused (282,072).

In a national survey of children’s exposure to violence (Finkelhor et al., 2013),
approximately ten percent of children and adolescents were identified as experiencing attempted
or completed rape, or contact sexual offense by adults or peers at some time during childhood.
For adolescent girls aged fourteen to seventeen, approximately seventeen percent were identified
as experiencing a sexual assault during childhood. The Adverse Childhood Event (ACE) study
offers an extensive survey of the various types of adverse events experienced by more than
seventeen thousand self-reporting adults across the United States. Results showed that
approximately twenty-four percent of women and sixteen percent of men in the general
population report being sexually abused during their childhood (Centers for Disease Control & Prevention, 2016).

Extra-familial sexual abuse is one particular type of CSA, defined as “sexual abuse by anyone other than a relative” (Bolen, 2000, p.1137). These cases include perpetrators who are friends, acquaintances, community members, coaches, clergy, and strangers to the child victim (Crosson-Tower, 2005). Many sexual abuse cases are unreported, but of those that are reported, a significant number of cases have been found to be extra-familial (Bolen, 2000; Vogeltanz et al., 1999; Sedlack et al., 2010). In the NIS-4 report on the incidence of child abuse and neglect in the United States (Sedlack et al., 2010), sixty-three percent of all investigated sexual abuse cases involved perpetrators who were outside of the child’s biological family, and thirty-seven percent of cases had perpetrators who were biological parents. Statistics from national surveys suggest that the majority of child sexual abuse cases are extra-familial abuse, with incidence rates ranging from sixty to ninety-one percent (Finkelhor et al., 2005; Finkelhor & Ormord, 2010).

In a meta-analysis investigating the differences between extra-familial and intra-familial perpetrators (Seto et al., 2015), extra-familial offenders were found to be younger, have a higher number of prior criminal offenses, have greater difficulties with self-regulation, have a higher level of antisocial tendencies and lower levels of empathy for victims. Fischer and McDonald (1998) identified distinct characteristics of identified extra-familial child sexual abuse cases obtained from law enforcement case files. Compared to cases where the perpetrator was in the child’s family, extra-familial cases were found to involve older child victims, to last a much shorter time, and more often to utilize enticement (with money, candy, etc.) with the child victims. These cases were also found to include all levels of abuse, with genital fondling, vaginal penetration, oral sex and digital penetration being the most common. Utilizing retrospective data
from adult females, Bolen (2000) found that younger child victims of extra-familial sexual abuse were more likely to be abused by strangers and neighbors. The oldest child victims were most likely to be abused by authority figures, dates and friends. Authority figures who abused children were more likely to abuse their victims on multiple occasions, but use less force. Strangers were found to be more forceful, and the abuse was more likely to involve penetration. Acquaintance perpetration was found to involve penetration and used force about half of the time (Bolen, 2000).

Bolen (2000) offers an overview of the conceptualization and measurement of extra-familial child sexual abuse in the United States. The author describes the historical emphasis on intra-familial abuse, with therapeutic interventions, laws, resources, and protections prioritizing those victims of intra-familial abuse. Bolen explains,

When intra-familial abuse is prioritized, one simply has to treat dysfunctional families and give some level of protection to children from strangers. However, when extra-familial abuse is prioritized and it is realized that children are at significant risk of being abused by virtually any male relationship within their environment, then the discourse must move to a higher level (p. 1145).

In order for a child to be abused outside of the family, the perpetrator must gain access to the child (Crosson-Tower, 2005). Through an enhanced understanding of this type of abuse, children, families, and the community learn that children are at risk for being abused by anyone in their environment (Bolen, 2000), opening the opportunity of enhanced education and prevention efforts.
B. Effects of Child Sexual Abuse

The effects of child sexual abuse on the child victims are often organized over multiple domains, including emotional and behavioral symptoms. Paolucci, Genuis and Violato (2001) conducted a meta-analysis summarizing published studies of child sexual abuse and its effects on mental health functioning. Utilizing mostly retrospective accounts and standardized measures of symptoms, the risk of Post-Traumatic Stress Disorder (PTSD), sexual promiscuity, suicidality, depression, and poor academic performance were found to be significantly higher for those with a history of child sexual abuse compared to those with no abuse history. In another meta-analysis of published work investigating the association between psychiatric disorders and sexual abuse (Chen et al., 2010), sexual abuse was found to be associated with the diagnosis of depression, anxiety disorders, eating disorders, PTSD, sleep disorders, and suicidality throughout the lifetime.

Depression is frequently identified as an emotional symptom of having been sexually abused as a child (Dubowitz et al., 1993; Koverola, Pound, Heger, & Lytle, 1993; Maniglio, 2010; Romano, Zoccolillo, & Paquette, 2006). Sexually abused children have been found to display a higher rate of sexualized behavior, compared to non-victimized children (Dubowitz et al., 1993; Kendall-Tackett, Williams, & Finkelhor, 2001), as well as higher rates of hyperactivity, delinquent behaviors, and aggressive behaviors (Browne & Finkelhor, 1987; Dubowitz et al., 1993; Nalavany, Ryan, & Hinterlong, 2009; Swanston et al., 2003). Research also shows that children and adolescents who have been abused have low school performance and achievement compared to children with no history of abuse (Trickett & Putman, 1998).

In addition, research suggests that the emotional and behavioral symptoms for victims continue to appear through adulthood (Browne & Finkelhor, 1987; Collin-Vézina, Daigneault, &
Hébert, 2013; Trickett & Putman, 1998). Adults with a history of CSA have a history of suicidal ideation and attempts at twice the rate of those who have not been sexually abused (Dube et al., 2005; Waldrop et al., 2007), high rates of drug and alcohol use and promiscuity (Trickett & Putman, 1998), depression (Rohde et al., 2008), conduct disorder (Afifi et al., 2011; Fergusson, Horwood, & Lynskey, 1996; Trickett & Putman, 1998), as well as a higher rate of ADHD diagnosis (Fuller-Thomson & Lewis, 2015). The plethora of research documenting the symptomatology of adult victims of child sexual abuse demonstrates the lasting impact of the abuse on its victims.

Another domain that is essential to acknowledge is the vast array of possible negative consequences of trauma on the brain. Trauma in childhood has been shown to have multiple devastating effects on the brain at the structural level, disrupting the nervous system, and leading to an array of potentially adverse mental and medical outcomes. Trauma, and specifically child maltreatment, often upsets the typical development of neurobiological processes such as memory, language, executive functioning and homeostasis (DeBellis, Woolley, & Hooper, 2013; Van der Kolk, 2003). For a child who has experienced ongoing trauma, the typical fight or flight response is repeatedly experienced. In this case, the characteristic stress response to a fearful experience does not turn off or return to a calm, normal state. The result is a dangerous level of cortisol, epinephrine, and endorphins released in the child’s brain, creating a risk of cognitive impairment and structural changes to the several parts of the brain, including the amygdala, the hippocampus and the frontal cortex (Bloom & Courtois, 2016; McEwen, 2012; van der Kolk, 2003).

A child who experiences a trauma, such as sexual abuse, is at a high risk of being less capable of dealing with stressful experiences in the future due to neurobiological dysregulation.
Van der Kolk (2014) explains that “if you feel safe and loved, your brain becomes specialized in exploration, play and cooperation; if you are frightened and unwanted, it specializes in managing feelings of fear and abandonment” (p. 56). There is a reduced ability to self-regulate one’s emotions and an increased sense of hypervigilance, and over time this hypervigilance becomes generalized to non-abuse triggers (Bolen & Gergely, 2014). There is also a risk of lower performance on several neurocognitive functioning, including academic achievement (DeBellis, Woolley, & Hopper, 2013).

The experience of fear and its resulting chemical state in the brain in early child development can permanently create a sense of trauma within the child’s brain chemistry (Karr-Morse, 2012). Early trauma may become frozen or replayed in the brain, with the child having limited memory or language to access it. The end result may be a host of emotional and behavioral symptoms that on the surface appear to be hyperactivity, attention-deficits, or depression, but are really the consequences of an ongoing stress response (Karr-Morse, 2012; van der Kolk, 2003).

There is also a growing body of research demonstrating the physical toll that trauma has on the body over time (van der Kolk, 2014). Some of these health outcomes are directly related to the neurological effects of trauma. For instance, in a review of child sexual abuse prevalence and effects, Bolen & Gergely (2014) explains that chronic and overgeneralized hypervigilance may lead to higher resting heart rates and respiration, higher risk of seizures, and limits on the growth of neurons. Adults with a history of childhood trauma have been found to have an increased risk of a multitude of health problems, including heart disease, diabetes, and cancer (van der Kolk, 2003) and gastrointestinal difficulties, gynecological issues, and obesity (Irish, Kobayashi & Delahanty, 2010). Those with a specific history of child sexual abuse have been
found to be one and half times more likely to have health problems compared to those with no sexual abuse history (Sachs-Ericsson et al., 2005).

Finally, the ACE study offers an extensive survey investigating the impact of early adverse experiences on health in adulthood, and has found consistent evidence suggesting a positive relationship between the number of ACEs and negative health outcomes, including pulmonary disease, heart disease, liver disease, emphysema, and obesity. For those who reported child sexual abuse, the risk of experiencing multiple other adverse events increased (Dong et al., 2003), suggesting that those with a sexual abuse history are also more likely to have experienced additional adverse events and increased problematic health outcomes.

Another important consideration is whether the consequences of child sexual abuse are more or less profound if the perpetrator is a family member or not. The connection between the relationship the perpetrator has with the child victim and the child’s outcomes has also been explored. Research has suggested there may be little difference in the symptomatology of child sexual abuse victims of extra-familial abuse compared to cases where the abuser is a family member, i.e. intra-familial abuse. (Anderson, LaPorte, & Crawford, 2000; Bal, De Gourdeaudhuij, Crombez & Van Oost, 2004; Fischer & McDonald, 1998; Lucenko, Gold, & Cott, 2000). While investigating the differences between investigated extra-familial child sexual abuse cases and those cases perpetrated by someone in the child’s family, Fischer and McDonald (1998) found that “there really is no practical difference in level of intrusion for intra-familial and extra-familial sexual abuse” (p.926). Bal et al. (2004) found no differences in trauma-specific symptoms, (including anxiety, depression, PTSD, dissociation, sexual problems or anger) in adolescents abused by a family member rather than by an extra-familial perpetrator. For adult women with a history of child sexual abuse, Anderson, LaPorte, and Crawford (2000)
found no differences in levels of depression or disordered eating when comparing perpetrator types. These studies indicate that the child’s depth of relationship with the perpetrator may be a stronger mediator of symptomatology compared to the simple distinction of biological versus non-biological relationship. Freyd (2008) described this phenomenon as “betrayal trauma,” positing that child sexual abuse is an interpersonal violation when perpetrated by someone the child trusts, cares for, and depends on for safety. In the case of betrayal trauma, the biological connection is of less importance than the psychological or relational connection, meaning that the injury of the betrayal is greater when the child trusts the person who caused the betrayal. Increased betrayal often leads to the child having difficulties in awareness and recall of the trauma experience and a heightened risk of revictimization (Freyd, 2008; Gobin & Freyd, 2009).

Some researchers have investigated the perpetrator-child relationship in terms of the qualitative aspects of the relationships, rather than the question of intra- versus extra-familial connection (Goldsmith et al., 2012; Leahy, Pretty, & Tenenbaum, 2004). Compared to a nonclinical sample, child victims of extra-familial sexual abuse were found to feel significant amounts of guilt and often blamed themselves, which predicted depression, anxiety, and poor self-concept (Manion et al., 1998). Regardless of the intra- or extra-familial relationship, those abused by someone with whom they had a relationship based on trust and authority, or who had used emotional manipulation, have been found to have high levels of clinical symptoms over time extending well into adulthood (Leahy, Pretty, & Tenenbaum, 2004). Childhood traumas that involved high degrees of betrayal, defined as being perpetrated by someone with whom the child was very close, whether a family member or not, were found to predict higher levels of anxiety, depression, dissociation, and physical health problems (Goldsmith et al., 2012). It may be that
the child victim’s subjective experience of the abuse is just as predictive of child symptoms as
the objective characteristics of abuse, including the identity of the perpetrator.

Finkelhor and Kendall-Tackett (1997) offers a developmental conceptual framework for
understanding the impact of victimization on children. The Developmental Dimensions Model of
Victimization Impact identifies four dimensions that affect how victimization is experienced by
children: appraisal, task application, coping strategies, and environmental buffers.

When abuse first occurs, the child must appraise the nature of the abuse, its cause, the
perpetrator’s motives and the child’s own response. This dimension of the framework is called
Appraisal, where children at different times in development may appraise and come to
understand the victimization differently, varying children’s thoughts, feelings, and expectations
of the abuse.

Task Application is the second dimension, where children in varying developmental
stages are confronting different developmental tasks (such as attachment, peer relationships,
dating), and these differences directly influence how the child appraises the abuse experience.
The third dimension is Coping Strategies, where children utilize pre-existing coping mechanisms
to respond to the emotional challenges that the abuse created. Children in various developmental
stages make use of various coping strategies (Finkelhor & Kendall-Tackett, 1997).

Finkelhor then offers Environmental Buffers as a fourth dimension, where the child is
faced with the response of several variables in his/her world. Examples of environmental buffers
include the reactions of parents and peers and the responses of social institutions such as schools,
the court and the media. This conceptual framework confirms the idea that outcomes of abuse
can vary among child victims. It offers child development as a mechanism to understand how
this happens, acknowledging the interpersonal experiences in a child’s life as sources of strength and resilience. (Finkelhor & Kendall-Tackett, 1997).

Becker (2013) claims that professions have overgeneralized their understanding of trauma, including that precipitated by sexual abuse, assuming a universal experience for victims that is one of vulnerability, enduring psychological symptoms, and disempowerment. As law makers and the general public have acknowledged and tried to address the “public health crisis” of child sexual abuse, it is essential to also recognize that there are many people who face a traumatic event and do not develop posttraumatic symptoms (Becker, 2013; Rind, Tromovitch & Bauserman, 1998). Warner (2009) asserts the mainstream medical model has created a professional culture of medicalizing the prognosis and treatment of child sexual abuse victims. Attention is often focused on diagnostic classification, rather than identifying the strengths and individual differences among victims and the mediating factors supporting resiliency.

II. Caregiver Support as a Mediating Factor

A. Experiences of Caregivers

There is a general consensus that CSA is a risk factor for many long-term symptoms for victims, but there is also evidence that this risk may be moderated by the child’s family context and the quality of family relationships (Collin-Vezina, Daigneault, & Hebert, 2013; Elliott & Carnes, 2001; Lynsky & Ferguson, 1997). Family relationships have the potential to be a predictor of the child victim’s adjustment over time (Ford & Saltzman, 2009; Finkelhor & Kendall-Tackett, 1997; Ulrich, Randolph, & Acheson, 2005), suggesting that family, particularly parents, may play a vital role in tempering the effects of child sexual abuse.

Caregivers are deeply affected when an individual in the family system experiences trauma (Elliott & Carnes, 2001; Holt, 2014; Manion et al., 1996; Manion et al., 1998; McCourt,
Peel & O’Carroll, 1998). The reactions of caregivers may either support or hinder the cohesion of the family and the family’s ability to offer the help and protection that the child victim’s needs to cope with the trauma (Deblinger, Mannarino & Cohen, 2015). Some caregivers find their child’s traumatic stress symptoms to be a traumatic experience for themselves, with the potential for the caregivers to develop their own posttraumatic stress symptoms (Cohen, 2008; Saltzman et al., 2009). Ford & Saltzman (2009) explain that non-offending caregivers may also experience their child’s abuse as psychologically traumatic “because they are witnesses or collateral victims, or due to a sense of shock and vulnerability, or guilt, shame, and bereavement, as a result of having failed to prevent the traumatic events” (p. 392). Parents may also have their own histories of trauma or abuse. Together, these experiences may in turn reduce the caregivers’ ability to support their children effectively. They may react with a preoccupation with the abuse and with overprotectiveness, which may indirectly lead to dysfunctional parenting styles that exacerbate children’s symptoms (Scheeringa & Zeanah, 2001; Zvara et al., 2015). Caregivers may also react with denial and nonsupport, increasing a child’s feelings of helplessness and isolation (Ford & Saltzman, 2009).

In the example of a parent reacting to a child’s disclosure of sexual abuse, it is important to understand the concept of denial as a defense mechanism for the parent. The ego’s defenses (defense mechanisms) protect the ego during times when the environment presents stress or danger. Defenses are activated instinctually in ways that are not conscious to the individual (Freud, 1966; Schamess & Shilkret, 2011). At times, denial may serve to protect the ego. Denial can be adaptive, especially during times of realistic danger (Schamess & Shilkret, 2011). But sometimes denial is inappropriate in respect either to the psychological or environmental condition, and its rigidity in light of the person’s situation can make it “pathogenic”
A common presentation of denial is the immediate refusal to admit or to acknowledge the occurrence and/or the consequences of significantly stressful or dangerous life events (Schamess & Shilkret, 2011).

Denial, although common when someone is faced with danger or stress, may have distinct consequences when employed in the role of parenting. Denial of abuse would serve to protect the ego, especially when the trauma is connected to loved ones. The parent may be overwhelmed by the discovery that a beloved child, whom s/he was expected to protect, has been abused. The parent may also be troubled to discover that the perpetrator of the abuse was a loved one as well, someone the parent had trusted and invited into his family’s life. In this case denial may be seen as doubt; the caregiver may have difficulty believing the abuse occurred, or have difficulty acknowledging the frequency or level of abuse. Although initially protecting the ego during the initial experience of learning their child has been abused, parents’ denial long-term would prove to be maladaptive, blocking the parents’ provision of safety and support to the child over time (Ford & Saltzman, 2009).

On the other hand, the family’s reaction to abuse can also have a positive effect on the child victim. Ford and Saltzman (2009) state that “family relationships are indispensable to the traumatized person’s recovery, because they simultaneously provide essential support for the restoration of emotional security, physical safety, and hope, and for the resumption of healthy growth and development in the wake of psychological trauma” (p. 394). Marriott, Hamilton-Giachritsis and Harrop (2014) conducted a review of recent research examining factors associated with resiliency for child sexual abuse victims. The authors reviewed fifty articles and found that “the majority of longitudinal studies reviewed here agreed on the importance of a stable family environment, with one or two parents who remain stable over time, fewer moves
and feeling both supported and understood by parents” (p. 31). Adult survivors of child sexual abuse reported fewer negative outcomes when their parents intervened and protected them after learning about the abuse (Godbout et al., 2014). Even while experiencing multiple life stressors, non-offending caregivers are often capable of providing support to their children (Bolen & Lamb, 2002). Families that are consistent, considerate, and relationally attuned are the families that offer child victims of abuse the support they need to recover (Bolen & Lamb, 2002; Saltzman et al., 2009).

**B. Role of Caregivers in Child Outcomes**

Most parents believe and protect their children, and these supportive actions have the potential to help children cope with the consequences of the abuse (Cyr et al., 2014). It seems intuitive that parental support would have a direct relationship with positive outcomes for child victims of sexual abuse. But although parental support has been highlighted in a great amount of research as being an important contributor to the positive outcomes of child victims (Cohen & Mannarino, 2000; Elliott & Carnes, 2001; Spaccarelli & Kim, 1995; Tremblay, Hebert, & Piche, 1999; Walsh, Cross, & Jones, 2012), it is essential to recognize the limitations in this line of research.

In a meta-analysis of studies that investigated the relationship between non-offending caregiver (NOC) support and the adjustment of child victims of sexual abuse, Bolen and Gergely (2015) discovered that there were various problems with the measurement of caregiver support, predominantly utilizing weak methodologies. The authors explain that there was a great variability in the conceptualization and the assessment of parental support, so much so that it was impossible to determine which measures were valid and reliable. The variation was so great, that the authors concluded “[u]ntil there is a consensus on how to measure NOC support….it cannot
be concluded that there is a relationship between NOC support and children’s postdisclosure impairment” (p.277).

Bolen, Dessel and Sutter (2015) utilized a qualitative methodology to explore the disconnect between theoretical conceptualization and measured levels of non-offending caregiver support. Within the semi-structured interviews of seventeen non-offending caregivers, eight dimensions of support emerged, including basic needs, safety and protection, decision making, active parenting, instrumental support, availability, sensitivity to child and affirmation. The study demonstrates a need to move beyond quantitative measures of non-offending caregiver support, and develop ways of inquiry about the construct that capture its multidimensionality and its connection to child outcomes.

An additional limitation in the research connecting caregiver support and child outcomes was the finding that the relationship between non-offending caregiver support and post-disclosure sexual symptoms and depression of child victims was moderated by which caregivers were used for the studies (Bolen & Gergely, 2015). It was discovered that when studies restricted caregiver participation only to non-offending mothers, the effect size for caregiver support was weaker compared to when every type of active caregiver was included. Although small in number, those studies that included all caregivers of the children, such as fathers, step-parents and grandparents, found significantly stronger relationships between support and positive outcomes (Bolen & Gergely, 2015).

Very few studies have investigated the role of paternal support or the ways in which paternal support may influence children’s adjustment (Bolen & Gergely, 2015; Elliott & Carnes, 2001). Most research has either overlooked the father’s role or has solely concentrated on cases where the fathers were the perpetrators.
The lack of inclusion of non-offending fathers in the caregiver support research limits our understanding of how non-offending caregivers help their children who have been sexually abused. In a review of the literature investigating the reactions of non-offending caregivers to the sexual abuse of their children, Elliott and Carnes (2001) state that the reactions of fathers are often overlooked. Since research has consistently shown that both mothers and fathers often experience distress following the sexual abuse of their child, and research has also demonstrated a strong connection between parental support and positive child victim adjustment, the authors conclude that there is a need for a greater understanding of the reactions of all caregivers, so that professionals can help all caregivers help their children (Elliott & Carnes, 2001). Inclusion of non-offending fathers in studies of victim adjustment will provide a broader, more comprehensive understanding of the relationship between parental support and child adjustment.

C. Paternal Support

Although research has predominantly documented support provided by mothers, there has been some limited inquiry into the role of paternal support. Cyr et al. (2014) compared the various types of support provided by mothers and fathers of children who had been sexually abused by either family members or someone outside of the family who was known by the child prior to the abuse. The authors found measured support twelve months after the child’s disclosure, and then fourteen months after. At time 1, results showed that although fathers were offering support to their children, their level of support was significantly less than maternal support. But just two months later, data showed that mothers and fathers provided the same level of support, including similar rates of involvement in provision of supportive treatment for the child, believing the child, and taking steps to protect the child. The research suggests that non-
offending fathers can and do offer support to their children after disclosure of sexual abuse, but that the timing and process may be different from that of mothers (Cyr et al., 2014).

Parent-Bousier and Hebert (2015) investigated how a child’s perception of security with the father contributes to the child’s outcomes after sexual abuse disclosure. Even after controlling for perceived maternal security, results demonstrated that both internalized and externalized symptoms were predicted by the child’s level of perceived security within the father-child relationship. Both studies suggest that non-offending fathers play a critical part in the recovery of a sexually abused child, and that further research is needed to better understand the process of their provision of support.

Retrospective studies have offered an examination of the impact of paternal support on child outcomes following the sexual abuse of the child (Guelzow, Cornett, & Dougherty, 2002; Schreiber & Lyddon, 1998; Waterman & Kelly, 1993). Schreiber & Lyddon (1998) found less psychological symptomatology was reported in adulthood for those victims who perceived higher levels of paternal care in childhood. The researchers did not find a significant relationship between level of maternal care and psychological symptomatology (Schreiber & Lyddon, 1998). Guelzow et al. (2002) found that the global self-worth of female undergraduate college students was predicted by the level of paternal support, where maternal support did not predict global self-worth. For those students who were identified as victims of child sexual abuse, paternal support was found to predict, indirectly, global self-worth. Higher levels of reported paternal support predicted lower levels of emotional-focused coping, defined as a coping style that involves a preoccupation with worry and emotions about a situation and often inhibits self-worth (Guelzow et al., 2002). Waterman and Kelly (1993) found that for sexually abused children
whose fathers offered minimal support, higher rates of anxiety and fear were exhibited three
years after the disclosure of the abuse.

Bolen and Lamb (2002) explored the variables that have the potential to increase the
amount of support offered by caregivers to their children after sexual abuse disclosure. The
authors found that having multiple caregivers present significantly impacted the amount of
support offered to a child. Since having multiple sources of caregiver support was found to be
related to an increase in support, the authors make the suggestion that “professionals need to
move beyond a narrow focus on non-offending mothers…..such a practice may have unintended
but nevertheless detrimental effects on the victim through reducing support to the child” (p. 273).
Similarly, Ayer et al. (2016) compared the characteristics of male and female primary caregivers
for children with a history of abuse, and found that mothers and fathers did not differ in
parenting behaviors, use of services or mental health. The authors conclude that “the key services
and supports needed by and available to mothers are likely needed by and should be made
available to fathers” (p. 285). In light of these recommendations, it can be argued that enhanced
clinical practices that engage fathers in their caregiving will likely benefit child victims and the
entire family.

III. Attachment Theory

A. Caregivers as attachment figures

The argument has been made that children’s responses to sexual abuse may be shaped by the
responses of non-offending caregivers. Considering the lack of consensus among quantitative
methodologies measuring support, the relationship between caregiver support and child
outcomes remains unclear (Bolen & Gergely, 2015). It may be that one of the most influential
factors influencing a child’s outcomes is the pre-existing attachment relationship that the child
had with a caregiver (Bolen & Lamb, 2002; Bolen & Lamb, 2007; Parent-Bousier and Hebert; 2015; Stubenbort, et al, 2002). Attachment theory provides a context for understanding the vital role a caregiver has in a child’s development. The theory has played an important role in the exploration of how parent-child interactions and relationships impact human development (Ainsworth & Bell, 1970; Bowlby, 1969).

Early proponents of attachment theory claimed a biological base to the bond between a caregiver and a child, serving as a survival function that is universal and present throughout a person’s life (Ainsworth & Bell, 1970; Bowlby, 1988). The argument is made that infants seek out proximity to their caregivers, creating a relationship that is based on the assumption that humans are preset to protect children from harm (Palm, 2014). The caregiver then becomes a secure attachment figure, whose relationship to the infant is meant to ensure safety. The relationship becomes internalized within the infant and this internalized sense of safety and security serves as a survival function, especially during times of stress and fear. Internalized attachment figures, and the security they come to represent, are considered the child’s internal working model of the self and other, and stay with the child throughout his/her life (Bowlby, 1988).

Children’s close attachment relationships with their early caregivers are critical to their development and overall well-being (Andersson, 2005; Grossman et al., 2008; Harden, 2004). For children who experience significant stress, the internalized security supplied by a securely attached caregiving figure acts as a mediating factor for the effects of maltreatment (Heller et al., 1999). The quality of the concurrent attachment during a time of stress or trauma for the child, has the potential to protect the child from negative outcomes (Alexander, 1992). On the other hand, neglect or rejection of the child’s need for security makes the child vulnerable to a host of
externalized and internalized psychological symptoms. Unreliable, insecure home environments and a lack of stability of caregiving are associated with poor developmental outcomes (Harden, 2004).

When the internalized attachment figure continues to provide consistent security during times of significant stress, specifically sexual abuse, the child may be less likely to experience the long-lasting consequences associated with trauma (Alexander, 1992; Heller et al., 1999). The presence of secure attachments has been found to predict more positive adjustment for child victims of sexual abuse (Bolen & Lamb, 2002; Bolen & Lamb, 2007; Parent-Bousier & Hebert, 2015; Stubenbort, 2002). One of the strongest predictors of recovery from trauma may be the accessibility to seek comfort and safety from others. Those who experience a lack of secure attachments with primary caregivers significantly struggle in utilizing supports in the long term to mediate the negative consequences of trauma (van der Kolk, Perry, & Herman, 1991).

Van der Kolk (2003) claims that a discussion of trauma and its impact on children must recognize the quality of the attachment relationships the child has with his parents. He claims that the security provided by parental attachment bonds may be the most important factor in mediating the child’s trauma symptoms. Research has shown that secure attachment experiences may serve as significant protection against the development of symptoms following a trauma. In an exploration of how attachment experiences moderate trauma symptoms among adolescents receiving in-patient treatment, Jardin et al. (2017) found that secure attachment relationships with caregivers significantly moderated the development of trauma symptoms related to sexual assault. Adolescents with a history of sexual trauma were found to have significantly higher levels of symptoms when they reported having insecure attachments, compared to those reporting attachment security. In a sample of female college students self-reporting a history of
child sexual abuse, those with secure attachment relationships with parents reported less anger, depressive, and anxious symptoms compared to those reporting lower levels of attachment security with their parents (Aspelmeier, Elliott & Smith, 2007). In a study collecting trauma and attachment experiences from both parents and child victims, parent- and child-reported attachment was found to be related to symptomatology (Bolen & Lamb, 2007). In fact, the child’s report of the quality of the parent-child relationship demonstrated the strongest relationship with child outcomes.

On the other hand, a caregiver’s failure to protect can be seen as an act that harms a child’s development (Bacon & Richardson, 2001; van der Kolk, 2003). When a parent does not believe, support, or protect his or her child after a sexual abuse disclosure, that failure has the potential to be yet another injury to the child’s internal working model of the self, beyond the abuse itself. A caregiver that continually does not respond or protect the child from abuse creates an environment for the child that is unpredictable and unsafe. In a review of the literature examining resiliency in child maltreatment, Heller et al. (1999) state:

> It appears that a sensitive, consistent, and safe caregiving environment is an important protective factor for this population, especially in the early developmental years…Research on attachment has demonstrated that a child’s working model (or internal representation) of his or her attachment figure is highly dependent on the child’s perception of how available and responsive his or her caregiver is, or will be, when needed (p.332).

When an event as potentially traumatic as sexual abuse occurs, it is important to examine the manner in which the child’s primary attachment figures react after finding out about the abuse (Heller et al., 1999). As previously noted, the caregiver’s response to learning about the abuse
may lead to overwhelming experiences of guilt, anger, or shame. These symptoms have the potential to complicate or even inhibit the caregiver’s ability to provide a supportive and secure environment for the child (Ford & Saltzman, 2009).

Attachment theory highlights the importance of attending to attachment figures and attachment relationships in regard to child sexual abuse and related outcomes. Where the relationship between caregiver support and child adjustment is inadequate, the attachment relationships pre-existing the abuse may serve as a way to better understand how child victims adjust differently over time.

**B. Fathers as attachment figures**

Attachment theory provides a framework for understanding the attachment relationship between child and father, but proponents of the theory also provide a tradition of excluding men from considerations too apparently. Bretherton (2010) explains that traditional attachment research focused predominantly on the mother-child dyad. The theory highly emphasized the mother-child relationship as the primary source of safety, security, and positive child development long-term (Bowlby, 1952, 1988).

Over time, as researchers identified the need to include fathers in attachment research, evidence showed that fathers shared unique attachment relationships with their children (Bretherton, 2010). Research has shown that fathers who provide more emotional support, encouragement, praise, and especially sensitive and attentive play have children with fewer behavioral difficulties and higher rates of secure explorations (Grossman et al., 2008; Rosenberg & Wilcox, 2006). Secure attachment relationships with fathers are formed when fathers provide consistent interactions with their children, taking an interest in the children through sensitive and secure play and exploration, and facilitating outgoing and agreeable engagements with their
The inclusion of fathers in the research and development of attachment theory demonstrates that both mothers and fathers foster secure attachment with their children, providing psychological security for the children (Bretherton, 2010; Grossmann et al., 2008; Palm, 2014). Fathers and the rich attachment experiences they bring to their children are slowly becoming acknowledged in the literature as playing critical roles in the positive development of their children (Allen & Daley, 2007; Grossman et al., 2008; Guelzo, Cornett, & Dougherty, 2002; Lamb, 2013). Paternal involvement has been shown to have positive effects on a child’s language development as well as their ability to regulate and express emotions (Leidy, Schofield, & Parke, 2013; Tamis-Lemonda, Baumwell, & Cabrera, 2013). Long-term effects of paternal involvement include a lower risk of behavioral and psychological problems (Baxter & Smith, 2011; Sarkadi, Kristiansson, Oberklaid, & Bremer, 2008; Kroll, et al, 2016). Overall, engagement of fathers has been shown to be beneficial to their children.

Fathers are not yet adequately represented in the literature describing how caregiver support is related to child sexual abuse outcomes (Bolen & Gergely, 2015; Elliott & Carnes, 2001). The exclusion of paternal experiences in the literature sends the inaccurate message that either men are not affected when their children are abused, or that the ways in which they are affected are not a factor in children’s recovery. It also signifies the long-term bias regarding mothers as primary caregivers responsible for the care and safety of children, discounting the impact and role of fathers. This not only denies the opportunity to understand the experiences of parenting across genders but enforces a traditional sense of caregiving that places parenting exclusively on females. As a result, mothers are burdened with the responsibility for any failures that may derive from the realities of parenting. A qualitative lens focusing on fathers may be an important
next step in research on the relationship between parental attachment and child outcomes after sexual abuse disclosure. A particular focus on fathers will help to identify the specific varieties of support fathers offer, the barriers to support they experience, and the elements of parenting that are most affected after the disclosure of child sexual abuse. Using a phenomenological approach, non-offending fathers are offered the opportunity to tell their stories about supporting and parenting their children after disclosure. This is a critical beginning step in documenting the role of fathers in the healing of their children.

**Methodology**

I. Research Method

This study first employed a qualitative phenomenological methodology, designed to collect personal and true descriptions of a phenomenon as it is perceived by those who have experienced it (Groenewald, 2004). The descriptions of phenomena, and also the meaning an individual ascribes to them, were recalled and re-constructed through communication with the interviewer (Groenewald, 2004; Padgett, 2008; Puckering & Breustedt, 2013). The study was exploratory, aimed to address the dearth of information about fathers’ experiences in providing support to and parenting a child who has been sexually abused. An in-depth interview was utilized, to collect descriptions from one non-offending biological father about his experience of providing support to and parenting a child who had been sexually abused by someone outside of the family.

II. Sample & Recruitment Procedures

Purposive, intensity sampling was used for this qualitative study (Padgett, 2008; Patton, 2015). Recruitment focused on identifying a sample that provided valuable information that illuminated the questions under study. Potential participants were intentionally selected based on
predetermined inclusion and exclusion criteria, and rather than extreme or unusual cases, they represented a typical experience of providing support (Padgett, 2008). The original goal was to interview 10-12 participants, biological fathers who were non-offending, active caretakers of children who had been sexually abused. Active caregiver was defined as the following: a person who is actively caring for the child within six months prior to the disclosure of abuse, who lives with the child or has regular custody of the child and is responsible for the physical and emotional care of the child on a regular basis. There were no exclusionary criteria based on race, ethnicity, or relationship status with child’s mother. The age of the child at the time of the disclosure was six through seventeen years.

This research study focused exclusively on extra-familial child sexual abuse cases. The following were abuse characteristics for inclusion in the study: 1) the perpetrator of the abuse will not have been a person biologically related to the child victim, 2) the abuse will have involved actual physical contact (touch, penetration), 3) the abuse will have been verified by a professional (forensic evaluation, child protection, criminal investigation) and 4) the disclosure of the abuse will have taken place within six to eighteen months prior to participation. This strict time frame was chosen out of concern that the first six months after disclosure would not offer enough time to reflect on, and then eighteen months may be too late to recover accurate reporting of experiences.

Recruitment relied on pre-existing relationships between the author and local non-profit and social service agencies that provide services to this population. Ten agencies and three private practice clinicians were contacted via email, with an IRB approved information sheet describing all elements of the research study. Of those, four did not respond, but the remaining nine expressed interest in supporting recruitment through their services. Three signed letters of
agreement and actively recruited for six months, and the remaining six stated interest in the study but were unable to identify any potential participants for the study. Of the three who signed, the study was presented to the agencies and individual staff members, who were then to identify clients as potential participants. If those clients agreed, they were given the necessary contact information by the staff member. In order to address the challenge of reluctance to participate, the author again relied on utilizing pre-existing relationships with therapists and caseworkers who were “insiders” within the population. It was the hope that having workers support the recruitment process would then provide the potential sample increased trust and engagement in the research. After six months of recruitment, information for only one participant was received. This unexpected challenge in the recruitment process led to a change in the qualitative approach from phenomenological to case study.

III. Research Design

A semi-structured interview guide was used to allow the participant to describe his experiences and the meaning these experiences have had in his life. The interviews took place in a neutral, private location of the participant’s choosing. All interviews were recorded utilizing two digital recorders to minimize the possibility of technical difficulties in the recording process. The audio recordings were first transcribed by a transcription service, and then accuracy of transcriptions was reviewed by the researcher. A transcription service provided a signed letter of nondisclosure of confidential information, and both the service and the researcher deleted all recordings once transcriptions were complete. Only the researcher was aware of the actual identity of the participant. Transcriptions allowed for the researcher to utilize thematic coding of the data. The interview was intended to be flexible, offering open-ended questions and probes meant to elicit varying details about the central phenomena of support and parenting.
(Groenewald, 2004; Padgett, 2004). In order to guide the interviews in a non-directive way, a list of open-ended questions and probes were created prior to any interviews taking place. Examples include:

1. Please tell me about your child’s abuse, and how you learned of your child's abuse.
2. Fathers I've spoken to talk about reacting in many different ways to the news of their child's abuse. How did you react when you first heard?
3. At the time that you learned about the abuse, did you have any sense that your child needed support at that time? What were those needs and how did you address them?
4. Has your approach to parenting changed since learning your child was abused? If so, how?
5. If you could go back to the moment you found out about your child's experiences, is there anything that might have helped in the moment to understand your child's experience? Anything you would have done differently? If so, what?
6. What advice would you give another father who has experienced something similar with his child?

In addition to the primary interview, the participant was interviewed a second time. This follow-up interview provided the participant the opportunity to discuss anything that came to mind after the initial interview, offering him time to speak about his reflections on the first interview. When concluding the first interview, the researcher reviewed the purpose of the second interview, and suggested that the participant keep written notes of any thoughts and questions that he may have while awaiting the follow-up interview. In that second interview, the researcher reviewed the common themes of the first interview and discussed the participant’s feedback. The follow-up also acted as a member check, a method of increasing the credibility
and accuracy of the information collected. It allowed for more thorough data collection, amplified trustworthiness of the data, and a greater opportunity to collect a deeper insight into the phenomenon under study (Padgett, 2013). The participant received $20 for his participation in each interview.

Bracketing and an audit trail were utilized by the author in order to minimize bias in the interview process and the interpretation of findings. The goal in bracketing is, whenever possible, to put aside one’s own set of preconceived notions and values about the studied phenomenon in order to collect and interpret the participants’ experiences with greater accuracy (Chan, Fung & Chien, 2013; Creswell, 2013). This requires the practice of reflexivity, where the author is deliberately “attentive to and conscious of the cultural, political, social, linguistic, and economic origins of one’s own perspective and voice as well as the perspectives and voices of those on interviews and those to whom one reports” (Patton, p. 604). The author utilized bracketing to identify prior experiences with the phenomenon, including what is learned about the phenomenon before and during the investigation, with the hope of avoiding inaccurate subjective observations and judgments throughout the research process (Chan, Fung & Chien, 2013; Groenewald, 2004). An audit trail increased the dependability of the data collected. This process required the researcher to take notes routinely about the research process, data collection, and the progression of data analysis (Werner-Lin, 2016).

The researcher also collected information from each recruitment agency about the challenges and barriers to recruitment for this study. Via email, the researcher inquired about 1) the number of child sexual abuse cases referred to the agency over the past five months, 2) whether fathers had been identified but declined from participating or if no fathers met criteria, and finally, 3) any main obstacles in finding participants. Four agencies responded with detailed statistics.
IV. Human Subjects

All efforts were made to ensure the protection of participants. The research study received a review by the University of Pennsylvania’s IRB, and no elements of the study began until IRB approval was received. Informed consent for participation and the digital recording of interviews were obtained by the researcher from the participant at the initial in-person meeting.

To further protect the privacy of participants, a Certificate of Confidentiality was obtained from the National Institutes of Health (Certification #CC-HD-17-006). Researchers can use this certificate to legally refuse to disclose information that may identify participants in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings, for example, if there is a court subpoena. Since there was the possibility of study participants discussing open law enforcement and/or child protection cases during participation, the researcher sought the certificate to resist any demands for information that would identify any participant.

It is important to note that the certificate is not used to prevent disclosure to state or local authorities of suspected child abuse. If such information were disclosed during any part of participation, the researcher would stop study participations immediately and report the information to the proper authorities. All of the information about the Certificate of Confidentiality was included within the consent form, including its limitation of disclosed suspected child abuse information.

The consent form, recordings, and the resulting transcripts were stored in a confidential space under lock and key available only to the researcher, and the consent form was kept separate from all study documentation to ensure anonymity of the participant. The participant was also allocated a pseudonym to preserve anonymity.
Case Study - Sam

A case of child sexual abuse is presented here from the perspective of the non-offending father of the child victim. Sam’s son’s abuse and its disclosure are described. Utilizing thematic coding, the case study highlights the impact the abuse had on the child and the family, the unique reactions and experiences of the father, and the sources of support that were available.

I. The Abuse & Disclosure

Sam is a middle-class Caucasian male in his mid-thirties. He is college-educated and is the father of two. He has a three-year-old daughter, Gianna and a six-year-old son, Vince. Sam is engaged to his children’s mother, Stephanie, and they all live in the same household. At the time of the initial interview with Sam, one year had passed since his son’s disclosure of sexual abuse. Vince was five at the time of the abuse. The perpetrator, Tim, an eleven-year-old male babysitter, forced Vince to perform and receive oral sex on more than one occasion. In Sam’s words, “Tim’s curiosity, at his age, he just wanted to experiment and decided to use Vince as part of his experiment…. It came down to some level of oral sex.”

Sam’s son had disclosed the abuse directly to his father. Sam described the initial disclosure:

“I was finishing giving Vince a bath one night and just totally out of the blue, we had done the bath and I was drying him off and he had said to me that “Tim and I…” We call his penis a peanut…He said out of the blue, he’s like, “Tim and I say bye to our peanuts by putting it in our mouth.” It’s like, what? I’m like…you don’t want to believe what you just heard. It’s like, “you mean like a peanut, like you were breaking up peanuts and…” He says, “No, like our peanuts.” He said it again, he said, “Tim and I say bye-bye to our peanuts by putting it in our mouth.”

Sam immediately told his fiancé and they together continued to ask their son clarifying questions
and confirmed that he was talking about his penis when using the word peanut. His son also described a sense of grooming on the part of the perpetrator.

“Then he started telling us things that you would hear about in a movie. It was how you lure a child to do something that you want them to do. You ... What’s the word here? You bait them with toys. I guess a toy would come up on the TV when he was watching and Tim would say, ‘I’ll buy you that toy if you don’t tell anyone.’”

The perpetrator’s mother had been a close friend of the family, and so they called her and the families met in person that evening. When confronted, the perpetrator did not deny the allegations, and his mother presented with a significant amount of denial regarding the gravity of the situation. Vince’s mother called their pediatrician the next day to inquire about supports for her son, and was informed about the mandated reporter laws. The pediatrician reported the abuse to Child-Line, and a case was opened with child protective services. Sam’s son was interviewed at the local child advocacy center where he gave a full disclosure of the abuse, and a juvenile criminal case proceeded against the perpetrator.

II. Impact of the Abuse on the Child

Sam reported that he was surprised at his son’s disclosure, because he had not seen any sign for concern in his son’s behaviors.

“There were a lot of conversations after the fact about, does Vince need counseling? Should we get him help? Should we ... It was to us, he didn’t seem any different. Nothing changed. It seemed like he was going out and just playing and doing his normal thing and going to school. It’s like, this is Vince.”

In fact, his son’s greatest challenge came after his disclosure, where he missed spending time
with the perpetrator, whom he had considered a friend.

“He was sad that he was losing a friend but he didn’t really seem to be impacted by what had actually happened... That made him sad, I think more for losing a friend. He didn’t like to hear that he wasn’t going to be friends with Tim anymore.”

Sam also spoke about his concerns regarding the impact the abuse may have on his son in the future. “He is my little soldier. I can’t believe how... He’s so young and he just doesn’t realize what happened yet and this plays into the fear of what will happen when he does grasp it.” And this was in direct relation to his decision to not seek treatment for his son. He worried that his assessment of his child could be wrong, and felt unsure about how the actual abuse, and his parental responses would affect his son in the long run.

“The memory footprint will never disappear. I think the small cloud over my head will always be, how will he react as he gets older and the pieces start to fit together of what actually happened? When he gets to the age that he is a teenager or hitting puberty, he’s going to remember what happened. I think the jury is still out on whether we made the right decision and I don’t know if... I guess you’ll never know if you made the right decision.”

Sam also spoke about his son’s reaction to being questioned about the abuse, and then not being believed by the perpetrator’s mother. His son demonstrated typical withdrawal from continuous questioning and emotional distress when not feeling supported and believed. These reactions are well documented in the literature (Godbout et al., 2014; Gries et al., 2000; Lovett, 2004; Marriott et al., 2014) and are described by Sam.

After his son’s initial disclosure, Sam and Stephanie proceeded to question him about the
abuse on two separate occasions. Each time this occurred, Sam noticed that his son would become silent and retract from the conversation.

“It was like, “All right, what do we do?” We decided that ... Stephanie asked him again like what he had said, he repeated the same thing....At this point you could tell he was getting into a shell a little bit like we were prying and he was now like, “Uh-oh.” ...I’m thinking of all the questions we asked him. It wasn’t a lot, we only got a handful of questions in probably by the time he was just kind of like, “I don’t know, I don’t know, I don’t know.” It’s like, “Okay, we’re not going to get any further tonight.”

Sam’s son also struggled when faced with blame and disbelief from the perpetrator’s mother.

“I think at first [the mother] even said, ‘You’ve got to be careful about the accusations you make because you can hurt people’s feelings. People may not want to be your friend anymore.’ Vince starts getting upset because she’s telling him that Tim might not want to be his friend....Now Vince is crying because he’s upset that he is losing his best friend which pisses me off because it’s like, “I don’t need you to ...” He’s going through enough right now, I don’t need you to make him cry over losing a friend.”

Parental reactions to child abuse disclosure vary significantly, and it is common for parents to question their children after the disclosure of abuse (Alaggia, 2002; Bolen & Lamb, 2004; Elliott & Carnes, 2001). This may be triggered by an intense need to understand the situation through collecting as much information as possible. It may also be triggered by denial, or the inability or difficulty in believing that the abuse happened. Regardless of the cause, continued questioning of a child may imply a level of disbelief, and then may increase a child’s
level of distress. It is well understood that when children are not believed after a disclosure, or are blamed for the abuse, this disbelief or blame may result in more significant symptoms over time (Godbout et al., 2014; Gries et al., 2000; Lovett, 2004; Marriott et al., 2014; Palmer et al., 1999). In the case of Sam, questioning about the abuse ended quickly, and was replaced by support and action against the abuser. This may be a vital factor in the development of his son, with better outcomes being associated with Sam’s belief and his actions, both appropriate affirmative parental responses.

III. Impact of the Abuse on the Family

Interactions with Perpetrator’s Family

The proximity of the perpetrator and his family, as well as their reaction to the disclosure of the abuse, significantly impacted Sam’s family. First, the perpetrator and his mother lived nearby, and so, after the disclosure, they were forced to see each other on a daily basis. When recalling the impact statement that Sam had written for the courts, he spoke at length about this challenge.

“We live in a dead-end street with Tim’s mom being the last house. So whenever she leaves, guess whose house she has to drive by? She can’t go the other way. As part of the statement it was, not only did this horrific thing happen but we are reminded about it every single time...The sight of seeing Tim’s mom drive by every time she comes and goes is just another painful slap in the face that what happened, happened.”

The fact that the perpetrator’s mother was a close friend of Sam’s fiancé also presented the family with challenges. He spoke of how her denial at the disclosure and throughout the court proceedings impacted Stephanie and him.
“It became pretty obvious throughout the entire situation that it never really sunk into them. I don’t know if she just never wanted to believe it so she was just always in denial...Her mind set was always, just always just, ‘This never really happened. I just want my boy back.’ It was like she was just a zombie going through it, like she never really grasped it and that angered me....I think it would have made our coping a lot easier had they been more sympathetic to what had actually happened.”

This created a sense of betrayal and loss, where Sam, his fiancé and his son all had difficulty adjusting to the loss of a family friend they had grown to trust and love. For extra-familial abuse to occur, the perpetrator must gain access to the child, and this often occurs through the trust of the caregivers (Crosson-Tower, 2005). The abuse can often feel like an interpersonal violation because the perpetrator was someone that the child and the family cared for and depended on for safety (Freyd, 2008). Since over 90% of child sexual abuse cases are perpetrated by someone the family knows (Finkelhor & Shattuck, 2012), the feelings of betrayal can lead to a common sense of loss for the family.

Parenting Strategies

Sam spoke at great lengths about how both his and his fiancé’s parenting strategies changed after his son’s disclosure of child sexual abuse. First, he spoke about how he educated his son about the situation.

“We tried carefully to construct a conversation around, ‘Well, you know what he did was wrong.’ Clearly, let’s establish what’s right and wrong here...let’s establish now some ground rules about what’s okay and what’s not okay regarding your privates. Conversations that I didn’t really think I’d have to have
Sam continued by discussing how this incident has changed his approach to parenting his younger daughter as well. While considering the desire not to let what happened to his son affect the way he raises his daughter, he also recognized the need to have these conversations about right and wrong and private parts with his daughter much earlier than he had expected. Sam’s thinking is in line with evidence demonstrating the importance of prevention education, and how caregivers often engage in prevention education only after an incidence of abuse, rather than proactively. Research has shown that early prevention education can teach children concepts of privacy and safety, and can help to provide early detection and disclosure of abuse (Finkelhor, 2009; Finkelhor et al., 2014). In a qualitative study exploring the experiences of parents’ provision of sexual abuse prevention education to their children, Walsh and Brandon (2012) found that many parents have a strong desire to provide prevention education to their children, and yet many are not adequately informed or are comfortable doing so. The authors explain that “parents with direct or indirect personal experience of child sexual abuse seemed more comfortable with the concept of educating their children about sexual abuse prevention both at home and at school” (p. 743).

Sam also spoke about how a new level of fear exists for him as a parent after the disclosure, leading to changes in decisions and everyday interactions with his children.

“It’s a little more like you listen a little more…you start listening in between the lines. You don’t want to drive yourself crazy like you’re paranoid but you look a little closer for any clue of distress or something doesn’t feel right.”

Both Sam and his fiancé significantly increased the communication within the family. Where before they would simply inquire about the child’s day, now “you look for things and for
a while, it would be just trying to very gently ask questions, indirect questions, to make sure he’s doing okay and nothing else has happened.” This strategy of parent-child communication has been found in mothers, who have used their close relationships with their children to provide education and support in everyday parenting experiences (Walsh and Brandon, 2012). And an increased quantity of communication about sexual topics with older children has been found to increase the closeness of parent-child relationships and was associated with greater ease in future communication of sexual content (Martino, Elliott, Corona, Konouse & Schuster, 2008). It is likely that the occurrence of his son’s sexual abuse promoted Sam and his fiancé’s willingness and ability to provide both of their children with sexual abuse prevention communication, and in the end, may enhance their children’s ability to communicate about sexuality in the future.

Family Dynamics

The everyday experience of Sam’s family changed after the disclosure of abuse. He recalled how his relationship with his fiancé struggled at times, and how his fiancé’s struggle to cope affected the children.

“For the beginning, it was probably every day, yeah. She just wasn’t sleeping at all. She always goes to bed way before I do, I’m kind of a night owl. She would go to bed most nights at ten o’clock. I usually don’t go to bed until twelve or one but I would come up to bed and she would just be awake crying. It’s like she had been crying in bed for two hours and just couldn’t sleep...That was tough on me because I didn’t know how to help her.”

Sam often found himself consoling his wife and at the same time caring for the children in new ways. “When she would break down and cry, I have to console her and then the children wonder why she’s crying and then I have to console them.” The changes that in family roles and routines
that Sam experienced are common in family systems where trauma occurs, and all members of
the family have the potential to be affected (Elliott & Carnes, 2001; Holt, 2014; Manion et al.,
1996; Manion et al., 1998; McCourt, Peel & O’Carroll, 1998; Schreier, Pogue, & Hansen, 2017).
Family cohesion can be affected, as well as the family’s ability to address the needs of all of its
members (Deblinger, Mannarino & Cohen, 2015).

IV. The Father

Reactions of the father

Similar to many non-offending caregivers (Bolen & Lamb, 2004), Sam initially
experienced a level of ambivalence, wavering between disbelief and belief in response to his
son’s disclosure.

“I didn’t want to believe it either, I guess. It’s like ... An hour ago, it was just a
day in the life. We’re getting our bath, we’re having a good time, we’re getting
ready for school tomorrow and then it drops like a bombshell on me. You don’t
want to believe what you just heard...you just never expect that moment to come
where your five-year-old son says, “Hey, I’m being sexually abused by the bigger
kid down the street.” At first it was just like, “All right, it’s not really
happening...”

Bolen and Lamb (2004) explain that a sense of ambivalence is common in non-offending
caregivers who first learn of their child’s abuse. The authors explain that

“ambivalence occurs when the valences toward both the child and perpetrator are
stronger, representing the guardian’s conflict between wanting to support the
child while also experiencing some allegiance toward the perpetrator. Because of
their quandary, non-offending guardians might experience distress and express inconsistent behaviors” (p. 186).

Hooper and Humphries (1998) discuss the complexity of a caregiver’s response to finding out their child had been sexually abused. Focusing specifically on mothers, the authors describe responses wavering between belief and disbelief, “where the certainty of belief held one day could not be predictably held on to the next” (p. 569). Mothers explained that disbelief was often a “spontaneous emotional reaction, a natural defense against traumatic news” (Hooper and Humphries, 1998, p. 569). Bolen (2002) explains that this mirrors the presentation of an ambivalent caregiver, who demonstrates belief through supporting and protecting the child, while at the same time shows signs of disbelief by continuing to question the child and initially questioning whether or not the abuse occurred.

Sam had trusted the perpetrator with the care of his two children, and the perpetrator’s entire family had become close to Sam’s own family. Given Sam’s experience of trust and connection with the perpetrator and the perpetrator’s family, his immediate disbelief towards his son’s disclosure is understandable. His doubt may have represented his desire of not wanting it to be true because the abuse suggests that he did not keep his child safe. And yet, this does not last long.

As previously mentioned, out of a sense of disbelief, Sam and his fiancé proceeded to ask their son questions in order to “gently peel away layers of this.” And as they asked their son more and more questions, Sam’s doubt slipped away.

“The next night that’s what we did, I set up my phone and we started asking some questions [they taped the conversation] and to our dismay it became clear that
what he was saying actually happened…It’s just, with every answer, your heart sank a little more because it was setting in then it’s like this happened…I was like maybe it was just one time, maybe it was whatever…You don’t know, you grasp at straws but then when he was like, ‘Yeah, more than once.’ It’s like, Oh God. ‘Okay, like more than twice?’ ‘Yeah.’ Then it’s I think after more than three, he’s like, ‘I don’t know.’ It’s like, all right so there’s a repetition here, this isn’t ... You can’t chalk it up to just one time anymore. As he says these things, it’s again, you just ... It cements, it’s like, okay, this happened.

We see here that Sam’s initial doubt and continued questioning of the abuse disclosure is an attempt to wish it away, or make it less while still going forward to discover what had happened. Sam then felt anger, which continued throughout his experience as a non-offending caregiver. A great deal of this anger stemmed from the ways in which the perpetrator’s mother reacted to his son’s disclosure. As previously mentioned, the mother never reached out to the family to acknowledge what happened or to apologize, and they were forced to face this in the courts and in their own neighborhood on a daily basis. While Vince’s mother Stephanie reacted with an overwhelming feeling of sadness, Sam’s experience was anger. And yet his emotional reaction to the situation was tempered.

“\textquote{I’m not a physical person but yeah. The anger definitely boiled to a point ... There’s just a wave of emotions. You go through sadness and anger like it’s vanilla or chocolate cake. It’s one day you want this, one day you want that. Yeah, there were times ... At the beginning I felt like I was a little more [like] let’s just take it slow and see what happens. I’m not going to get angry over this. Then as the courts went through it’s like I wanted to strangle him like, ‘You little}
Sam spoke about feeling consumed by the abuse, a feeling that was deeply problematic.

“Probably for the first week or two, it was pretty consistently just there. It’s really difficult to think of anything other than that especially after it really sunk in. Like after having that conversation where all your fears came true that it’s like, this actually happened. I couldn’t find a way to think of anything but that. You’re trying to find distractions to get you through it but ... Just back to where ... It was probably about a week and a half to two weeks I would say of just like a dark cloud pouring over your head.”

His emotional reaction of anger and sadness, along with the recurring thoughts of the abuse affected him at work. His interactions with his coworkers weakened and he had difficulty concentrating.

“When I came back [to work] it was ... I sit behind a desk but I still talk to people and all. I can’t say I was the same person right after that...I can’t shove down all the emotions that well. I guess people could tell I just wasn’t quite normal because I am normally very joking and laughter and always wise cracking jokes and stuff like that. It was hard for me to get that out because I just didn’t feel like being funny...There’s just too much going on...Humor was a tough emotion to pull out of the bag for at least probably the first week or two back at work, was just kind of like ... It’s just sitting at work, it’s like you are trying to work and it’s in the back of your head. You’re always thinking about it.”
Reoccurring intrusive thoughts and related negative emotional reactions are common symptoms after experiencing a traumatic event (American Psychiatric Association, 2013), and are particularly common for non-offending caregivers following the disclosure of child sexual abuse (Elliott & Carnes, 2001; Ford & Saltzman, 2009; Scheeringa & Zeanah, 2001; Zvara et al., 2015). This has been acknowledged and addressed in particular interventions, including cognitive-behavioral, psycho-educational and support group therapy specifically designed for non-offending caregivers (Deblinger et al. 2001; van Toledo & Seymore, 2013).

The role of protector

Sam identified as the protector of the family, before and after his son’s disclosure of abuse. But because he believed it was his responsibility to care for those in his family, his emotional reactions and expressions were moderated. Compared to Sam, the perpetrator’s mother’s persistent denial and Sam’s fiancé’s intense sadness lasted significantly longer. For Sam, the denial diminished very quickly. His denial was immediate, but brief, and quickly developed into more ambivalence, perseverating between hoping it was not true and understanding that it was true. Once all doubt has faded, he reported that his preoccupation with the abuse, as well as his feelings of anger and sadness, only lasted a few weeks after his son’s disclosure and never reached the point of being intrusive on his everyday life. What consumed Sam was the responsibility to take care of his family.

“If a dad came to me seeking advice, it would be you’re in a boat in a rough ocean. There’s going to be ups and downs and your job is to keep the ship afloat, which is how I looked at it. It’s, put on your dad shoes ...Your job is to keep the family safe, fed and healthy. It’s at all costs. That’s your job. Be there for people, trust your gut and just do what you think is the best way for you to be the best dad
in this situation. Your son or daughter is going to need your help in whatever way and only you know your child the best. It’s whatever way you think it is to handle that child but you’ve just got to trust your gut.”

In a way, Sam’s identification as father and as protector offered him a way to adjust to the disclosure by focusing on his family. He kept busy consoling his fiancée, parenting his children, and getting by at work to provide for his family. And yet his role as protector also presented him with a sense of regret and failure.

“I felt like I had a job to protect him, so on and so forth. It’s like as a parent, your number one job is protect your child. When you feel like you failed that number one goal, it’s tough and just kind of like, we have to live with that fact for the rest of our lives.”

After the disclosure of abuse, Sam made the decision not to tell anyone. In the year since his son’s disclosure, he had only discussed it with his fiancée and her parents. And prior to being interviewed for this project, he had never told anyone the account of his child’s abuse.

“I went into protective mode. It’s like my fear was I didn’t want anyone to treat Vince different. It’s like, ‘Just don’t tell anyone.’ The less people that know, they can’t treat him different because of what happened if they don’t know it happened...I’m his father, I have to protect him, keep him safe...which is the ironic thing because it’s ... Maybe that was the defense mechanism because I felt like I failed to keep him safe. Just the fact that it happened is, ‘Well I can cross that off the list, I didn’t uphold that one’”.

For Sam, his son’s abuse was evidence that he had failed as a protector, and so his decision to not tell anyone about the abuse was a way to safeguard his son after the disclosure. Sam’s
paramount focus was to minimize the effects the abuse had on his son, including keeping the abuse a secret from family and friends. But he also did not feel a need to speak about the abuse. This was a very different reaction than his fiancé’s, who continually wanted to discuss the abuse. Sam felt that he was his fiancé’s protector as well, and so he would console his fiancé and discuss the abuse with her in order to support her.

“I never felt the need to talk about it. It was always ... Which drove my fiancé nuts because she had to talk about it. It became a source of daily conversation...It wasn’t difficult to not talk about it, I was never to the point that I was like, ‘God, I wish I could talk to somebody about this.’ It really didn’t eat me inside like the way like ... my fiancé needed to talk to someone, she needed to talk which bothered her because it’s like, I would talk about it when I had to. I talked about it with her because I knew it would help her.”

V. Resources and Supports

Family Relationships

The strength of Sam’s pre-existing relationships seemed to serve as a protective factor and resource for him after the disclosure of his son’s abuse. He and his fiancé had been in a committed relationship for several years, living together and raising their two children. He reported that their relationship was not significantly hurt by the abuse disclosure or the increased family stress that was brought about by the abuse, and the two were able to adjust to the news as a supportive team. From the moment of the disclosure, Sam and his fiancé openly communicated about their thoughts and fears, and together made a plan to move forward. And although they had different reactions, with his fiancé experiencing more severe and longer lasting emotional distress, one year after the disclosure Sam described their relationship. “It's tough to say, I don't
know that I would say it necessarily changed our relationship. I don't think we're any better or worse because of it. It's just, the conversations are a little different...”

Sam also had a strong relationship with his son prior to the abuse disclosure, and had a deep understanding of his son’s personality and needs. He was aware of his son’s likes and dislikes, strengths and challenges, and was attuned to his emotional nature.

“My son is a great kid...he’s very loving and he’ll want to cuddle up...he likes sports and all but it's like he’s got a sweet demeanor about him. He loves computers, computer games...I think he’s got a lot of me in him, you can’t really deny that he’s my boy.”

Sam was able to understand his child’s needs throughout the time after the disclosure. He perceived when his son was in distress or when he was overwhelmed, and he reacted with kindness and protection. When his son was overwhelmed, Sam stopped asking questions. When the perpetrator’s mother placed blame on his son, Sam shut the conversation down. These are just some examples of how Sam’s connection with his son allowed him to identify his son’s needs accurately and create an environment that was emotionally and physically safe. Sam spoke about his pride in his son’s adjustment as well as his own after the disclosure.

“He is my little soldier. I can’t believe how ... He was a tough soldier through it. It happened, he talked about it when he had to talk about it. He cooperated with the police and all the people he had to talk to. He did a great job. I would probably say the biggest surprise was how well he handled it and I think how well I handled it internally. Seeing how it affected my fiancé and affected other people...I would say knowing how emotional I can be I think I was a little surprised how well I did to try and keep it even and keep the ship afloat.”
The Criminal Justice System

Sam named the criminal justice system, particularly the District Attorney’s (DA’s) Office, as a helpful resource for support following his son’s disclosure.

“The people at the District Attorney’s office were fantastic…They just did a fantastic job of being educated, being helpful. Really explaining in layman’s terms what’s going on, what to expect. Really just being a fantastic help, a great support system to get us through it.”

There were several specific ways that the DA’s office supported Sam and his family. Sam first spoke about the fast pace of meetings and the confusing jargon used by the prosecutors. The assistants in the office would immediately define and explain the legal terminology discussed and educate both Sam and his fiancé about the upcoming steps in the court system. He also spoke about the personal kindness the office’s staff showed him and his family. Staff members held his fiancé’s hand during difficult meetings and would offer comforting words of support. The technical support specialist expressed kindness towards Sam while working to get the recordings downloaded from his phone. Overall, Sam felt very grateful for the support offered by the office.

Sam also stated, “the way [the DA’s office] helped me the most was by helping my fiancé and my son.” The office had offered Sam and his family referrals to mental health and supportive resources in the community. And although his fiancé made the most use of these resources, Sam believed that the support she received directly helped him and the entire family.

“I was helping her try and find the right help because it’s like, I don’t know what to do here. There are professionals that do this… The courts helped tremendously with getting her into groups and finding the right people to talk to which helped her a ton, which helped everyone a ton.”
The criminal justice system also provided support by creating an opportunity for Sam and his family to be heard and validated in the court system. Sam described the court process as being long and difficult, but also experienced the judge’s words and actions as validation of his son’s experience. The judge assigned to his son’s case had verbalized frustration in response to the perpetrator’s mother’s high level of denial concerning the seriousness of the situation. In addition, after Sam’s impact statement had been read aloud in court, the judge “said to the perpetrator, ‘Look around the court room...Take a moment, look at the people behind you...Everyone is crying.’ It was powerful.” Sam experienced the criminal justice system as a place where he and his family were believed, supported, educated, and validated.

**Discussion**

If fathers are taking an active role in caregiving for child victims of sexual abuse, then it becomes vital to understand how fathers parent and provide support to their children. The therapeutic community must understand the process, challenges, and benefits of paternal support of child victims of sexual abuse. An improved understanding of the process of paternal support has the potential to empower clinicians to acknowledge, evaluate and intervene with fathers effectively, to develop intervention and prevention programs that include the specific needs of fathers, and to utilize fathers as allies in the overall care of their children following sexual abuse. This becomes especially pertinent when considering the field of child protection, where assessments and decisions about a child’s safety are supposed to include the available support and protection provided by the child’s parents. A more complete, nuanced understanding of all available caregivers to the child will better equip those in the child protection field to determine the best interests of a child.

The case study approach offered here recognizes the role of fathers in the care of children...
who have been sexually abused, and provides a description of the experience of one non-offending father who is parenting and supporting his child. It is critical that the approach of recognizing and engaging “caregivers” be broadened to include fathers. The case study described here highlights several themes of paternal involvement and important implications for social work practice.

**The Importance of Attachment Relationships**

Attachment theory provides a context for understanding the vital role a caregiver has in a child’s development. And although the relationship between caregiver support and child outcomes after sexual abuse disclosure remains unclear (Bolen & Gergely, 2015), it may be that one of the most influential factors influencing a child’s outcomes is the pre-existing attachment relationship that the child had with a caregiver (Bolen & Lamb, 2002; Bolen & Lamb, 2007; Parent-Bousier and Hebert; 2015; Stubenbort, et al., 2002).

Sam’s secure relationships with his son, and the rest of his family, served his family in terms of resiliency and support. The abuse characteristics of his son’s case, including high frequency, physical invasion, and betrayal of a trusted person, are typically associated with a greater level of trauma symptoms (Goldsmith et al., 2012; Leahy, Pretty, & Tenenbaum, 2004; Zinzow et al., 2010). And yet after his son’s disclosure of sexual abuse, Sam notes that his son displayed minimal trauma symptoms. Attachment theory provides context to understanding Sam’s son’s resiliency, stressing the importance of his pre-existing secure attachment relationships with his caregivers.

Sam’s pre-existing secure relationship with his fiancé also supported his son in his adjustment over time. The reactions of caregivers may either support or hinder the cohesion of the family, and the family’s ability to offer the help and protection that the child victim needs to
cope with the trauma (Deblinger, Mannarino & Cohen, 2015). The security of Sam’s relationship with his fiancé offered them avenues of communication and support for each other, resulting in a unified sense of support and safety for their child. The security in their own relationship helped them to react to their son’s abuse in ways that provided the emotional and physical safety the child needed after disclosure, and over time as well.

The security of Sam’s relationship with his fiancé, as well as with his son, may also have served him in helping to minimize the length of time and impact that his initial denial had on his son. Sam was able to move quickly beyond his immediate denial, allowing for him to move towards a place where he provided protection and support for his son while at the same time still wishing the abuse had not occurred. It may be that the quality of Sam’s attachment relationships prior to the disclosure prevented Sam’s initial disbelief from manifesting into something maladaptive for himself, his son, and his entire family.

In Sam’s case, his initial denial did not indicate a disbelief that his son was abused, but instead served to protect Sam in an extraordinarily difficult moment. As Sam was presented with more information about the abuse, he was quickly able to face the truth that the abuse had occurred. As previously mentioned, the fluctuation between belief and disbelief is often experienced by caregivers over time after the disclosure of abuse (Hooper & Humphries, 1998). Bolen and Lamb (2004) name this postdisclosure ambivalence, where caregivers experience either emotional or cognitive ambivalence that may influence parental behaviors. For Sam, the securely attached relationships he had with his family may have provided him the ability to provide protection and support throughout this experience.

Sam’s case demonstrates the need for professionals to consider the pre-existing attachment relationships within a family affected by trauma. The pre-existing relationships have the
potential to serve as a source of strength and resiliency for the child victim and the entire family system. It also serves to turn attention away from a parent’s immediate reaction after the disclosure of abuse, realizing that the child can and will rely on his working model of attachment. Unless the parent is rejecting over time, the child’s pre-existing working model of the caregiver should be strong enough to manage their parents’ responses over time.

Acknowledging and validating this idea for a family may serve to motivate children and the family as a whole to engage in support services, and also to be a source of hope and healing for the future.

The Role of the Father

Sam exemplifies what some have described as the modern father, whose roles are socialized to be supportive but also entrenched in traditional masculinity (Palkovitz et al., 2014). He shares the parenting responsibilities with his partner, and is significantly involved in the care and development of his children (Cyr et al., 2014). But Sam has also taken on the role of protector and supporter. Throughout Sam’s narrative it becomes clear that he willingly embraces that role within his family unit. His expressed guilt around failing to protect his son from the abuse, and his notion of “keeping the ship afloat” for this family, illustrate the historical pressure based on gender for the father. For Sam, the provision of support was synonymous with the provision of protection. And this was carried out by connecting his family with external supports, by directly offering physical and emotional support to the family, and by minimizing knowledge of the abuse to friends and family. All provided protection for the family, but also served to block Sam from self-reflection and external support.

As a father, his attention was pointed outward, with little acknowledgement of his own needs. It may be that his primary need was to serve his family, implying that the role of protector
not only helped his family, but also functioned as a coping mechanism for Sam. A historical view of fatherhood provides support for this explanation. Fathers have a long history in American culture of assuming the role of provider of financial earnings for the family (Miller, 2011; Townsend, 2002). As a family’s needs change, the context of provider may change as well. The modern father who is actively engaged in the care of his children, and who sees his family faced with the occurrence of abuse, may be thrust into the position of providing support for those in his family unit that are in need. The ability to seek out external resources and the ability to focus on the needs of his family may directly fulfill his own need as provider.

It is important to note that Sam relied heavily on the District Attorney’s office as a source of information and referrals for his family. His priority was to connect his family with supports, and the DA’s office not only offered him and his family support and comfort, but also offered Sam the referral services he wanted to provide for his family. Although the criminal justice system was a source of information and support for Sam, it may be that this positive experience is based on gender. In the two most recent studies exploring the experiences of caregivers with child abuse investigations, both found a dissatisfaction in the level of communication, including a lack of access to investigators and information regarding their child’s case (Jones, et al, 2010; Back, Gustafsson, & Bertero, 2014). But most of the participants in these studies were mothers, ranging from ninety-one to ninety-two percent, limiting our ability to understand the ways that fathers experience the criminal justice system’s investigations. Although no known published work has closely examined how the criminal justice system differentiates its treatment of mothers and fathers, this case study represented a father who was actively involved with the criminal justice system with his child’s case in a way that was unlike the mother’s involvement, leading to a difference in engagement and communication with the system. It may be that
through the provision of information, the criminal justice system may distinctly help the father to maintain his role as protector.

For professionals, a father’s focus on his family receiving support from external services may serve as a means of engagement with a family who may otherwise be resistant to external supports. It may be that the father’s identification as provider of support and safety helps to bridge the gap. Just as mothers provide distinct information and value to services, fathers may also provide a unique perspective of the needs of this family. By providing a venue for a father to identify and express the needs of his family, professionals may bring him into the work and potentially collect information that otherwise would be unavailable.

Father Engagement in Services

This research experienced formidable obstacles in recruiting non-offending fathers who were involved in support services. As previously mentioned, thirteen agencies that directly served children and families affected by child sexual abuse were approached for recruitment. After six months, only one father was identified as a potential participate. Four of the recruiting agencies offered information regarding their child sexual abuse caseload and sources of problems in recruitment. One technical obstacle in recruitment that was named by all agencies was the strict time frame of the abuse (within six to eighteen months after the disclosure). As previously mentioned, the strict time frame was chosen out of concern that interviewing a father during the first six months after disclosure would not offer enough time for reflection, and then interviewing after eighteen months may be too late to recover the accurate reporting of experiences. One agency stated in an email that a “barrier has been the time frame. We can think of old cases where the abuse happened more than eighteen months ago, and we have newer cases that have not yet reached the six-month mark.”
Besides the strict time-frame of the cases that meet the criteria, several other themes emerged. First, the agencies reported that they had a considerably higher rate of intra-familial abuse cases referred, compared to extra-familial abuse. A representative of one agency stated, “the first and most significant barrier has been that the offender cannot be related to the victim. In most of our cases where there is a father involved, the offender was biologically related.” This comment was echoed by several other providers. The occurrence of intra-familial cases being more likely to be involved in support services after disclosure, compared to extra-familial cases, raises questions about the barriers to the process of referral and engagement into services for families with a history of extra-familial abuse.

The second obstacle agencies experienced in recruitment was the lack of father involvement in support services. One agency reported nine current child sexual abuse cases that met criteria during the recruitment process. Of those nine cases, four of the fathers were not involved in treatment in any way, and two were ambivalent and/or actively disengaged with the treatment process. A worker at another agency stated that, having received over seventy child sexual abuse referrals during six months of recruiting for this study, in only five of those cases could they identify a father who met criteria. The lack of father presence and involvement in extra-familial cases being served by support agencies is concerning, as it raises questions about the process of referral, recruitment, and engagement occurring in these families.

A final barrier to recruitment was fathers’ reluctance to participate. Even with the aforementioned challenges to recruitment, at least ten fathers were identified by agencies and offered the opportunity to participate. Of those fathers, only one followed through in the recruitment and participation process. The difficulty of discussing their experiences of their child’s abuse can be seen in Sam’s narrative. He repeatedly identifies the importance of not
talking to people about the abuse. He also reported that he did not need to seek additional supports. It may be that for many fathers the way to support and protect their family after the disclosure of abuse is to ensure that the family gets the help they need. This process may not be a process that denies their own need for help, but may actually be directly addressing their primary need at the time, to protect their family. In the case of Sam, the DA’s office serves as an example of utilizing a helping agency to provide the information a father needs to support his family. The provision of support from external services may serve as a support for the father as well, even if he is not directly in engaged in that care. Men may experience seeking direct help as a sign of their own weakness, something they must defend against if they are to feel strong enough to maintain their protector role for the family. It may also be that fathers are socialized not to acknowledge that they need help, but are still able to be protectors of others.

Implications for Social Work Practice

Thematic review of the presented case study, as well as the barriers to recruitment in this study, together demonstrate the need to enhance recruitment and engagement of extra-familial child sexual abuse cases into support services. In many states, extra-familial and intra-familial cases are handled differently, according to official definitions of child abuse within Child Protection Services (CPS) and law enforcement in individual states. For instance, this study was conducted in the state of Pennsylvania, where intra-familial cases are mostly investigated through Child Protection Services and extra-familial cases are mostly investigated by law enforcement. In this state, child protection cases are defined as those cases with the following criteria: 1) the child victim was in the care of the perpetrator, 2) the perpetrator was four or more years older than the child victim and 3) the perpetrator was at least fourteen years old at the time of the abuse. This is the case for many intra-familial cases, where a parent or an older close
relative has access and provides care to the child. When a case does not meet CPS criteria it is screened out, and is then the responsibility of law enforcement to investigate. This leads to law enforcement carrying out the investigations for most extra-familial cases. Such was the situation in the case of Sam’s son.

When considering the process of referrals and engagement of these families impacted by the abuse, law enforcement and criminal justice officials are key resources for children and families. Professionals working within the support services for these families may greatly benefit from offering outreach and education to law enforcement and the DA’s office about the importance of referral services. Through these efforts to support and educate these professionals, support service providers may see an increase in the engagement of extra-familial cases in treatment. The child welfare field has recently acknowledged and addressed the unique need to involve fathers in services (Rosenberg & Wilcox, 2006), with specialized training for child welfare professionals, increasing the engagement of fathers in CPS (Arroyo & Peek, 2015; Scourfield et al., 2012). It may be that law enforcement and criminal justice officials are in need of such specialized trainings in engagement, assessment of need, and the provision of psychoeducation regarding support services. It would benefit all parties if all levels of the criminal justice system developed understanding and skills about the process of referring support services to families.

Child Advocacy Centers have had success in this area, implementing a multidisciplinary team approach to child abuse investigations (van Eys & Beneke, 2012). Law enforcement, the DA’s office, and CPS collaborate with child interviewers and family advocates throughout the investigative process, allowing for “cross pollination” of information and resources. As Sam’s case demonstrates, family members, specifically fathers, may be prone to hear and follow
throughwith referrals offered through the criminal justice system. It would be valuable for support services professionals to engage in a multidisciplinary team approach to investigations and to become involved in the process of referrals for families in stress.

Beyond outreach and education efforts outside the mental health field, providers should also consider their efforts to engage with fathers throughout the provision of service. In the case of Sam, although he did not directly take part in any services, his family did, and his unique perspective on these events may have enhanced the service his family members experienced.

Generalist social work practice provides a framework for encouraging and facilitating the social functioning of individual clients and family systems (Kirst-Ashman & Hull, 2015). Social workers take precise and planned steps to move clients towards a goal, including 1) engagement, 2) assessment, 3) intervention, and 4) evaluation. Fathers play a unique and important role in all of these stages, including the ability to offer distinct information and perspectives on the client and the family system. If providers include fathers at the initial stage of engagement through scheduling and review of consent, then fathers may be more likely to take part in assessment tools reviewing the child client and family, engage in parent-level interventions with the child client, and contribute to the insight change over time measured by evaluations.

The recruitment process for this study demonstrates that many fathers do not engage in support services for their children and families or are not invited into these services. An increased engagement of fathers may require special efforts on the part of clinicians and agencies. Several evidence-based interventions for children who have been sexually abused acknowledge and intentionally incorporate caregivers into the treatment, including Trauma-Focused Cognitive Behavioral Therapy (Cohen, Mannarino & Deblinger, 2017) and Parent Interaction Therapy (Urquiza & Blacker, 2012). Clinicians trained in these interventions are
coached to incorporate the child’s non-offending caregivers in the treatment sessions, creating an avenue for inclusion of fathers. Recruiting all caregivers, including fathers, with intention and skill, benefits the entire family system. Clinicians should make specific efforts to recruit fathers in these treatments, managing this through creativity and flexibility in the implementation of treatment. Sam’s case exemplifies how a father’s unique information about the abuse experience may play a distinct role in the rest of the family receiving the help it needs. The inclusion of Sam in his child’s treatment would have been paramount.

Another implication for practice is how professionals should understand the variety of caregiver responses to abuse disclosers. Bolen (2002) notes that the disclosure of sexual abuse to a caregiver is often traumatic, creating extraordinary stressors and potential costs to the caregiver and the family. Bolen also notes that initial ambivalence is common, and that there is a distinct need for professionals, specifically child welfare workers, to understand this initial reaction as normative rather than negative. A non-offending caregiver’s initial doubt does not necessarily come from a place of not believing the child, but rather is a reaction to the overwhelming nature of what the child has described and the common reality that the caregiver had invited the perpetrator into the child’s life. The case of Sam is an example of how doubt may exist at the same time as provision of protection and support. It is essential that child welfare workers integrate this into their assessment, planning, and intervention work with families, avoiding inaccurate assessments of non-offending caregivers and unrealistic and potentially damaging interventions with the families.

The presented case study demonstrates the various ways caregivers react to such disclosures, and that initial disbelief can indicate ambivalence rather than unsupportive parental behavior. Sam’s complex immediate reaction of denial transforming to acceptance, Stephanie’s
denial transforming to overwhelming sadness, and the perpetrator’s mother’s long-lasting denial are examples of the variety of possible responses, and all had different effects on the children and their families. Bolen (2002) states,

*By recognizing the extraordinary stressors faced by non-offending guardians during this time of upheaval and the numerous serious costs associated with disclosure, professionals will be more capable of appreciating the responsiveness of most guardians to their abused children while also protecting those children whose guardians are truly unsupportive* (p. 59).

A final implication for practice that has emerged from this case study is the value of recognizing the importance of attachment when working with families impacted by trauma, and this should include the child’s attachment experience with the father. The secure relationships in Sam’s family proved to be sources of strength not only for the child victim but also for all members of the family. Taking time to assess and understand the attachment relationships a child had prior to the abuse, and how all caregiver reactions may be mediating these attachment experiences since the disclosure, can enable a provider to help more effectively. Including the attachment experience of child and caregivers at the outset of treatment could be greatly beneficial. It may enable providers to deliver appropriate psychoeducation and support to caregivers in their parenting roles and in their own relationship. It also may serve as validation and a source of connection between providers and families, providing a sense of hope for the family.

**Limitations**

Findings derived from a case study are limited in terms of generalizability. Since generalization within this small framework is not possible or intended, the findings are meant to
illuminates only the experience of one father parenting a child who has been sexually abused. In this case, the father was a white, middle-class male, and there is a question as to how a father of a different race and/or socioeconomic status may have different experiences within the family, criminal justice system, and with support services. The case study presented here represents an example of how a trauma-informed system, including the DA’s office and support services, serves a family in need after the disclosure of abuse. But it is vital to recognize that race and poverty may be important factors that impact a father’s ability to engage with such systems. In addition, the process of case study analysis runs the risk of being a highly subjective process, presenting the challenge of ensuring that findings are not overstated or misused. The process of coding allows themes to be identified, connecting the content and meaning among interviews. Yet it is also essential to note that, although themes may be found, the unique experiences of the father presented here are not to be dismissed.

The recruitment process presented here is another limitation of the proposed study. Recruitment only included biological fathers in a particular geographic location, during a particular time period after the child’s disclosure of abuse. These strict inclusion and exclusion criteria served as a significant barrier to recruitment. Changing these parameters might change recruitment outcomes. A case study is only meant to identify specific possibilities that can be further researched in a larger population. Additional research is critical in order to identify themes across various time frames after the disclosure of abuse, across various definitions of fathers and in various geographic locations.

**Conclusion**

The goal of this research study was to explore the experiences of non-offending fathers in supporting and parenting a child who had been sexually abused. Very few studies have
investigated the role of paternal support or the ways in which paternal support may influence children’s adjustment following sexual abuse (Bolen & Gergely, 2015; Elliott & Carnes, 2001). Most research has either overlooked the father’s role or has solely concentrated on cases where the fathers were the perpetrators. Inclusion of non-offending fathers in studies of victim adjustment will provide a broader, more comprehensive understanding of the relationship between parental support and child adjustment. The qualitative research study described here is meant to serve as a starting point for considering the complex experiences of those fathers.

Although only one father was interviewed, his narrative served as an example of fathers’ unique reactions, perceptions, and roles after a child discloses abuse. This case study described the impact that child sexual abuse has on the child and the family, the unique reactions and experiences of the father, and his experience of the sources of support that were available. The case illustrates the importance of the criminal justice system in providing information and support for fathers, and demonstrates that the role of protector not only serves the family but may also be a coping mechanism to help fathers adjust over time. The case also identifies the importance of pre-existing securely attachment relationships as sources of strength and hope after a disclosure of child sexual abuse, mediating the symptoms typically seen in child sexual abuse cases.

Future research should explore paternal support compared to maternal support in the context of child sexual abuse, as well as how maternal and paternal attachment relationships play distinct roles in children’s adjustment over time. If fathers support in similar ways to mothers, then the approach among parents can be universal, and only acknowledgement and recruitment of fathers need to be addressed. But if the method and rate of support differ between fathers and mothers, then we would need to develop a distinct model of engagement and intervention with each parent.
type. This case study demonstrates a difference in the maternal and paternal experience after the disclosure of child sexual abuse. Identification of the distinct differences and similarities among support and impact of attachment relationships would provide essential understanding to serve child victims and their families.

Although the criminal justice system was a source of information and support for this presented case study, it may be that this positive experience is partly based on gender, race and socioeconomic class. Future research should also explore if and how the criminal justice system serves as a resource to fathers of other races and socioeconomic status. Factors such as race and poverty may factor into a father’s willingness or ability to engage with the criminal justice system. These factors may also influence the system’s willingness and ability to engage with a father. Considering gender, exploring the differences in experiences between mothers and fathers in the investigative process is another important future line of research. The criminal justice system may also be more willing or better prepared to engage with fathers as opposed to mothers, directly impacting the family’s experience of the investigative process, as well as their access and engagement to support services.

The study had noteworthy barriers in the recruitment process, forcing the methodology to change to a case study report. The challenges in recruitment highlighted the lack of extra-familial sexual abuse cases engaged in support services. It also demonstrated that for those children and families being served, fathers are often not engaged in the process. These findings highlight the need for increased support and referral skills for those working in the criminal justice system, as well as the need for practitioners to engage with fathers throughout the treatment process.

This case study describes in detail the experience of a non-offending father supporting and parenting his child after the disclosure of sexual abuse. It helps to identify the protective support
a father offers, the barriers and resources of support he may experience, and the importance of a father’s secure attachment relationship with his child after the disclosure of child sexual abuse. Using a phenomenological approach, one non-offending father was offered the opportunity to tell his story about supporting and parenting his child after disclosure. This is a critical beginning step in documenting the role of fathers in the healing of their children.
Appendix A

FACT SHEET
Child Sexual Abuse: The Experience of Non-Offending Fathers

Johanna Crocetto, MS, MSW, LCSW
University of Pennsylvania
School of Social Policy & Practice

Purpose:
Child sexual abuse is known to have significant and long-lasting consequences on the neurobiological, physical, behavioral, and emotional health of victims. An important line of research has focused on the identification of protective factors in a child’s life, which can be predictive of resiliency following the trauma of child sexual abuse. But a gap in the research exists: very few studies have explored the experiences and actions of fathers of children who have been sexually abused. This research study will explore the following questions: 1) What are the lived experiences of non-offending fathers, specifically in offering support after a child discloses sexual abuse, and are there common elements to their experience that can be identified? 2) How do fathers’ understanding of parenting change after their children’s disclosure?

Methodology:
Utilizing in-depth interviews, the researcher will collect descriptions from 10-12 non-offending fathers about their experiences of providing support and parenting children who have been sexually abused by someone outside of their family. The interview will take approximately 1 hour in a location chosen by the participant. He will be asked questions about his family, the child's abuse, and his experiences as a father. In addition to the primary interviews, each participant will be interviewed a second time as a follow-up. Participants will be paid $20 for each interview, and participants’ identity will be protected in all reported findings.

Recruitment:
The following are characteristics for inclusion in the study:
1) biological father to a child to has been sexually abused
2) the perpetrator of the abuse was not biologically related to the child victim
3) the abuse will have involved actual physical contact (touch, penetration)
4) the disclosure of the abuse will have taken place within six to eighteen months prior to participation
5) the father is an active caretaker of the child

Any staff member who identifies a father/client as a potential participant, if that client agrees, the worker can then offer the client my contact information.

Please don’t hesitate to contact me with any questions or concerns.
Johanna Crocetto, LCSW
jcrocetto@gmail.com
(860) 324-8792
Title of the Research Study:
Child Sexual Abuse: The Experience of Non-Offending Fathers

Principal Investigator: (name, address, phone and email)
Dr. Marcia Martin
School of Social Policy and Practice
University of Pennsylvania
Caster Bldg.
Philadelphia, PA 19140

You are being asked to take part in a research study. Your participation is voluntary which means you can choose whether or not to participate. If you do not understand what you are reading, do not sign it. Please ask the researcher to explain anything you do not understand, including any language contained in this form. If you decide to participate, you will be asked to sign this form and a copy will be given to you. Keep this form in which you will find contact information and answers to questions about the study. You may ask to have this form read to you.

What is the purpose of the study?
The purpose of the study is to learn more about the experiences of fathers after non-family sexual abuse disclosure by their child. This study is being conducted for the purpose of a dissertation.

Why was I asked to participate in the study?
You are being asked to join this study because you are a parent of a child who has disclosed sexual abuse by a non-family member. You are currently an active caregiver for the child, meaning that you live with the child, or have had regular custody of the child, and that you are responsible for the physical and emotional care of the child on a regular basis.

How long will I be in the study?
The study will take place over 2 in-person interviews, lasting approximately 1-1.5 hours each. The 2nd interview will take place approximately 4-6 weeks after the initial interview.

Where will the study take place?
The interviews will take place in a neutral, private location of the participant’s choosing. Participants will be given a location choice of the referring agency whenever possible, or another location of their choice.
What will I be asked to do?

Upon arrival to the referral agency:
- You will take part in the informed consent procedures
- You will be asked to complete a demographic information sheet
- You will take part in an in-person interview
- You will take part in a follow-up in-person interview approximately 4-6 weeks after initial interview

What are the risks?

There are minimal potential risks related to participation in this study.
- There is very slight potential for a breach in confidentiality, where you somehow become identified as being part of the research study. A breach in confidentiality may lead to a feeling of stigmatization or public embarrassment. All efforts will be made to ensure confidentiality, by both the researcher and the referring agency. Only the researcher will have access to the study documents, which will be stored in a confidential space under lock and key available only to the researcher. You will also be allocated a pseudonym to preserve anonymity.
- Another potential risk is emotional discomfort or stress resulting from the questions asked during the in-person interview. The researcher will have mental health and support referral information available to you should you express or demonstrate a need for further support. You may stop the interview at any time.
- The researcher is a Mandated Reporter, meaning that she is required by law to report all information regarding suspected child abuse to Child Protection Services or law enforcement. If such information is disclosed during any part of participation, the researcher will stop study participations immediately and report the information to the proper authorities.

How will I benefit from the study?

There is no direct benefit to you. However, your participation could help us understand the experiences of fathers in parenting a child who has been sexually abused by a non-family member and how fathers play a role in assisting children adjust after disclosing sexual abuse, which can benefit you indirectly. In the future, this information may help other people to better understand how fathers play a role in promoting healthier outcomes for children and assist professionals to develop programs that include the specific needs of children and families.

What other choices do I have?

Your alternative to being in the study is to not be in the study.

What happens if I do not choose to join the research study?

Your participation is voluntary. There is no penalty if you choose not to join the research study.

If you are currently receiving services and you choose not to volunteer in the research study, your services will continue.
When is the study over? Can I leave the study before it ends?

The study is expected to end after all participants have completed all visits and all the information has been collected. The study may be stopped without your consent for the following reasons:

- The PI feels it is best for your safety—you will be informed of the reasons why.
- You have not followed the study instructions
- The PI, the sponsor or the Office of Regulatory Affairs at the University of Pennsylvania can stop the study anytime

You have the right to drop out of the research study at any time during your participation. There is no penalty or loss of benefits to which you are otherwise entitled if you decide to do so. Withdrawal will not interfere with your future care.

If you no longer wish to be in the research study, you may leave at any time.

How will confidentiality be maintained and my privacy be protected?

We will do our best to make sure that the personal information obtained during the course of this research study will be kept private. However, we cannot guarantee total privacy. Your personal information may be given out if required by law. If information from this study is published or presented at scientific meetings, your name and other personal information will not be used.

The consent forms, recordings, and the resulting transcripts will be stored in a confidential space under lock and key available only to the researcher, and the consent forms will be kept separate from all study documentation to ensure anonymity from study data. Each participant will also be allocated a pseudonym to preserve anonymity.

To help us protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. The researchers can use this Certificate to legally refuse to disclose information that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings, for example, if there is a court subpoena. The researchers will use the Certificate to resist any demands for information that would identify you.

You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, medical care provider, or other person obtains your written consent to receive research information, then the researchers will not use the Certificate to withhold that information.

The Certificate of Confidentiality will not be used to prevent disclosure to state or local authorities of suspected child abuse. If such information is disclosed during any part of participation, the researcher will stop study participations immediately and report the information to the proper authorities.

Will I have to pay for anything?

There is no financial cost to participate in this study or related activities. There are no expenses reimbursed for study participation.

Will I be paid for being in this study?

You will be given a $20 gift card to a local store for your participation for each interview.
Who can I call with questions, complaints or if I’m concerned about my rights as a research subject?

If you have questions, concerns or complaints regarding your participation in this research study or if you have any questions about your rights as a research subject, you should speak with the Principal Investigator listed on page one of this form. If a member of the research team cannot be reached or you want to talk to someone other than those working on the study, you may contact the Office of Regulatory Affairs with any question, concerns or complaints at the University of Pennsylvania by calling (215) 898-2614.

**When you sign this document, you are agreeing to take part in this research study. If you have any questions or there is something you do not understand, please ask. You will receive a copy of this consent document.**

Signature of Subject  __________________________________________

Print Name of Subject  __________________________________________

Date: ______________
Appendix C

1/17/2017

University of Pennsylvania
Dr. Marcia Martin
Office of Research Services
3451 Walnut Street, Room P-221
Philadelphia, PA 19104

Dear Dr. Martin,

Enclosed is the Confidentiality Certificate, protecting the identity of research subjects in your single-site/single-protocol project entitled “Child Sexual Abuse: The Experience of Non-Offending Fathers”.

Please note that the Certificate expires on 02/28/2018.

Please be sure that the consent form given to research participants accurately states the intended uses of personally identifiable information and the confidentiality protections, including the protection provided by the Certificate of Confidentiality with its limits and exceptions.

If you determine that the research project will not be completed by the expiration date, 02/28/2018, you must submit a written request for an extension of the Certificate three (3) months prior to the expiration date. If you make any changes to the protocol for this study, you should contact me regarding modification of this Certificate. Any requests for modifications of this Certificate must include the reason for the request, documentation of the most recent IRB approval, and the expected date for completion of the research project.

Please advise me of any situation in which the certificate is employed to resist disclosure of information in legal proceedings. Should attorneys for the project wish to discuss the use of the certificate, they may contact the Office of the NIH Legal Advisor, National Institutes of Health, at (301) 496-6043.

Correspondence should be sent to:

Dennis Twombly Ph.D.
Eunice Kennedy Shriver National Institute of Child Health and Human Development
6710B ROCKLEDGE DRIVE
Rm 2158
Bethesda, MD 20817

Sincerely,

Dennis Twombly Ph.D.
Deputy Director OEP
Eunice Kennedy Shriver National Institute of Child Health and Human Development

Approved Date: 01/17/2017
CONFIDENTIALITY CERTIFICATE

CC-HD-17-006

issued to

University of Pennsylvania

conducting research known as

"Child Sexual Abuse: The Experience of Non-Offending Fathers"

In accordance with the provisions of section 301(d) of the Public Health Service Act 42 U.S.C. 241(d), this Certificate is issued in response to the request of the Principal Investigator, Dr. Marcia Martin, to protect the privacy of research subjects by withholding their identities from all persons not connected with this research. Dr. Marcia Martin is primarily responsible for the conduct of this research, which is funded by:

Under the authority vested in the Secretary of Health and Human Services by section 301(d), all persons who:

1. are enrolled in, employed by, or associated with University of Pennsylvania and its contractors or cooperating agencies, and

2. have in the course of their employment or association access to information that would identify individuals, who are the subjects of the research, pertaining to the project known as “Child Sexual Abuse: The Experience of Non-Offending Fathers”.

3. are hereby authorized to protect the privacy of the individuals, who are the subjects of that research, by withholding their names and other identifying characteristics from all persons not connected with the conduct of that research.

This exploratory research study examines the experiences of fathers supporting and parenting their child after the disclosure of child sexual abuse. Approximately 10 non-offending fathers will be recruited as subjects and interviewed about their experiences since learning about the abuse.

A Certificate of Confidentiality is needed because sensitive information will be collected during the course of the study. The certificate will help researchers avoid involuntary disclosure that could expose subjects or their families to adverse economic, legal, psychological and social consequences.

All efforts will be made to ensure the protection of participants. The consent forms, recordings, and the resulting transcripts will be stored in a confidential space under lock and key available only to the researcher, and the consent forms will be kept separate from all study documentation to ensure anonymity from study data. All interviews will be transcribed by the researcher or utilizing a professional transcription service that ensures confidentiality. Once transcription is completed, the recordings will be destroyed. Transcriptions will be in the form of a Microsoft Word document, saved on a password protected computer only accessible to the researcher. Each participant will choose their own pseudonym, and this pseudonym will be used in all reporting of data and will be used to replace the names when used within the saved transcriptions.
This research begins on 01/15/2017, and is expected to end on 02/28/2018.

As provided in section 301 (d) of the Public Health Service Act 42 U.S.C. 241(d):

"Persons so authorized to protect the privacy of such individuals may not be compelled in any Federal, State, or local civil, criminal, administrative, legislative, or other proceedings to identify such individuals."

This Certificate does not protect you from being compelled to make disclosures that: (1) have been consented to in writing by the research subject or the subject's legally authorized representative; (2) are required by the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.) or regulations issued under that Act; or (3) have been requested from a research project funded by NIH or DHHS by authorized representatives of those agencies for the purpose of audit or program review.

This Certificate does not represent an endorsement of the research project by the Department of Health and Human Services. This Certificate is now in effect and will expire on 02/28/2018. The protection afforded by this Confidentiality Certificate is permanent with respect to any individual who participates as a research subject (i.e., about whom the investigator maintains identifying information) during the time the Certificate is in effect.

Sincerely,

Della Hans Ph.D.
Associate Director for Extramural Research
Eunice Kennedy Shriver National Institute of Child Health and Human Development

Signed Date:
Appendix D

Preliminary Interview Guide

Introduction:
Thank you for agreeing to be interviewed. The purpose of the study is to better understand the experiences of fathers whose children have been sexually abused, increasing knowledge and the ability to support those families in need. I am undertaking this research as part of the requirements for a doctoral dissertation.

The interview will take approximately 1 -1.5 hours. I will be asking you questions about your family, the abuse, and your experiences as a father. I will be recording the interview. All recordings are transcribed using a pseudonym instead of your real name, and then will be destroyed. While we are talking today you can choose to not answer any question, and you may also stop participation at any time. You can also ask me to stop the recording at any time.

Interview:
1. You were asked to be interviewed today because you are a father. Tell me about your family.
   a. How many children do you have?
   b. Describe them for me.
   c. Tell me about your living arrangements with your children (if there is partial custody)

2. Please tell me about your child’s abuse.
   a. How did you learn about the abuse?
   b. Fathers I’ve spoken to talk about reacting in many different ways to the news of their child's abuse. How did you react when you first heard?
   c. Who did you discuss the abuse with once you learned about it?
   d. Have you seen changes in your child from before the abuse occurred?
   e. Have you seen changes in your child after you received any kind of help?

3. Since you learned about the abuse, can you tell me about your experiences supporting [your child]?
   a. At the time that you learned about the abuse, did you have any sense that your child needed support? What were those needs and how did you address them?
   b. What has been your experience in providing safety and protection for your child since you found out?
   c. What has been your experience in providing emotional support to your child?

4. Let’s talk about the ways in which the abuse has impacted your experience as a parent. Has your approach to parenting changed since learning your child was abused?
   a. What was parenting like before the disclosure of the abuse?
   b. Tell me how your interactions with [your child] have changed, if at all?
5. Tell me about anyone or anything that was helpful to you in supporting and parenting [your child].
   a. Who were the people and/or the services that helped you?
   b. What were the barriers in providing support to [your child]?

6. Now that time has passed since the abuse disclosure, is there anything that you would have done differently?
   a. What were your needs?
   b. If you could go back to the moment you found out about your child’s experiences, is there anything that might have helped in the moment to understand your child’s experience? Is there anything you would have done differently?
   c. What would you have done differently in regards to how you have supported [your child] over time?
   d. What advice would you give another father who has experienced something similar with his child?

7. Has anything surprised you about your experience in parenting a child who has been sexually abused?
   a. Has anything happened that you didn’t expect?
   b. Has there been anything that you had assumed would happen, but it didn’t?
   c. Why did you assume that might happen?

8. Thank you for responding to all these questions. Is there anything you would like to tell me that we haven’t talked about today?

Conclusion:
We have covered so much today. I want to give us both some time to think about all that we have discussed. In a few weeks we are going to meet for a second time, and the purpose of that follow-up interview is to touch base about any additional thoughts and/questions that may have come to mind after this interview. Feel free to write down any thoughts or additional questions and bring them to the second interview to share and review. I will most likely be coming with some additional questions and thoughts myself. Thank you so much for your time.
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