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Barriers Experienced During Fatherhood and the Role of Adverse Childhood Experiences: A Mixed-Methods Approach

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Abstract: Given the critical role of fatherhood in child development and the significant challenges faced by fathers in underserved communities, there is a pressing need to better understand the specific barriers they encounter. This exploratory mixed-methods study examines the prevalence of adverse childhood experiences (ACEs) among fathers, including English, Spanish, and Creole speakers, and explores how social determinants of health exacerbate these barriers. Quantitative data were collected from June 2022–2023 using REDCap survey software. Additionally, three focus groups were conducted with 18 fathers residing in Palm Beach County (PBC), each group based on the primary language spoken at home. The focus groups were conducted in person via the Healthy Mothers Healthy Babies Coalition (HMHB) outreach team at community centers within the PBC. Stated barriers to fatherhood were thematically classified according into three main themes: (1) limited access to and knowledge of resources in the community; (2) challenges in navigating new roles, resources, and fatherhood responsibilities; and (3) important values in parenting. Over 40% of the fathers reported barriers to being involved in their child's life. The most frequent barriers included work (35.4%) and lack of transportation distance (12.5%). Bivariate analysis using the fisher's exact test showed a significant association between scoring greater than 4 on the ACE criteria checklist and experiencing barriers to being involved in the child's life (p-value = 0.013). Findings from this study aim to inform the development of culturally tailored interventions that address disparities in fatherhood support, ultimately contributing to improved outcomes for both fathers and their children.

Keywords: fatherhood; barriers; adverse childhood experiences; community outreach

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1. Introduction

Fatherhood encompasses the experiences of men who take on the role of primary caregivers for their children, regardless of biological relation or domestic proximity [1]. Active paternal presence during pregnancy and childhood has been shown to have a positive influence on the child's growth and development [1]. For instance, early father involvement during the prenatal period is associated with the increased utilization of prenatal care and decreased premature births [2]. The positive consequences of the ongoing father–child relationship persist during adolescence, with adolescents experiencing fewer

behavioral and psychological problems when reporting a close connection with their father [3]. However, fathers in the United States (U.S.) face significant challenges, including financial security, sleep deprivation, and altered family dynamics, which can threaten the rewarding aspects of the father role [4,5]. First-time fathers, in particular, may experience negative effects on their mental health and well-being, as they navigate the transition to parenthood [5].

A major factor influencing the transition to fatherhood is social determinants of health (SDoH), which refer to the social and environmental conditions that affect health, such as economic stability, access to quality education and healthcare, and community support [6]. Racial and ethnic disparities also shape fatherhood experiences in the U.S. For example, Black and Hispanic fathers are more likely than White fathers to perceive parenthood as central to their identity, and engage more frequently in caregiving activities [7,8]. However, Black fathers may reduce involvement with their children due to conflict with the mother, a trend not observed in Hispanic fathers [9–11]. SDoH-related disparities in fatherhood involvement are further exacerbated by adverse childhood experiences (ACEs), such as exposure to violence or household instability [12–16]. Fathers with high ACE scores often face psychological distress, which negatively impacts their parenting, leading to lower empathy and an increased use of punitive discipline [17,18]. Moreover, ACEs contribute to anxiety, depression, and stress, which can weaken the mother–father–child triad—a critical aspect of healthy child development [19,20]. In contrast to mothers, fathers with early unpredictable related life events demonstrate long-lasting negative effects on parenting in the form of avoidance and attachment anxiety [21]. These events, including changes in parental employment, cohabitation, or residence, serve as barriers to positive parenting compared to life-harshness factors such as low socioeconomic status [21]. Interventions that have seen success in increasing fatherhood involvement use play with behavioral parent training; however, there is a gap in the literature regarding targeted interventions for fathers with high ACE scores [22].

Fathers living in underserved communities face additional barriers related to SDoH, such as limited access to resources, food, housing, and employment [6,7]. National initiatives like the National Responsible Fatherhood Clearinghouse provide resources to help fathers navigate these challenges, but fatherhood-specific support remains limited in many communities [23,24]. Strengthening cultural and social support networks is essential to overcoming these barriers and improving fatherhood engagement. Given the critical role of fatherhood in child development and the significant challenges faced by fathers in underserved communities, there is a pressing need to better understand the specific barriers they encounter. This exploratory mixed–methods study examines the prevalence of ACEs among 63 fathers, including English, Spanish, and Creole speakers, and explores how SDoH exacerbates these barriers. Additionally, it investigates the challenges fathers in Palm Beach County (PBC) face in accessing community resources. The findings from this study aim to inform the development of culturally tailored interventions that address disparities in fatherhood support, ultimately contributing to improved outcomes for both fathers and their children.

2. Methods

2.1. Study Design and Setting

This study utilized an explanatory sequential mixed-methods design, combining quantitative survey and qualitative focus-group data. Quantitative data were collected from 63 participants from June 2022 to 2023, using REDCap survey software Version 10.5.1. Additionally, three focus groups were conducted with 18 fathers residing in PBC, each group based on the primary language spoken at home—English (n = 8), Creole (n = 4), and

Spanish (n = 6). These focus groups allowed participants to share their personal experiences related to parenting in their community, including barriers to involvement and current resource gaps regarding fatherhood. Informants represented various stages of fatherhood, from new fathers to experienced parents. The focus groups were conducted in person from June 2023 to January 2024 via the Healthy Mothers Healthy Babies Coalition (HMHB) outreach team at community centers within the PBC. We followed the consolidated criteria for reporting qualitative research (COREQ) as a reference for the study methodology.

In PBC, support for fathers often comes from strong cultural ties and sub-communities, which present both benefits and challenges [25]. According to the US Census, 29.4% of the PBC population speaks a language other than English at home, predominantly Spanish or Haitian Creole [26]. While organizations like the HMHB work to improve childhood outcomes through education and support for underserved pregnant women, fatherhood-specific resources remain limited [27]. Locally, nonprofit organizations are now working to expand research and outreach efforts to better support the mother–father–child triad.

2.2. Ethical Considerations

The study was approved by the Human Subjects Institutional Review Board at Florida Atlantic University. The research associates obtained written informed consent from participants prior to the completion of the surveys, which was provided in the participant's preferred language. To protect participant confidentiality, all qualitative and quantitative data records were stored virtually in password-protected computer systems for use by the research team only. All participants were given unique identifiers in the focus group transcripts. Additionally, no personal identifiers were collected during survey completion.

2.3. Research Team

The research team was led by the principal investigator (author LS) who works in the Department of Population Health and Social Medicine at Florida Atlantic University Charles E. Schmidt College of Medicine (COM). The team also comprised senior leadership from the HMHB (LG and MG) along with 3 medical students (authors SH, EH, and SG). Authors LG and MG, along with outreach members at HMHB, have been trained in collecting survey data and conducting focus groups ethically.

2.4. Participant Recruitment

The research team recruited male individuals between the ages of 18 and 65 who are either expecting fathers or experienced fathers who already have children and whose women partners/spouses are clients of HMHB in PBC. Inclusion criteria encompassed being an adult male aged 18–65 and living in the service area of HMHB. Participants were excluded if they did not provide informed consent to the study or were unable to complete either the survey or focus group. Participants were approached in a few different ways. Firstly, mothers receiving services at HMHB were asked if they thought the father of their child would be interested in participating, and contact information was noted down. The researchers then called fathers to tell them about the study and gauge interest. HMHB's community outreach team also went around the community to different organizations and businesses to recruit fathers. Finally, fathers who accompanied women to HMHB programming were also approached regarding the study. The survey was sent via text or email, or if the recruitment happened in person, fathers were given the option of filling it out on an iPad that an HMHB individual carried. Fathers who were recruited were asked to participate in the survey first and then the focus group. Both survey data and focus group data have been collected over the past 3 years. A USD 10 Amazon gift card was provided for fathers who participated in the focus group and completed the survey.

2.5. Data Collection and Data Management

2.5.1. Focus Groups

Three semi-structured focus groups were conducted by the HMHB team, with session details—such as day, time, and location—based on the participants' preferences. Each focus group ranged from 45 to 60 min and was conducted by an HMHB outreach team member fluent in the preferred language or native language of the participants—English (n = 8, 44%), Spanish (n = 6, 33%), or Creole (n = 4, 22%). Focus groups were written–transcribed in-person with a combined edited transcription and verbatim transcription after obtaining focus group participants' permission. Verbatim transcriptions were labeled with quotations in the transcribed document.

The interview guide included open-ended questions that prompted the participants to share memorable aspects of fatherhood, their experiences with community parent education programs, challenges unique to their personal experiences as fathers, challenges faced as fathers in PBC, and areas for improvement for parent education programs in PBC. The interview guide consisted of 8 questions divided into 3 main sections (Introduction, Personal Experiences as Fathers in PBC, and Areas for Future Improvement), with open-ended questions regarding their experiences as fathers and utilizing community programs in PBC.

2.5.2. Survey Measures

The 10-item Adverse Childhood Experience Questionnaire for Adults was used to collect data on adverse childhood relationships and experiences of participating fathers to assess its associations with sociodemographic variables and current barriers encountered in fatherhood [28]. These validated criteria cover negative physical, social, and mental childhood experiences to explore long-lasting effects on physical and psychological health in adulthood, particularly when it comes to the relationship between mothers and fathers during and after pregnancy [29–31]. Possible responses included yes or no. The total "yes" responses were summed for each criterion out of a total score of 10. ACE criteria were reported out of a total score of 10. The total ACE score was then recoded into a binary categorical variable of $\leq$4 and >4 since an ACE score greater than 4 is indicative of a patient being at high risk for toxic stress physiology [32]. Additional items on the survey consisted of 7 sociodemographic variables, including 5 categorical variables (age, ethnicity, highest level of education, marital status, employment status, and annual income) and 1 continuous variable (number of children). Four items measuring types of barriers encountered (if any) when accessing fatherhood resources in the community, along with challenges preventing proper involvement in a child's life, were also included to assess associations between having a high ACE score and encountering barriers in fatherhood. The survey took a total of 10–12 min to complete. The collection of data through the survey complements the qualitative data collected in the focus group, as it provides a clear trajectory of the underlying childhood influential factors that might have exacerbated current challenges met in fatherhood experiences.

2.6. Data Analysis

2.6.1. Thematic Analysis

Thematic analysis was conducted utilizing the Braun and Clarke framework [33]. This framework consists of 6 phases, including (1) familiarizing oneself with the data, (2) creating initial codes, (3) determining initial themes, (4) reviewing and validating themes, (5) defining and naming themes, and (6) producing a report. In phase 1, SG, SH, and EH were assigned English, Spanish, and Creole transcripts, respectively. Each thoroughly read their assigned transcript to familiarize themselves with the information gathered. In phase

2, these authors created detailed descriptive codes using the comments section in Microsoft Word. In phase 3, the initial coded documents were compared, and a preliminary list of sub-themes was generated. In phase 4, these authors created a codebook of all potential themes and subthemes, with quotations derived from the transcription used to support the created themes and subthemes. In phase 5, LS refined this codebook of potential themes and subthemes, generating a condensed and finalized document that emphasized prominent components between themes. In phase 6, these findings were presented as a narrative with key quotations to support the finalized themes and subthemes.

2.6.2. Statistical Analysis

Descriptive statistics were conducted to assess the sample characteristics of the participants (Table 1). A pie chart was used to display the top five ACE criteria with the highest reported score frequencies (greater than 4) based on participant responses. The Fisher's Exact test was used to determine any significant differences between father participants having a high score (greater than 4) on the measured ACE criteria and those having a low score (less than or equal to 4) across sociodemographic characteristics and barriers to being involved in the child's life (Table 2). All data analyses were conducted using the STATA SE 17 software.

Table 1. Participant sociodemographic characteristics.

Sample Characteristics (*n* = 61)		
	Frequency (*n*)	**Percentage (%)**
Age (*n* = 61)		
18–24	**7**	**11.48**
25–34	**26**	**42.62**
35–44	**21**	**34.43**
45–54	**4**	**6.56**
55–64	**3**	**4.92**
Ethnicity (*n* = 59)		
Black-African American	**37**	**62.71**
Hispanic or Latino	**11**	**18.64**
White Caucasian	**5**	**8.47**
Black and Asian or Pacific Islander	**2**	**3.39**
Black or Native American or American Indian	**1**	**1.69**
White and Hispanic	**1**	**1.69**
Black and Hispanic	**2**	**3.39**
Marital Status (*n* = 60)		
Single/Never Married	**13**	**21.67**
Married	**33**	**55.00**
In a relationship	**11**	**18.33**
Divorced	**2**	**3.33**
Widowed	**1**	**1.67**
Employment Status (*n* = 60)		
Working for wages	**29**	**48.33**
Unemployed but actively looking for a job	**11**	**18.33**

Table 1. *Cont.*

Sample Characteristics (*n* = 61)		
	Frequency (*n*)	**Percentage (%)**
Unemployed but not actively looking for a job	**6**	**10.00**
Self-employed	**8**	**13.33**
Unable to work	**4**	**6.67**
Student	**1**	**1.67**
Homemaker	**1**	**1.67**
Annual Income (*n* = 59) (USD)		
<25,000	**18**	**30.51**
25,000–50,000	**17**	**28.81**
50,000–100,000	**5**	**8.47**
>100,000	**3**	**5.08**
Prefer not to say	**16**	**27.12**
Number of Children (*n* = 57)		
0	**5**	**8.77**
1	**19**	**33.33**
2	**15**	**26.32**
3	**10**	**17.54**
4	**4**	**7.02**
7	**2**	**3.51**
11	**2**	**3.51**
Education Level (*n* = 59)		
Less than a High School Degree	**10**	**16.95**
High School Graduate	**33**	**55.93**
College Graduate	**12**	**20.34**
Post-Graduate	**4**	**6.78**
Barriers to Being Involved in Child's Life (*n* = 60)		
Yes	**25**	**41.67**
No	**35**	**58.33**
Barrier Category (*n* = 48)		
Work	**17**	**35.42**
Lack of transportation	**6**	**12.50**
Substance use	**1**	**2.08**
Relationship with mother of child	**2**	**4.17**
Difficulty with parenting skills	**1**	**2.08**
Work/Other barriers	**4**	**8.33**
Physical distance/Work/Relationship with mother of child	**1**	**2.08**
Physical distance/Relationship with mother of child	**1**	**2.08**
Physical distance/Substance use	**1**	**2.08**

Table 1. *Cont.*

Sample Characteristics (n = 61)		
	Frequency (n)	**Percentage (%)**
Physical distance/Other barriers	**1**	**2.08**
Relationship with mother of child/Difficulty with parenting skills	**1**	**2.08**
Relationship with mother of child/Other	**1**	**2.08**
Other	**11**	**22.92**

Table 2. Associations between sociodemographic characteristics and ACE criteria using Fisher's exact test.

Variables	Categories	ACE Score (n; %)		p-Values Based on the Fisher's Exact Test
		ACE Score Low (<=4) n = 40, 65.6% n (%)	ACE Score High (>4) n = 21, 34.4% n (%)	
Age	18–24	5 (12.5)	2 (9.5)	0.573
	25–34	18 (45)	8 (38.1)	
	35–44	11 (27.5)	10 (47.6)	
	45–54	3 (7.5)	1 (4.8)	
	55–64	3 (7.5)	0 (0)	
Ethnicity	Black-African American	23 (57.5)	14 (66.7)	0.906
	Hispanic or Latino	8 (20)	3 (14.3)	
	White Caucasian	4 (10)	1 (4.8)	
	Black and Asian or Pacific Islander	1 (2.5)	1 (4.8)	
	Black or Native American or American Indian	1 (2.5)	0 (0)	
	White and Hispanic	1 (2.5)	0 (0)	
	Black and Hispanic	2 (5)	0 (0)	
Marital Status	Single, never been married	7 (17.5)	6 (28.6)	0.056
	Married	26 (65)	7 (33.3)	
	In a relationship	6 (15)	5 (23.8)	
	Divorced	0 (0)	2 (9.5)	
	Widowed	1 (2.5)	0 (0)	
Education	Less than a high school degree (ref)	6 (15)	4 (19)	0.869
	High school graduate	22 (55)	11 (52.4)	
	College graduate	9 (22.5)	3 (14.3)	
	Postgraduate	2 (5)	2 (9.5)	

Table 2. *Cont.*

Variables	Categories	ACE Score (*n*; %)		*p*-Values Based on the Fisher's Exact Test
		ACE Score Low (<=4) *n* = 40, 65.6% *n* (%)	ACE Score High (>4) *n* = 21, 34.4% *n* (%)	
Annual Income (USD)	<25,000 (ref)	11 (27.5)	7 (33.3)	0.942
	25,000–50,000	12 (30)	5 (23.8)	
	50,000–100,000	4 (10)	1 (4.8)	
	>100,000	2 (5)	1 (4.8)	
	Prefer not to say	10 (25)	6 (28.6)	
Number of Children	0	5 (12.5)	0 (0)	0.664
	1	13 (32.5)	6 (28.6)	
	2	9 (22.5)	6 (28.6)	
	3	6 (15)	4 (19)	
	4	3 (7.5)	1 (4.8)	
	7	2 (5)	0 (0)	
	11	1 (2.5)	1 (4.8)	
Barriers to Being Involved in Child's Life	No	28 (70)	7 (33.3)	0.013 *
	Yes	12 (30)	13 (61.9)	

* significance is set at $p < 0.05$.

3. Results

3.1. Sample Characteristics

Out of the 63 recruited study participants, a total of 61 fathers meeting our inclusion criteria completed the survey. Table 1 displays the characteristics of expecting or experienced fathers whose women partners/spouses were affiliated with the Healthy Mothers Healthy Babies Coalition of PBW, Florida. Most of the father participants were between the ages of 25 and 44 years of age (77.0%) and of Black-African American (62.7%) or Hispanic/Latino racial/ethnic background (18.6%). Over half of the fathers were married and 21.7% were single. In addition, 48.3% of them were working for wages and 18.3% we unemployed but actively looking for a job. A third of the fathers were making below <USD 25,000 a year and about another third were making between USD 25,000 and 50,000 annually. These findings align with the high number of fathers reporting "prefer not to say" for income level, as many of the participants were living below the poverty line, and 28.6% of those not disclosing an income score were high on the ACEs scale. Most reported having anywhere between one and three children. A small number had a college degree (20.3%) while 16.9% had less than a high school education, and 58.3% were high school graduates. Over 40% of the fathers reported barriers to being involved in their child's life. The most frequent barriers included work (35.4%), lack of transportation or distance (12.5%), work/other barriers (8.3%), relationship with mother of child (4.2%), and others (22.9%).

3.2. Main Themes and Subthemes in Barriers as Stated by the Father Participants

A total of 18 participants completed the focus groups (English, $n = 8$; Spanish, $n = 6$; and Creole, $n = 4$). The stated barriers to fatherhood were thematically classified according to three main themes: (1) limited access to and knowledge of resources in the community; (2) challenges in navigating new roles, resources, and fatherhood responsibilities; and (3) important values in parenting. Quotations supporting relevant themes and sub-themes are listed in Supplementary File S1.

3.3. Limited Access to and Knowledge of Resources in the Community

3.3.1. Gaps in Mental Health Resources

It becomes difficult to provide for one's child and family when one's mental health is poor. Several fathers highlighted the lack of safe spaces for men in the community and the lack of time men have to themselves (Eng_FG, where "Eng" refers to "English" and "FG" refers to "focus group"). Another noted that the younger generation of fathers requires more mental health support, while a different participant highlighted the impact appropriate mental health resources can have by drawing attention to the current suicide rate among fathers (Eng_FG).

3.3.2. Limited Opportunities for Skill Development, Job Readiness, and Getting Hired

Societally, a large part of the burden of providing for a household falls on men. Despite this, several fathers highlighted difficulties they face in developing skills and getting hired. One participant noted the way many fathers persevere and apply consistently despite the limited availability of jobs (Creo_FG, where "Creo" refers to "Creole). Another illustrated how language forms a barrier to employment, for which support is rare (Creo_FG). One father believes his country of origin is what has limited his ability to obtain employment (Span_FG, where "Span" refers to "Spanish"). A different participant discussed how financial concerns add to the difficulty of building skills for work on top of the already limited resources (Eng_FG).

3.3.3. Challenges in Navigating Justice System and Legal Aid

For justice-involved individuals, navigating the system can be challenging and finding a way out even more so. One participant emphasized the way in which it feels the justice system is against fathers who go to prison, failing to give them a chance at redemption (Eng_FG). Another suggested that prison is not the best option and that there are other manners by which resolution can be attained (Eng_FG).

3.3.4. Challenges in Navigating Fatherhood Resources and Programs

As fathers strive to do their best for their kids, they often find themselves alone and lacking the support of the community. One participant noted that with so many people in need, resources need to grow to meet the requirements of the population (Creo_FG). Another participant stated that he is not even aware of where to receive resources (Creo_FG). One father highlighted the lack of programs tailored to their children's needs (Span_FG). Yet another highlighted his difficulty spending time with his children due to concerns related to the environment he can provide, and another noted the same difficulty but due to financial worries (Span_FG). One participant even emphasized the value of resources that could help fathers navigate parenting (Span_FG).

3.3.5. Lack of Transportation

For those who can navigate the difficulties of job-finding and building skills, transportation remains a large barrier. One participant discussed how transportation is not available in their residential area, which creates a systemic inequity for some fathers (Creo_FG). Meanwhile, another father showed the variation in transportation access by illustrating his ability to get around despite having no personal means of transport (Creo_FG).

3.4. Challenges in Navigating New Roles, Resources, and Fatherhood Responsibilities

3.4.1. Safety of Environment

Environmental safety or the setting for safe development is a common concern for fathers. One participant noted that they used to have the freedom to roam freely outside

in their community, but these areas are no longer considered safe (Eng_FG). Another participant mentioned the need for additional supervision outside, and their general concern about guns, awareness, and teaching survival modes (Eng_FG). Additionally, one participant even mentioned the fear of police within some neighborhoods (Eng_FG).

3.4.2. Separation from Child

In navigating new roles and responsibilities, separation and time away from the child can be very difficult. Multiple participants brought up the difficulty of distance from their child (Span_FG). One specifically mentioned the difficulty with keeping contact over distance as well (Span_FG).

3.4.3. Caregiving Responsibility

Naturally, fatherhood involves the difficult responsibility of caregiving. One participant notes that the birth of their child forced them to become more mature and responsible (Span_FG). Furthermore, one participant said that being young and having to take care of a bar was notably difficult (Span_FG). Another participant quoted the specific task of bathing a newborn as especially challenging (Span_FG).

3.4.4. Financial Responsibility

Raising a child is expensive, and the financial responsibility can be a taxing burden on many families. The balance between financial responsibility and time with family is often cited as a concern. A couple of participants noted the difficulty in providing income for their family with rising prices, and the impact this has had on available family time (Span_FG). Another participant noted specifically how difficult it is for immigrants to find jobs as well (Span_FG).

3.4.5. Lack of Fatherhood Support/Disregard of Father's Needs

Fathers can also feel a lack of support, citing both the absence of their fathers and a disregard for their own needs in discussions on parenting. One father especially mentioned how much he appreciates the nice things that his wife does for him to show appreciation (Eng_FG). Another participant spoke about his experience concerning a double standard mentality in considering a father's needs for parenting (Eng_FG). A different participant noted how they rely on role models in their community because they do not have a father figure to support their parenting style (Eng_FG).

3.4.6. Immigration Challenges

Navigating a new country and community as a father can be especially difficult. One of the participants noted how difficult it was to leave his native country for a better future for his family (Creol_FG). Others mentioned the difficulty they experienced traveling internationally from Haiti to the USA, including passing through other countries (Creol_FG). Some challenges discussed included language barriers, getting accustomed to new local regulations and policies, navigating the healthcare system, and getting exposed to a new culture with diverse population groups.

3.5. Important Values in Parenting

3.5.1. Leading Children Through Example, Education, and Communication

Being a role model and leading children through actions, education, and effective communication can be a daunting task. One father brought up how much they must sacrifice to get their children where they need to be (Eng_FG). One other participant mentioned how it is difficult to be a guide for the children to follow. They want to demonstrate good behaviors and ultimately have their children learn from their mistakes (Eng_FG).

3.5.2. Engaging in Activities with Their Kids, Being Present, and Strengthening Family Unit

Participating in activities and being present with children is a commonly cited desirable value in parenting. The ability to share important life events and make memories is one that is unique to family. Fathers reminisced about teaching daughters how to swim, playing football with their sons, teaching a child to ride a bicycle, eating ice-cream, and even just telling stories (Eng_FG). Another participant mentioned how even the doctor visits and traumatic events were important moments during which to engage with children (Eng_FG). Ultimately, as one father mentioned, they just want their children to feel comfortable coming and relaxing with them at night (Eng_FG).

3.6. Survey Findings

Prevalence of High ACE Scores in Fatherhood

Figure 1 displays the percentage of participants reporting high ACE scores (>4) on five criteria with the highest reported score frequencies. A total of 35% of fathers in our sample responded "yes" to the ACE criterion 1 "*Did a parent or other adult in the household often or very often… swear at you, insult you, put you down, or humiliate you? Or act in a way that made you afraid that you might be physically hurt?*", while 25% responded "yes" to ACE criterion 4 "*Did you often or very often feel that… no one in your family loved you or thought you were important or special? Or your family didn't look out for each other, feel close to each other, or support each other?*" Moreover, 15% of fathers responded "yes" to ACE criterion 5, "*Did you often or very often feel that… you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? Or your parents were too drunk or high to take care of you or take you to the doctor if you needed it?*" and ACE criterion 6 "*Were you parents ever separated or divorced?*" Finally, 10% of fathers reported experiencing injury from being slapped or injured via the ACE 2 criterion "*Did a parent or other adult in the household often or very often… push, grab, slap, or throw something at you? Or ever hit you so hard that you had marks or were injured?*"

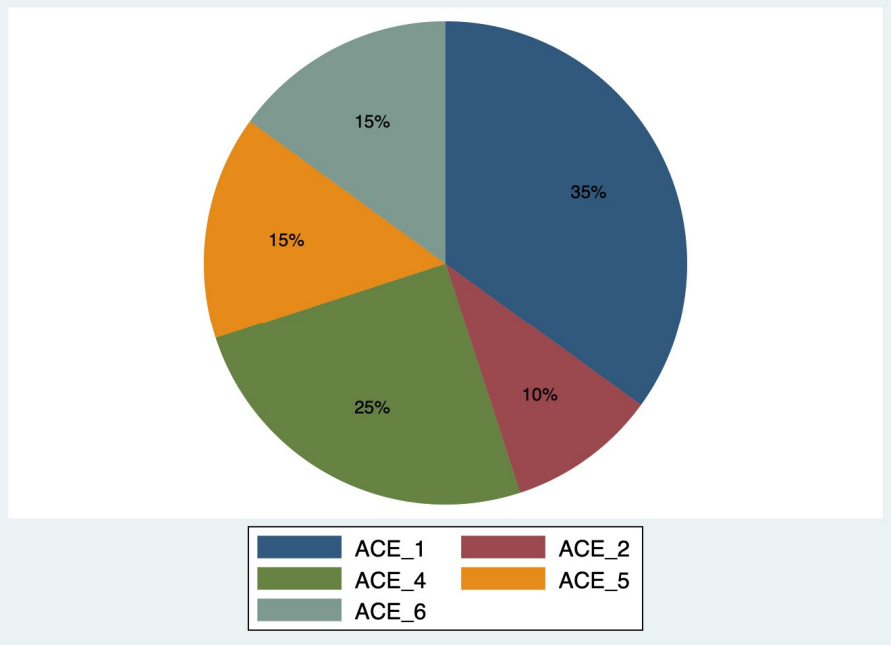


Figure 1. Percentage of participants reporting adverse childhood experiences on the five criteria with the highest frequencies (ACE_1 (swear, insult, be physically hurt), ACE_2 (injury from being slapped), ACE_4 (lack of family support), ACE_5 (lack of protection/parents with substance use disorders), ACE_6 (separated or divorced parents).

3.7. Associations of Having a High ACE Score (>4) and Relevant Sociodemographic Characteristics

Overall, 34.4% of fathers in our sample had a high ACE score (greater than 4) (Table 2). Additionally, Black fathers had the highest reported prevalence of ACE scores (66.7%) as compared to other racial and ethnic groups. Further, fathers reporting being a high school graduate (52.4%) and having an income lower than USD 25,000 (33.3%) were more likely to score high on the ACE criteria checklist (Table 2). Finally, fathers experiencing barriers to being involved in a child's life were more likely to score high on the ACE criteria checklist. Bivariate analysis using the fisher's exact test showed a significant association between scoring greater than 4 on the ACE criteria checklist and experiencing barriers to being involved in the child's life (p-value = 0.013) (Table 2).

4. Discussion

This study has examined the prevalence of ACEs in a set of English, Spanish, and Creole fathers, with a focus on how SDoH exacerbate the association with barriers experienced during fatherhood. Furthermore, the study aimed to understand the challenges experienced by fathers in PBC in accessing community resources meant to support them. In doing this, this study can contribute to a greater understanding of the challenges fathers face in navigating new roles and responsibilities while exploring the most desired parenting values and informing community-based interventions to address disparities in accessing necessary fatherhood services.

The first barrier to fatherhood involves limited access to or knowledge of the available community resources. Whether it be a lack of advertising, absent transportation, or something else, no increase in the resources available will be effective when fathers are unaware of or unable to access the resources being provided. Additionally, gaps in mental health services, limited opportunities for career development, and challenges in navigating the prison system or legal aid were all discussed as challenges to accessing community resources. As research shows that fathers may respond well to the positive psychology/positive masculinity model, and that health professionals are an integral knowledge source for fathers, health professionals of all specialties can not only make fathers aware of mental health resources, but also use conversations centered in positive psychology to emphasize paternal self-care and reduce stigma that may limit access to such services [34,35]. In a population such as ours, where 45% of fathers reported facing some form of verbal or physical abuse as children, using mental health services to address these ACEs can have a lasting impact on the well-being of their children, as studies indicate that parental experiences of abuse are associated with emotional problems and disruptive behavior in their children [36]. For those navigating difficulties in developing careers or being involved in their child's life while incarcerated, standardized practices are critical for properly educating fathers on their rights and roles to help them stay engaged with their children [37]. Further, several fathers working to be involved in their child's welfare believe that the bias against them can be improved by more face-to-face communication with staff, rather than phone calls and letters that minimize engagement with fathers, giving way to assumptions [37]. When access is an absolute barrier, pediatricians can recommend community-based programs such as home visits that intervene against ACEs while monitoring parent–child relationships in a manner that does not require transportation or independent navigation on the part of fathers [38,39].

The second barrier to fatherhood includes navigating the new roles and responsibilities assumed as a father. Without their own father figure for guidance, many find it difficult to adequately fulfill their role as a father. Even with guidance, it can be difficult to maneuver the caregiving and financial responsibilities expected of a father. Whether it is safety concerns, immigration challenges, or simply separation from the child, the complexities

of these new roles can be incredibly overwhelming. Studies have illustrated that men are more likely to adopt behaviors and norms demonstrated by other men, suggesting peer support in parental services as a helpful avenue for learning about fathers [35]. In fact, while parenting programs do exist for those looking to navigate their new roles, several fathers have stated that their participation in such programs would be strongly facilitated by word of mouth from other fathers [7]. This has been further corroborated by providers of fatherhood programs who noted community partners as another integral means of recruiting fathers [40]. In the present study, 25% of fathers indicated a lack of family support in their childhood and 15% faced the ACE of having separated or divorced parents. For fathers such as these who may have lacked or continue to lack role models, support, and guidance, these solutions can be the difference between having strong relationships with their children and adopting maladaptive parenting styles that are detrimental to their child's psychological well-being [36].

The final barrier to fatherhood in this discussion revolves around key parenting values. Many fathers aspire to lead their children by example, through education and open communication, a daunting task that requires extensive sacrifice. Several participants emphasized the importance of engaging in activities with their kids, being present, and strengthening their family unit as key to the ability to share memories and important life events unique to family, and as being often sought after. Despite their efforts to provide for their families, many fathers expressed concerns about the time they are unable to spend with their children due to work responsibilities. Although our study did not report the significance of the association between higher ACE scores and annual income, the qualitative data reveal that the stress of providing financially was a major theme, with fathers indicating that it limits their time with their children. This obstacle can potentially weaken the father–child bond, and can be the result of adverse events faced by these fathers in their childhoods, illustrating the potential for the intergenerational transmission of ACEs [41]. Community-based programs that promote protective and compensatory experiences (PACEs) in childhood can buffer the impacts of parental ACEs and the intergenerational transmission of unwanted values and attitudes [42].

An example of community strength in addressing ACEs can be seen in Pottstown, Pennsylvania, an "ethnically diverse and economically depressed town" [43]. In response to the significant association between race/ethnicity, income, and ACEs found in the literature, they developed the Pottstown Trauma Informed Community Connection (PTICC). This initiative, through partnerships with community programs, focused on the three areas of education and training, communications, and networking—encompassing and addressing the various barriers our study identified [43]. As the communications team spread the message about the connection between ACEs, trauma, and resilience, thus building exposure and creating awareness of issues and resources, the education and training teams followed up with different ways of teaching how to handle this new concept, and the networking team finally wrapped it up by integrating trauma-trained professionals in the local system to propagate and foster long-term change [43]. Following models like Pottstown, community-based programs in areas such as PBC can address barriers of access to and knowledge of resources, while creating a group that allows fathers to work together and reaffirm values with professionals that combat the intergenerational transmission of ACEs and promote the well-being of them and their children.

Fatherhood programs can play an important role in supporting and empowering fathers, but their efficacy depends on strong community-based partnerships, easily accessible resources, and sufficient funding. This study highlights the importance of partnering with members of the community to identify gaps. Depending on the makeup of the population and the surrounding environment, each community will have differing needs. By actively

engaging community members in the research process, we can better tailor programming with their input, to best suit their needs. As a result, there will be higher engagement with and utilization of subsequent initiatives [44]. Partnerships between the community and local businesses, organizations, and government agencies are also important to ensuring that the developed initiatives can be made accessible to a diverse population. However, this programming requires several different components, including trained staff running these programs, materials, etc. [45]. As such, adequate funding is necessary to sustain these initiatives and potentially even expand them in the future.

This study has a few limitations. The small sample size, due to recruitment challenges during the peak of the COVID-19 pandemic and limited access to fathers in the community, was small. We navigated this by using different recruitment modalities, including recruiting fathers through mothers engaging in HMHB services. As another consequence of the pandemic, there was also a long wait to carry out the in-person focus groups. Despite this longer wait time, we felt that in-person focus groups would create a more collaborative environment for better discussion. Another limitation is that study participants were not selected in a randomized fashion, which can potentially introduce selection bias. However, through non-random sampling methods, we were able to recruit a diverse group of study participants with different levels of experience with fatherhood. A final limitation is that the number of lifetime partners was not measured, which can explain the outliers observed in the number of reported children, particularly for participants reporting 7 and 11 children. It would be interesting for future studies to further explore the association between the number of partners, ACE level severity, and the number of children.

5. Conclusions

This mixed methods study explored the barriers fathers in PBC face to getting involved with their children, as well as the interaction between these barriers and ACEs. The findings underscore the need for future studies to prioritize engagement from fathers in the community, as we continue to assess the barriers and implications of those barriers for fathers, mothers, and children alike. Building partnerships with local organizations and government agencies, in addition to community members themselves, can help develop culturally competent resources for a diverse population of fathers, and address the current lack of resources or support. The hope is that such interventions will improve fatherhood engagement and improve outcomes for both fathers and their children.

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