THE LIVED EXPERIENCE OF NON-OFFENDING FATHERS WHOSE BIOLOGICAL CHILD HAS BEEN SEXUALLY ABUSED

A DISSERTATION

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

IN THE GRADUATE SCHOOL OF THE

TEXAS WOMAN'S UNIVERSITY

COLLEGE OF NURSING

BY

KAREN A. ESQUIBEL, M.S.N.

DENTON, TEXAS

AUGUST 2008

TEXAS WOMAN'S UNIVERSITY
DENTON, TEXAS

July 3, 2008

To the Dean of the Graduate School:

I am submitting herewith a dissertation written by Karen A. Esquibel entitled "The Lived Experience of Non-Offending Fathers Whose Biological Child Has Been Sexually Abused." I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy with a major in Nursing.

Jane Grassley
Dr. Jane Grassley, Major Professor

We have read this dissertation and recommend its acceptance:

Associate Dean, College of Nursing

Accepted:

Jennifer Marton
Dean of the Graduate School

ACKNOWLEDGEMENTS

I wholeheartedly acknowledge the many individuals who have contributed to this dissertation through their guidance, support, and expertise. I would like to express special appreciation to the faculty and staff at Texas Tech University Health Sciences Center School of Nursing. They have cheered me on through every aspect of this journey. I would like to especially thank my Dean, Dr. Alexia Green and Dr. Donna Owen for their unending support, motivation, and encouragement over these past six years. They always made sure I had the resources to accomplish my goals. A special thanks goes to Dr. Craig Cookman, my office neighbor, for always helping me brainstorm and encouraging me with humor. Likewise, I would like to thank my colleagues and friends at TTUHSC for being the best cheerleaders around!

This journey was one I never could have traveled alone. I would like to express my love and gratitude to my dear friends who attended school with me. We were a team, supporting each other, and I know these wonderful women made each moment better. To Cathie, Carrie, Sharon, Kathy, Dorothy, and Emily…cheers to the glorious PhDivas! I will see each of you at the end of the tunnel.

I am truly indebted to my dissertation committee for their guidance, support, and expertise. Thank you Dr. Jo Ann Engelbrecht, Dr. Joaquin Borrego, and Dr. Patricia S. Yoder-Wise for your time, encouragement, and wisdom. I would like to express special appreciation to my committee chair, Dr. Jane Grassley, for her strong commitment to the

art of qualitative research and lived experiences. I would also like to thank Dr. Yoder-Wise for opening her heart and home to me as she made significant contributions to my work. Thank you for being my mentor, advocate, and friend for the past eight years.

A heartfelt thanks goes to the faculty and staff at the Texas Woman's University Denton and Houston campuses. I truly believe I benefitted from the different styles of these faculties and feel quite fortunate to have been able to study at both campuses. Thank you for fostering my excellence and growth throughout my journey at TWU.

Although they remain anonymous, I want to express my deepest gratitude to the fathers who took part in this research. Thank you for sharing your families and experiences with me. I truly believe many others will benefit from your experiences and thank you for allowing me into your lives.

I would like to thank my family for being supportive and patience during this journey. To my mother and father...words cannot express how much I love you and thank you for your support and encouragement from the first day of my life. Your belief in me has given me belief in this journey. To my brother Chris, thank you for showing me how it is done. You are a great role model and anything you can do, I can do better! To the Quintana, Holguin, Esquibel and Alonzo families, I thank you dearly for your support and love.

Finally, to my husband, Jonathon and our beautiful children Kennedy Grace and Jack Christopher: you three have had to endure the most pain with my travel, my time

mentally away, and my roller coaster emotions. This journey has been a life changing experience, but nothing compared to our starting a family along the way. Kennedy and Jack… know that Mommy loves you dearly and you both are my greatest accomplishments. Jonathon, I have said it before, and I will say it again…thank you for always placing me first and allowing me to stand on your shoulders as I reach for my dreams. I love you.

DEDICATION

This dissertation and the work it represents are dedicated to the fathers who willingly shared their stories and their families. It is also dedicated to children everywhere who have suffered sexual abuse, to their non-offending fathers, and the nurses who care for both.

ABSTRACT

KAREN A. ESQUIBEL

THE LIVED EXPERIENCE OF NON-OFFENDING FATHERS WHOSE BIOLOGICAL CHILD HAS BEEN SEXUALLY ABUSED

AUGUST 2008

The purpose of this qualitative study was to explore the lived experiences of non-offending fathers whose biological child has been sexually abused. More specifically, the study sought to carefully explore study participants' feelings, perceptions, and experiences associated with being a father of a sexually abused child. The study was based on the hermeneutic phenomenologic methodology described by van Manen (1990) and Cohen, Kahn, and Steeves (2000).

The study involved a face-to-face, audio-taped, semi-structured interview process consisting of prewritten questions and prompts to facilitate discussion. The interview transcripts were analyzed using van Manen's six research activities, and themes were identified using the concept of lifeworld (*Lebenswelt).* The lifeworld existentials explored lived space (spatiality), lived body (corporality), lived time (temporality), and lived human relation (relationality).

Findings revealed these themes: *Lived Space (Spatiality) theme: Indignation; Lived Body (Corporality) theme: Sentinel; Lived Human Relation (Relationality) theme: Advocate;* and *Lived Time (Temporality) theme: Reclamation.* The sequence of these themes illustrated a journey of healing the fathers and families traveled that began with

anger and ended with reclamation. This journey was similar to the Rando's Six R's model of grief used during an experience of significant loss.

TABLE OF CONTENTS

APPENDICES

LIST OF TABLES

Table Page

CHAPTER I

INTRODUCTION AND OVERVIEW

Chapter I provides an overview of the concerns for non-offending fathers whose biological child has been sexually abused. It identifies the purpose and significance of the study and the researcher's particular experience and interest in this topic. A philosophical framework consistent with this phenomenological event is presented. Additionally, research assumptions and definitions are identified.

Focus of Inquiry

Many crimes are cause for concern, but child sexual abuse holds great importance for numerous reasons. Child sexual abuse (CSA) is a problem that continues to affect our society. Children can be sexually abused at any time and without regard for gender, race, socioeconomic background, or religion. One in 12 children (82 per every 1,000 children) has been estimated to be a victim of child sexual abuse in the U. S. (Finkelhor, Ormrod, Turner, & Hamby, 2005). This number alone has important societal and health care implications.

The effects of child sexual abuse are devastating to both victims and their families. Extensive research on the consequences of CSA exists (Bauserman & Rind, 1997; Briere & Elliot, 1993; Browne & Finkelhor, 1986; Finkelhor, Hotaling, Lewis, & Smith, 1990; Jumper, 1995; Putnam, 2003). These reported consequences ranged from nightmares to physical pain, from psychological disorders to criminal behaviors

(American Medical Association (AMA), 1993; Conte & Shuerman, 1988; Janoff-Bullman, 1992; Reeves, 2000; Widom, 1992, 1995). The family tends to overprotect the victim, which prolongs the healing process, or to doubt the victim, which can damage the healing process (DeLahunta & Baram, 1997). Further, family members of sexually abused victims have reported feelings of helplessness, vulnerability, and depression (DeLahunta & Baram).

Understanding the parents' needs as a result of a CSA event is essential, because their responses to this tragedy greatly influences the child's coping strength and adjustment (Conte & Scheurman, 1987; Mannarino, Cohen, & Gregor, 1989). The non-offending parents' reactions play a large part in how the child and family cope with and heal from child sexual abuse (Manion et al., 1996). Unfortunately the parents are often neglected. "With the focus on child outcomes following sexual abuse, researchers have neglected to acknowledge that the reaction and adjustment of parents may be a critical focus of study" (Manion et al., p.1096). In a society where the role of child rearing has been viewed predominantly as a mother's role, non-offending fathers are at even greater risk to be neglected when such an event as sexual abuse occurs.

Despite the large percentage of child sexual abuse cases, little research on child sexual abuse and its effects on parents has been conducted. Although child sexual abuse has the potential to traumatize the entire family system (Regehr, 1990; Reyman, 1990), "very few empirical studies have investigated the specific effects of extrafamilial sexual

abuse (ESA) on children or their parents" (Manion et al., 1996, p. 1095). Further research is warranted.

Background

Child sexual abuse, as an event, has become one of the most researched areas in child psychology and pediatric medicine over the past 10 years. This increase has included CSA studies examining treatment strategies, outcomes/effects of CSA, and perpetrator studies, while few studies address the effects of CSA on the family and non-offending parents. The increase in research in the area of CSA has not directly helped the area of non-offending fathers and CSA. Although the topic has generated more research, the literature remains sparse, especially on the effects of CSA to the non-offending fathers. The public has been made more aware of CSA and the possible subsequent effects of sexual abuse through efforts from legislation, the popular press, and child advocacy groups. Although CSA has become more open in the public, the topic remains taboo and many people continue to cloak it in secrecy.

National surveys of adults report that 9% to 32% of women and 5% to 10% of men state they were victims of sexual abuse during their childhood (Douglas & Finkelhor, 2005). Another resource estimates that at least one in four girls and one in six boys are sexually abused before the age of 18 years old (Finkelhor et al., 1990). The actual number of cases or instances of child sexual abuse is unknown because cases may never be disclosed due to feelings of fear or shame (Douglas & Finkelhor).

An inconsistent understanding of what comprises CSA further complicates the problem of child sexual abuse. Practitioners, researchers, and the justice system do not agree on a uniform definition of child sexual abuse (Haugaard, 2000). This confusion about definitions influences clinicians' abilities to diagnose child sexual abuse. In a study by Leder, Emans, Hafler and Rappaport (1999), 65 clinicians were asked about their ability to detect child sexual abuse. The 65 clinicians were divided into six groups of 7 to 16 clinicians. All six focus groups were interviewed about their addressing CSA in a primary care setting. All six groups reported using imprecise terms for child sexual abuse topics when they discussed it with families. Clinicians cannot begin to understand, diagnose, and report child sexual abuse if imprecise terminology and varying definitions are used.

Confusion about what comprises CSA and the imprecise terminology may influence treatment. Therefore, treatment can be difficult to initiate, although studies have shown that victims of CSA who receive treatment following their abuse are more likely to return to pre-abuse functioning more quickly than victims who receive no treatment (Kendall-Tackett et al., 1993). Incorporating family members into the treatment plan has been shown to be effective in managing symptoms following CSA (Saywitz, Mannarino, Berliner, & Cohen, 2000). Individualizing treatment is a key component for the child and should include the family. Saywitz et al. argued that the inclusion of family in the treatment impacts the child by addressing parents' needs through providing support and giving parents the opportunity to express their own distress.

Parents may feel they need to be strong for their child and not express their own pain, but this may not be helpful. Davies (1995) researched parental distress following a child's disclosure of CSA. These parents expressed depressive symptomatology and difficulty coping, a key finding. These findings indicate why it is so important to understand the needs of the parents dealing with the sexual abuse of their child. As research has touched on this topic, researchers continue to focus on mothers (Forbes, Duffy, Mok, and Lemvig, 2003; Manion et al., 1996). However, gaining fathers' perspectives is important. "Fathers are taking a more active role in their children's lives and healthcare; consequently, healthcare providers need to be more aware of and attentive to fathers in clinical encounters" (Tiedje & Darling-Fisher, 2003, p. 350). Thus, as the role of fathers in society has changed, fathers are more likely to be engaged actively in the care of children and in concerns about events that affect them. This study sought to explore and understand the experiences of fathers whose child had been sexually abused.

Statement of Purpose

The purpose of this qualitative study was to explore the experiences of non-offending fathers whose biological child has been sexually abused. The study was based on the hermeneutic phenomenologic methodology described by van Manen (1990) and Cohen, Kahn, and Steeves (2000). Exploration focused on study participants' feelings, perceptions, and experiences associated with being a father of a sexually abused child. Findings of the study may be used to correct deficiencies in our knowledge of how non-

offending biological fathers experience and cope when their child has been sexually abused. Further, knowing more about how non-offending fathers experience and cope when their child has been sexually abused can lead to nurses developing interventions that will facilitate family healing from child sexual abuse. For this study, fathers were defined as non-offending fathers whose biological child had been sexually abused. Furthermore the terms, biological child, reflected acknowledgment that the child was not viewed as the child of another man. The term, non-offending, was defined as the father not being charged with the child's sexual abuse crime.

Researcher's Relationship to the Topic

As the researcher, I have had an extensive professional history with the topic of child sexual abuse. I did not grow up in an environment knowing anyone who had been sexually abused until I became a nurse in a pediatric intensive care unit. My career in pediatrics shaped my interest in this topic as I often cared for children who were victims of child abuse. I wanted to understand this situation in an effort to prevent it and to provide better care to the children and families who were victimized. Additionally, I wanted to be able to share appropriate knowledge with nursing colleagues who might provide care to sexually abused children.

I served as a board member of the local Child Advocacy Research and Education Center (CARE Center), while I earned my master's degree. Serving on this board gave me the opportunity to work with a Pediatric Sexual Assault Nurse Examiner (SANE) who cared for victims of child sexual abuse. She did so by collecting forensic evidence,

treating the children as needed, and working with a team of law enforcement officers, child protective services staff, and the district attorney. With her help, I was able to complete my master's thesis, *Instrument Development to Determine Content Validity of Indicators of Childhood Sexual Abuse* (Esquibel, 2002).

This SANE nurse also encouraged me to become a SANE nurse and I did so in 2004. In doing so, I have seen first-hand a lack of understanding of the whole family and what child sexual abuse does to every member of the victim's family. I have seen a gap in the literature with regard to the experiences of the fathers of these victims. Also, I have seen fathers marginalized in the clinical setting.

I have observed that fathers of children who have been sexually abused are often ignored while the mother cares for the family. I believe this situation leads to more stress for the mother; it negates the father's role and feelings; and it impedes the treatment of, and healthy outcomes for, the child. Through my experience in this field I developed a passion to work further with this topic and help these families. Gaining a richer understanding of these fathers' experiences would allow health care providers, especially nurses, who work with these children and their families to be better informed about these complex situations and the associated human experiences.

Assumptions

As the researcher I held the following assumptions about this topic of study:

1. Child sexual abuse is an act that can happen at any time to any child, regardless of gender, race, socioeconomic background, or religion.

2. The effects of child sexual abuse are devastating to both victims and their families.
3. Despite the large percentage of child sexual abuse cases, little research on child sexual abuse and its effects on parents has been conducted.
4. The family is one emotional unit with everyone in that unit affecting each member's feelings, thoughts, actions, and beliefs.
5. The parents' response to this tragedy greatly influences the child's coping strength and adjustment.
6. A mother's and father's roles and responses are similar when their child has experienced child sexual abuse.
7. Most family research, whether child sexual abuse or chronic illness in children, focuses on the mother's experience.
8. Nurses are often the first persons to which the incidents are disclosed.

Overview of Philosophical Framework

The philosophical framework for this study was hermeneutic phenomenology (Cohen et al., 2000; van Manen, 1990). Phenomenology is the systematic attempt to uncover and describe the structures associated with the lived experience (van Manen). It is the science of phenomena that makes a distinction between appearance and essence. According to van Manen, "it always asks the question of what is the nature or meaning of something" (p. 184). This framework is not as concerned with the factual status of the experience, but rather the essence of that experience. "The essence or nature of an

experience has been adequately described in language if the description reawakens or shows us the lived quality and significance of the experience in a fuller or deeper manner (van Manen, p. 10).

"[Hermeneutic phenomenology] is most useful when the task at hand is to understand an experience as it is understood by those who are having it" (Cohen et al., 2000, p. 3). It is research that searches for the fullness of living. Hermeneutic phenomenology is an approach that combines features of descriptive and interpretive phenomenology (Cohen et al.). In addition, van Manen (1990) maintained that hermeneutic phenomenology is descriptive, or phenomenological, because it wants to be attentive to how things appear. It is also interpretive, or hermeneutic, because it states there are no such things as uninterrupted phenomena. It is interested in the human world as we find it in all of its varied aspects. The framework describes and interprets the experience to a certain degree of richness.

"Phenomenology attempts to explicate the meaning of experiences as we live them in our everyday existence, our lifeworld (van Manen, 1990, p. 11). This framework does not seek to manipulate the world in which the phenomenon is, but is interested in the human world as it is found in all of its different aspects (van Manen). Hermeneutic phenomenology provided the philosophical framework for understanding the experience of non-offending fathers whose biological child had been sexually abused.

Significance of the Study

Significance to Nursing

This topic is significant to nurses as they are often one of the first persons to which the abuse is disclosed. This research can better prepare nurses for such interactions by helping them to understand the non-offending father's lived experiences when his child has been sexually abused. "Understanding patients' experiences may guide nurses to interact in ways that may differ from people who lack that understanding" (Cohen et al., 2000, p. 4).

Florence Nightingale (1969) once discussed the importance of understanding patients' perceived needs in order to meet those needs effectively. Because family members are distinctive, only they can reveal their experiences and needs. Nurses must meet such needs as it is true to our nature. Florence Nightingale laid the foundation of caring for families as she stressed the importance of viewing families as an important focus of nursing care (Whall & Fawcett, 1991).

The knowledge obtained from this study can provide a framework for family caring and nursing interventions. Knowledge from the study can also be used to guide professional nursing organizations in their development of practice guidelines and advancement of standards of care for families of child sexual abuse victims. The study also illustrates the needs of the family, especially those of the father. An understanding of the lived experiences of non-offending fathers whose biological child has been sexually abused allows nurses to design nursing care strategies that can address those needs.

Significance to Society

Research has shown the large effect of CSA on our society. Sexual abuse in children can lead to drug abuse, juvenile delinquency, and criminal behavior. Greater than 80% of patients exiting alcohol and drug treatment centers reported they were sexually abused as children (Reeves, 2000). A study by Skuse et al. (1997) showed between 30% and 70% of adolescent and adult male sex offenders reported they were sexually abused as children. Over 70% of prison inmates reported they were victims of child sexual abuse and 95% of teenage prostitutes said they were victims of incest and child sexual abuse (Reeves). It is the possibility of these adverse reactions to CSA that influences the need to care for these victims.

The influence of non-offending parents on the recovery of these children is minimally represented in the literature. Because the family affects how the child accepts treatment, and in turn escapes the above consequences, the treatment process involving the non-offending parents is critical. These children truly need a supportive family who is not in denial about what has happened to them. Few studies have investigated the effects of child sexual abuse on the parents and family (Forbes et al., 2003; Manion et al., 1996). The researchers concluded that parental intervention appeared to be beneficial to both parents and children following disclosure of child sexual abuse and advocated for all family members to receive treatment. These findings support previous research by Manion et al. that CSA disclosure has a traumatic effect on the non-offending parent

(Forbes et al., 2003). Treatment research emphasizes the need to expand a focus beyond the child victims to the traumatized parents.

These possible behaviors following CSA can develop into a financial burden for the country. The cost of child abuse in the United States was estimated at $258 million per day (Prevent Child Abuse America, 2001). This estimate included direct costs associated with interventions, medical treatment, and emotional treatment, as well as indirect costs such as those associated with long-term consequences of the abuse to both the individual and society. The data obtained from this study have the potential to affect these processes by providing information to help fathers, the child victims, and families.

Significance to Fathers

The significance of this study to fathers is two-fold. This study begins to identify the needs and experiences of fathers in an effort to provide them with better care following the disclosure of their child's sexual abuse. The other significant aspect to this study is to acknowledge the father as an important part of the CSA healing process. The effectiveness of being able to speak freely about the abuse not only benefits the victim, but also benefits the family. Gaining a new perspective on the issue of child sexual abuse and families is important as fathers take a more active role in their families' daily lives (Mu, Ma, Hwang, & Chao, 2002).

Literary Context

CSA has proven to have lasting effects on the victim and family. The literary context for this study provided a brief overview of the research about parents and child

sexual abuse. Because fathers were the focus of this study, key studies about the role of fathers in the care of their children were used.

Parenting and Child Sexual Abuse

Literature was drawn from a field of parenting and CSA because the studies examined the effects on parents. "Most research has focused on the mother's experience and has relied on her reports to illustrate parental attitudes and experiences" (Mu et al., 2002, p. 66). The available literature focusing on parents of sexually abused children described a number of maternal outcomes resulting from the abuse. These mothers agonized over with whom to share information, how their family would maintain structure, and how to relate to others (Deblinger, Hathaway, Lippmann, & Steer, 1993; Regehr, 1990; Wind & Silvern, 1994). Many mothers felt guilt, anger, and isolation. Research suggested mothers experienced a secondary victimization from the CSA. Fathers' reactions in similar scenarios remain unexplored. Were differences specific to the role of fathers?

Newberger, Gremy, Waternaux, and Newberger (1993) interviewed mothers of children who had been sexually abused and found mothers reported heightened emotional distress initially after the disclosure of the CSA. In another study, maternal depression was found to be associated with greater internalizing and externalizing problems in sexually abused children (Deblinger, Steer, & Lippmann, 1999). These researchers also found maternal influence on their child's symptomology following CSA (Deblinger et al.). This research also focused on the mother's experiences.

The experiences of mothers were ascribed to the experiences of fathers. So, much of the fatherhood research data was collected from mothers who reported the fathers' attitudes or behaviors (Tanfer & Mott, 1997). One of the studies involving fathers directly related to secondary traumatization in parents following the disclosure of CSA of their child (Manion et al., 1996). The researchers studied 63 mothers and 30 fathers within three months of their child's CSA disclosure. They were compared to a nonclinical comparison group of 74 mothers and 62 fathers using six scales and questionnaires. The results revealed that mothers of the CSA victims, when compared to the mothers of the non-abused children, had greater overall emotional distress, poorer family functioning, and lower parenting role satisfaction. The fathers of the CSA victims also experienced greater overall emotional distress when compared to the fathers of the non-abused children. The fathers' distress remained lower than the mothers' distress. These results emphasized the need to expand a focus beyond the child victims to the victimized parents.

Forbes et al. (2003) assessed the level of psychopathological symptoms in parents and children following the disclosure of sexual abuse. The researchers administered 5 instruments to 31 non-offending parents of CSA victims and 2 instruments to the children who ranged in age from 4 to 14 years. The study found a high prevalence of psychopathological symptoms in the non-offending parents and children following the disclosure of CSA. These findings supported previous research by Manion et al. (1996), that CSA disclosure has a traumatic effect on the non-offending parent (Forbes et al.).

The argument that it is necessary to treat the child and family was supported by this research. Both parents were profoundly affected by CSA.

After an extensive literature search, no research was located that explicitly addressed the experiences and needs of non-offending fathers. The literature about the role of the fathers in the family focused on child development or on responses when a child has a life threatening illness. However, examining the literature related to the father's role in the family provided insight into how fathers may be affected when their child has been sexually abused.

The Role of Fathers

In attempts to understand the complex association that exists between father involvement and child outcomes, it seemed essential to explore the role of the father. A father was defined as "a man who begets or raises or nurtures a child" (Pickett, 2000, p. 129). Lupton and Barclay (1997) expanded this definition. They wrote, "Scholars have argued that fatherhood should be viewed as a continually changing ontological state, a site of competing discourses and desires that can never be fully and neatly shaped into a single ''identity'' and that involves oscillation back and forth between various modes of subject positions even within the context of a single day" (p. 16). Other researchers have sought to define what makes a father a good one. These researchers considered good fathers to be "men who contribute to and renew the ongoing cycle of the generations through the care that they provide as birth fathers (biological generativity), childrearing

fathers (parental generativity), and cultural fathers (societal generativity)" (Snarey, 1993, p. 1).

The father's role has been referred to as the instrumental role that socializes children outside their home (Parson & Bales, 1955). Historically, fathers were not expected to be affectionate, warm, or nurturing, but were expected to express their love in a distant manner (Parson & Bales). As women began to change their roles from traditional homemaker to working mother in the 1970s, the role of men also began to change. Men began to express their nurturing capabilities (Hanson & Bozett, 1986). Fathers today do not derive their identity solely from their success at work; but now include their family participation as well (Hanson & Bozett).

A contemporary look at the role of fathers led researchers to examine fathering roles in low-income families (Shears, Summers, Boller, & Barclay-McLaughlin, 2006). These researchers interviewed 16 fathers with toddlers. Three broad categories emerged from the interviews: a concept of *being there,* a *traditional father* role, and a *contemporary father* role. The concept of *being there* reflected the fathers' ideas of being there for their child emotionally and physically. The researchers believed this was critical for the child. The *traditional father* role included acting as the provider, the protector, a role model, the disciplinarian, the entertainer, and the teacher. The *contemporary role* was related to fathers wanting to be with their child in expanded ways such as being the caregiver. Other aspects of this role were acting as a partner with the child's mother and being a source of affection and emotional support. Fathers in this study "expressed how

their presence- or in some cases, absence- affected the way they interacted with their children" (Shears et al., p. 266). One wonders how a family crisis such as child sexual abuse would influence how fathers experienced their roles as provider, protector, or caregiver.

Although research into father's experiences when their child is sexually abused was limited, studies researching fathers whose children have suffered a life-threatening illness were available (Mu et al., 2002; Sullivan-Bolyai, Rosenberg, and Bayard, 2006; Wood & Milo, 2001). In a key study, Davies et al. (2004) explored the fathers' experiences of the death of their child from an illness. This qualitative, retrospective, grounded theory study obtained tape-recorded interviews from eight fathers whose children had died in the previous 12 to 36 months.

The major finding of this study "revealed fathers' experience as one of living in a dragon's shadow" (Davies et al., 2004, p. 118). The dragon metaphor referred to the child's illness and battle with the illness. Fathers described their experiences as "struggling valiantly to overcome the dragon's power" (Davies et al., p. 118). This metaphor represented the illness and its effects on the child and family. Fathers identified three aspects of this identified battle: battling with uncertainty, battling with responsibility, and battling with everyday disruptions. The finding that fathers saw themselves as protector and family leader is relevant for the study of fathers and child sexual abuse. They felt compelled to be strong for their wives and family. Even when they felt overwhelmed and had a desire to leave the battle, none of them entertained that

idea because they needed and wanted to protect their families by their presence. Fathers dealing with the trauma of CSA may have similar experiences and responses as fathers whose child has a life-threatening disease (Davies et al.).

The fathering research demonstrated that fathers influence the lives of their children and their children influence them. Fathers and children are profoundly affected by the loss of each other and their reactions can alter the framework of the family. The literature about fathers whose children are ill clarified misconceptions of the role of the father. This literature did so by showing another side of fathers that most other literature ignored. Fathers expressed various emotions due to their child's illness that were not typically reported as portrayed by fathers. These fathers were shown as vulnerable and equally emotional as the mothers despite their tough stereotypes. An understanding of non-offending fathers' experiences following child sexual abuse had not been possible due to the lack of documented research reports. Indirectly, the fathering literature suggested that fathers of sexually abused children would be affected by such an event. It was likely that fathers had secondary experiences and consequences from the CSA event similar to the experiences and outcomes of mothers. The lived experience of fathers whose child has been sexually abused needed to be investigated.

Methodology

The methodology chosen for this study was hermeneutic phenomenology as conceptualized by van Manen (1990). This methodology was chosen for this study because it is both interpretive and descriptive. This methodology encourages attention to

how things appear by allowing them to speak for themselves and claims there are no such things as uninterpreted phenomena (vanManen, 1990). Hermeneutic phenomenology would allow the researcher to be attentive to and understand how non-offending fathers experienced the child sexual abuse of their biological child in order to yield rich descriptions of this phenomenon.

Using the concept of the lifeworld (or the original German word, *Lebenswelt*), this study explored the world of original natural experiences of fathers. The idea of lifeworld revolves around the world of lived experience. "Husserl described lifeworld as the world already there, pregiven, and natural" (van Manen, 1990, p. 182). This lifeworld provided a sense of wonder and certain attentiveness to the needs of these fathers as I explored the fundamental lifeworld themes. The themes, or existentials, are lived space (spatiality), lived body (corporality), lived time (temporality), and lived human relation (relationality or communality). These elements can be differentiated but not separated because of the holistic nature of the concept of lifeworld.

Summary

This chapter introduced the focus of study, a hermeneutic phenomenologic study of non-offending fathers whose biological child has been sexually abused. This qualitative study sought to discover new knowledge through narrative descriptions obtained by interviews with study participants. It was guided by the philosophical framework of hermeneutic phenomenology as addressed by van Manen (1990). A lack of research studies exploring non-offending fathers' response to and the effects of CSA on

the family existed in the literature. With the elevated rates of child sexual abuse, understanding how the whole family experiences a child's victimization becomes more important to the effective enactment of the nurse's role in interacting with families. Even in studies of a similar topic, such as the impact of a child's illness on the family, the experience of fathers was marginalized. As fathers take a more active role in their children's lives, nurses need to understand the experiences associated with this new role to meet the needs of the family and fathers (Tiedje & Darling-Fisher, 2003). For these reasons, this research explored the lived experiences of non-offending fathers whose biological child had been sexually abused.

CHAPTER II

LITERARY CONTEXT

This chapter reviews literature pertinent to understanding child sexual abuse and fathers. A literature search using the multiple search databases was conducted and not limited by discipline, year of publication, or type of research. Current literature about child sexual abuse, such as the incidence, imprecise terminology, barriers to detection, the inconsistent approach to assessment, and the complexity of signs and symptoms are presented. Children and sexual abuse, treatment of CSA, and consequences of CSA follows. Qualitative and quantitative studies that examined families, such as the role of parents with a sick or sexually abused child are then discussed. Finally, studies that explore the role of fathers, whether with a sexually abused child or their sick child, are addressed. The major focus of research about sexually abused children has been the experience of the mother; the non-offending father's experience has not been reported in the literature. Therefore, studies of related topics were used to inform this study.

Child Sexual Abuse

Child Sexual Abuse (CSA) is a pervasive societal problem that has enormous emotional and economic costs. The cost of child abuse in the United States is estimated at $258 million per day (Prevent Child Abuse America, 2001). This estimate includes direct costs associated with interventions, medical treatment, and emotional treatment, as well

as indirect costs such as those associated with long-term consequences of the abuse to both the individual and society (Prevent Child Abuse America).

Thousands of cases of child sexual abuse are recorded each year to remind us that this once ignored crime continues to haunt children (American Academy of Pediatrics (AAP), 1999). The numerous research studies on the types of victims of child sexual abuse suggest that being sexually abused as a child is not limited to a particular gender, age, ethnicity, religion, or socioeconomic group (U.S. Department of Health & Human Services Administration for Children and Families, 2006). Although numerous signs and symptoms of child sexual abuse have been identified, possible problems associated with child sexual abuse are left untreated or undiscovered (AAP, 1999; Widom, 1995; Reeves, 2000; Janoff-Bullman, 1992). This potential for untreated and undiscovered cases of child sexual abuse has been exacerbated by a lack of clinician education that has led to wide discrepancies in the diagnosis of child sexual abuse (Leder, Emans, Hafler & Rappaport, 1999). To understand the issue of CSA and what the fathers of this study may encounter, the following subtopics were addressed: definitions of CSA, incidence of CSA, imprecise terminology, barriers to detection, inconsistent approach to assessment, the complexity of signs and symptoms, children and sexual abuse, CSA treatment, CSA consequences, families and CSA, and fathers and CSA. Fathers and CSA has two subtopics: fathering role and fathering a sick child.

Definitions of Child Sexual Abuse

The lack of uniformity that exists between and among researchers when defining child sexual abuse has made it difficult to create one universal view of child sexual abuse. Many definitions for child sexual abuse exist in our society. This lack of uniformity affects directly diagnosis and treatment and indirectly the statistics related to the incidence and sequelae of child sexual abuse. Heger, Emans, and Muram (2000) state the following:

> Numerous researchers and clinicians have attempted to establish a classic psychological profile of the sexually abused child, and after two decades of research, what has emerged is not a classic profile, but rather a consensus that there are divergent effects manifested along a continuum. This continuum ranges from children who are seemingly asymptomatic to those who are severely impaired in many areas of their lives. (p.21)

Child sexual abuse cannot be seen as a well defined, easily understood concept. The AAP (1999) defined child sexual abuse as

> Any sexual act with a child performed by an adult or other child. This might include fondling the child's genitals, getting the child to fondle the adult, mouth to genital contact, rubbing the adult's genitals on the child, penetrating the child's vagina, anus, or mouth. Other forms include showing an adult's genitals to a child, showing the child pornographic or "dirty" videotapes, or using the child as a model to make pornographic movies. (p. 2)

In the United States, CSA is defined as a crime that encompasses various types of sexual activity, including voyeurism; sexual dialogue; fondling, touching of genitals; vaginal, anal, or oral penetration; and forcing a child to participate in pornography or prostitution (Wilshaw, 1999). CSA may also be in association with other types of child maltreatment. Almost 40% of children reported to be abused sexually also experienced other forms of maltreatments such as abandonment and drug abuse (U.S. Department of Health & Human Services Administration for Children and Families, 2006).

CSA is a complex topic. It is a crime that potentially involves a visual act, such as a perpetrator exposing him/her self to a child; a physical act such as fondling; or full sexual activity and penetration. Legal definitions vary from state to state. The American Academy of Child and Adolescent Psychiatry (AACAP) (1997) agreed with all of the above definitions and added that child sexual abuse is behavior between a child and adult or two children. "The behavior includes touching breasts, buttocks, and genitals, whether the victim is dressed or undressed; exhibitionism; fellatio, cunnilingus; and penetration of the vagina or anus with sexual organs or with objects" (AACAP, 1997, p. 4). CSA also includes viewing pornographic material whether printed material or videos. Lahoti, McClain, Girardet, McNeese, and Cheung (2001) defined child sexual abuse as any sexual activity a child cannot comprehend or give consent to that violates the law. It may include the above acts as well as exhibitionism, voyeurism, or exposure to pornography. Sexual abuse is also abuse by power. It involves any sexual activity forced on a child by an adult, a stronger child, or an older child. The victim is often powerless to stop the

abuse and often not old enough to understand what is happening, so the victim may suffer deep emotional damage without physical damage (Lahoti et al.). This wide variety of what comprises child sexual abuse creates wide-spread confusion about direct care and statistics.

The confusion about definitions influences clinicians' ability to diagnose child sexual abuse. In a study by Leder et al. (1999), clinicians were asked about their ability to detect child sexual abuse. The study consisted of 65 clinicians in six groups. The results demonstrated a need for a universal definition to aid communication between the clinician and family. All six groups reported using imprecise terms for child sexual abuse topics when they discussed it with families. This lack of precise communication can confuse parents and children in their attempts to deal with a traumatic event. Clinicians cannot begin to understand and diagnose and thus report child sexual abuse if imprecise terminology and varying definitions are used.

Incidence of Child Sexual Abuse

Despite differences in defining child sexual abuse, growing numbers of CSA cases are being reported. For example in 1996, 218,820 cases of child sexual abuse were reported to the Child Protective Services in the United States (Wang & Daro, 1997). From their second survey of the 50 states, Wang and Daro (1997) estimated that there were 223,000 reported cases of child sexual abuse in the nation that year. By 1999, this had risen to over 500,000 each year. In a 10-year study of 20 participating states conducted by the U.S. Department of Health and Human Services, Administration for

Children and Families (2006), 88, 238 (11.3%) of the 781, 078 reported child maltreatment victims were sexually abused. Although the exact number of cases cannot be substantiated, what was once considered a hidden problem several years ago is no longer hidden. "Incidence and prevalence studies suggest that sexual abuse of children is a common feature of North American societies" (Green, Schowalter & Talbott, 1995, p. 93).

The incidence of child sexual abuse is probably higher than reported due to multiple factors, which include imprecise terminology, barriers to detection, an inconsistent approach to assessment, and the complexity of signs and symptoms associated with child sexual abuse. Each aspect is discussed briefly to illustrate the pervasiveness of the problem of child sexual abuse.

Imprecise terminology. Many cases go undetected because of the insufficient CSA education clinicians received in their formal education. To investigate this problem, Leder, Emans, Hafler, and Rappaport (1999) interviewed 65 pediatric physicians and nurse practitioners who participated in one of six focus groups. The researchers asked these practitioners to discuss their perceived ability to recognize child sexual abuse. "Members of all groups reported using imprecise terms when they discuss sexual issues with families" (Leder et al., p. 270). Practitioners used imprecise terminology such as "down there" or "this area" to refer to genitalia. Other terms included "that sort of stuff" to refer to sexual abuse and masturbation (p. 272). Imprecise terms were the various

words used to explain or discuss aspects related to child sexual abuse. Using various words rather then one correct term makes it difficult to express accurate information.

Barriers to detection. Participants in the above study also identified barriers that influence the detection of child sexual abuse (Leder et al.,1999). All of the practitioners expressed discomfort in speaking to families about sexual issues, while participants in four of the six groups relayed discomfort with sexual topics. In five of the six groups, clinicians believed lack of time with families created a loss of alliance with them, which made discussing sensitive topics difficult. The lack of time made it easier to bypass the topic and "not have to deal with it" (p. 273).

Participants in three of the groups discussed their fear or uncertainty when dealing with the issue of child sexual abuse. Lack of education or training regarding CSA appeared to increase this fear, making it easier to ignore the possibility as a whole. This study identified this barrier as the most significant to all subjects. In one group, participants stated their concern about making a false accusation as a barrier to addressing possible child sexual abuse. The fear of falsely accusing someone, or having others know you falsely accused someone, made it difficult to inquire about CSA. Lastly, clinicians in three groups expressed their frustration about the lack of appropriate referral services. They believed child protective services were inadequate or counterproductive in a CSA investigation. Each of these factors could serve as a reason not to diagnosis CSA accurately and thus create a number much larger than reported. Therefore, the use of

statistics in terms of thinking of the pervasiveness of this problem should be thought of as the minimal numbers of children affected.

Inconsistent approach to assessment. Leder et al. (1999) found that "highly motivated pediatric practitioners reported that they give anticipatory guidance about sexual abuse inconsistently, that they were not trained to recognize red flags for sexual abuse, and they do not have a consistent approach to cases of suspected abuse" (p. 271). Anticipatory guidance was given to parent and patients such as "good touch and bad touch" during preschool well child visits (p. 271). Red flags were the signs or indicators that should have clued the clinician to suspect abuse. These would be such signs as sexualized behavior, precocious sexual knowledge, toileting problems, and sleep/appetite problems. A consistent approach to assessing children for child sexual abuse may alleviate these concerns by pediatric practitioners (Leder et al.). A consistent approach, such as using an assessment instrument, is difficult to develop. In an attempt to bring clarity to an organized approach to assessment, Esquibel (2002) used a panel of experts to define critical assessment elements. Because the signs and symptoms of CSA are very similar to those of multiple diseases, even creating content validity for a tool was a challenge (Esquibel).

Complexity of signs and symptoms associated with child sexual abuse. Signs and symptoms that a child who has been sexually abused may influence the father's experiences by adding stress to an already stressful situation. These symptoms vary greatly as can the level of stress associated with each one. Children who are victims of

sexual abuse often have similar signs and symptoms that may develop immediately or take years to surface. These signs and symptoms can be separated into three categories: behavioral, physical and cognitive.

A compilation of nine studies of CSA revealed that victims may exhibit the following behavioral signs: excessive clinging, tantrums, wariness of physical contact/excessive fear of exam, aggressive behavior, and drawings of sexual acts (AAP, 1999; Lahoti et al., 2001; DeAngelis, 1992; Summit, 1983; Brown & Finkelhor, 1986; Beitchman et al., 1991; Green, 1993; Center Against Sexual Abuse, 2001; and Spatz-Widom, 1995). Other behavioral symptoms include sleep disturbances, nightmares, withdrawal, depression, low self-esteem, peer problems, school problems, sexual acting out, keeping secrets, changes in eating habits, seductiveness, frequent exposure of genitals, age inappropriate sexual knowledge, amnesia, trance-like state, multiple personality disorder, and lack of affect. Behavioral symptoms may include developmental regression such as a return to thumb sucking or use of a security blanket (Lahoti et al.). None of these behavioral signs and symptoms is distinctive to, or predictive of, child sexual abuse.

Physical signs and symptoms have been observed in victims of child sexual abuse. Ten studies listed physical signs such as self injury, mutilation, bruising, lacerations, unusual or offensive odor, urinary tract infections, sexually transmitted diseases, presence of sperm, pregnancy, and trauma to the mouth (AAP, 1999; Trickett & Putnam, 1993; Jensen, Pease, Bensel, & Garfinkel, 1991; Green, 1993; Reece, 1994;

Monteleone, 1994; Monteleone & Brodeur, 1994; Simon, Nelligan, Breese, Jenny & Douglas, 2000; Atabaki & Paradise, 1999; and Center Against Sexual Abuse, 2001). These studies also identified that children may complain of frequent upset stomachs and headaches, recurrent abdominal pain, vaginal itching, bed-wetting, and loss of control of bowels.

According to the American Academy of Pediatrics (1999), physical changes, such as bruising or lacerations that occur on the buttocks and lower back, genitals and inner thighs are indicative of CSA. Oral trauma may include bruising, lacerations or petechiae of the hard and soft palate or frenulum (Lahoti et al., 2001). Infections such as repeated urinary tract infections or sexually transmitted diseases can also be present. Anogenital trauma (new or healed), bleeding, irritation or discharge, dysuria, encopresis, and enuresis are also included in this category (Lahoti et al.).

The physical symptoms of recurrent abdominal pain or frequent headaches may result from the psychological stress associated with the abuse (Lahoti et al., 2001). Child sexual abuse can even result in early puberty for girls (Trickett & Putnam, 1993) and elevated growth hormone levels in boys (Jensen et al., 1991). Atabaki and Paradise (1999) identified that physical signs of CSA may include hymenal clefts, vestibular bands, superficial or deep hymenal notches, hymenal transection, hymenal bumps or tags, and hymenal perforation. A child may also have physical findings such as anal fissures, swelling, or bruising (Simon et al., 2000). "Specific indicators for CSA are limited and

rarely observed unless the child undergoes a detailed physical assessment after an outcry of abuse has been made (Esquibel, 2002, p. 88).

Evidence has suggested that child sexual abuse interferes with cognitive development. An example of this is the delay of language development that can lead to academic difficulties (Heger et al., 2000). The ability to develop trusting, intimate relationships was described by Conte and Shuerman (1988) as often impaired and delayed. These relationship problems most often affect the family. Each of these issues also makes estimates of child sexual abuse questionable.

Children and Sexual Abuse

CSA affects any child at any time in his or her life. Age is an important factor. Cole and Putman (1992) stated that the incidence of child sexual abuse increased between the ages of 5 and 7 years. The U.S. Department of Health and Human Services Administration for Children and Families Report (1999) examined the ages of child sexual abuse victims. They found that the age distribution of victims, 0 to 3 years old, had the highest victimization rate and that children who had been victimized were three times more likely to experience recurrent child sexual abuse during the 6 months following their victimization. The overall rate of victimization declined as the age of the child increased. A study by the U.S. Department of Justice (2001) stated victims of unknown assailants tended to be older than children who were sexually abused by someone they knew and were usually only subjected to a single episode of abuse. In

contrast, sexual abuse by a family member or acquaintance usually involved multiple incidents over periods of weeks to years.

CSA affects any child at any time in his or her life as well as affecting children of any race. The U.S. Department of Health and Human Services, Administration for Children and Families (1999) studied prevalence of child sexual abuse and race. They reported the ratio of victims per thousand children as 4.4 Asian-Pacific Islander, 10.6 White, 12.6 Hispanic, 20.1 American Indian, and 25.2 African American children. This information gave the researcher an idea of the possible races of the participants she may encounter in the study.

The victim's gender was the one consistent indicator noted throughout the literature. The prevalence of child sexual abuse is higher for females than for males. McClellan et al. (1996) completed a retrospective chart review of 499 youths at a psychiatric hospital. The rate of sexually abused females, who were ages 3 to 17 years, was 80% in comparison to 40% for males of the same age. Furniss (1991) stated 33% of women and 20% of men acknowledged some sort of sexual abuse in their histories based on "normative" definitions rather than professional definitions. Normative definitions are personal definitions rather than standardized criteria used to define the reported incidents. For example, a woman who believes she was sexually abused as a child may believe this because an uncle's fingers rubbed her, where the professional definition would have reported this as fondling.

Other studies support the difference in abuse prevalence between male and female children. Baker and Duncan (1985) interviewed a sample of over 2,000 men and women and found that 12% of women and 8% of men reported being sexually abused before the age of 16 years. However, a national study reported that the sexual abuse rate for female children (1.6/1000) as four times higher than that for male children (0.4/1,000) (U.S. Department of Health & Human Services Administration for Children and Families, 2006, p. 13). A study by the U.S. Department of Justice (2001) stated that between 80% and 90% of all sexually abused children were female. The average age of initial abuse was between 7 and 8 years old.

Several researchers have studied specific age groups and gender. Russell (1984) surveyed a community sample of over 900 women and found 28% had been sexually abused before the age of 13 years and 38% before the age of 17 years. Another study reported that at least 20% of women and 10% of men had been sexually abused as children (Finkelhor, 1994). In a national sample of reported cases of sexual abuse, boys accounted for about 20% of the victims (Finkelhor, 1993).

Although this problem of CSA is complex, the inconsistency of definitions, terminology, assessment approach, onset of symptoms and age of the child further complicate it. These factors could influence the lived experience of the non-offending father whose biological child has been sexually abused by adding yet another barrier to their road to recovery.

Treatment of Child Sexual Abuse

A common theme of the literature emphasized prompt identification and treatment of child sexual abuse. Early identification of sexual abuse victims is crucial to the reduction of suffering and establishment of support systems for assistance in pursuing psychological development. As long as identification continues to be a problem, the victims will continue to experience fear, suffering, and psychological distress (Bagley, 1991; Bagley, 1992; Finkelhor, Hotaling, Lewis, & Smith, 1990; Whitlock & Gillman, 1989).

Although child sexual abuse may have devastating consequences to children and their future, about one-third of child sexual abuse survivors consistently reported no long-term negative effects (Kendall-Tackett, Meyers-Williams, & Finkelhor, 1993). The literature revealed a consistent theme. Prompt identification and treatment of a child who experienced sexual abuse led to more positive outcomes for the child, family, and society by preventing long-term negative effects.

Finkelhor and Berliner (1995) reviewed 29 studies that evaluated the effectiveness of treatment for sexually abused children with qualitative outcome measures. The studies covered a wide variety of populations, including young children, adolescents, and special needs children. The studies also investigated a variety of treatment modalities such as sex education, family therapy, and cognitive behavioral therapy. Finkelhor and Berliner concluded that as a whole, studies of sexually abused children in treatment showed improvements consistent with the belief that therapeutic intervention facilitated recovery.

The need for treatment varied depending on the type of sexual molestation (family or non-family perpetrator), the duration of the molestation, the age of the child, and symptoms (Committee on Child Abuse & Neglect, 1999). Early detection may help prevent longer periods of molestation and lead to a better prognosis. Finkelhor and Berliner (1995) stated, "the effectiveness of treatment for children is likely to be strongly influenced by the family context, and addressing it should be a very important priority intervention" (p. 1414). Because the family affects how the child accepts treatment, the treatment process should include therapy for the family as well as the child.

Treatment for child sexual abuse differs from other child psychotherapy because it is an experience rather than a disorder or syndrome (Finkelhor & Berliner, 1995). It can lead to a disorder or syndrome, but is not one itself. Treatment for child sexual abuse confronts a diverse set of children of all ages, with a variety of histories and presentations, with many different kinds of symptoms, or with no symptoms at all (Finkelhor & Berliner). The different types of signs and symptoms, histories, and presentations make treatment organization and planning a challenge.

It is unlikely that one type of treatment will be appropriate for all victims of child sexual abuse due to the diversity of signs and symptoms. Kendall-Tackett et al. (1993) emphasized that the signs and symptoms vary with age, and thus treatment would vary. Today therapy is tailored to the child's developmental level. All types of therapy aim to enable the child to cope emotionally with the experience and repercussions of the abuse. A preferred approach to treatment is "abuse-specific" therapy (Berliner & Wheeler, 1987;

James, 1989). The common elements to this treatment are "(1) encouraging expression of abuse-related feelings (e.g., anger, ambivalence, fear), (2) clarifying erroneous beliefs that might lead to negative attributions about self or others (e.g., self-blame), (3) teaching abuse prevention skills, and (4) diminishing the sense of stigma and isolation through reassurance or exposure to other victims (e.g., group therapy)" (Finkelhor & Berliner, 1995, p. 13-14).

Despite the challenge, finding the appropriate treatment for the victim of sexual child abuse, treatment remains a positive investment for the victim, because "without intervention, the child is clearly on a downward spiral" (Heger, Emans, & Muram, 2000, p. 31). CSA factors are found to be associated with adverse effects for the child and the parents.

Consequences of Child Sexual Abuse

The experience of CSA can have long term consequences, such as an increased risk of teen pregnancy or a juvenile runaway (Boyer & Fine, 1992; Elders & Albert, 1998) and prostitution. Understanding consequences of CSA validates the need to investigate fathers' experiences. Heger et al. (2000) identified that CSA can interfere with cognitive development. In their study, children who had been sexually abused were at greater risk for academic problems related to delayed language development. Being a childhood sexual abuse survivor resulted in being afraid, having self doubts, learning to deny experiences, learning not to trust others, having difficulty developing and enjoying intimate relationships, and feeling unloved (Conte & Shuerman, 1988; Wilshaw, 1999).

These relationship problems can often affect the family by breaking the trust within the family.

Sexual abuse in childhood can lead to engaging in risk behaviors such as drug abuse, juvenile delinquency, and criminal behavior. Greater than 80% of patients exiting alcohol and drug treatment centers reported they were sexually abused as children (Reeves, 2000). A study by Skuse et al. (1997) showed between 30% and 70% of adolescent and adult male sex offenders reported they were sexually abused as children. Over 70% of prison inmates reported they were victims of child sexual abuse and 95% of teenage prostitutes said they were victims of incest and child sexual abuse (Reeves, 2000).

Widom's study (1995) examined the official criminal histories of a large number of people who had been sexually abused as children. The study used a matched cohort design pairing the 908 subjects with a control group of children who had not been sexually abused. All subjects in the study were 11 years old or younger at the time of their abuse and the study followed them into young adulthood to assess for delinquent behavior. Widom reported a greater incidence of sexual disturbance, depression, suicide, revictimization, and postsexual abuse syndrome in the CSA group. In addition to the long term effects described above, Widom discovered that people who were sexually victimized during childhood were at higher risk of arrest for committing crimes, especially sex crimes. Widom concluded, "Sexually abused children were more likely than other victims to be arrested for prostitution as adults" (p. 5). Criminal behavior is not

inevitable, but there is an increased risk when compared to children who were not sexually abused. This impact on society conveys the logic of using the cost estimate cited before.

Families and Child Sexual Abuse

Although families are important in the treatment of child sexual abuse, literature about parents and their responses to their child's sexual abuse is limited. Few studies have investigated the effects of child sexual abuse on the parents and family (Forbes, Duffy, Mok, & Lemvig, 2003; Manion et al., 1996). Only two were found in the current literature review.

Manion et al. (1996) studied secondary traumatization in parents following the disclosure of CSA of their child. The researchers studied 63 mothers and 30 fathers within three months of their child's CSA disclosure. They were compared to a nonclinical comparison group of 74 mothers and 62 fathers using six self-reported scales and questionnaires. The results revealed that mothers of the CSA victims, when compared to the mothers of the non-abused children, had greater overall emotional distress, poorer family functioning, and lower parenting role satisfaction. The fathers of the CSA victims also experienced greater overall emotional distress when compared to the fathers of the non-abused children. The fathers' distress remained lower than the mothers' distress. These results emphasize the need to expand a focus beyond the child victims to include the traumatized parents.

Forbes et al. (2003) conducted the second study; they assessed the level of psychopathological symptoms in parents and children following the disclosure of sexual abuse. They surveyed 39 non-offending parents of CSA victims with 30 mothers and nine fathers. The researchers administered five instruments, which included baseline measures, to the parents and two instruments to the children who ranged in age from 4 to 14 years. The instruments were: *The Brief Symptom Inventory (BSI),* the *Global Severity Index (GSI),* the *Positive Symptom Total (PST),* and the *Positive Symptom Distress Index (PSDI),* and *The Parent Emotional Reaction Questionnaire (PERQ)* administered to the parents and the *Child Behavior Checklist (CBCL),* the *Child Sexual Abuse Behavior Inventory (CSBI)* administered to the children. The parent assessment instruments ranged from psychological symptoms experienced to emotional reactions to knowledge that their child had been sexually abused. The child assessment instruments focused on child behaviors and sexual abuse behaviors following CSA. The major findings of the study indicated a high prevalence of psychopathological symptoms in the non-offending parents and children following the disclosure of CSA. The researchers concluded that parental intervention appeared to be beneficial to both parents and children following disclosure of child sexual abuse and advocated for all family members to receive treatment.

These findings support previous research by Manion et al. (1996) that sexual abuse disclosure by a child has a traumatic effect on the non-offending parent (Forbes et al., 2003). The argument that it is necessary to treat both the child and family is supported

by this research. The father and mother are both affected by the CSA and need to be further evaluated. While these two quantitative studies provide insight into fathers' reactions and needs when their child has been sexually abused, they do not provide an understanding of these fathers' lived experiences of this phenomenon. Further research specific to fathers needs to be developed because the fathers' experiences cannot be extrapolated from the mothers' experiences nor mothers' reports about their perceptions of what fathers experience. Tanfer and Mott (1997) argued that mothers have reported on behalf of fathers and suggested a need for new data collection efforts that focus on fathers, using fathers as subjects. Hence, a need for more research about fathers was evident.

Fathers and Child Sexual Abuse

The role of fathers and their needs during treatment have largely been ignored in the literature. "Most research has focused on the mother's experience and has relied on her reports to illustrate parental attitudes and experiences" (Mu et al., 2002, p. 66). This exclusion of fathers in the literature portrays a misleading set of low expectations for fathers (Weissbourd, 1999). For the purpose of this study, fathers were defined as non-offending fathers whose biological child has been sexually abused. Although no qualitative studies of fathers' experience of CSA were found in the literature, related research could be helpful. In order to better understand fathers' experiences, studies related to the fathering role and to fathering children who were critically or chronically ill were reviewed.

The Fathering Role

The complex association that exists between fathers' involvement and child outcomes requires understanding the role of the father. A father is defined as "a man who begets or raises or nurtures a child" (Pickett, 2000, p. 129). The fathers' role has been referred to as the instrumental role that socializes children outside their home (Parson & Bales, 1955). Historically, fathers were not expected to be affectionate, warm, or nurturing, but were expected to express their love in a distant manner. As more women began to change their role from a traditional homemaker to a working mother in the 1970s, the role of men also began to change. Men began to express their nurturing capabilities as well (Hanson & Bozett, 1986). Fathers today do not derive their identity solely from their success at work; now they derive identity from both work and their family participation (Hanson & Bozett).

Not only are fathers becoming more involved in their children's care, but also they play a large role in the development of their children. Fathers give different, but equal contributions to their child's growth and development (Marsiglio, Amato, Day & Lamb, 2000). Greater father involvement in a child's life has been associated with improved language and cognitive skills, higher academic achievement, improved social and adaptive behavior, fewer behavioral problems, and a lower likelihood of child neglect (Mehta & Richards, 2002; Moore & Kotelchuck, 2004).

Fathers also influence the development of their children through their sensitivity to their children's needs. "Fathers who behave sensitively with their children might have

more positive relationships with their partners, who in turn interact sensitively with their children" (Tamis-LeMonda, Shannon, Cabrera, & Lamb, 2004, p. 1808). Tamis-LeMonda et al. investigated 290 couples and their children; 111 sets of participants completed all aspects of the study (2004). A trained tester administered the *Mental Scale of the Bayley Scales of Infant Development*, (2nd ed.), and the *Peabody Picture Vocabulary Test*, (3rd ed.). Interactions between the mother and child, and the father and child were videotaped. Children living with their biological fathers received higher scores on both tests than children who did not live with their biological fathers. Also, the mothers' and fathers' responses to their children were similar and supportive to each other and to the child. This study concluded the need for fathers' involvement beginning when their children are infants; and the literature continued to emphasize their relationships with their older children.

A study by DeLuccie and Davis (1990) explored the father-child relationship from the preschool years through mid-adolescence. These researchers studied 177 fathers with children ranging in age from 3 to 17 years old. Each father was also married and currently living with his wife and oldest child. All participants were also free from any serious health problem. Each father completed five questionnaires that investigated the concepts of *childbearing practices*, *attitudes, role involvement,* and *role satisfaction.* The researchers concluded that fathers of preschoolers "exhibited greater levels of acceptance in their childbearing behavior and greater participation in the parenting role than fathers of school-age children or adolescents" (p. 231). Fathers of adolescents exhibited higher

levels of task sharing and role satisfaction than fathers of the younger children. In regard to trust, fathers had a general tendency to be more trusting of their school-age children than their preschoolers and adolescents. This research suggested that the role of the father changes as the child ages. This is important to remember when addressing CSA because each case is different and care must be individualized for both the child victim and father.

A contemporary look at the role of fathers led researchers to examine fathering roles and low-income families (Shears, Summers, Boller, & Barclay-McLaughlin, 2006). These researchers analyzed 16 qualitative interviews completed by fathers with toddlers. Three broad categories emerged from the interviews. These concepts include *being there,* a *traditional father* role, and a *contemporary father* role. The concept of *being there* reflected the fathers' ideas of being there for their child emotionally and physically. Fathers in this study "expressed how their presence - or in some cases, absence - affected the way they interacted with their children" (p. 266). This was evident as researchers reflected on the association between a father's experiences with his father and the activities he planned to do with his child. This study demonstrated that fathers understand that their role is changing in the family and how this change affects their children.

The concept of *being there* had different meanings for the fathers, but generally consisted of more than a physical presence. The fathers felt, through their own experiences with their own fathers, this was critical for the child because they thought the child would develop healthy relationships with others if they developed trust from *being there*. The *traditional father* role included acting as the provider, the protector, a role

model, the disciplinarian, entertainer, and teacher. In the *contemporary role*, fathers described being with their child as the caregiver. Other aspects of this role encompassed acting as a parenting partner with the mother of the child and being a source of affection and emotional support (Shears et al., 2006).

Not only are fathers becoming more involved in their children's care, but also they play a large role in the development of their children. Fathers offer different, but equal, contributions to their children's growth and development (Marsiglio, Amato, Day & Lamb, 2000). Greater father involvement in a child's life has been associated with improved language and cognitive skills, higher academic achievement, improved social and adaptive behavior, fewer behavioral problems, and a lower likelihood of child neglect (Mehta & Richards, 2002; Moore & Kotelchuck, 2004). "Fathers are taking a more active role in their children's lives and healthcare; consequently, healthcare providers need to be more aware of and attentive to fathers in clinical encounters" (Tiedje & Darling-Fisher, 2003, p. 350). Fathers influence their families and the health of their children; concomitantly children influence fathers, particularly when children experience a stressful or threatening life event such as child sexual abuse or an illness or disability.

Fathering a Sick Child

Although there is no documented research about fathers and their responses when their child has been sexually abused, literature related to the role of fathers in health care typically focuses on sick or deceased children (Ahman, 2006; Gasquoine, 2005; Mu, Ma, Hwang, & Chao, 2002; Taylor & Daniel, 2000; Tiedje & Darling-Fisher, 2003; Yeh,

2002). The following studies illustrated the role of fathers who experienced traumatic situations such as a child's illness or a child's death and may provide insights about fathers' responses to traumatic events in their children's lives.

Steele (1999) interviewed eight families with children who had a progressive neurodegenerative, life-limiting illness. The researcher also utilized participant observation to study the experiences of these fathers. They reported fathers were heavily involved in their children's care and truly affected by the illness. Steele noted differences in how the mother and father dealt with the illness. Mothers wanted to share their feelings and seek support groups, and they cried in public. Fathers tended to be withdrawn, and wanted action instead of discussion, and they wanted to cry or think about the illness in private.

McGrath (2001) reported a similar finding from the study of families whose child had acute lymphocytic leukemia. The researcher interviewed mothers of 12 families over the course of the child's battle with acute lymphocytic leukemia. Her sample of twelve families included four fathers. The researcher found that although both fathers and mothers cried when discussing the situation, they concluded fathers, especially, did so in private. Fathers were also found to be involved in their child's care and emotionally affected by their child's illness.

A study by Sullivan-Bolyai et al. (2006) examined fathers' experiences when parenting and managing children with Type 1 diabetes. Fourteen fathers completed an in-depth interview exploring their experiences with the diagnosis. The overarching theme

was "from sadness to action" (p. 24). The findings revealed that fathers, like mothers, remembered the diagnosis event in great detail but described pushing their emotions aside, regardless of their sadness. Fathers did so to be strong for their families as they dealt with the diagnoses. What we learn from this study is that fathers may believe they need to be the strong person for the family to survive. To do so, they push aside their feelings and somewhat ignore their own pain. This information provides a possible insight into what to expect in responses from the fathers in this study.

Another study focused on coping. Azar and Soloman (2001) interviewed and surveyed 60 fathers and mothers (30 couples) about coping with their child's insulin-dependent diabetes mellitus. The Ways of Coping Questionnaire (WCQ) was administered during a home interview. According to Azar and Soloman, fathers reported experiencing anxiety and concerns about providing care to their children and families.

Despite fathers taking on a stronger role in caring for their ill child, they, like mothers, experienced fear and stress. In a descriptive-exploratory study conducted by Baumann and Braddick (1999), 11 fathers of children who had clinically significant congenital anomalies were interviewed to discover the meaning of the experience of fathering a child with congenital anomalies. Fathers reported feeling unprepared for the day-to-day activities involved in their children's illness and its effects on the family. Other themes were an urgent need for information; worries about operations, brain damage, their child's safety, and money; and trying to put things into perspective, which encompassed seeing their child as normal, fixable, or special.

In response to their fears, fathers may seek out information to deal more effectively with their child's illness. Wiener, Vasquez, and Battles (2001) studied fathers' experiences in parenting children with HIV. They found fathers of children with HIV tended to request more information about the disease to better prepare themselves. More than one-third of their participants reported an interest in a support group to speak with others in a similar situation. This information revolved around management, discipline, and how to better support their significant others.

Several studies examined fathers' experiences when their child died. Wood and Milo (2001) utilized qualitative and quantitative measures to examine fathers' experiences when their child with a disability died. The study included semi-structured interviews of eight fathers, who also completed the *Grief Experience Inventory* (Wood & Milo). The authors found fathers' grieving and coping reflected who they perceived themselves to be before the illness of their child. The researchers also found that fathers' hopes and dreams for the future were shattered when they learned about their children's problems. These researchers described fathers as coping actively by researching their children's illness through medical literature, focusing on work, or engaging in sports. This study also revealed that fathers rejected the notion that men grieve less than women. The fathers described their grief as being different from their wives' grief, but they did grieve. These findings further support a need to acknowledge and understand fathers' experiences and their role in their families during a crisis.

Davies et al. (2004) also explored fathers' experiences with the death of their child. The purpose of the study was to enhance understanding of fathers' experiences with a child who is seriously ill and dies. The researchers of this retrospective grounded theory study generated data from the interviews of eight fathers whose children had died in the previous 12 to 36 months. All of the fathers in the study were married to the mother of the deceased child and had other children living in their household. The major finding of this study "revealed fathers' experience as one of living in a dragon's shadow" (p. 118). The dragon metaphor referred to the child's illness as a battle. Fathers' described, "struggling valiantly to overcome the dragon's power" (p. 118). This power was the illness and its effects on the child and the family. The shadow of the dragon described the extended periods of time the child had a "normal" life without treatment or hospitalization. This was the time the fathers co-existed with the dragon.

The three aspects of the father's battle included battling with uncertainty, battling with responsibility, and battling with everyday disruptions (Davies et al., 2004). Battling uncertainty described when the child was diagnosed with the illness. This was a time when the fathers felt vulnerable and helpless in having to face the news of their child's diagnosis. "Hearing the diagnosis was a "horrendous," life-defining turning point for all fathers" (p. 121). Battling responsibility described the fathers' need to keep their families together and provide for them. This was also a time to protect their families and children. The fathers battled with everyday disruptions and they interfered with having time together as a family. Fathers discussed how the dragon stole time from them as a family,

particularly when the child was hospitalized. The factors that helped the fathers battle the dragon included their work environment and interactions with health care professionals. In this study, all fathers had very supportive work supervisors who helped them battle the dragon. Interactions with health care professionals varied and may or may not have aided in the battle.

The study's major finding described how fathers saw themselves in the role of family protector and leader (Davies et al., 2004). Fathers were compelled to be strong for their wives and children. They may have felt overwhelmed and had a desire to leave the battle, but none of them entertained the idea as they felt responsible to protect their family by staying with them.

This review of literature revealed a general appreciation for the role of fathers and their contributions to the family. Gaining a new perspective on the issue of child sexual abuse and families is important as fathers take a more active role in their family's daily lives (Mu et. al., 1996). The fathering research demonstrates that fathers influence the lives of their children and their children also influence them. They are affected by the loss of each other and their reactions can alter the function of the family through added stress and lack of coping with that stress. The literature on fathers with children who were ill indeed clarified misconceptions about the role of the father. Gaining an understanding of fathers' experiences following child sexual abuse was limited by lack of research. Indirectly, the fathering literature suggested that fathers of sexually abused children would be affected by such an event in similar ways. While it seemed likely that these

fathers would have secondary experiences and consequences from the CSA event as the mothers have shown, the specifics and depth of these experiences remained unclear.

Summary of Literature Review

The review of literature revealed a need for the development of knowledge related to the effects of child sexual abuse on fathers. The studies that investigated fathers' reactions to and experiences of their children's illness served to guide the study because they illuminated the needs and views of fathers in stressful or traumatic situations. The stress and emotions involved in these events might be comparable to those surrounding CSA and therefore helpful in guiding this study.

Gaining an understanding of fathers' experiences following child sexual abuse was limited by the lack of research. Indirectly, the fathering literature suggested that fathers of sexually abused children would be affected by such an event. While it was likely that these fathers would experience consequences secondary to the CSA event, as studies about mothers had shown, the specifics and depth of these experiences remained unclear supporting the need for a qualitative study to investigate fathers' experiences.

CHAPTER III

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

Overview

This chapter comprises two major aspects of the research study, the proposed research plan and the actual research process. The proposed research plan addresses how the study was envisioned and the research process discusses how the study was actually conducted. This chapter explores phenomenology as a method. The study's research plan and process is further explored and includes study participants, recruitment, setting and safety measures, data analysis, and methodological rigor. Lastly, a summary of the protection of human participants is discussed. The actual research process describes the intervening events and how the original plan was modified.

Hermeneutic Phenomenology

The methodology chosen for this study was hermeneutic phenomenology because its intent was to procure the essence of non-offending fathers whose biological child was sexually abused to gain a deeper understanding of the meaning of this experience and to uncover hidden phenomena related to the experience (van Manen, 1990). Phenomenology attempts to bring awareness to real life experiences. According to van Manen, a phenomenologist, "It makes us thoughtfully aware of the consequential in the inconsequential, the significant in the taken-for-granted" (p. 36). So it was in thoughtfully listening to these fathers that I planned to better understand their experiences through

discovering the consequential and significant aspects of that experience.

Hermeneutic phenomenology is both a philosophy and methodology. It is a philosophy about understanding the meaning of human experiences and a methodology, which provides the approach to achieving an understanding of the experience. Understanding hermeneutic phenomenology as a philosophy leads to understanding how it is also a methodology.

The Philosophy

Hermeneutic phenomenology is a human science that studies persons (van Manen, 1990). The phenomenological movement has been divided into three phases, which include the preparatory phase, the German phase, and the French phase (Cohen et al., 2000). The preparatory phase focused on the work of Franz Brentano (1838-1917) and his student Carl Stumpf (1848-1936). Together, they sought to reform philosophy and its close relationship to religious belief and to develop psychology as a science by basing it on descriptive psychology. Stumpf founded the field of experimental phenomenology, which used experiments to discover connections between the elements of perceived phenomena (Cohen et al.). The preparatory phase refers to the initial work that formed the basis for considering human experiences.

The next phase, the German phase, included the works of Edmund Husserl (1859-1938) and his student Martin Heidegger (1889-1976). "Husserl is the central figure in the development of the phenomenological movement" (Cohen et al., 2000, p. 7). Husserl was known for his development of eidetic reduction or bracketing and his concept of

intersubjectivity. Eidetic reduction refers to the need to see past or through the particularity of lived experience toward the iconic universal, essence or eidos that lies on the other side of the concreteness of lived meaning (Cohen et al). The researcher asks: What makes this experience uniquely different from other related experiences? It is through the eidetic reduction that patterns of meaning or themes belonging to a particular phenomenon begin to surface. Intersubjectivity refers to "plurality of subjectivities that make up a community sharing common world" (Cohen et al., p. 7). Husserl's work influenced this study in that I understood father participants to be a unique community in need of expressing their lived experiences. I believe this group to have commonalities in need of exploration. Another concept central to the work of Husserl was that of lifeworld (called *Lebenswelt* in German), which is the world of lived experience (Cohen et al.). This key concept links Husserl closely to Max van Manen and the chosen methodology for this study. The idea of lifeworld, as so widely used by van Manen, was viewed by Husserl as a world of immediate experience that shows styles that need to be studied (van Manen, 1990). The Nazi years ended phenomenology in Germany and the relationship between Heidegger (who became a Nazi) and Husserl (a Jew)(Cohen et al.).

The third phase, the French phase, began after Husserl's death and the Nazi insurgence of Germany. France became the center of the Phenomenological Movement and key figures in this phase included Gabriel Marcel (1889-1973), Jean-Paul Sartre (1905-1980), and Maurice Merleau-Ponty (1908-1961). The French phenomenological philosophies developed *Daseinanalyse*, or the existential-analytic movement, which

brought greater specificity to existential phenomenology (Cohen et al.). Marcel focused primarily upon practical applications of phenomenology. He developed a technique for metaphysical reflection using phenomenology. Sartre also favored the practical aspects of phenomenology. He refined Husserl's definition of intentionality by eliminating the problems of mind/body dualism. Sartre proposed that the only way to learn about "human consciousness was to describe the experience" (Cohen, 1987, p. 34). Merleau-Ponty was more dedicated to the science of phenomenology. In his seminal work, *The Phenomenology of Perception*, Merleau-Ponty exposed the value of the phenomenological approach through an examination of perception (Cohen).

The Methodology

The preparatory phase introduced the idea of using human experience for its richness. The German phase centered on the development of eidetic reduction, or bracketing of common themes within an experience. The French phase focused on the practical applications of phenomenology and the science of phenomenology while developing the existential-analytic movement. Using Husserl's concept of lifeworld (*Lebenswelt*), van Manen, a Dutch educator, developed the methodology of hermeneutic phenomenology. Hermeneutics, the study of how texts are interpreted, was used by numerous disciplines as a research methodology (Cohen et al., 2000). Cohen et al. explained its unique contribution to qualitative research. They wrote, "What sets hermeneutic phenomenology apart from these other hermeneutic approaches is the

tradition of looking at a phenomenon, a single kind of human experience, rather than a social process or structure or a culture" (Cohen et al., p. 8).

Hermeneutic phenomenology combined features of descriptive and interpretive phenomenology (Cohen et al., 2000). The Dutch phenomenologists such as Giorgi, Colaizzi, Fischer, and Van Kaam, who are most often cited in the nursing literature, strengthened this approach. van Manen (1990), an advocate of the methods of Dutch phenomenology, maintains that hermeneutic phenomenology is both descriptive and interpretive. It is descriptive in its attention to how things appear and it is interpretive because it states there are no such things as uninterpreted phenomena. The ultimate goal of hermeneutic phenomenological research is "fulfillment of our human nature: to become more fully who we are" (van Manen, p. 12). Using hermeneutic phenomenology allows qualitative researchers to become attentive to lived experiences.

Phenomenology as a research method is a study of human experience (van Manen, 1990). The essence of the phenomenon, or the structure of the lived experience, is revealed to us when the descriptions are rich. We are then able to grasp the nature and significance of the experience (van Manen). "A phenomenological concern always has this twofold character: a preoccupation with both the concreteness (the ontic, or actual existence) as well as the essential nature (the ontological, or reality) of a lived experience" (van Manen, p. 40).

Hermeneutic phenomenology is both descriptive and interpretive. It describes the lived-through quality of the lived experience while describing the meaning of the

expressions of the lived experience (van Manen, 1990). Hermeneutic phenomenology differs from other methodologies in that it does not use a series of fixed procedures or predetermined steps. "This is a methodology that tries to ward off any tendency toward constructing a predetermined set of fixed procedures, techniques and concepts that would rule-govern the research project" (van Manen, p. 29). Phenomenological scholarship can be considered as a set of guidelines for the inquiry that appreciates tradition, but is not restricted by it. What makes this approach different is its concern with understanding the nature and meaning of a human experience. The researcher attempts to describe the nature of an experience, explore the meaning in the experience, and use language in a reflective writing process that embraces the experience (van Manen). Hermeneutic phenomenology, thus, could contribute to the study of the lived experience of non-offending fathers whose child has been sexually abused by allowing me to be attentive to their description and providing guidelines to elicit and interpret this human experience.

Research Plan

In this section, I discuss the plan for how data were to be generated and analyzed. Included in this discussion are a description of the proposed study participants and their recruitment, the setting and safety measures, strategies for data generation and analysis, and a discussion of how methodological rigor would be met.

Study Participants

Originally, I planned to invite non-offending fathers whose biological child had been sexually abused to participate in the study. I anticipated interviewing five to nine

fathers or until data saturation was met. To be eligible, fathers needed to be the biological father of the abused child, to speak English, and to be 18 years of age or older. Adolescent fathers were excluded because adolescents bring their unique developmental needs to being fathers. The study was designed to exclude mothers and those fathers who were the perpetrators of the abuse. The fathers also had to be living with the child's biological mother to be included in the study.

I recognized that due to the nature of the topic, it might be difficult to achieve a sample size to achieve maximum variation (Sandelowski, 1995). I planned to select participants whose experiences could be illuminating and information-rich in describing the phenomenon (Polit & Hungler, 1999). Such participants would encourage the possibility of uncovering multiple realities related to the phenomenon (Polit & Hungler).

Recruitment

I planned to begin recruitment after IRB approval was obtained from Texas Woman's University, Texas Tech University Health Sciences Center, and the Children's Advocacy Center of the South Plains. Fathers who met the eligibility criteria would be recruited from a local children's advocacy center and a local neuropsychiatry clinic with a flyer (see Appendix A). The flyer contained a brief description of the study and the researcher's contact information. Once the father contacted the researcher by telephone, a meeting date and time would be established.

Setting and Safety Measures

The setting for this study was to be an urban area in West Texas. According to the most current national CSA statistics, Texas had a total of 6,822 reported cases of CSA or the 50,891 reported cases of child maltreatment in 2004 (U.S. Department of Health & Human Services, Administration for Children and Families, 2006). The Child Advocacy Center was developed to assist children and families in West Texas and is the location of various CSA resources such as the forensic interviewers, Child Protective Services, and family therapists specializing in CSA.

The topic of the study posed unique challenges in regard to the setting and safety of both the participants and the researcher. I wanted to provide a safe setting that could provide the fathers with a feeling of comfort and security. I recognized that participation in this study had the potential to cause the father emotional distress or concerns about the experience. Should such arise, supporting services needed to be available, which was an Institutional Review Board (IRB) recommendation. A collaborative agreement was made between the Texas Tech University Health Sciences Center Department of Neuropsychiatry and me so that referrals for support could be readily available (see Appendix B).

This agreement stated that I would notify the Neuropsychiatry clinic of all fathers scheduled to participate and place a licensed psychiatrist on-call should the researcher need assistance. It was the belief of the IRB reviewers that the study interview had the potential to upset the fathers and that they might require treatment beyond my scope as

the nurse researcher. Due to the agreement, the interviews needed to occur in a Texas Tech University Health Sciences Center meeting room near the Neuropsychiatry clinic.

I planned to make every effort to alleviate distress prior to ending the interview. Upon the conclusion of the interviews, fathers would receive a list of resources if distress remained. The list included those providers covered through insurance and those who offered services based on a sliding-scale fee. Fathers would be made aware from the consent form that they were responsible to pay for these services should they need them.

Data Generation Strategies

Data collection was designed to begin after I explained the study and the participants gave their written consent. I wanted to elicit in-depth responses from the participants, so I planned on using a face-to-face, semi-structured interview process. The face-to-face, semi-structured interview was designed to consist of prewritten questions and prompts to facilitate the discussion (see Appendix C). The interview questions were created to help facilitate dialogue between the fathers and me. The prompts were placed in the questions in an effort to allow for elaboration of answers. The interview was envisioned as taking approximately one hour and participants would be given a pseudonym prior to the audiotaped interview. The fathers would also be asked to use a pseudonym for their child.

Interview data would be managed using QSR NVIVO software (QSR International Pty Ltd, 2007), which is recommended for managing qualitative interview data. Interview data would be transcribed verbatim from the audiotapes by an

experienced transcriptionist approved by one of the IRBs. The transcripts would be uploaded into the NVIVO software program in electronic format to facilitate coding and comparison of data.

Data Analysis

The interview transcripts were designed to provide the data for the study. The data would be analyzed using the method described by van Manen (1990) who developed methodological strategies and features to guide hermeneutic phenomenology as a method. The data analysis would follow van Manen's six activities: (a) turning to the nature of lived experience, (b) investigating experience as we live it rather than as we conceptualize it, (c) reflecting on the essential themes which characterize the phenomenon, (d) describing the phenomenon through the art of writing and rewriting, (e) maintaining a strong and oriented pedagogical relation to the phenomenon, and (f) balancing the research context by considering parts and whole (van Manen, p.31).

Turning to the nature of lived experience. I intended to begin the research project by turning to the nature of the lived experience through a deep questioning of the "who" of the research (van Manen, 1990). The "who" of this research project were non-offending fathers whose biological child had been sexually abused. In this study, I was looking for the nature of these fathers' lived experience. I turned to the nature of this experience from my work as a pediatric critical care nurse. As I witnessed the worse cases of child sexual abuse, I also witnessed the effects of that abuse on the families. The mothers primarily drew most of the support and attention. It was not until I saw a father

crying with his abused child that I realized the need to understand fathers' experiences. Once I began researching this topic, I slowly uncovered a large literature gap regarding CSA and the non-offending fathers. This is how I developed a need to help understand this experience and assist this population to make sense of it.

Investigating experience as we live it rather than as we conceptualize it. In this second activity, the researcher is to establish renewed contact with the original experience (van Manen, 1990). To do this I would need to re-look at the world of that experience and phenomenon. I would need to become full of that world and full of that experience to gain the practical wisdom needed to understand that lived experience. To do so I would need to "actively explore the category of lived experience in all its modalities and aspects" (van Manen, p. 32). I would need to become active in the experience through the interview process and my immersion in the literature.

Reflecting on the essential themes which characterize the phenomenon. Reflecting on essential themes is the third activity and renders the experience significant. These essential themes characterize the phenomenon. It is reflection that makes the distinction between awareness and essence that brings into "nearness that which tends to be obscure" (van Manen, 1990, p. 32). In other words, it is reflection that makes things clearer and easier to understand or experience. To do so I would need to ask myself what it was that constituted the nature of the lived experience. van Manen described a "theme as a means to get at the notion of something" (p. 88). I anticipated that it was the themes

that would get to the notion of the non-offending father's lived experiences and make them clearer to others.

I planned to use thematic analysis as the procedure for this reflection. van Manen (1990) identified three approaches toward uncovering thematic aspects of a phenomenon. They included the holistic approach, the selective or highlighted approach, and the detailed or line-by-line approach. For this study, I intended to use the selective or highlighted approach. To accomplish this approach, I would read a text several times and highlight phrases that appeared essential to, or particularly revealing about, the lived experience described. This would be the preferred approach because it would yield essential and revealing phrases about the phenomenon (van Manen).

I anticipated that this analysis would involve several steps. First, field notes that corresponded to each transcript would be reviewed prior to reading the transcripts. I would read each transcript at least three times in its entirety to achieve a sense of the whole interview while listening to the tape to verify transcription accuracy. I planned on reading and rereading text data several times to obtain an overall understanding of the texts (Cohen et al., 2000).

Second, I would conduct a thematic analysis for elements that occurred frequently in the texts. I planned on reviewing each line of the transcripts for significance, which would then be highlighted. van Manen (1990) suggested using phrases or sentences, which I modified to create the following questions: Why are these meaningful in the investigation of fathers? Do they describe the fathers? Do they describe their experience?

Do the data describe an individual perception of a father dealing with a child who has been sexually abused?

Third, I would then formulate a meaning behind each statement after reflecting on the feelings and emotions displayed in the significant statements or phrases. Fourth, tentative theme words, subthemes, and elements would be identified for each meaning or interpretation. Fifth, I would identify any commonality between or among participants. And finally, I planned to label essential themes that constituted the nature of lifeworld themes as well as any others that were unique to the father's experience and did not fit this framework. "Theme analysis refers then to the process of recovering the theme or themes that are embodied and dramatized in the evolving meaning and imagery of the work" (van Manen, 1990, p. 78). These themes would comprise the structures of the experience.

Using the concept of the lifeworld (*Lebenswelt*), I planned to explore the world of immediate experiences of fathers in order to maintain a sense of wonder and a certain attentiveness to the needs of these fathers. van Manen (1990) identified these existentials as lived space (spatiality), lived body (corporality), lived time (temporality), and lived human relation (relationality or communality) and argued that they could be differentiated but not separated.

Lived space, or spatiality, was described by van Manen as felt space (1990). It is a difficult concept to express in words because it is pre-verbal and we rarely reflect on it as we do with mathematical space, length, height, or dimensional space. Lived space can be

important in revealing the essence of a phenomenon because space affects the way we feel. For example, a crowded space may make us feel vulnerable where an open field may make us feel more free. In exploring the lived space, I knew it would be important to understand the idea of home. "Home is where we can be what we are" (van Manen, p. 102). We find the existential theme of lived space when we find our world that we know as home. "Lived space is a category for inquiring into the ways we experience the affairs of our day to day existence; in addition it helps us uncover more fundamental meaning dimensions of lived life" (van Manen, p. 103). In this study I hoped to enter the lived space of the fathers and have the fathers enter my lived space as the researcher. It is through this relationship that the essence of this lived experience could be revealed.

Lived body, corporeality, recognizes that we are always bodily in the world (van Manen, 1990). Corporeality can describe the exchange between study participants and the researcher. "When we meet another person in his or her landscape or world we meet that person first of all through his or her body" (van Manen, p. 103). It is this exchange that conceals or reveals something about ourselves.

Lived time, temporality, is subjective time in contrast to objective or clock time (van Manen, 1990). It is our temporal way of being in the world and it speeds up when we enjoy ourselves and slows down when we are bored. We each have a temporal landscape that is made up of the past, present, and future. It is through this landscape that we interpret and reinterpret who we were and who we are (van Manen).

Lastly, lived other, relationality, is the lived relation we maintain with others (van Manen, 1990). This lived relation takes place in the interpersonal space we share with them. "As we meet the other we are able to develop a conversational relation which allows us to transcend our selves" (van Manen, p. 105). Human beings are known for searching for this relationality in their lives. For many, it is the search for the purpose of life. It is the support from others to become who they want and need to become.

I anticipated that the lifeworld existentials would be used to explore the experiences of the non-offending fathers. The four lifeworld existentials would form a guide to reflection. "All phenomenological human science research efforts are really explorations into the structure of the human lifeworld, the lived world as experienced in everyday situations and relations" (van Manen, 1990, p. 101).

Describing the phenomenon through the art of writing and rewriting. Language is the tool of phenomenological research, so one must utilize a writing activity. van Manen (1990) argued that the language of writing reveals thought. He wrote, "So phenomenology is the application of logos (language and thoughtfulness) to a phenomenon (as an aspect of lived experience), to what shows itself precisely as it shows itself" (p. 33). Writing and rewriting material throughout the study with an emphasis on the analysis findings would complete this step.

Maintaining a strong and oriented pedagogical relation to the phenomenon. This is the fifth activity and is where I, as the researcher, would need to remain true to the fundamental research question (van Manen, 1990). During this phase, I would need to

avoid speculations, and rather remain strong and oriented to the phenomenon being studied. The research needs to be strong by not settling for falsities, preconceived opinions, or superficialities (van Manen). I would do so by using texts that met the criteria of being strong, rich, deep, and oriented to the phenomenon under study.

Balancing the research context by considering parts and whole. This is the sixth and final activity (van Manen, 1990). To address the question of the meaning of this experience for fathers, I would need to stop, step back from the writing, and look back at the whole picture presented in the analysis to see where to go next. I would do so by being aware of the ethics of the research and the effects the research would have on the participants, on those concerned with child and family health, and on myself. The activities outlined above have an implied order, but the researcher is not required to complete each step prior to the next one. The actual process may be one where work occurs in various stages, intermittently, or simultaneously (van Manen, 1990).

Strategies to Attend to Methodological Rigor

I planned to meet methodological rigor through the trustworthiness criteria proposed by Lincoln and Guba (1985) and the authenticity criteria described by Erlandson, Harris, Skipper, & Allen (1993). Lincoln and Guba identified the trustworthiness criteria as credibility (truth-value), dependability (consistency), confirmability (neutrality), and transferability (applicability). Establishing trustworthiness is paramount to ensure the quality of the qualitative study as it exposes findings in the study that are both accurate and worthy of attention (Erlandson et al.).

Credibility, according to Lincoln and Guba (1985), is the truth value of the findings. It is the extent to which the findings accurately describe the participants' experiences. I planned to establish this criterion by addressing prolonged engagement, peer debriefing, and persistent observation. Prolonged engagement is the "investment of sufficient time to achieve certain purposes: learning the culture, testing for misinformation introduced by distortions either of the self or of the respondents, and building trust" (Lincoln & Guba, 1985, p. 301). I planned to recruit fathers for the study until there was a new and rich understanding of the experience. Sandelowski (1995) referred to this as saturation or the redundancy of information. This criterion was also met by my 11 years as a pediatric nurse and my training and experience as a Sexual Abuse Nurse Examiner (SANE).

Persistent observation is used to identify characteristics and elements in the situation that are most relevant to the problem (Lincoln & Guba, 1985). Thus, I would also keep notes of my observations made during the interviews. This technique is successful when paired with prolonged engagement because prolonged engagement provides the scope of the issue and persistent observation provides the depth (Lincoln & Guba).

I planned to use peer debriefing to help confirm ideas, offer optional views, and provide emotional support as I interviewed fathers about child sexual abuse and analyzed the data. Lincoln and Guba (1985) advocated the importance of seeking the view of a

colleague to help clarify data analysis and interpretation. I planned to utilize colleagues in the doctoral program as peer debriefers.

Dependability was the second criterion to establish trustworthiness. Dependability is the consistency of an inquiry to produce the same findings with similar responses in a similar context (Lincoln & Guba, 1985). Dependability would be addressed by consulting a qualitative methodology expert, the dissertation chairperson. I would periodically engage with her for guidance and assistance in the reflective process, theme identification, and writing and rewriting of the descriptions. I would also maintain an audit trail by keeping records of the study. These records would support dependability as well as confirmability (Lincoln & Guba).

Confirmability, the third criteria used, consists of tracking of data to ensure the findings are due to the subjects and not the researcher's biases. I planned to maintain field notes and a reflexive journal as recommended by Lincoln and Guba (1985). Field notes would detail the descriptions of the interviews and accounts of my thoughts and observations. The reflexive journal would describe my interpretations, thoughts, and changes in the inquiry process. To provide a mechanism for an external check, I planned to maintain transcriptions, field notes, and a reflexive journal.

The fourth and final criterion in obtaining trustworthiness is transferability. Transferability is the extent to which findings can be applied in other contexts or with other respondents (Lincoln & Guba, 1985). Writing thick, rich descriptions of the data provides for transferability. To accomplish this, I planned to collect the interview data via

an audiotape and then have it transcribed verbatim. This would allow for extensive descriptions. It was my goal to develop thick descriptions of data that would allow the reader to understand the experiences of the fathers in the study.

Enabling Authenticity

Erlandson et al. (1993) recommended five criteria to enable authenticity in a study. They include Fairness, Ontological Authenticity, Educative Authenticity, Catalytic Authenticity, and Tactical Authenticity. I planned to address two criteria in the study, fairness and ontological authenticity. Fairness was to be achieved by obtaining informed consent and working to provide open communication with the participants. Ontological authenticity recognizes what the participants bring to the social context. I anticipated that participants would articulate an expanded understanding and awareness of the phenomenon as together we explored their lived experience.

Protection of Human Participants

Approval for the study was obtained from the Institutional Review Boards (IRB): Texas Woman's University (TWU), Texas Tech University Health Sciences Center (TTUHSC), and the Children's Advocacy Center of the South Plains (CAC) (see Appendix D). Each father participant was required to sign a consent form to participate in the study. The consent form was to be presented at the beginning of the interview and was designed to explain the study, protect the participants' rights, explain audiotaping procedures, and provide an opportunity for the participant to withdraw from the study at any time. To protect the fathers, audiotapes, transcripts and interviews would be coded

using pseudonyms which I planned to assign prior to the interview. Fathers would be asked not to mention their child by name. Transcriptions and field notes were to be kept in a locked cabinet in a locked office. All material was to be destroyed in five years

Research Process

The following section discusses the actual research process. Discussion will include participants and the setting, protection of participants, data analysis, and methodological rigor. Deviations from the research plan will be addressed.

Participants and Setting

Recruitment began after permission to conduct the study was obtained from the Institutional Review Boards (IRBs) from the participating institutions. I invited non-offending fathers whose biological child had been sexually abused to participate in the study. Fathers met the proposed eligibility criteria, which were if they are the biological father of the abused child, spoke English, and were 18 years of age or older. I provided recruitment flyers to describe the study to two sites, a local child advocacy center and a local neuropsychiatry clinic. Additionally, flyers were posted throughout the health sciences center and given to an organization devoted to preventing child abuse, Bikers Against Child Abuse (BACA).

I anticipated interviewing five to nine fathers or until data saturation was met. The recruitment process took over a year and there were several problems recruiting participants. Early in the study's recruitment process, two fathers were recruited and scheduled to meet the researcher for the interview. One father called to cancel his

meeting and stated, "I just can't go back there again." The child's abuse had taken place nearly 20 years previously and the father did not want to think about it again. I indicated I had information regarding therapists should he need assistance, but he declined. The other father did not keep the scheduled appointment and did not return the researcher's phone call. Several months passed and three fathers were finally recruited and interviews completed. I met with the dissertation committee and discussed the difficulty in recruiting study participants. After reviewing the initial data analysis, the committee agreed that I should finish the study with the three participants.

The setting for this study remained an urban area in West Texas and the collaboration agreement for referrals for support was maintained (see Appendix B). The interviews occurred in a Texas Tech University Health Sciences Center meeting room near the Neuropsychiatry Clinic. I notified the Neuropsychiatry Department each time I conducted an interview. None of the fathers expressed a desire to seek assistance nor did they express a high degree of anger sufficient for the researcher to encourage this additional support. I proactively offered information but they did not accept it.

Data Collection

Data collection began after I explained the study and each participant gave his written consent. I elicited in-depth responses from the participants by using a face-to-face, semi-structured interview process. The face-to-face, semi-structured interview consisted of prewritten questions and prompts to facilitate the discussion (see Appendix C). The three fathers did not elaborate much, even when given the opportunity through

prompting; they underutilized their time for dialogue. If the father addressed the topic, I did not repeat the question and I sought more information about the responses they provided with the prompts. Each interview took approximately one hour. Each participant was given a pseudonym prior to the audiotaped interview. Each father was also asked to use a pseudonym, provided by the researcher, for his child as well. Interview data were to be entered into the QSR NVIVO software program (QSR International Pty Ltd, 2007), which was recommended for managing qualitative interview data. The transcripts were analyzed without the QRS NVIVO software due to the manageability of three transcripts. The three transcripts were easier to manage by hand than entering all of the material into the QRS NVIVO software. Interview data were transcribed verbatim from the audiotapes by an experienced transcriptionist approved by the IRB. Transcriptions and field notes were kept in a locked cabinet in a locked office. All material will be destroyed within 5 years.

Data Analysis

The interview transcripts provided the data for the study. Data analysis began before the interviews were transcribed. "Analysis actually begins during the interviews, when the researchers are actively listening and thinking about the meaning of what is being said" (Cohen et al., 2000, p. 76). The data were analyzed using van Manen's (1990) six activities and focused on the third activity, reflecting on essential themes. This reflection occurred in the study using van Manen's six research steps of thematic data analysis. I used the selective or highlighted approach as planned. Again, I used this

approach because its intent is to yield essential and revealing phrases about the phenomenon.

First, I reviewed the field notes, which corresponded to each interview prior to reading the transcripts. I read each transcript at least three times in its entirety to achieve a sense of the whole interview while listening to the tape to verify transcription accuracy. I read and reread text data several times to obtain an overall understanding of the data (Cohen et al., 2000). Second, I conducted a thematic analysis for elements that occurred frequently in the texts once the texts were read. I reviewed each line of each transcript and highlighted those that seemed significant. Next I formulated a meaning behind each statement after reflecting on the feelings and emotions displayed in the significant statements or phrases. I then identified tentative theme words, subthemes, and elements for each meaning or interpretation. I constantly rephrased meaningful themes through interpretation. I identified commonalities between or among participants. I did so by identifying similar statements or emotions reflected by the father participants. And finally, I labeled essential themes that constituted the nature of lifeworld themes as well as any others that were particular to a father's experience. Themes comprised the structures of the experience.

After I chose themes, I used the concept of the lifeworld (*Lebenswelt*) to further describe the world of these fathers' experiences of CSA and their families. The concept of lifeworld provided a sense of wonder and certain attentiveness to the needs of these fathers. This exploration was accomplished by pondering the fundamental lifeworld

themes known as existentials, which include reflection of lived space (spatiality), lived body (corporality), lived time (temporality), and lived human relation (relationality or communality). I found that these four lifeworlds could be differentiated but not separated when describing fathers' lived experience.

Methodological Rigor

I met methodological rigor through the trustworthiness criteria proposed by Lincoln and Guba (1985) and the authenticity criteria described by Erlandson et al. (1993). Lincoln and Guba state the trustworthiness criteria are credibility (truth-value), dependability (consistency), confirmability (neutrality), and transferability (applicability). Establishing trustworthiness was paramount to ensure the quality of the qualitative study as it exposed findings in the study that were both accurate and worthy of attention (Erlandson et al.).

Credibility

I established the credibility or truth value of the findings through recruiting fathers with a rich understanding of the experience. Despite not being able to recruit five to nine participants, I believe I met data saturation with the three participants, as I obtained a redundancy of information. I used persistent observation to identify characteristics and elements in the data that were most relevant to the research question (Lincoln & Guba, 1985). Six years of experience in a pediatric critical care unit and two years as a sexual assault nurse examiner allowed me to know and appreciate the context of study. I kept notes of my observations of the fathers during and after the interviews. In

addition to reading these field notes prior to reviewing the transcripts, I read them during the process of developing the themes. This helped provide depth to the interviews as the audiotapes and transcripts were limited in their scope.

Peer debriefing was also utilized to establish credibility. Peers helped confirm ideas, offered optional views, and provided emotional support for a researcher interviewing fathers about child sexual abuse. Lincoln and Guba (1985) believe it is important to utilize the view of a colleague in helping clarify data analysis and interpretation. I utilized colleagues in the doctoral program as my peer debriefers and periodically had them provide insight to refine the inquiry.

Dependability and Confirmability

Dependability or consistency of the findings was addressed by consulting with members of the dissertation committee during the data analysis process. I also maintained an audit trail by keeping records of the study. These records supported dependability as well as confirmability (Lincoln & Guba, 1985). Confirmability consisted of tracking data to ensure the findings were due to the subjects' and not the researcher's biases. To meet confirmability I maintained field notes as well as a reflexive journal. Field notes detailed the descriptions of the interviews and accounts of my thoughts and observations. The reflexive journal was used to describe my interpretations, thoughts, and changes in the inquiry process (Lincoln & Guba). To provide a mechanism for an external check, I maintained transcriptions, field notes, and a reflexive journal.

Transferability

Transferability is the extent to which findings can be applied in other contexts or with other respondents (Lincoln & Guba, 1985). Writing thick, rich descriptions of the data provided for transferability. I met transferability by collecting the interview data via recording an audiotape and then having it transcribed verbatim. I listened to the audiotapes while reading the transcripts to verify the accuracy of the transcription. I developed thick descriptions of data to allow the reader to understand the experiences of the fathers in the study. Extensive quotes were used to describe the fathers' experiences and make the reader experience the phenomenon.

Authenticity

I addressed two criteria of authenticity in the study, which were fairness and ontological authenticity (Erlandson et al., 1993). Obtaining informed consent and working to provide open communication with the participants during the interview achieved fairness. Ontological authenticity was demonstrated as participants explored their lived experience and increased their awareness of their experience during the interview.

Summary

The inquiry to discover the meanings of father's experiences as non-offending fathers of sexually abused children was based on hermeneutic phenomenology. In this chapter, the proposed research plan, including the setting, recruitment of participants, and

plans for data generation and data analysis was explored. The actual research process, discussing the final study and methodological rigor, was also discussed.

CHAPTER IV

ANALYSIS OF DATA

This chapter describes how the data were analyzed and what the themes of the lived experiences were for non-offending fathers whose biological child had been sexually abused. Analysis and interpretation illuminated themes central to understanding this experience and is a central component to this chapter. A description of how these themes were derived and examples of the fathers' words is provided.

Overview

The focus of this hermeneutic phenomenologic study was to explore the lived experiences of non-offending fathers whose biological child had been sexually abused. Because there was no prior research in this area of study, a qualitative study using a hermeneutic approach allowed for an initial understanding of this lived experience for fathers. The hermeneutic phenomenologic approach of van Manen (1990) was used to analyze the texts of the participant interview transcripts and included the six non-sequenced research activities of "turning to the nature of lived experience; investigating experience as we live it rather than as we conceptualize it; reflecting on the essential themes which characterize the phenomenon; describing the phenomenon through the art of writing and rewriting; maintaining a strong and oriented pedagogical relation to the phenomenon; and balancing the research context by considering parts and whole" (van Manen, p. 31).

The non-offending fathers' experiences are presented in this chapter through a description of the themes revealed in the analysis that reflect commonalities between fathers (See Table 1). van Manen (1990) stated "...phenomenological themes are not objects or generalizations; metaphorically speaking they are more like knots in the webs of our experiences, around which certain lived experiences are spun and thus lived through as meaningful wholes" (p. 90). Four essential themes that characterized the phenomenon of the lifeworlds [*Lebenswelt*] of the fathers who participated in this study included *Indignation* (lived space), *Sentinel* (lived body), *Advocate* (lived human relationship), and *Reclamation* (lived time). The discussion of these themes follows a description of the study participants.

Description of the Sample

I interviewed three non-offending fathers whose biological child had been sexually abused. I invited non-offending fathers whose children had been sexually abused to participate in the study. Fathers met the eligibility criteria, which were they were the biological father of the abused child, spoke English, and were 18 years of age or older. The study excluded mothers and those fathers who were the perpetrators of the abuse. I provided recruitment flyers to describe the study to two sites, a local child advocacy center and a local neuropsychiatry clinic. Additionally, flyers were posted throughout the health sciences center and given to an organization devoted to preventing child abuse, Bikers Against Child Abuse (BACA).

After a year of recruiting fathers and producing three participants, my dissertation committee concurred that a sample of three fathers could comprise the group to be studied. The three fathers who did participate were given the flyer at the above locations and then contacted me via the phone. We then scheduled a meeting time and date to conduct the interview. Each participant was given a pseudonym prior to the audiotaped interview. Each father was also asked to use a pseudonym, provided by the researcher, for his child as well. The pseudonyms were used to enhance confidentiality. The participant's pseudonyms were Alan with child Diane, Brandon with child Erica, and Charles with child Felicity.

Two participants were 42 years old and the other was 48 years old. All three were Hispanic and had a high school level of education. At the time of the interviews, all three participants worked in what could be termed a blue-collar industry, with one in a supervisory position. All sexually abused children were female. At the time of the abuse, Diane was 13 years old, Erica was 13 years old, and Felicity was 12 years old. The abuse of all three children took place at least two years ago. All participants had other children, some older and some younger, in addition to the abused victim. All three perpetrators were identified as such following a police investigation and discovered to be family members or friends. One of the perpetrators was a first cousin of one of the victims and currently attends school with her. There is a restraining order in place to protect her physically. Two of the three victims told their parents about the abuse immediately. One

of the victims kept if from her parents for 4 months and then finally told them, as this was the one who had been abused by her cousin.

Findings

Four themes emerged from a thematic analysis of the interview transcripts that reflected the meaning of the lived experiences of non-offending fathers whose child had been sexually abused. These themes were: *Indignation, Sentinel, Advocate,* and *Reclamation.* These themes comprised the structures of the experience. The concept of the lifeworld (*Lebenswelt*) (van Manen, 1990) further guided my reflection on the meaning of these fathers' experiences. The themes, therefore, are presented according to the lifeworlds of lived space (spatiality), lived body (corporality), lived time (temporality), and lived human relation (relationality or communality). Each theme is discussed separately with examples of specific participant statements that enrich understanding of the theme.

Lived Space (Spatiality) Theme: Indignation

The fathers in the study all expressed an overwhelming anger when describing the moment they found out about the child sexual abuse. The worlds of the fathers and their families, especially their children, had been threatened and harmed and this angered the fathers. The fathers responded to this invasion of their family's world by expressing a desire to harm the perpetrator. This anger was enhanced by the fact that the fathers knew the perpetrators as either friends or members of their family.

Indignation describes a state of anger aroused by someone unjust, mean, or unworthy (Pickett et al., 2000). *Merriam-Webster's Collegiate Dictionary* (2003) describes indignation as an intense emotional state of displeasure with someone. Another definition is a strong passion or emotion of displeasure, excited by a real or supposed injury or insult to one's self or others with intent to injure (Webster's Unabridged Dictionary, 1998). The unjust act of child sexual abuse on the participant's child led to an intense emotional state of displeasure. The lifeworld of spatiality is our lived space or the space which affects the way we feel. Home can be a place where we feel secure, happy, and special. Home is fundamental to our way of being. The spatiality for these fathers was threatened as the home, or family, was emotionally injured. The perpetrator violated the family's spatiality. The following were statements made by the non-offending fathers that revealed their feelings when their biological child was sexually abused. Examples of specific comments that revealed this theme included:

> I was so mad. I wanted to find (Perpetrator) and kill him. I was so in denial and then mad at the same time. My wife had to calm me down and remind me that I did not want to go to jail for killing a man. I was trying to be calm because I did not want my daughter to think I was mad at her. (Alan)
>
> Well, I was kind of upset and I was kind of mad, you know, angry. I was disappointed that it had to be a friend and all that. It was sexual touching and this and that. (Brandon)
>
> Well, Felicity hid it from us for awhile. It took time. It took I want to say about

> 4 months before we found out. She finally told us that her cousin was touching on her. At first all I wanted to do was just hold her. After that, I lost control. I did want to go and bury him, but I couldn't do that, I know it's against the law. At the time I probably would've but I'd be paying for the rest of my life. I'd rather have the courts if the courts had done anything, that would've been okay, but I can't stay away from my little girls. (Charles)

The theme of indignation was further supported in the intensity of tonality of each father as the statements reflecting this theme were made.

Lived Body (Corporality) Theme: Sentinel

All three fathers described an increase in their need to be a protector or sentinel following the CSA. They each provided a rich description of feeling the need to better protect their abused child and family after the abuse. All three fathers used words like more protective and closer to describe their experiences.

Sentinel is defined as a person who watches over someone or something (*Merriam-Webster's Collegiate Dictionary*, 2003). Pickett et al. (2000) defined sentinel as one that keeps guard or to provide with a guard. *Webster's Unabridged Dictionary* (1998) defined sentinel as to place under guard; to observe the approach of danger. The lifeworld of corporality is our presence in the world that we reveal to some and conceal to others. The family's healing and reclamation expressed their corporeality by showing the world that they as a family did survive as they reclaimed life with a new strength. The families had revealed their lives and pain to others, such as family and friends, and that

choice was helping them reclaim their ways of being. Examples of specific comments that illustrated this theme included:

> After the abuse we were the same but I think I was more protective and tried to keep them (his children) closer so I could make sure they were okay. I am still close but we were close before. I am more concerned that she (Diane) is okay. I was the protector but did not do well with that one. I try not to blame myself but it is hard. I am more protective of all of my kids. Especially the girls. I try to be there more for them. (Alan)
>
> (Following the CSA) I became more protective and kind of aggressive with who approaches my girls now. I do ask more questions. (we) became more protective, the boys watching over their sisters and all that. They're (the family) starting to get over it. Erica is strong and is getting better with time. (Brandon)
>
> We don't... we do not leave the house. The only way we leave the house is if we go to the movies or just to get out to relax, and my oldest son is there. He's nineteen. We do not leave the kids by themselves. We never did to begin with, but now we are a little bit more not at ease you know with what happened, and we don't live in a bad neighborhood. I pay more attention. I do look at things differently, and I don't take anything for granted. I do check everything before. I did it before, but now I do it maybe twice. I check all the doors and windows before I go to sleep, and it does help to have two dogs in the back. I felt like I should have prevented it (CSA) at first. (Charles)

Corporality supports how we reveal or conceal a part of ourselves. The fathers and families did reveal their emotions to others and had grown emotionally as a result. These fathers grew closer to their children and more protective in an effort to prevent another horrific event such as CSA or an assault in their lived body. They embodied their child's need to be protected.

Lived Human Relation (Relationality) Theme: Advocate

Fathers described the people who helped support them through this event. Relationality is the interpersonal space with others, the people who assist us, and the relationships we have. Commonalities included relationality that supported healing. All three fathers used words such as counseling that reflected help or support. Advocate was the theme chosen to illuminate relationality. The term advocate was defined by *Merriam-Webster's Collegiate Dictionary* (2003) as a person who actively supports or favors a cause. Pickett et al. (2000) defined advocate as a supporter or defender; one who pleads in another's behalf. *Webster's Unabridged Dictionary* (1998) defined advocate as one who defends, vindicates, or espouses a cause. Fathers described counselors, family members, friends, Bikers Against Child Abuse (BACA), the Children's Advocacy Center (CAC), and law enforcement as people who helped them during this time, or advocates. Fathers' specific comments also reflected this theme. Although these fathers chose not to join other family members in counseling, they found support through friends, relatives, and a community group. Examples of Advocate were:

I am not in any therapy right now. My daughter and family did go at the beginning but not now. I talked with my family and asked God to help me and my family. My family went to counseling and my daughter went too, but I did not go. They all tried to be there for us and they took extra care of my daughter. We are a close family but it was hard to tell them. My wife thought we needed to get their support. My friends were good too. They do not speak to Mr. X (perpetrator) anymore and they supported me during the trial. (Alan)

Pretty much my family is on my side and is pretty open. We all do get upset when something happens to one of our kids. We help each other. [When asked if he had taken part in any therapy or counseling] Not me. Just my daughter. BACA [Bikers Against Child Abuse] helped. They do help the kids. They still keep in contact with my daughters. They still help them by taking them places and doing fun things with them. (Brandon)

Behind me, behind us an uncle lives there. And to both of my sides, they're good friends of us. When we're out of town, they keep an eye on the house. The counseling was only for my two little girls. And it was at the Children's Advocacy Center. When it first happened we had a couple of sessions, but the majority was the girls. We would take the girls there. If my wife didn't have a chance, I would take them. Either way, somebody would be there. They had their counseling for 45 minutes to an hour, sometimes less. After they finished, the counselor would talk to us for maybe five minutes, that was it. They did help us a

> lot. They were behind us. The Bike Riders, they're still helping us out. This week they called us, and they want to take the girls to I believe Roller Derby, I'm not too sure. They've gone to Christmas parties and they've had hockey, horseback riding and picnics. (Charles)

The theme *Advocate* correlated with relationality as it focused on the people who helped the fathers and their families. The advocates not only were helpful in providing fun for the victims, but also offered a sense of protection to the victim and reassurance for the fathers.

One father described his disappointment with the lack of advocacy offered his family by the justice department in his community. He said,

> The justice department didn't do what they were supposed to. They let us down because of paperwork. (Charles)

Although other fathers did not address the topic, the nature of the importance of this comment is important to future research and to non-offending fathers and their lived experiences.

Lived Time (Temporality) Theme: Reclamation

The fathers in this study all expressed a sense of strength and healing or growth following the abuse. All three fathers used words like stronger, growing, getting over it, and better to describe this theme. Reclamation is defined as the act or process of getting something back (Pickett et al., 2000). *Merriam-Webster's Collegiate Dictionary* (2003) defines it as the act of reclaiming or a restoration as to productivity. It is also defined as

the process of reclaiming (*Webster's Unabridged Dictionary*, 1998). This theme embodies the fathers' experience of getting their lives back, their family back, their way of being back after time and after healing. This theme illustrates the reclaiming or restoration over time of the fathers' and families' healed lives following CSA. It is as if the CSA and perpetrator took life as they knew it away and these fathers were getting it back.

This event somewhat changed time by stopping it and changing it for the future of their family's sense of personal safety. The theme of *Reclamation* explored how time could stop and start again after disclosure of sexual abuse by their daughters. Each of the three fathers discussed how their family and victimized child were healing from the situation over time. Commonalities included their children's new strength and how their lives had improved. Fathers' specific comments related to this theme included:

> ... we are stronger because of this... Diane has to deal with this crap the rest of her life. She is strong and a fighter and doing better now. (Alan)
>
> They're (the family) starting to get over it. Erica is strong...(Brandon).
>
> Our girls (victim and sister) are more comfortable now, more at ease. With time and counseling from downtown, my little girl goes to counseling. We even bought them dogs. Now my little girl is coming around more and more. She sleeps in her room. She even stays at a friend's house now. Two years ago, she wouldn't now she does. This last Saturday she stayed at a friend's house. At first, she was afraid to go outside the house, but now she does. She's growing up too. At the

beginning, she wouldn't have gone, but now she's getting over it. She still knows what happened. I'm not saying she'll ever really get over it but she gets out more. She's getting to where she can trust people. So I ask the good Lord for strength, and so far it's working out pretty good. Ever since I started coping with it different, I cope with it, I believe in God, I have a better job and better relationship with my wife and my kids. Everything looks better now. (Charles)

The theme of *Reclamation* supported the idea of specific changes in strength and growth over a healing process (time). The fathers expressed that changes that come with healing and time to include regaining strength and trust.

Integration of Themes

The lifeworld existentials were used as a guide to integrate the themes as a reflection of the lived experience. The four existentials, lived space (spatiality), lived body (corporality), lived time (temporality), and lived human relation (relationality or communality) were temporally studied in their differential aspects, but then united to form the intricacies of the phenomenon. They intertwined with each other to enrich the meaning of father's lived experiences. van Manen (1990) wrote, "One existential always calls forth the other aspects" (p. 105).

Lived space described the home and the indignation that occurred because that home was threatened and altered by the CSA. The home had changed because of the CSA and all members of that home were affected. The intense anger felt by the fathers led them to want to harm the perpetrator, but the fathers did not allow it, as it would have

injured the lived space further. As time passed the families could regain that lived space and the supportive environment it once was. The fathers experienced lived body as they felt their child's desire to be safe and protected. It allowed their child to live for something, which was a life without fear. This was especially meaningful when the child and father could spend their time together with a feeling of safety or happiness. Lived human relation characterized the father –daughter (victim) relation as well as those people who helped the family during the CSA. These people provided a sense of support for the family and allowed the father and victim to become an independent persons once more.

Lived time in this study provided fathers with a sense of reclamation for their child through their strength and growth over time. Their natural hatred for the perpetrator validated their fatherliness as these men have seen the situation of CSA through a father's eyes. This "seeing" provided the fathers with the ability to act as a father should during a horrific event such as with the sexual abuse of your child. "In the parental experience of the child there is also the sense of lived time in the modality of hope which I cherish for my child's happiness and becoming" (van Manen, 1990, p. 105). This modality of hope is to heal and return to a life they once loved and trusted.

Together these lifeworlds reflected the pain and healing fathers weave in and out of when their biological child has been sexually abuse. This sequence was a process of healing as reflected in the themes: *indignation, sentinel, advocate,* and *reclamation.* This process was a journey to a healed self for the fathers and their families. The themes/life

worlds indicated an experience over time of healing that the fathers and families traveled. It began with anger and ended with reclamation and involved expression of multiple emotions by fathers. These fathers felt a need to remain strong and protective in an effort to help the child victim.

Table 1

Themes and Lifeworld Existentials

Lifeworld Existentials	Themes	Descriptors	Examples of Father's Words
Lived Space (Spatiality)	Indignation	State of anger	"Mad," "in denial," "wanted to kill him"
Lived Body (Corporality)	Sentinel	Place under guard	"Protective," "Closer"
Lived Human Relation (Relationality)	Advocate	Supporter or defender	"Counseling"
Lived Time (Temporality)	Reclamation	Reclaim or restore	"Stronger," "growing," "getting over it," "better now"

Summary

This chapter presented my interpretation of the phenomenon of the non-offending fathers' experience of having a biological child who was sexually abused was presented. This interpretation was generated from the words of the fathers as they expressed this experience during the interview process. The four themes generated from the data allowed for better understanding of this lived experience. Together these themes intertwined the lifeworlds, the lived experiences, providing a richer sense of the experiences of the fathers.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

Overview

This final chapter focuses on three aspects of this study. The first element summarizes the study and its importance in discovering the lived experience of non-offending fathers whose biological child has been sexually abused. Beginning thoughts of what this experience means in the lifeworlds view are presented. The second element relates to issues associated with the implementation of this research. They are discussed in an effort to help future researchers move more rapidly in advancing this important work. Conclusions with implications are discussed. The third element relates to recommendations focusing on nursing education, nursing practice, nursing research, and society. Because this study represents initial work in this field, numerous recommendations for more research are included.

Study Summary

The purpose of this hermeneutic phenomenological study was to understand and interpret the phenomenon of the experience of non-offending fathers whose biological child had been sexually abused. Three fathers were asked to describe their experiences. The words of these fathers were collected during audiotaped, face-to-face, semi-structured interviews, which took place in a Texas Tech University Health Sciences Center meeting room. Data analysis was conducted using the hermeneutic

phenomenology framework as outlined by van Manen (1990). Methodological rigor for the study followed the guidelines as suggested by Erlandson et al. (1993).

Related themes that represented my interpretation of the non-offending fathers' lived experiences of having a biological child who was sexually abused were developed (see Table 1). In this chapter, findings are discussed as they relate to the study and literature and assumptions are reviewed.

Themes

My analysis and interpretation of the data generated four themes that described these fathers' experiences. The four themes which emerged from the data were *Indignation*, *Sentinel, Advocate*, and *Reclamation* (see Table 1). The lifeworlds of lived space (spatiality), lived body (corporality), lived human relation (relationality or communality), and lived time (temporality) guided reflection of the themes (van Manen, 1990). A review of the literature supported the themes as providing a beginning understanding of the experience of non-offending fathers whose biological child had been sexually abused.

The themes represented my interpretation of the phenomenon of non-offending fathers whose biological child has been sexually abused. The four related themes, as supported by van Manen's (1990) lifeworld existentials, were presented from my analysis of the fathers' words describing their lived experiences. The sequence of these themes illustrated a process of healing for these fathers and their families. The themes/life worlds seemed to indicate an experience of healing that the fathers and families traveled that

began with anger and ended with reclamation. This journey is similar to the Rando's Six R's model of grief, which is explored further in this chapter (Rando, 1995).

Indignation. Fathers in the study described their anger and hatred for the child's sexual abuse and the perpetrator. Two of the three fathers described being so enraged that someone had sexually abused their child they considered killing the perpetrator. Both discussed how they rationalized that option as not being a good one to follow. One father stated his wife helped him rethink that option; both described not wanting to go to prison for killing the perpetrator. They felt this option would take them away from their families and make the situation worse. It was almost as if societal standards about appropriate behavior emerged as a way to rethink the value of the initial action versus the long-term effect. The desire to remain a part of their children's lives overtook the immediate desire to deal with the offender.

The theme of indignation in this phenomenological study had similarities to the findings in a study by Manion et al. (1996) who studied secondary traumatization in parents following disclosure of CSA of their child. Manion et al.'s quantitative study revealed that these fathers had greater overall emotional distress when compared to fathers of non-abused children. This finding is similar to the intense indignation expressed by this study's participants following disclosure of the CSA.

Forbes et al. (2003) assessed the psychopathological symptoms in parents following the disclosure of CSA of their child. Results from this study highlighted the traumatic effect on parents after the discovery that their child had been sexually abused.

These psychopathological symptoms included distress and anger for both the mothers and fathers. The theme of indignation appears to describe a common response among fathers to the sexual abuse of their child.

Sentinel. Sentinel described the non-offending fathers' increased needs to protect their children and families. Each father provided a rich description of feeling the need to better protect his abused child and family after the abuse. All three fathers used words like "more protective" and "closer" to describe their experiences. The sentinel theme carried over to the older children, specifically the boys. The three victims were girls and two of the fathers proudly mentioned how their older sons became protective of the victim and female siblings. All fathers verbalized that their need to protect their children and families increased. Two fathers discussed a sense of guilt as if they should have been able to prevent the CSA by protecting their children.

Limited research exists about fathers and their responses when their child has been sexually abused. Therefore literature related to the role of fathers and their sick or deceased children was utilized. In a study by Sullivan-Bolyai et al. (2006), fathers' experiences when parenting and managing children with Type 1 diabetes were examined. The overarching theme, following the in-depth interviews, was "from sadness to action" (p. 24). The findings revealed that fathers, like mothers, remembered the diagnosis event in great detail but described pushing their emotions aside, regardless of their sadness. Fathers did so to be strong for their families as they dealt with the diagnoses. The study findings revealed that fathers believed they needed to be strong in order for the family to

survive. To do so, they pushed aside their feelings and somewhat ignored their own pain to protect their families.

Davies et al. (2004) explored fathers' experiences with the death of their child. The major finding of this study "revealed fathers' experience as one of living in a dragon's shadow" (p. 118). The dragon metaphor referred to the child's illness as a battle. The three aspects of the father's battle included battling with uncertainty, battling with responsibility, and battling with everyday disruptions. Battling responsibility described the fathers' need to keep their families together and provide for them. This was also a time to protect their families and children. The study's major finding described how fathers saw themselves in the role of family protector and leader (Davies et al.). Fathers were compelled to be strong for their wives and children. They may have felt overwhelmed and had a desire to leave the battle; none of them entertained that idea, as they felt responsible to protect their family by staying with them.

The experience of fathers in these studies (Sullivan-Bolyai et al., 2006; Davies et al., 2004) was similar to that of the fathers in the current study as they all felt a responsibility to protect their child and family. The fathers described in the literature also felt compelled to be strong for their families despite their own pain and anger, as did this study's fathers. The fathers in this study each felt they were the leader of the home, the protector, and the one who must keep everyone else safe. They experienced the need to be the sentinel. And on their pathway to healing, they described how they suppressed their indignation to protect their family through the journey of CSA. The theme of

sentinel adds to the literature because this study finding illuminated how fathers may suppress their own pain and anger in an effort to protect their families. It also advances the literature through the finding that CSA may affect siblings, particularly brothers who may take on the sentinel role, too.

Advocate. Fathers described people who helped them and their families following the CSA event. From the fathers' descriptions, this theme was defined as advocate. The three fathers mentioned that their children attended therapy, but they (the fathers) typically did not. Their typical involvement included discussion of the child's therapy session with the therapist at the close of each session. The fathers did not access individual therapy sessions for themselves. The fathers' main sources of support were friends and family. Two specific groups, Bikers Against Child Abuse (BACA) and the Children's Advocacy Center (CAC), were described as being very helpful and the fathers appeared quite pleased by their involvement. The BACA organization pairs the victim with a mentor big brother/sister and supports them during all courtroom events. The BACA member also supports the child's need to be a child by playing with him or her and taking the victim, as well as siblings, to different activities, such as bowling or athletic events. The CAC is a child-friendly facility where all forensic child interviews take place in preparation for criminal investigations. The CAC also houses the family and individual therapists, as well as provides a library and support staff for the family. One father did mention a group of people, those with whom he had contact in the legal system, who did not act as advocates during this difficult time.

The literature fully supported the importance of therapy following CSA and the care given by the therapists. Finkelhor and Berliner (1995) stated, "The effectiveness of treatment for children is likely to be strongly influenced by the family context, and addressing it should be a very important priority intervention" (p. 1414). Because the family affects how the child accepts treatment, the treatment process should include therapy for the family as well as the child. The therapist can be the advocate helping the victim and their families through the journey of healing. The theme, advocate, addressed the importance of traveling this CSA journey with support on the road to healing, both as an individual and a family.

Reclamation. The final theme discovered, reclamation, described the families' and fathers' experiences in recovering and healing from the CSA. It expressed a sense of the renewal of their lives. All three fathers discussed how life was getting better. For example, they indicated that the children or families were becoming stronger or regaining trust in people. One father talked about how his daughter had regained trust to the point that she could sleep again in her own room. A sense of relief or peace was noted during the three interviews as fathers talked about reclaiming their lives as a family. The literature supported this theme in that healing can occur following a horrific event such as CSA. Tomilson (1997) identified that "support from a nonoffending, caring parent or adult; a family history of skillful conflict management; and a high family cohesion appear to be some of the factors that promote healing" (p. 63). The literature supported that a

family could regain its strength and heal from CSA over time with assistance from a therapeutic process (Adams & Fay, 1987; Brohl, 2004).

Conclusions

The methodology of hermeneutic phenomenology was beneficial to the study because it provided a framework to obtain rich qualitative data. This method seemed to capture the essence of these men's experiences as the non-offending fathers whose child had been sexually abused. Hermeneutic phenomenology assisted in bringing awareness and meaning to this human experience. This methodology allowed the fathers to dialogue openly about what it was like for them to experience the sexual abuse of their respective children.

Several conclusions were drawn from the fathers' rich dialogue about their experiences. First, although fathers sought advocacy or therapy for their family and victimized children, they did not seek help for themselves. Each father in the study made certain his victimized child and other family members attended therapy to help them to recover from the horrific event. The fathers acknowledged the importance of the therapy, yet they did not attend. All three fathers were Hispanic, a culture in which fathers are expected to be the leader and the strength of the family; they should not need help. Clements et al. (2003) stated, "Latino families are most likely to turn to their extended families, friends, and churches for practical and emotional support, but major support comes from their immediate nuclear families" (p. 21). These fathers seemed to express this role of *machismo*, which is described as "a male sense of respect and honor" (Evans,

Coon, & Crogan, 2007, p. 290). Further, Evans et al. stated that Hispanic males "hinder seeking outside help" (p. 290). The fathers in the study did not appear to hinder their family members from seeking outside help, but they did not utilize the help themselves.

A second conclusion reached from the findings was that the role of protector may extend to the male children in the family. As these fathers became the sentinels of their families especially of their victimized daughters, they took on this role with an army, their sons. The fathers proudly acknowledged how all of their older sons became more protective of their sisters. These sons were following their fathers' examples as the male role model, the protector of the family. Again, in this study, the sons and fathers were all Hispanic, and all victims were females. The Hispanic culture recognizes the males in the family as the strong ones, the protectors, and the carriers of *machismo*. Even children are recognized as the leaders of the family if they are males. The role follows a rank-like order according to age. Traditional families carry a strict hierarchy. Clements et al. (2003) stated, "Status typically is ordered from oldest to youngest and from men to women" (p. 21). The sons in the study were older than the victims so they in essence were the victims' caregivers, and as males, the victims' protectors. The literature supported the sons' protective role. Evans et al. (2007) reflected Hispanic sons carry *machismo* within them and want to help with caregiving. As men, they must remain protectors.

A third conclusion derived from the findings was that these fathers were faced with strong emotions they did not act upon because their actions could have negatively

affected the future of their family. I believe they once again felt the need to lead the family, or protect the family. Initially "killing" the perpetrator would have protected the victims and the families, but this would have hurt everyone eventually. These fathers realized this possibility and did not let their anger cloud their judgment. They realized that they could not help their children if they were convicted of a crime.

These fathers were all able to control their strong emotions and it appeared concern for their children motivated this ability. The literature about Hispanic culture supported this machismo role. Lobar, Youngblut, and Brooten (2006) stated there is a difference between women and men when expressing their emotions. Lobar et al. believed Hispanic men expressed emotion according to "machismo where there is a belief that men should act strong and not show overt emotion" (p. 44). The *machismo* allowed the fathers to become angry or to grieve, but they could not do it overtly in order to remain strong for the family. The work by Clements et al. (2003) supported this conclusion. They wrote, "Latino men are expected to be strong for the family and usually do not grieve openly" (p. 21).

Analyzing the data using van Manen's (1990) lifeworlds helped clarify the overall conclusion of this study that the CSA experience was a journey traveled by fathers and their families. In the fathers' lived experiences, this journey began with the *Lived Space (Spatiality)* theme of *Indignation*, which was the initial overwhelming anger at the disclosure of the CSA. Home is the place most people feel safe and secure as it is our lived space, the place where we can be ourselves. Fathers acknowledged that the

perpetrator violated spatiality, and this acknowledgement was expressed by their anger. The second part of this journey included the *Lived Body (Corporality)* theme of *Sentinel*, where the fathers expressed the need to protect their children and families. Once the fathers' intense anger subsided, and they felt calmer, the fathers entered the role of the protector, or the sentinel. The journey continued with the *Lived Human Relation (Relationality)* theme of *Advocate*. Fathers expressed the importance of the other people who helped the family and victimized child during this part of the journey. These people helped them in their recovery to heal by lending emotional support, discussing the legal journey, assisting with therapeutic interventions, and providing the family with education about CSA. The last part of the fathers' journey included the *Lived Time (Temporality)* theme of *Reclamation.* The fathers and families experienced reclamation as they reached a level of healing. Although the fathers and families will never return to their way of life before the abuse, they can return to a way of life close to the past, one filled with a renewed sense normalcy for them. These fathers grew from the journey and once again developed trust as well as a sense of security as time passed.

This journey to healing has similarities to Theresa Rando's Six R's model of grief (Rando, 1995). Rando created a model to reflect the grief process during an experience of significant loss. Rando (1995) understood grief to involve an often painful emotional adjustment, which took time. Rando also suggested that everyone's experience would be distinct. The people experiencing significant loss must *Recognize the loss*, *React, Recollect and Re-Experience, Relinquish, Readjust,* and finally *Reinvest*. The current

study's themes, *Indignation* and *Reclamation* relate to the Six R's to provide evidence that the study's fathers experienced grief.

Recognize the loss is the first stage of Rando's Six R's (Rando, 1995). In this stage people must first experience loss and understand what has happened. During the second stage, *React*, people respond emotionally to the loss. In the third stage, *Recollect and Re-Experience,* people may review memories of the lost relationship. The fourth stage, *Relinquish,* occurs as people begin to put their losses behind them and accept the change in their lives. In the fifth stage, *Readjust*, people begin to return to normal daily lives. Finally, the sixth stage is *Reinvest*; people re-enter the world by forming new relationships and commitments. They accept the changes that have occurred and move on with life (Rando).

The current study's themes related to several stages of the Six R's. The first theme, Indignation, represented the intense anger identified by the fathers in the study following the disclosure of their child's sexual abuse. Indignation correlated with the first and second stages of the Six R's, Recognize the loss and React. In the stage of Recognize the loss, individuals first experience the loss and understand that it has happened. Indignation related to this stage because this theme described fathers' reactions when they first heard of their child's sexual abuse; they experienced the loss of their child's innocence. The fathers understood the CSA had happened. The theme, Indignation, also related to Rando's second stage, React, when people react emotionally to the loss. The study's fathers described their strong emotional reactions when the CSA was disclosed.

The theme, Indignation, was the start of a journey to healing for these fathers and similar to the grief process suggested by Rando that draws people towards a life of healing. The theme, Sentinel, also related to the React stage as fathers felt the need to protect their child as they reacted to the CSA.

The fourth theme, and final step towards healing, was Reclamation. This theme is reflective of the Six R's stages of Relinquish, Readjust, and Reinvest. Reclamation described how the fathers and their families accepted the CSA over time, recovered from the CSA, and returned to a life of trust and healing. In the Relinquish stage people place the loss behind them, such as the fathers and families accepting the CSA and putting the entire situation behind them. At the Readjust stage, people return to daily life. In a similar way, the fathers and families began to trust others again and to feel secure enough to return to life as they had known it prior to the CSA. Finally, Reinvest occurs as people accept the changes that have happened and form new relationships. The fathers and families did so as they began to trust others once again and they accepted that life would always be a bit different. Yet they described how they had survived and become stronger from this experience or loss.

Recollect and Re-Experience, the third stage of the Six R's, did not have a related theme in this study's findings; however it was a part of the study itself. Recollect and Re-Experience occur when the person reviews memories of the lost relationship. This review of memories was accomplished during the study's interviews, which provided a time for the fathers to recollect and re-experience the loss, or CSA. The father could never replace

what had been lost because of the CSA, but new connections and relationships could be made. The fathers could not go back in time and prevent CSA; they could not undo the pain and suffering, but they could move on from it and heal. The fathers could develop the connection of resuming healthy lives with their children and families. The Rando Six R's provided a model that supported the fathers' experiences and journey to healing.

The sequence of lifeworlds was a journey of healing that fathers and their families traveled as reflected in the themes of: indignation, sentinel, advocate, and reclamation. The themes/lifeworlds indicated an experience of healing that began with anger and ended with reclamation. All of these are related to time. This journey expressed the multiple emotions experienced by the fathers as well as the rationale to remain strong and protective in an effort to help the child victim.

Issues Related to the Research

Issues related to this research were twofold. The first set relates to limitations. The second set relates to assumptions.

Limitations

Six limitations were acknowledged during the study. First, difficulties in recruiting fathers limited the sample size. This small sample poses a significant limitation to the study as to the applicability of the study findings, but these findings could be used to guide further investigations.

Second, the homogeneity of the fathers' age, ethnicity, and socioeconomic status limits applicability of the findings to diverse populations. However, the homogeneity of the three fathers allowed for more in-depth descriptions of their experiences.

That all three victimized children were females and approximately the same age at the time of the abuse presented a third limitation. The literature indicated that females are abused more than males. The dynamics of the fathers' experience may have been different had the child victim been sons or a mixture of daughters and sons.

A fourth limitation was that the three fathers' experiences shared a similar lapse of time between disclosure of the CSA and the study interviews. All three children had been sexually abused approximately 2 years prior to the study interview. This time frame may have affected the fathers' answers to interview questions. Perhaps their experiences would have been described differently had the abuse been more recent.

A fifth limitation was the brevity of fathers' responses. Interviews lasted approximately 60 minutes and fathers provided fairly terse answers. Nevertheless, rich data were gathered from fathers' description of their experience. These limitations did allow for homogeneity and findings that could provide direction for future research. They can also alert other researchers to potential issues in studying this topic and using this study approach.

The sixth limitation was that all three fathers knew the perpetrator who sexually assaulted their daughters. The perpetrators in the study were a family member, a father's friend, and the victim's school friend. Although the literature indicated this familiarity is

common in child sexual abuse, fathers of children who were sexually abused by unfamiliar perpetrators or unidentified perpetrators may respond differently.

Assumptions

Eight assumptions were developed for this study from previous research in child sexual abuse and my nursing practice with families dealing with the sexual abuse of their child. Although the study did not address some of the assumptions, evidence from the study supports they were accurate. Two assumptions not directly addressed by the study were: (a) *child sexual abuse is an act that can happen at any time to any child, regardless of gender, race, socio- economic background, or religion;* and (b) *nurses are often the first persons to whom the incidents are disclosed.*

The assumption, *child sexual abuse is an act that can happen at any time to any child, regardless of gender, race, socioeconomic background, or religion* was not addressed by the study's findings because all the victims were all females, the sample of three fathers were all Hispanic, and socioeconomic background as well as religion were not assessed. Not having that additional information from the fathers made it difficult to address this assumption. However, The U.S. Department of Health & Human Services Administration for Children and Families (2006) addressed this assumption as being accurate in the study's literature review.

The assumption, *nurses are often the first persons to whom the incidents are disclosed,* was also not addressed by the findings but this assumption would lend itself to

an informative new research study. This assumption could be addressed by exploring how the fathers learned of the CSA and how help was sought initially.

The six additional assumptions that were supported by the study's findings or research process were: (c) *the effects of child sexual abuse are devastating to both victims and their families*; (d) *the family is one emotional unit with everyone in that unit affecting each member's feelings, thoughts, actions, and belief;* (e) *despite the large percentage of child sexual abuse cases, little research on child sexual abuse and its effects on parents has been conducted;* (f) *the parents' response to this tragedy greatly influences the child's coping strength and adjustment;* (g) *a mother's and father's roles and responses are similar when their child has experienced child sexual abuse;* and (h) *most family research, whether child sexual abuse or chronic illness in children, focuses on the mother's experience.*

The two assumptions, *the effects of child sexual abuse are devastating to both victims and their families* and *the family is one emotional unit with everyone in that unit affecting each member's feelings, thoughts, actions, and belief,* were addressed through the fathers' descriptions of how family changed after the CSA disclosure. For example, fathers talked about how their sons took on the role of protector.

The assumption, *despite the large percentage of child sexual abuse cases, little research on child sexual abuse and its effects on parents has been conducted,* was acknowledged by the study's literature review. In preparing the literature review, I became increasingly aware that the literature on sexually abused children and their

families was sparse. The literature emphasized research focusing on the family with a mother or father as the perpetrator and not as the non-offender. Few studies have investigated the effects of child sexual abuse on the parents and family (Forbes et al., 2003; Manion et al., 1996). This assumption was found to be accurate and the reason this study was conducted. The difficulty recruiting father participants for the study may also illuminate why the research on the effects of CSA on fathers in particular is limited.

The assumption, *the parents' response to this tragedy greatly influences the child's coping strength and adjustment,* was also addressed by the study's review of literature. The review of literature supported this assumption as accurate. Finkelhor and Berliner (1995) stated, "The effectiveness of treatment for children is likely to be strongly influenced by the family context, and addressing it should be a very important priority intervention" (p. 1414).

The assumption, *a mother's and father's roles and responses are similar when their child has experienced child sexual abuse,* was accurate according to the study's review of literature. Despite there being few studies on the experiences of parents and child sexual abuse, exploration has taken place with regard to the mother and child sexual abuse (Newberger et al., 1993; Deblinger et al., 1999). The literature stated the mother's and father's responses were similar, yet few studies discussed this topic.

Finally, the assumption, *most family research, whether child sexual abuse or chronic illness in children, focuses on the mother's experience,* was accurate according to the study's review of literature. "The experiences of mothers has been ascribed to the

experiences of fathers. So, much of the fatherhood research data was collected from mothers who reported the fathers' attitudes or behaviors" (Tanfer & Mott, 1997, p. 6).

The assumptions, of this study, could provide foci for future research on the topic of CSA. In this study, some of these assumptions were addressed directly through the interview, while others were addressed indirectly through the literature. Each, however, has the potential to enrich the understanding of this patient, and of nursing research and care.

Recommendations

Illuminating the non-offending fathers' experiences of having a biological child who had been sexually abused provided direction for the development of recommendations for nursing practice, nursing education, nursing research, and society. These recommendations are presented below.

Nursing Practice

The findings of this study support the importance of having knowledgeable nurses who are committed to supporting non-offending fathers whose biological child has been sexually abused. Nurses may encounter these fathers in area such as the emergency department, pediatric clinics, pediatric units, the community, and schools. Fathers and their families need consistent care from nurses who understand the nature of the fathers' experiences. Using the themes discovered in this study could be useful to nurses to know better how to address the fathers and their place in the journey to healing. A possible approach to applying these findings to clinical practice would be to use the journey to

healing as an assessment guide to plan appropriate nursing strategies and interventions for fathers. For example, a nurse would want to provide support to a father expressing anger in the indignation stage differently than to a father who has reclaimed his and his family's lives in the reclamation stage. Nurses who have explored the lifeworlds of non-offending fathers can focus their practice on the fathers' need to heal and explore the natural path to healing for the family as well.

Nursing Education

Child Sexual Abuse is minimally discussed in nursing education curricula. Introducing content about CSA in nursing curricula could help reduce confusion over diagnosis and treatment issues, as students are made aware of CSA and its impact on families. Because schools of nursing typically send students into the community and pediatric areas in community health courses and pediatric/family courses, CSA content in nursing curricula could help students become aware of signs and symptoms, as well as other problems associated with CSA. Preparing a student for possible scenarios can be beneficial to the care of the patients, support of the family, and comfort of the practitioner/learners.

Continuing education that focuses on the needs of these fathers might prove beneficial to nurses in settings where victims might first report abuse, or to nurses who are Sexual Assault Nurse Examiners (SANE). Professional organizations, such as the International Association of Forensic Nurses (IAFN), could use these findings as a basis in developing specific role competencies that could guide practice strategies in working

with fathers. These competencies could be used by nurses who practice in clinical areas where CSA victims may be encountered, such as the emergency departments and pediatric clinics. These competencies could also include therapeutic communication strategies for dealing with the fathers as well as a better understanding of the fathers' journey through this difficult time. To better grasp these competencies, nurses could practice nurse-father interactions in continuing education offerings where simulated situations could be videotaped. Learners could then reflect upon this interaction as a learning activity.

Nursing Research

This study suggests a new area for nursing research. It provided the initial work of considering how non-offending fathers experienced sexual abuse of a biological child. Further nursing research is needed about this phenomenon. Possible questions for future studies include investigating topics posed by the following questions. Do non-offending fathers experience other kinds of child abuse, such as physical or emotional, in a similar manner? Do non-offending fathers respond in a similar manner when the child is not their biological child? Do non-offending fathers who are not living with the child's mother respond in a similar or dissimilar manner? Do non-offending fathers of other cultural backgrounds respond in a similar or dissimilar manner? Do non-offending fathers respond in a similar manner when the victims are males rather than females? Is there a difference in the journey if the child is considerably younger than the children in this study?

Findings of the study could be used to address gaps in our knowledge of how non-offending biological fathers experience and cope when their child has been sexually abused. Follow-up investigations could provide direction in developing nursing interventions that might facilitate family healing from child sexual abuse. This study forms the basis for additional studies involving more fathers to validate these current findings. Replication of this study with more fathers of more diverse backgrounds and ages could also expand our knowledge about non-offending fathers' experiences with CSA.

This study revealed the need to explore how CSA impacts other siblings, particularly brothers, and the roles they develop. The literature identified little investigation of how fathers and siblings cope with CSA. The findings from this study suggest the need to examine this aspect of CSA. Investigation of how the family as a whole copes with CSA is another area for study suggested by these findings. A study interviewing all members of the family about the CSA might provide needed and beneficial knowledge to nursing science.

This study illuminated that nurses, as well as other health care providers, need to better assess the fathers of CSA victims, especially during their healing journey. Understanding this journey can better prepare nurses to help the fathers and families with specific nursing interventions. Discovering the journey to healing as part of the fathers' lived experiences suggests a need to develop an instrument nurses could use to assess the journey to healing. Intervention studies could identify beneficial nursing interventions to

help fathers through this journey. For example, interventions, which help fathers openly discuss their fears and anger, might also be beneficial. Interventions, which teach the importance of the advocate sequence of the journey, could encourage fathers to seek assistance. The current study provides data to begin conceptualizing a nursing theory about fathers' experiences.

I had difficulty recruiting fathers to participate in this study and after much reflection, believe future studies could benefit from these difficulties. Fathers who fit the criteria did not respond to the recruitment flyer. Replicating this study using national website discussion boards to post the interview questions for responses could potentially generate a larger population to study. In addition, recruiting fathers from various child advocacy centers in the U.S. might also be beneficial in studying these experiences in a larger population. In addition to a larger sample, an ethically diverse sample would be useful to examine because the current study's sample were all Hispanic.

Knowing more about how non-offending fathers experience and cope when their child has been sexually abused could help other persons who work with families and victims such as these. This study illuminated fathers' reluctance to seek counseling or even to talk in-depth about their feelings and experiences. The short answers the fathers gave to interview questions exemplified this difficulty. This study's findings identified the need for a multidisciplinary team to address strategies that would encourage fathers to talk about their feelings and experiences related to this horrific event in their family's

life. Multidisciplinary teams reflecting disciplines such as nursing, psychology, medicine, and law could further investigate the themes discovered in the current study.

Society and Fathers

Finally, this study may provide direction about how to better educate society about fathers' experiences of CSA. Helping society to understand the emotions fathers may experience after disclosure and to be supportive of therapy for the entire family, including fathers, is important. Society is aware that child sexual abuse occurs and it would seem important to convey the hope of healing also. This study also supports the importance of promoting a larger cultural awareness of the impact of CSA on fathers, their children, and their families. Even an approach so simple as a brochure describing the journey to healing, as learned from this study, might help society at large to deal with this important societal issue.

Summary

This chapter presented the conclusions of this study through a discussion of the themes and how these themes related to the lifeworlds as presented by van Manen (1990). Issues related to the implementation of this research were discussed in an effort to help future researchers move more rapidly in advancing this important work. Finally, recommendations for nursing practice, nursing education, nursing research, and society concluded the chapter.

REFERENCES

Adams, C. & Fey, J. (1987). *Helping your child recover from sexual abuse.* Seattle: University of Washington Press

Ahman, E. (2006). Supporting fathers' involvement in children's health care. *Pediatric Nursing, 32*(1), 88-90.

American Academy of Child and Adolescent Psychiatry. (1997). Practice parameters for the forensic evaluation of children and adolescents who may have been physically or sexually abused. *Journal of the American Academy of Child and Adolescent Psychiatry*, *36*(10S), 37S-56S.

American Academy of Pediatrics (1999). *Child sexual abuse: What is it and how to prevent it* (HE0029) [Brochure]. Elks Grove Village, IL: Author.

American Medical Association. (1993). Child sexual abuse: Does the nation face an epidemic or a wave of hysteria? *CQ Researcher*, *3*(2), 27-28.

Atabaki, S. & Paradise, J.E. (1999). The medical evaluation of the sexually abused child: From a decade of research. *Pediatrics*, *104*(1), 178-186.

Azar, R., & Soloman, C.R. (2001). Coping strategies of parents facing child diabetes mellitus. *Journal of Pediatric Nursing, 16*, 418-428.

Bagley, C. (1991). The prevalence and mental health sequels of child sexual abuse in a community sample of women 18 to 27. *Canadian Journal of Community Mental Health*, *10*, 103-116.

Bagley, C. (1992). Development of an adolescent stress scale for use of school counselors. *School Psychology International, 13*, 31-49.

Baker, A., & Duncan, S. (1985). Child sexual abuse: A study of prevalence in Great Britain. *Child Abuse and Neglect, 9*, 457-467.

Baumann, S. L., & Braddick, M. (1999). Out of their element: Fathers of children who are not the same. *Journal of Pediatric Nursing, 14*(6), 369-378.

Bauserman, R., & Rind, B. (1997). Psychological correlates of male child and adolescent sexual experiences with adults: A review of the nonclinical literature. *Archives of Sexual Behavior, 26*, 105-141.

Beitchman, J.H., Zucker, K.J., Hood, J.E., daCosta, G.A., & Akman, D. (1991). A review of the short term effects of child sexual abuse. *Child Abuse and Neglect, 15*, 537-556.

Berliner, L., & Wheeler, J.R. (1987). Treating the effects of child sexual abuse. *Journal of Interpersonal Violence, 2*, 415-434.

Briere, J., & Elliott, D. M. (1993). Sexual abuse, family environment, and psychological symptoms: On the validity of statistical control. *Journal of Consulting and Clinical Psychology, 61,* 284-288.

Brohl, K. (2004). *When your child has been molested: A parent's guide to healing and recovery*. San Francisco: Jossey-Bass

Boyer, D., & Fine, D. (1992). Sexual abuse as a factor in adolescent pregnancy and child maltreatment. *Family Planning Perspective, 24*(1), 4-11.

Browne, A. & Finkelhor, D. (1986). Initial and long-term effects: A review of the research. In D. Finkelhor (Ed.), *A sourcebook on child sexual abuse* (pp. 143-179). London: Sage.

Center Against Sexual Abuse. (2001). *Indicators of sexually abused children.* Retrieved xxxxx, from http://www.syspac.com/casa/indicato.htm

Clements, P.T., Vigil, G.J., Manno, M.S., Henry, G.C., Wilks, J., & Das, S., et al. (2003). Cultural perspectives of death, grief, and bereavement. *Journal of Psychosocial Nursing, 41*(7), 18-26.

Cohen, M.Z. (1987). A historical overview of the phenomenological movement. *Image: Journal of Nursing Scholarship 19*(1), 31-34.

Cohen, M.Z., Kahn, D., & Steeves, R. (2000). *Hermeneutic phenomenological research: A practical guide for nurse researchers.* Thousands Oaks, CA: Sage.

Cohen, J.A. & Mannarino, A.P. (1996). A treatment outcome study for sexually abused preschool children: Initial findings. *Journal of the American Academy of Child and Adolescent Psychiatry, 35*(1), 42-49.

Cole, P. & Putnam, F. (1992). Effect of incest on self and social functioning. *Journal of Consulting and Clinical Psychology, 60*(2), 174-184.

Committee on Child Abuse & Neglect (1999). Guidelines for the evaluation of sexual abuse of children: Subject review. *Pediatrics*, 103(1), 1-11.

Conte, J.R. & Schuerman, J.R. (1987). Factors associated with an increased impact of child sexual abuse. *Child Abuse & Neglect, 11*, 201-211.

Conte, J.R. & Schuerman, J.R. (1988). The effects of sexual abuse on children. *Lasting Effects of Child Sexual Abuse*. Newbury Park, CA: Sage.

Curran, L. (2003). Social work and fathers: Child support and fathering programs. *Social Work, 48*(2), 219-227.

Davies, B., Gudmundsdottir, M., Worden, B., Orloff, S., Sumner, L., & Brenner, P. (2004). Living in the dragon's shadow--Fathers' experiences of a child's life-limiting illness. *Death Studies, 28*, 111-135.

DeAngelis, C. (1992). *Clinical handbook of child psychiatry and the law*. Baltimore: Williams and Wilkins.

Deblinger, E., Hathaway, C. R., Lippmann, J., & Steer, R. (1993). Psychosocial characteristics and correlates of symptoms distress in nonoffending mothers of sexually abused children. *Journal of Interpersonal Violence, 8*, 155-168.

Deblinger, E., Steer, R., & Lipmann, J. (1999). Maternal factors associated with sexually abused children's psychosocial adjustment. *Child Maltreatment, 4*, 13-20.

DeLahaunta, E. & Baram, D. (1997). Sexual assault. *Clinical Obstetrics and Gynecology, 40*(3), 648-660.

DeLuccie, M.F. & Davis, A.J. (1990). Father-child relationships from preschool years through mid-adolescence. *The Journal of Genetic Psychology, 152*(2), 225-238.

Douglas, E.M. & Finkelhor, D. (2005). *Child sexual abuse fact sheet.* Retrieved March 14, 2006, from www.unh.edu/ccrc/

Dowling, M. (2004). Hermeneutics: An exploration. *Nurse Researcher, 11*(4), 30-41.

Eggenberger, S. K. (2005). *Being family: The family experience when an adult member is critically ill.* Unpublished doctoral dissertation, Texas Woman's University, Denton.

Elders, M.J. & Albert, A.E. (1998). Adolescent pregnancy and sexual abuse. *Journal of the American Medical Association, 280*(7), 648-650.

Erlandson, D. A., Harris, E.L., Skipper, B.L., & Allen, S.D. (1993). *Doing naturalistic inquiry: A guide to methods.* Newbury Park, CA: Sage.

Esquibel, K. (2002). *Instrument development to determine content validity of indicators of childhood sexual abuse.* Unpublished master's thesis, Texas Tech University Health Sciences Center School of Nursing, Lubbock.

Evans, B.C., Coon, D. W., & Crogan, N.L. (2007). Personalismo and breaking barriers: Accessing Hispanic populations for clinical services and research. *Geriatric Nursing, 28*(5), 289-296.

Finkelhor, D. (1993). Epidemiological factors in the clinical identification of child sexual abuse. *Child Abuse and Neglect, 17*, 67-70.

Finkelhor, D. (1994). Current information on the scope and nature of child sexual abuse. *The Future of Children, 4*(2), 31, 46-48.

Finkelhor, D. & Berliner, L. (1995). Research on the treatment of sexually abused children: A review and recommendation. *Journal of the American Academy of Child & Adolescent Psychiatry, 34*(11), 1408-1423.

Finkelhor, D., Hotaling, G., Lewis, I., & Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics, and risk factors. *Child Abuse & Neglect, 14,* 19-28.

Finkelhor, D., Ormrod, R., Turner, H., & Hamby, S. (2005). The victimization of children and youth: A comprehensive, national study. *Child Maltreatment, 10*(1), 5-25.

Forbes, F., Duffy, J., Mok, J., & Lemvig, J. (2003). Early intervention service for non-abusing parents of victims of child sexual abuse: Pilot study. *The British Journal of Psychiatry, 183,* 66-72.

Furniss, T. (1991). *The multi-professional handbook of childhood sexual abuse.* London: Routledge.

Gasquoine, S. (2005). Mothering a hospitalized child: It's the 'little things' that matter. *Journal of Child Health Care, 9(3), 186-195.*

Green, A. H. (1993). Child sexual abuse: Immediate and long-term effects and intervention. *Journal of the American Academy of Child and Adolescent Psychiatry, 32,* 890-902.

Green, A., Schowalter, J., & Talbott, J. (1995). Child sexual abuse: Immediate and long-term effects and interventions. *Year Book of Psychiatry & Applied Mental Health 3,* 93-94.

Hanson, S.M.H. & Bozett, F.W. (1986). The changing nature of fatherhood: The nurse and social policy. *Journal of Advanced Nursing, 11,* 719-727.

Haugaard, J.J. (2000). The challenge of defining child sexual abuse. *American Psychologist, 55*, 1036-1039.

Heger, A., Emans, S.J., & Muram, D. (2000). *Evaluation of the sexually abused child* (2nd ed.). New York: Oxford University Press.

James B. (1989). *Treating traumatized children.* Lexington, MA: Lexington Books.

Janoff-Bulman, R. (1992). *Shattered assumptions: Towards a new psychology of trauma.* New York: Free Press.

Jensen, J. B., Pease, J. J., ten Bensel, R., & Garfinkel, B. D. (1991). Growth hormones response patterns in sexually or physically abused boys. *Journal of the American Academy of Child and Adolescent Psychiatry, 30*, 784-790.

Jumper, S. (1995). A meta-analysis of the relationship of child sexual abuse to adult psychological adjustment. *Child Abuse & Neglect, 19*, 715-728.

Kendall-Tackett, K., Meyers-Williams, L., & Finkelhor, D. (1993). Impact of sexual abuse of children: A review and synthesis of recent empirical findings. *Psychological Bulletin, 113*, 164-180.

Lahoti, S.L., McClain, N., Girardet, R., McNeese, M. & Cheung, K. (2001). Evaluating the child for sexual abuse. *American Family Physician, 63*(5), 106-139.

Lamb, M.E. (1975). Fathers: Forgotten contributors to child development. *Human Development, 18*(4), 245-266.

Leder, M.R., Emans, S.J., Hafler, J., & Rappaport, L.A. (1999). Addressing sexual abuse in the primary care setting. *Pediatrics, 104*, 270-275.

Lincoln, Y.S. & Guba, E.G. (1985). *Naturalistic inquiry.* Newbury Park, CA: Sage.

Lobar, S.L., Youngblut, J. M., & Brooten, D. (2006). Cross-cultural beliefs, ceremonies, and rituals surrounding death of a loved one. *Pediatric Nursing, 32*(1), 44-50.

Lupton, D., & Barclay, L. (1997). *Constructing fatherhood: Discourses and experiences.* Thousand Oaks, CA: Sage.

van Manen, M. (1984). Practicing phenomenological writing. *Phenomenology + Pedagogy, 2*, 36-39.

van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy.* New York: State University of New York Press.

Manion, I.G., McIntyre, J., Firestone, P., Ligezinska, M., Ensom, R., & Wells, G. (1996). Secondary traumatization in parents following the disclosure of extrafamilial child sexual abuse: Initial effects. *Child Abuse & Neglect, 20*(11), 1095-1109.

Mannarino, A., Cohen, J., & Gregor, M. (1989). Emotional and behavioral difficulties in sexually abused girls. *Journal of Interpersonal Violence, 4*, 437-451.

Marsiglio, W., Amato, P., Day, R.D., & Lamb, M.E. (2000). Scholarship of fatherhood in the 1990s and beyond. *Journal of Marriage and the Family, 62*, 1173-1191.

McClellan, J., McCurry, C., Ronnei, M., Adams, J., Eisner, A., & Storck, M. (1996). Age of onset of sexual abuse: Relationship to sexually inappropriate behaviors. *Journal of the American Academy of Child & Adolescent Psychiatry, 35*(10), 1375-1383.

McGrath, P. (2001). Treatment for childhood acute lymphoblastic leukemia: The fathers' perspective. *Australian Health Review, 24*(2), 135-142.

Mehta, S.K. & Richards, N. (2002). Parental involvement in cardiology outpatient visits. *Clinical Pediatrics, 41*, 593-596.

Merriam-Webster's Collegiate Dictionary (11th ed.). (2003). Springfield. MA: Merriam-Webster.

Monteleone, J. (1994). *Child maltreatment: A comprehensive photographic reference identifying potential child abuse.* St. Louis, MO: G.W. Publishing.

Monteleone, J. & Brodeur, A. (1994). *Child maltreatment: A clinical guide and reference.* St. Louis, MO: G.W. Publishing.

Moore, T. & Kotelchuck, M. (2004). Predictors of urban fathers' involvement in their child's health care. *Pediatrics, 113*(3), 574-580.

Mu, P.F., Ma, F.C., Hwang, B., & Chao, Y.M. (2002). Families of children with cancer: The impact on anxiety experienced by fathers. *Cancer Nursing, 25*(1), 66-73.

Newberger, C.M., Gremy, I.M., Waternaux, C.M., & Newberger, E.H. (1993). Mothers of sexually abused children: Trauma and repair in longitudinal perspective. *American Journal of Orthopsychiatry, 63*(1), 92-102.

Nightingale, F. (1969). *Notes on nursing: What it is and what it is not.* New York: Dover.

Parsons, T. & Bales, R.F. (1955). *Family, socialization and interaction process.* Glencoe, IL: Free Press of Glencoe.

Pfeiffer, L. & Salvagni, E.P. (2005). Current views of sexual abuse in childhood and adolescence. *Jornal de Pediatria, 81*(5), S197-S204.

Pickett, J. (Ed.). (2000). *The American heritage dictionary of the English language* (4th ed.). New York: Houghton Mifflin.

Polit, D.F., & Hungler, B.P. (1999). *Nursing research: Principles and methods.* Philadelphia: Lippincott.

Prevent Child Abuse America. (2001). *2001 annual report.* Chicago: Author.

Putnam, F.W. (2003). Ten-year research update review: Child sexual abuse. *Journal of the American Academy of Child and Adolescent Psychiatry, 42*, 269-278.

QSR International Pty Ltd. (2007). NVIVO (Version 8.0) [Computer software]. Melbourne, Australia.

Rando, T. A. (1995). Grief and mourning: Accommodating to loss. In H. Wass & R. A. Neimeyer (Eds.), *Dying, Facing the facts* (pp. 211-241). Washington, DC: Taylor & Francis.

Reece, M. (1994). *Child abuse: Medical diagnosis and management.* Philadelphia: Lea & Febiger.

Reeves, C. (2000). *Mothers against sexual abuse*, Retrieved October 7, 2005, from http://www.againstsexualabuse.org/

Regehr, C. (1990). Parental responses to extrafamilial child sexual assault. *Child Abuse & Neglect, 14*, 113-120.

Renshaw, D.C. (2004). Fathering. *Psychiatric Times, 21*(11), 54-57.

Reyman, M. (1990). Family responses to extrafamilial child sexual abuse: An overview and experiential perspective. *Issues in Comprehensive Pediatric Nursing, 13*, 203-220.

Russell, D. (1984). *Sexual exploitation.* Beverly Hills, CA: Sage.

Sandelowski, M. (1995). Sample size in qualitative research. *Research in Nursing and Health, 18*(2), 179-183.

Saywitz, K. J. Mannarino, A. P., Berliner, L., & Cohen, J. A. (2000). Treatment for sexually abused children and adolescents. *American Psychologist, 55,* 1040-1049.

Shears, J., Summers, J.A., Boller, K., & Barclay-McLaughlin, G. (2006). Exploring fathering roles in low-income families: The influence of intergenerational transmission. *Families in Society, 87*(2), 259-268.

Simon, C., Nelligan, D., Breese, P. Jenny, C., & Douglas, J. (2000). The prevalence of genital human papillomavirus infections in abused and nonabused preadolescent girls. *Pediatrics, 106*(4), 645-649.

Skuse, D., Stevenson, J., Hodges, J., Richards, M., McMillan, D., Salter, D., et al. (1997). *Child sexual abuse research.* Project funded by the Department of Health. Retrieved on March 15, 2005, from http://www.ich.ucl.ac.uk/units/bsunew/child.htm

Snarey, J. (1993). *How fathers care for the next generation: A four-decade study.* Cambridge, MA: Harvard University Press.

Spatz-Widom, C. (1995). Victims of childhood sexual abuse – Later criminal consequences. *National Institute of Justice Research in Brief.* (NCJ 151525) National Institute of Justice.

Steele, R. (1999). *Navigating uncharted territory: Experiences of families when a child has a neurodegenerative life-threatening illness.* Unpublished doctoral dissertation. University of British Columbia, Vancouver, Canada.

Sullivan-Bolyai, S., Rosenberg, R., & Bayard, M. (2006). Fathers' reflections on parenting young children with Type 1 diabetes. *American Journal of Maternal Child Nursing, 31*(1), 24-31.

Summit, R.C. (1983). The child sexual abuse accommodation syndrome. *Child Abuse & Neglect, 7*, 177-193.

Tamis-LeMonda, C.S., Shannon, J.D., Cabrera, N.J., & Lamb, M.E. (2004). Fathers and mothers at play with their 2- and 3- year-olds: Contributions to language and cognitive development. *Child Development, 75*(6), 1806-1820.

Tanfer, K. & Mott, F. (1997). *Data and measurement issues: The meaning of fatherhood for men.* Battelle Memorial Institute, prepared for NICHD workshop Improving Data on Male Fertility, Family Formation and Fatherhood, Urban Institute (Janruary, 1997), Washington, D.C.

Taylor, J. & Daniel, B. (2000). The rhetoric vs. the reality in child care and protection: Ideology and practice in working with fathers. *Journal of Advanced Nursing, 31*(1), 12-19.

Thomas, S.P. & Pollio, H.R. (2002). *Listening to patients: A phenomenological approach* to nursing research and practice. New York: Springer.

Tiedje, L.B. & Darling-Fisher, C. (2003). Promoting father-friendly healthcare. *The American Journal of Maternal/Child Nursing, 28*(6), 350-357.

Tomilson, B. (1997). Risk and protective factors in child maltreatment. In M. Frasier, *Risk and resilence in childhood: An ecological approach* (pp. 50-72). Washington, DC: NASW Press.

Trickett, P.K., & Putnam, F.W. (1993). The impact of sexual abuse on female development: Towards a developmental, psychological integration. *Psychological Science, 4*, 81-87.

U.S. Department of Health and Human Services, Administration for Children and Families. (2006). *Child maltreatment 2004.* Washington, DC: U.S. Government Printing Office.

U.S. Department of Justice (2001, March). *Sexually transmitted diseases and child sexual abuse*. (NCJ 160940).

Wang, C. & Daro, D. (1997). *Current trends in child abuse: The results of the 1996 annual fifty state survey.* The National Committee to Prevent Child Abuse. Chicago: The National Center on Child Abuse Prevention.

Webster's Unabridged Dictionary. (1998). New York: Barnes and Noble Books.

Weissbourd, R. (1999). Distancing dad: How society keeps fathers away from their children. *The American Prospect, 11*(2), 32-34.

Whall, A. L. & Fawcett, J. (1991). *Family theory and development in nursing: State of the science and art.* Philadelphia: Davis.

Whitlock, K. & Gillman, R. (1989). Sexuality: A neglected component of child sexual abuse education and training. *Welfare, 68*, 317-329.

Widom, C. (1992). *The cycle of violence*. Washington, DC: National Institute of Justice, U.S. Department of Justice.

Widom, C. (1995). *Victims of childhood sexual abuse – later criminal consequences.* Washington, DC: National Institute of Justice, U.S. Department of Justice.

Wiener, L., Vasquez, M. J., & Battles, H. B. (2001). Brief report: Fathering a child living with HIV/AIDS: Psychological adjustments and parenting stress. *Journal of Pediatric Psychology, 26,* 353-358.

Wilshaw, G. (1999). Perspectives on surviving childhood sexual abuse. *Journal of Advanced Nursing, 30*(2), 303-309.

Wind, T.W. & Silvern, L. (1994). Parenting and family stress as mediators of the long-term effects of child abuse. *Child Abuse and Neglect, 18*(5), 439-453.

Wood, J.D. & Milo, E. (2001). Father's grief when a disabled child dies. *Death Studies, 25*, 635-661.

Yeh, C.-H. (2002). Gender differences of parental distress in children with cancer. *Journal of Advanced Nursing, 38*(6), 598-606.

APPENDIX A

Recruitment Flyer

If you are a biological father of a child who has been sexually abused and would like to take part in a research study to better understand this experience, please contact:

Karen Esquibel
Texas Women's University
Doctoral Student
(806) 239-5337

APPENDIX B

Collaborative Agreement

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

SCHOOL OF MEDICINE
Department of Neuropsychiatry and Behavioral Science
Division of Psychiatry

3601 4th Street STOP 8103
Lubbock, Texas 79430-8103
(806) 743-2800
Fax (806) 743-2784

February 20, 2007

To Whom It May Concern,

Karen A. Esquibel has contacted our department as suggested by the Texas Tech University Health Sciences Center's Institutional Review Board. We acknowledge those concerns regarding the potential for extreme emotional distress on those father interviewee's before, during, and after the interview process of Ms. Esquibel's study. We have discussed immediate procedures to protect both the interviewer and the interviewees participating in this study. They are as follows:

1. The Interviewer will utilize the University Medical Center Emergency Department should the interviewee become severely and emotionally distressed or depressed. The University Medical Center Emergency Department will contact the Psychiatrist on-call to examine the interview participant.

   OR

2. Ms. Karen A. Esquibel will contact Mr. Brandon Salinas, the Associate Administrator in Neuropsychiatry, to verify if any immediate openings are available in the outpatient psychiatry clinic. If immediate availability is an option, clinical registration personnel will contact the interviewee and make accommodations for the patient to be seen on that accepted date.

Mr. Salinas will be contacted before each interview. Should the interviewee display any acute emotional distress at that time, Ms. Esquibel will utilize either option 1 or option 2 as previously mentioned.

Thank you,

Brandon Salinas

Brandon Salinas
Associate Clinic Department Administrator
Department of Neuropsychiatry and Behavioral Sciences
(806) 743-2820 ext. 226

An EEO / Affirmative Action Institution

APPENDIX C

Interview Questions

The Lived Experience of Non-Offending Biological Fathers Whose Child Has Been Sexually Abused.

Interview Guide

While interviews are considered open-ended and exploratory, the following questions will guide each interview.

1. Tell me about yourself. (Prompts: What is your occupation? What is your education? How many children do you have? Are you currently in therapy/counseling? What is your age? What do you consider your ethnicity to be?)

2. Tell me how you felt the moment you found out your child had been sexually abused?

3. Describe your relationship with your child's biological mother before the child abuse? (Probes: Were you happy? Was there tension?)

4. Describe your relationship with your child's biological mother after the child abuse?

5. Describe your relationship with your non abused child/children before and after the child abuse? (If you have other children.)

6. Describe your relationship with your abused child/children before and after the child abuse?

7. Did you tell others about the abuse to your child? YES- Describe what it was like disclosing the abuse to family and friends?

8. Describe your role as a father before the child abuse?

9. Describe your role as a father after the child abuse?

10. How did you cope with the abuse of your child?

11. In as much detail as possible, describe the type of therapy or counseling you have participated in? (Prompts: Was it individual? Was it as a family?)

APPENDIX D

IRB Approval

TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

INSTITUTIONAL REVIEW BOARD FOR THE PROTECTION OF HUMAN SUBJECTS
FWA # 00006767 LUBBOCK/ODESSA IRB #00000096

NOTIFICATION OF INITIAL APPROVAL

February 23, 2007

IRB#: L07-079
STUDY# : The Lived Experience of Non-Offending Biological Fathers Whose Child Has Been Sexually Abused. (Father's CSA Experience)
PRINCIPAL INVESTIGATOR: Karen Esquibel, RN, MSN
SUBMISSION REFERENCE #: 015999
TYPE OF REVIEW: Full Board

APPROVAL DATE: 2/23/2007
REVIEW PERIOD: 6 Months
RISK ASSIGNMENT: Greater than minimal
EXPIRATION DATE: 07/23/2007
(based upon date recommended for approval)

NUMBER OF SUBJECTS AT THIS SITE: 9

SPECIFIC INFORMATION PERTAINING TO THIS APPROVAL

Documents reviewed and approved include:
IRB Application
Protocol
Consent form
Recruitment flyer
TTUHSC Neuropsychiatry letter of support
Children's Advocacy Center letter of support
Interview guide

Comments: The TTUHSC Lubbock/Odessa Full Board reviewed this study at their meeting on 1/24/2007. The Board voted to approve the study with greater than minimal risk and reviewed every 6 months after the stipulations. There were 11 stipulations that needed to be addressed. The PI has adequately addressed all stipulations. The study can be approved.

Please note that the recruitment flyer depicting a smiling dad holding his baby seems a bit inappropriate for the subject matter of this study. Perhaps a flyer with only the information about the study would be more suitable?

Approval Period: This approval is for a period of 6 Months. You should receive electronic notification 30 days prior to the expiration of this project's approval. *However, it is your responsibility* to insure that a Continuing Review Submission Form has been submitted by the required time.

Consent Form: The currently approved and stamped consent form must be used when enrolling subjects. You are responsible for maintaining signed consent forms for a period of at least three years after study completion.

Reporting: The principal investigator must report to the IRB any serious problem, adverse effect, or outcome that occurs with frequency or degree of severity greater than that anticipated. In addition, the principal investigator must report any event or series of events that prompt the temporary or permanent suspension of a research project involving human subjects.

Modifications: Changes or modifications in a research project **must have approval** by the IRB prior to initiation. When modifications are deemed necessary to prevent immediate harm to a subject, changes or modifications must be reported to the IRB within 24 hours.

Study Completion:
If this project is completed within the approval period, you are required to submit a Study Update indicating "Final Closure". The study project is considered completed when:

1) Investigators will not contact subjects for further information related to this project
2) Access to subject health care records are no longer required for information related to this project
3) All IRB requests for information have been completed and no longer require an investigator response
4) A summary report has been completed. This must be attached as a Supporting Document in the Study Update submission.

ling FDA
ponsor of the
es written
minutes of convened meetings, and retains records pertaining to the review and approval process; all in compliance with requirements defined in 21 CFR (Code of Federal Regulations) Parts 50 and 56, and ICH (International Conference on Harmonization) guidance relating to GCP's (Good Clinical Practice).

The Texas Tech University Health Sciences (TTUHSC) Center Policies and Procedures are available for reference on the TTUHSC Human Research Protection Program Website (http://www.ttuhsc.edu/research/hrpo/irb/).

TTUHSC Lubbock/Odessa Institutional Review Board
3601 4th Street STOP 8146
Lubbock, TX 79430
806-743-4566

NATIONAL CHILDREN'S ALLIANCE ACCREDITED MEMBER

United Way
Lubbock Area United Way

CHILDREN'S ADVOCACY CENTERS
Breaking the Cycle of Abuse One Child at a Time

Children's AdvocacyCenter
OF THE SOUTH PLAINS

Our mission: "to bring together community resources to speed the healing of child victims of abuse and trauma"

8/2/2007

To Whom It May Concern:

The Mental Health Committee of the Children's Advocacy Center gave approval for Karen Esquibel to recruit research participants at our agency. The manner in which this will take place is that our agency will inform clients of her research project and hand out her flyers and contact information. It is further understood that due to client confidentiality, she may not personally recruit clients at our agency and we will not give her client names or contact information.

Sincerely,

Carmen Aguirre, M.S.
Executive Director

720 Texas Ave
Lubbock, TX 79401

www.cacofsp.org

office: (806) 740-0251
fax: (806) 740-0252

TWU
TEXAS WOMAN'S UNIVERSITY
DENTON DALLAS HOUSTON

Institutional Review Board
Office of Research and Sponsored Programs
P.O. Box 425619, Denton, TX 76204-5619
940-898-3378 Fax 940-898-3416
e-mail: IRB@twu.edu

October 26, 2006

Ms. Karen A. Esquibel
4518 110th Street
Lubbock, TX 79424

Dear Ms. Esquibel:

Re: The Lived Experience of Non-Offending Biological Fathers Whose Child Has Been Sexually Abused

The above referenced study has been reviewed by the TWU Institutional Review Board (IRB) and appears to meet our requirements for the protection of individuals' rights.

If applicable, agency approval letters must be submitted to the IRB upon receipt PRIOR to any data collection at that agency. A copy of the approved consent form with the IRB approval stamp and a copy of the annual/final report are enclosed. Please use the consent form with the most recent approval date stamp when obtaining consent from your participants. The signed consent forms and final report must be filed with the Institutional Review Board at the completion of the study.

This approval is valid one year from May 5, 2006. According to regulations from the Department of Health and Human Services, another review by the IRB is required if your project changes in any way, and the IRB must be notified immediately regarding any adverse events. If you have any questions, feel free to call the TWU Institutional Review Board.

Sincerely,

David J. Nichols

Dr. David Nichols, Chair
Institutional Review Board - Denton

enc.

cc. Dr. Marcia Hern, College of Nursing
Dr. Jane Grassley, College of Nursing
Graduate School