RESIDENTIAL TREATMENT FACILITY STAFF PERCEPTION
OF JUVENILE SEX OFFENDERS’ CULPABILITY

A Project

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by

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__________________________, Graduate Program Director
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Division of Social Work
Abstract

of

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With increased public attention to the problems of juvenile sexual offending, the need for a supportive role of residential staff members has become more prominent. Common characteristics associated with the problem of juvenile sex offending indicate that a compassionate and empathetic approach may have significant impact on residential treatment for juvenile sex offenders. The purpose of this study is to examine residential treatment staff perceptions towards juvenile sex offenders’ accountability for their offenses. A survey was conducted with staff members from a Northern California Residential Facility for juvenile sex offenders. Findings from the study indicate weak and moderate correlation between significant variables associated with juvenile sexual offending. Further research is warranted.

_____________________, Committee Chair
Serge Lee, Ph.D.

_____________________
Date

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Chapter 1

Statement of the Problem

Sexual offenses committed by juveniles constitute a major social concern in United States. Office of Juvenile Justice System reports that juveniles account for one in four sex offenses committed in general and one in three sex offenses committed against other children (Finkelhor, Ormrod, Chaffin & United States. Office of Juvenile Justice Delinquency Prevention, 2009). Consequently, the interests regarding juvenile sexual offending and residential treatment programs have been the subject of increased attention and public concern.

Public safety and protection of children are the central goals of sex offender intervention. Numerous clinical studies are conducted to examine diversity of behaviors, characteristics and risks associated with juvenile sex offending (Nelson, 2007), in effort to identify appropriate treatment approach and prevent future offending. The effectiveness of juvenile sex offender treatment relies on the ability of treatment providers to match juvenile’s individual risks and treatment needs to appropriate placement and intervention model (Crump, Underwood, & Dailey, 2013). Important aspects of appropriate placement and intervention process include individual variables such as relationship and communication between residential staff members and juveniles adjudicated for sex offenses. Residential treatment staff’s cognitive and behavioral dispositions are often the mediating factors that influence duration and overall success of adolescent’s treatment and rehabilitation (Raftery, Steinke, & Nickerson, 2010). Staff
members usually engage with residents on a daily basis and interact with them more frequently than other individuals responsible for supervision and treatment. The quality imperative for constructive relationship between staff members and adolescents is positive alliance and supportive environment (Marshall, et al., 2002). Having a kind humanistic approach combined with a strong knowledge of different treatment skills is considered the best set of characteristics any practitioner should have. Staff member with such disposition can provide comfort to adolescent sex offenders and encourage their efforts to work on challenging treatment issues (Marshall, et al., 2002).

Residential care facilities can sometimes be at risk of employing individuals whose philosophical, religious or personal views may not be in accord with designated treatment plans for juvenile sex offenders (Ladwa-Thomas, & Sanders, 1999). Negative feelings that can range from indifference to disgust may disrupt a potential candidate’s ability to relate in a caring way and positively engage with the population they serve. Furthermore, lack of empathy and limited understanding of the etiology of adolescent sexual behaviors may interfere with their ability to provide proper service and support juveniles with sexual behavior problems. This research will attempt to investigate the perceptions that employees of treatment facilitates for juvenile sex offenders have towards the population they serve.

Background of the Problem

According to the National Incident-Based Reporting System (NIBRS, 2009), juveniles account for 36 percent of those known to authorities to have committed sexual
offenses against other individuals. The majority of juvenile sex offenses perpetrated by minors are committed by adolescents age thirteen to seventeen, although NIBRS includes reports of children committing sex crimes when they are as young as six years old. The vast majority of juvenile perpetrators are males, with females accounting for only seven percent of all juvenile sex offender cases. Offenses against younger children peak between the ages of twelve and fourteen, while offenses against teenagers increase during mid to late adolescence (NIBRS, 2009). Only twelve percent of juvenile sex offender cases are committed by individuals under the age of twelve.

There are several etiological factors that are associated with juvenile displays of inappropriate sexual behaviors. Typical characteristics common to most adolescent sex offenders include inadequate social skills, obsessive self-absorption, manipulative behavior, and lack of motivation for academic achievements (Nelson, 2007). These juveniles are more likely to suffer from learning deficits such as switching attention, processing speed, working memory, and prospective memory (Miyaguchi & Shirataki, 2014), as well as to show patterns of poor impulse control, social insensitivity, and delinquent predispositions (Glowacz & Born, 2013). Family environments of juvenile sex offenders typically involve social instability, lack of parental control and exposure to adult models of aggression, dominance, and intimidation (Nelson, 2007).

Given the myriad obstacles juvenile sex offenders face towards reintegration into society, individuals involved in therapy work should empathize with clients from this population. Empathy is identified as an essential variable for successful treatment
outcomes and a crucial factor for establishing a positive therapeutic relationship with a client (Frankel, Rachlin, & Yip-Bannicq, 2012). Individuals who are involved in direct clinical work with juvenile sex offenders are expected to provide professional help and genuine support to help each adolescent’s re-adjustment to society and rehabilitation. In order to provide the best available care and decrease the possibilities of reoffending, all team members involved in the residential treatment of adolescent sex offenders need proper training and education about various aspects of juvenile sexual offending (Wilson, 2008). It is important that care providers in residential treatment facilities keep aware of their feelings toward juvenile sex offenders because a negative frame of mind may inhibit their ability to engage effectively with this population (Ertl & McNamara, 1997).

**Statement of the Research Problem**

There seems to be limited information pertaining to residential facility staff’s perception of adolescents’ accountability for sexual offenses. The research question in this study is: What are the perceptions that staff members of residential treatment facility have about the culpability of juvenile sex offenders? The researcher assessed staff knowledge about the etiology of adolescent sexual behaviors and typical issues related to legal, ethical, and social aspects of juvenile sexual offending. Residential staff member’s perception of juvenile sex offenders’ culpability can potentially influence the quality of care provided to these adolescents and affect their treatment progress (Clark, 2010). The researcher examines what specific aspects of the problem related to juvenile sexual offending arouses controversial responses and lack of understanding. Empirical evidence
suggesting the highest rate of inconsistent responses allow researchers to focus attention on specific areas of training and education that can be beneficial to practitioners affiliated with treatment facilities for juvenile sex offenders.

**Study Purpose**

Productive client-staff relationship involves positive cognitive frames based on staff member’s notion of juvenile sex offender as an individual who is vulnerable, impaired, and human. This study aims to explore personal perceptions that individuals employed in a residential treatment facility have toward juvenile sex offenders. The staff members from residential treatment facility for the juvenile sex offenders are asked to complete the survey about their understanding of clients’ culpability for sexual offenses. The main goal of this research process is to identify staffs’ level of knowledge about the contributing factors involved with sexually inappropriate behaviors in adolescents. As stated by Crump, Underwood and Dailey (2013), staffs’ knowledge regarding the population they serve and attitudes toward accountability for juveniles’ offensive behaviors can significantly interfere with client’s retention and completion of the treatment program. This research aims to provide practitioner’s understanding of juvenile’s accountability for sexual misconducts and point out to possible situations in which countertransference may become an issue.

The results from this study also aim to provide a practical application to the areas of training and education that residential facility employees emphasize as unclear or controversial. These areas of training and practice can further be readjusted and applied
to preparation material that can increase staff knowledge about juvenile sexual offending and provide tools for successful and competent work performance.

**Theoretical Framework**

There are several theories that are related to adolescent behaviors that may be associated with sexual offending. For the purpose of investigating juvenile sex offending and the etiology of deviant sexual behaviors this research focuses on attachment theory, the ecological perspective, and the integrated theory of sexual offending.

The basic tenets of attachment theory (Bowlby, 2007), identify human development as a result of the bonding experience between the child and their caregiver. Bowlby states that bonding between parents and children is developed through interaction between caregiver and child, and serves to provide confidence and security for that child to explore the world and create positive feelings about self and others. Bowlby explains further that when a caregiver responds to a child’s needs with sensitivity and support, it is more likely that the child will develop the capacity to relate to others with a positive attitude and be assured that their needs will be met. Attachment theory (Bowlby, 2007) suggests that the bond between the child and the caregiver is the basis for the development of internal representations for all the relationships a person may encounter in the future. Providing that the nature of initial attachment appears to be the most accurate predictor of later relationships, when this bond is disrupted some maladaptive behaviors may become apparent and potentially lead to juvenile delinquency (McCord, 1979). This inadequate bond with caregivers can directly be responsible for poor social
skills and personal relationships typically associated with behaviors observed in juvenile sex offenders.

The ecological model explains human development as a result of social interactions and relationships that individuals experience within the context of their surrounding environment (Bronfenbrenner, 1994). The theory proposes five different levels of environment that are set each inside the other, moving from the innermost level to the outside: the microsystems, the mesosystems, the exosystems, the macrosystems, and the chronosystems.

Microsystems are defined as a pattern of activities, social roles, and personal interactions in which the person has direct contact with their immediate environment (Bronfenbrenner, 1994). These interactions are bi-directional in nature and can affect both the person and the environmental structures in the microsystem. Relationships within the microsystems are considered to have the most powerful environmental influence on the individual and typically include settings such as family, school, peer relationships, religious affiliations and neighborhoods. Perceived social support within the microsystems such as family, peer, and school relationships have a significant impact on adolescent development as it has been positively associated with the self-esteem and mental health of adolescent individuals (Seidman & Allen, 1995).

The mesosystem is comprised of interactions between two or more environmental structures that fall within the range of microsystems (Bronfenbrenner, 1994). This domain of human interactions is usually observed in relations between family and school,
school and neighborhood, or neighborhood and the workplace. The mesosystem is considered the “system of microsystems” (Bronfenbrenner, 1994). These communications between microsystems may significantly affect environmental factors and produce an indirect impact on the individual. Bronfenbrenner has made the argument that communication and two-way interaction between the families and schools can provide better environmental support for social development and academic progress of school-age children.

The exosystems consist of connections and processes that exist between two or more environmental settings in which one or more of these settings does not involve the individual as an active participant in the developmental process (Bronfenbrenner, 1994). This environment is external to the person’s immediate experience, but events that are produced within still affect the person and their development. The interactions between systems, such as parents and their workplace or family and community are some of the examples to have an impact on adolescent development and their social and cognitive skills.

The macrosystems involve large environmental contexts that emphasize cultural values, belief systems, and material resources all embedded in one overreaching pattern of human behavior (Bronfenbrenner, 1994). The macrosystem is the environment where a person lives and all other systems (micro-, meso-, and exosystems) interact and collide. The effects of universal principles, provided by macrosystems, have a cumulative effect on all other layers of interaction within the ecological model of human development. The
crucial decisions that are typically made on the legislative level such as educational or health care policy fall within the scope of influence shaped within macrosystems.

The chronosystem describes the environment from a third dimension perspective which explains developmental changes and consistencies as elements of historical time frame in which events may occur (Bronfrenbrenner, 1994). Bronfrenbrenner has identified typical chronosystems as changes in family structure, socioeconomic status, or an individual’s place of residence. Settled within the particular time frame, these events tend to convey characteristics of the historical environments in which they occur and consequently affect the outcome of human development. The socio-historical frame of development can be observed in individuals who were adolescents during periods of great crisis such as the Great Depression (Bronfrenbrenner, 1994). Bronfrenbrenner believed that adolescents who were raised during the times of economic deprivation were more likely to pursue economic independence and had a firmer sense of their career goals.

In his latest addition to the ecological paradigm of human development, Bronfrenbrenner had also included the role of biological elements and genetic inheritance on development of individuals (Bronfrenbrenner 1994). His work on the influence of genetic mechanisms has not been extensive but it did recognize the bi-directional influence of the environment on genetic variations as well as the impact of genetics on the individual regardless of existing environmental factors.

The Integrated Theory of Sexual Offending (ITSO) identifies sexual abuse as a consequence of factors that affect brain development such as evolution, genetic
variations, and neurobiology as well as ecological factors determined by social and cultural setting, personal circumstances and physical environment (Ward & Beech, 2006). Ward and Beech define clinical symptoms of sexual abuse as a result of interactions between the neurological systems and environmental factors. The Integrated Theory of Sexual Offending theory proposes a unified approach to the understanding of sexual offending by incorporating insights from competing etiological theories and evaluating their usefulness for research and theory development (Ward & Beech, 2006).

According to ITSO there are three sets of factors that interact continuously in the commission of sexual offenses identified as biological influences, ecological niche factors and neuropsychological functions (Ward & Beech, 2006). These factors have proximal and distal dimension of risk that can determine how likely it is that a set of adverse social and cultural circumstances, personal circumstances and the physical environment will contribute to an individual’s sexual offending behavior. The Integrated Theory of Sexual Offending proposes that interaction between genes, social environment, and interlocking neuropsychological systems could generate clinical precursors for deviant behaviors and lead to sexually abusive actions (Ward & Beech, 2006). These actions will further reinforce an offender’s vulnerabilities (negative/positive emotional states, social difficulties, deviant arousals), and function as a positive feedback loop for maintenance and increase of that individual’s sexual offending behavior. Accordingly, individuals with poor genetic inheritance and biological developmental adversities may experience difficulties adjusting to environmental circumstances and their ability to
function in a socially acceptable manner. These individuals are more likely to experience problematic psychological functioning and display clinical symptomatology associated with sexual offending (Ward & Beech, 2006).

Summary

The chapter one provides information that describes underlying factors associated with this research topic and background of the problem. The statement of the research problem is provided to inform the reader about the specific issue the study will investigate. Purpose of the study is given to describe potential benefits of this research and offer ideas that may contribute to future investigations. Theoretical framework is provided to explain possible etiological factors associated with the topic of the research.

The next chapter will provide literature review with the most recent material related to characteristics of adolescent sexual offending behaviors, risk factors associated with juvenile sexual offending, perception and attitudes towards juvenile sex offending re-offending rates in juvenile sex offenders, and roles of residential treatment facilities.
Chapter 2

Review of the Literature

The chapter reviews the literature on several themes associated with the problem of juvenile sex offending. Divided into four thematic sections this literature review examines current research related to the following topics: (1) characteristics of juvenile sex offending behaviors, (2) risk factors associated with juvenile sex offending, (3) perceptions and attitudes towards adolescent sexual offending, (4) recidivism rates in juvenile sex offenders, and (5) roles of residential treatment facilities. Section one provides descriptions of and current statistics on juvenile sex offenders and serves as a foundation for further exploration of the problem. Section two offers a review of the risk factors associated with juvenile sex offending, and provides an etiology for the occurrence of sexually inappropriate behaviors. Section three provides current review on public perceptions and attitudes towards juvenile sexual offending. Section four explores recidivism rates among juvenile sexual offenders. Section five offers description of roles associated with treatment of adolescents in residential facilities.

Characteristics of Juvenile Sex Offending Behaviors

Juvenile sex offenders are defined as adolescents between the ages of thirteen and seventeen who commit sexual acts deemed illegal by the jurisdiction in which act occurred (National Center of Sexual Behavior of Youth, 2003). These crimes perpetrated by juveniles usually involve any sexual interaction with a person of any age that is
perpetrated against the victims will, without consent, or in an aggressive, exploitative, manipulative or threatening manner (NCSBY, 2003).

It is estimated that juveniles commit 28.5% of all sex crimes and about 35% of all sex offenses against children (NIBRS, 2009). According to the National Incident-Based Reporting System (2009), over 90% of juveniles who are arrested for sexual offenses are male. Among this male population the most frequent forcible offense is fondling, followed by rape and sodomy with rates of 49%, 24%, and 13% respectively. Non-forcible offenses, such as showing pornography or making sexual suggestions to a child, account for approximately 10% of all adolescent male sexual offenses. The most often reported time of the day during which adolescents tend to commit their sexual offenses is in the afternoon, between 12pm and 6pm (NIBRS, 2009).

The age of onset of sexual offense among adolescents varies with the largest group of offenders being between the ages of 15 and 17 (46 percent), followed by 38 percent of those who are between ages 12 and 14(NIBRS, 2009). Research shows that early activation of sexual offending in juveniles usually relates to other types of antisocial behaviors such as substance abuse and crimes against property (Carpentier, Leclerc & Proulx, 2011). Carpentier, Leclerc and Proulx report that adolescents who exhibit early onset of aggressive behaviors are also more likely to commit sexual assault prior to the age 12. These youngsters who are unable to inhibit their aggressive tendencies tend to develop into adolescents with difficulty inhibiting their sexual behaviors.
The majority of adolescent sex offenders are likely to offend against acquaintances or members of their household (Grant et al., 2009). This appears to be the result of greater developmental trauma involving family dysfunction and exposure to domestic violence. Grant, et al suggest that interfamilial sexual offenders, who report offending against a close relative or a sibling, are also more likely to report a history of physical victimization by other family members. Interfamilial sex offenses against siblings are often not only isolated incidents related to individual psychopathology but also an intergenerational issue and the result of dysfunctional family relations (Grant et al., 2009).

Although records show that the highest number of juvenile sex offenders are approximately fifteen years of age (Vandiver, 2006; Carpentier, et al., 2011), some researchers point out to discrepancies in these reports indicating large gaps that exist between the time when juveniles report committing a sexual offense and the time when they are arrested for the crime (Vandiver & Teske, 2006). Vandiver and Teske suggest that the discrepancy in an adolescent’s criminal records usually occurs as a result of juvenile sex offenders’ arrest history reflecting the age of the offender when the incident is reported and not the age when the incident actually happened.

Adolescent female offenders commit only 7% of juvenile sex offenses with most of these offenses being perpetrated by females younger than 12 (NIBRS, 2009). Although these reports indicate that adolescent females account for small fraction of sexual offenses, research suggest that many of their crimes often go undetected, unnoticed or
ignored (Denov, 2004). Denov reports that the general public and professionals working in the field of juvenile welfare often perceive female sex offenses as less harmful than those committed by male offenders. Compared to male sexual offenders, female offenders are also more likely to engage in sexually offensive behaviors with male victims; to be involved with multiple victims; and to offend against the victims younger than age 11 (NIBRS, 2009). Female sex offenders also show higher rates of extensive and severe neglect during their childhoods and are more likely to have been abused by multiple perpetrators (Wijkman, Bijleveld, & Hendriks, 2014).

Adjudicated juvenile sex offenders can be divided into three categories based on the age of first instance of sexually inappropriate behavior and whether this behavior continued or was limited to a few incidents (Andrade, Vincent & Saleh, 2006). Andrade, Vincent, and Saleh suggest that the age of the juvenile sex offenders and chronicity of sexually offending activities usually correspond with one another, forming the pattern that provides classification of adolescent offenders into one of three assigned groups: early offenders, teen offenders, or continuous offenders. The adolescents defined as early offenders report sexually offending behaviors before the age of twelve while teen offenders report such behaviors after the age of twelve. The Age of twelve is recognized as a developmental milestone at which the rates of sexual offenses by adolescents tend to increase sharply, as this period of early adolescence is recognized as peak the age for all offenses against younger children (NIBRS, 2009). NIBRS also suggest this group of
preteen offenders shows a particularly prevalent history of victimization in the form of sexual and physical abuse.

The third group of adolescent sex offenders is classified as continuous offenders as they report sexually offending behaviors both prior to and after the age of twelve (Andrade, Vincent, & Saleh, 2006). These offenders show a history of engaging in all forms of sexually inappropriate behaviors such as noncontact offenses, contact offenses and penetrative acts at considerably higher rates than the other two groups of offenders. Andrade, et al suggest that continuous offenders report experiencing a higher frequency of abuse and exposure to violence which places them at a higher risk of continuing to engage in sexual offending behaviors later in life.

Comprehensive research on the etiology of juvenile sexual offending shows that adolescent sex offenders are more likely to have experienced sexual abuse in their childhood compared to adolescents that do not exhibit sexually delinquent behaviors (Van Wijk, Blokland, Duits, Vermeiren & Harkink, 2007). This history of sexual abuse appears to be particularly prevalent among child molesters. Van Wijk, et al suggest that although juvenile sex offenders are more likely to have been the victims of abuse, not all sexually abused children will necessarily become offenders. Because this causal relationship between a history of sexual abuse and sexual offending later in life has not been clearly established, they offer the argument that the etiology of juvenile sexual offending may be associated with additional contributing factors that have been observed among adolescents exhibiting delinquent sexual behaviors.
Risk Factors Associated with Juvenile Sex Offending

An evaluation of risk factors associated with juvenile sexual offending shows a heterogeneous population of adolescents who commit sexual offenses according to a wide range of variables. Among the variables that appear to be associated with incidence of sexual offending in adolescents, most frequent are dysfunctional family environment (Barbaree & Marshall, 2008; Vizard, 2006; Bladon, Vizard, French & Tranah, 2005; Baker, Tabacoff, Tornusciolo & Eisenstadt, 2003), low academic and cognitive functioning (Righthand & Welch, 2004), poor social skills (Keogh, 2012; Nelson, 2007; Sarris, Winefield, & Cooper, 2000), drug abuse (Keogh, 2012; Biswas & Vaughn, 2011; Van Wijk et al, 2007) and mental health issues (Ryan, Hunter & Murrie, 2012; Hart-Kerkhoffs, Doreleijers, Jansen, van Wijk & Bullens, 2009; Van Wijk, Blokland, Duits, Vermeiren, & Harkink, 2007) of adolescent offenders. All these variables have been addressed in the research as etiological factors associated with juvenile sexual offending.

Dysfunctional family environment appears to be the most significant factor associated with juvenile sex offending. Such an environment may include insufficient attention to offensive behaviors of children, family secrecy and deception, and family isolation (Baker et al, 2003). This type of family dynamic shapes adolescents’ personalities and influences their course of development over time. Baker et al suggest that families of sex offenders who are more likely to involve patterns of deception and secrets in their communication with children, also contribute to the adolescent’s acceptance of lying and deception as a coping mechanism when it comes to sexually
offending behaviors. Additionally, those adolescents who had experienced sexual or physical abuse within their family environments tend to live with more intense feelings of secrecy and isolation that are carried into adulthood, possible creating the cycle of abuse with their future families (Lee, Jackson, Pattison, & Ward, 2002).

A family environment linked to emotional abuse and a pervasive climate of family violence also appears to be an important factor that delineates adolescents who commit sexual crimes from those who display other delinquent behaviors (Vizard, 2006). Vizard reports that consistent violent behavior within the family may cause disruption in normal and age appropriate sexual development as these youth are exposed to lax sexual boundaries and inappropriate sexual behaviors at an early age. In addition, consistent family violence may contribute to poor parental attachment and create an adverse effect in adolescent developmental trajectories (Barbaree & Marshall, 2008). Barbaree and Marshall (2008) report that adolescents with poor parental attachments tend to demonstrate poor capacity to relate to others and increased rates of reactive attachment disorders.

Frequent interfamilial violence may also evoke traumatic behavioral responses that children can perceive as normal and acceptable behaviors between adult individuals (Bladon, Vizard, French & Tranah, 2005). Bladon et al suggest that children raised in a violent family surrounding are likely to experience significant psychosocial and psychiatric vulnerabilities, with high levels of severe conduct disorder, PTSD and a high prevalence of sexual and physical abuse. Such adverse childhood experience may further
influence distorted ideas of normal and acceptable when it comes to sexual conduct between individuals and possibly contribute to adolescents sexually offensive behaviors later in life (Bladon et al., 2005).

Maladaptive beliefs and cognitive distortions that grant permission or provide excuses for abusive behaviors are another set of risk factors associated with juvenile sex offending (Righthand & Welch, 2004). These factors may include intellectual and cognitive impairments that affect the adolescent’s cognitive flexibility, planning, executive functions and ability to inhibit inappropriate impulses. In addition to difficulties with daily functioning, these youngsters may have difficulty recognizing emotions in others and understanding another person’s perspective. Righthand and Welch further suggest that juvenile sex offenders who are diagnosed with cognitive impairment may not be able to benefit from the treatment programs due to their inability to concentrate, comprehend and memorize provided information.

Cognitive deficiencies of juvenile sex offenders may be associated with predisposed biological characteristics of adolescents. Research indicates that frontal lobes, associated with cognitive functions, go through far more change during adolescence than at any other stage of life (Juvenile Justice System, 2004). Since this part of the brain that is responsible for organization, planning and rational thinking may not be completely developed in adolescence, researchers argue that is unreasonable to expect that the adolescents have same level of decision making skills as adults (Giedd, 2004). Giedd argues that if these relevant parts of the brain that govern impulsivity, judgment,
and foresight of consequences are not fully mature, the moral culpability of adolescents should not be arbitrated as those of adults. This further implies that the eventual penalty for adolescent offenders should be decided based on criteria that takes into account the less than fully developed cognitive and executive functions in minors (Giedd, 2004).

Adolescent sex offenders are more likely to be socially isolated, immature, and to have awkward relationships with their peers (Sarris, Winefield, & Cooper, 2000; Keogh, 2012). Their feelings of inadequacy, low self-esteem, and fear of rejection are often the result of emotional, familial, and social instabilities that most of these youth have been exposed to throughout their childhood (Nelson, 2007). Nelson suggests that juvenile sex offenders often choose the company of small children because of their own naivety, lack of suitable social experience and lack of ability to master age-appropriate behaviors. Coming from environments of isolation and physical victimization, these youth tend to compensate for their feelings of powerlessness by imposing control over those who appear easily intimidated (Nelson, 2007).

Alcohol and drug abuse have been shown to be strongly correlated with the prevalence of antisocial behaviors and psychopathy among adolescent juvenile offenders (Biswas & Vaughn, 2011). Among adolescent sex offenders, more than half of those who have committed rape have proven to have alcohol and other drug abuse problems, while only one quarter of juvenile child molesters have identified as drug abusers (Keogh, 2012). Keogh suggests that pattern of drug abuse may have contributed to incidents of sexual offending but also indicates that adolescents with drug abuse problems may have
broader social adjustment or mental health issues that trigger their early encounter with illegal substances. Those adolescents with sexual behavior problems that showed a pattern of drug abuse were more likely to re-offend and commit additional sexual assaults as an adult (Van Wijk et al, 2007).

Psychopathology among juvenile sex offenders has mostly been associated with environmental factors (family and social surrounding), with conduct disorder and antisocial behavior being recognized as the most frequent diagnosis among this population (Hart-Kerkhoff, Doreleijers, Jansen, van Wijk & Bullens, 2009). Developmental disorders (such as autistic spectrum disorders) appear to be more prevalent among child molesters and non-violent sex offenders as compared to those who commit rape and are violent offenders (Van Wijk, Blokland, Duits, Vermeiren, & Harkink, 2007). Van Wijk et al suggest that adolescents with developmental deficits are more likely to come from adverse family backgrounds and to display poorly developed social competencies which may suggest that their behaviors are more of an effect of a social rather than a biological disorder. Violent sexual offenders appear to have more externalizing problem behaviors and are likely to be diagnosed with conduct disorder or psychosis (Ryan, Hunter & Murrie, 2012).

**Perceptions and Attitudes toward Adolescent Sex Offending**

Increased public attention on the issues of juvenile sexual offending had influenced the increased focus of researchers to this particular group of offenders. The research has been especially prominent in the past twenty years, with a noticeable shift in
attention from adult sexual offending to sexual crimes committed by minors (Barbaree & Marshall, 2008). Barbaree and Marshall note that with the increased focus of society on adolescent sexual offending there has been an increased interest in caregivers’ attitude towards the treatment of juvenile sex offenders.

The idea of adjustment to treatment of juvenile offenders has been grounded in the overall change in attitude of treatment providers resulting in their professional agreement of the higher likeliness of adolescents’ rehabilitation compared to adult offenders (Melton, et al., 2007). Melton, et al (2007) provided psychological evaluations of adolescent offenders while arguing that attitudes toward the treatment of these youth should be based on recovery rather than punishment for the crime. The premise leading to recovery based modalities show that adolescents who can engage in the treatment that is amenable to the nature of their current offense, history of prior offenses, past treatment, environment, personality and age, have higher chances of receiving treatment benefits in the future (Andrews, Bonta & Wormith, 2006).

With the shift in focus from an incarceration-based model to more amenable forms of treatment for juvenile sex offenders, the perceptions of professionals involved in working with this population had been examined (Kimonis, Fanniff, Borum, & Elliott, 2011). With the increase in experience of treatment providers there seems to be higher agreement on several key factors that are strongly associated with good provision of services to juvenile sex offenders. Kimonis, et al suggest that providers who were supportive of a special-treatment approach to juvenile sexual offending agreed that
family factors such as parental support, prosocial relationships, and parents’ belief in efficiency of and willingness to participate positively influence juvenile sex offenders’ amenability to treatment. In addition to social environment, care providers emphasize that specific intrinsic factors such as motivation, belief in efficiency of therapy, resilient personality, and positive attitude towards authority contribute to positive interventions with juvenile sex offenders (Day et al., 2009). Caregivers involved in work with juvenile sex offenders report that youth resistance to change and their family’s unwillingness to support adolescent’s evaluation and treatment are strong indicators of poor amenability to specific interventions for this population (Kimonis et al., 2011).

Another important factor involved in the public perception of juvenile sex offenders relates to support for Juvenile Sex Offender Registry Laws. With the enactment of the Sex Offender Registration and Notification Act in 2006 that mandated registration of all convicted sex offenders, including juvenile sex offenders who are convicted in adult criminal court, the chances for adolescents’ rehabilitation and full reintegration to society has been questioned (Salerno et al, 2010). Salerno, et al examined the attitudes of lay people towards the registry laws for juvenile sex offenders. Laypeople showed to be less supportive of registry laws for less severe offenses, and for younger compared to older juvenile sex offenders. These perceptions of community members appear to be affected by specific case-driven fear of the threat to public safety and feelings of moral outrage. Overall results showed that public support for registry laws did not apply to all
sex offender cases and was regulated by case factors such as offense severity and offenders age (Salerno et al, 2010).

In regards to professionals directly involved in working with juvenile sex offenders, Tross and Ermshar (2011) investigated perceptions of community and mental health providers on the effects of mandatory registration laws for juvenile sex offenders. Research showed that community health providers expressed stronger support for sex offender registration laws and community notification compared to a sample of mental health professionals. Tross and Ermshar report that community members perceived greater effectiveness of these statutes in decreasing re-offense rates in adolescent sexual offending while mental health providers perceived a greater negative impact on the juvenile sex offenders, their families, and the community resulting from sex offender registries and community notification. Researchers in this study suggest that community members could benefit from public education about juvenile sex offending and practices that is shown to be successful in reducing sexual recidivism. This could minimize negative consequences to the offenders and increase the likeliness of their reintegration to society (Tross, & Ermshar, 2011).

The perceptions of clinicians involved in direct service with juvenile sex offenders have a significant impact on the quality of service provided to these clients (Sandhu & Rose, 2012). Sandhu and Rose (2012) investigated treatment providers’ attitudes toward juvenile sex offenders and the connection of these attitudes to their clinicians’ experience, training, and personal characteristics. The research findings
showed that counselors with more experience rated their attitude toward juvenile sex offenders as more positive than counselors with limited experience. As for therapeutic treatment, counselors with more experience show higher confidence in the client’s potential to change and ability to achieve desired results (Jones, Banks-Johnson, Hilliman & Gray 2011; Sandhu & Rose, 2012). The extent of the previous training received for counseling sexual offenders did not appear to be a contributing factor to counselor’s perceptions toward these youth (Sandhu & Rose, 2012). Additionally, personal characteristics such as sex, employment, parental status and education were also not related to clinicians’ attitude toward juvenile sex offenders (Jones, Banks-Johnson, Hilliman & Gray 2011).

**Recidivism in Juvenile Sex Offenders**

The current climate surrounding treatment for adolescent sexual offenders appears to be punitive in nature although there is no empirical support that such an approach can reduce re-offending (Harris & Lobanov-Rostovsky, 2010). Harris and Lobanov-Rostovsky report that institutionalization and lifetime mandatory registration of adolescent sexual offenders may have a detrimental effect on their re-socialization as it appears that the risk of recidivism for adolescents declines with age and with increased length of offense-free time within the community. The recidivism rate among the general group of adolescent offenders is mostly influenced by the frequency of offending behaviors, the type of perpetrated offense, and the amount of detriment that was caused by the perpetrated crime (Mulder, Brand, Bullens, & Van Marle, 2011). Considering that
sexual offenses committed by juveniles are perceived to be a serious crime with a
detrimental effect on society, the research community is committed to identifying and
evaluating high risk adolescents who are likely to re-offend.

A study on recidivism among a mixed group of adolescent offenders shows that
juvenile sex offenders re-offend at the rate of 12% compared to a rate of 43% for non-sex
offenders (Van der Put, Van Vugt, Stams, Deković & Van der Laan, 2013). Van der Put,
et al found that among this group of adolescent sex offenders, European Americans were
overrepresented in both the female and male groups of offenders. The study also found
that the significant mediating factor for reduction of re-offense rates among adolescent
sexual offenders appears to be participation in substance abuse treatment (Van der Put et
al., 2013). Recidivism rates for juvenile sex offenders are lower than those for the general
population, but a large number of juvenile sex offenders commit non-sexual crimes later
in life (Christiansen & Vincent, 2013). Christiansen and Vincent (2013) investigated
datasets to evaluate risk factors for juveniles who have been charged with sexual offenses
and found that, although re-offense rates for sexual crimes were 4.2 percent, juvenile sex
offenders’ rates of recidivism for non-sexual crimes were a staggering 40.1 percent. The
rates for non-sexual crimes of adolescent sex offenders are close to the recidivism rate of
50 percent for the general population of adolescent offenders which indicates that the
majority of juvenile sex offenders do not specialize in sex offenses and are more likely to
re-offend non-sexually (Christiansen & Vincent, 2013).
A problem that researchers frequently encounter when approaching the study of recidivism among adolescent sex offenders is that most studies use conviction rates rather than criminal charges (Keelan & Fremouw, 2013). Keelan and Fremouw suggest that this type of approach can be a confounding factor that may interfere with the accuracy of data related to re-offense rates and produce inconsistencies when research compares different categories of offenders.

When compared to the recidivism of adult sexual offenders, research shows that juvenile sex offenders show different monthly rates of offense (Caldwell, 2010). Caldwell compared recidivism data between juvenile sex offenders and adult sex offenders and found that monthly rates of sexual recidivism among adolescents is four times higher than offense rates collected from adults. One possible explanation could be that the risk of re-offending is much higher within the time frame proximate to the last offense or that adolescents do not have enough skills to conceal their offenses (Caldwell, 2010). Another explanation could be found in developmental forces during this sensitive transitional period for adolescents which may affect their sexual behaviors and decision making in general (Sisk, 2006).

Recidivism rates of adolescent sexual offenders were compared to rates of adult sexual offenders in a longitudinal study that followed up with the adolescent sample fifteen years later (Parent, Guay & Knight, 2011). Parent, Guay and Knight found that although general re-offense rates were low, the long-term predictive accuracy depended on the type of aggressor and type of recidivism. The rapists were more likely to re-offend
shortly after their initial offense, but the child molesters committed the equivalent number of additional crimes over a long time line. Overall results suggest that recidivism is more strongly associated with child molesters as these offenders appear to specialize in sexual offending (Parent, Guay & Knight, 2011).

The nature and type of juvenile sex offenders’ crimes appear to be correlated with their re-offense rates (Boyd, Hagan, & Cho, 2000). Frequencies of non-violent offenses among adolescents show greater likelihood of reoccurrence compared to sexual assaults such as child molestation and rape. In the study conducted by Boyd, Hagan and Cho (2000) adolescents charged with various sexual offenses reported prior histories of non-violent crimes in over ninety percent of cases. Boyd et al suggest that non-contact (non-violent) crimes such as exposure and exhibitionism tend to progress into more serious sexual offenses, as many rapists and child molesters among adolescents appear to have previous histories of non-contact offenses. In addition, the previous number of sexual offense arrests, social isolation, and family violence also appeared as strong indicators of adolescent sexual offence rates (Boyd et al., 2000)

Recidivism among juvenile sex offenders was studied after their completion of a residential treatment program (Hendriks & Bijleveld, 2008). In this study, conducted with 114 residentially treated male juvenile sex offenders, Hendriks and Bijleveld examined re-offense rates for sexual crimes, and found that eleven percent of program graduates committed another sexual offense during the median time frame of nine years. Two specific risk factors associated with re-offending rates were a victim of a very young age
at the time of the adolescent’s initial offense and an assault on girl who was not a family member. The relationship between a therapist’s assessment of the recidivism risk for individual clients and actual recidivism was not found, although authors suggest that this relationship could have been more evident if recidivism was measured over a longer period of time (Hendriks & Bijleveld, 2008).

**Roles in Residential Treatment Facilities**

Residential treatment facilities are programs that offer a structured, highly predictable environment specifically tailored for individuals with severe behavioral, emotional, or mental health issues (Scholte & Van der Ploeg, 2006). Most of these facilities are established to serve adolescents who are deeply troubled, whether they are adjudicated or placed there by their parents as a last resort. The youth placed at these facilities are subjected to intensive permanent supervision with consistent structure and predictable daily living tasks combined with structured stimulation of learning within a special educational setting (Scholte & Van der Ploeg, 2006).

A key component for a successful residential treatment for juvenile sex offenders is a comprehensive, offense-specific intervention approach (Langton & Worling, 2012). This approach includes several different areas of functioning such as individual strengths, family environment, medical and mental history, social functioning, sexual interests, and history of delinquency. For adolescents in secure residential settings, these interventions are delivered through the active collaboration of multidisciplinary teams that are able to provide continuity of care while sharing all pertinent information with one
another. Langton and Worling suggest that the multidisciplinary team approach allows clinicians to identify treatment goals that are common to the general population of adolescent sex offenders as well as those that are client-specific.

Adolescents’ motivation to participate in residential treatment is defined as state of inclination or eagerness to seek help and actively work on solutions (Van Der Helm, Wissink, De Jongh & Stams, 2013). Van Der Helm et al report that the main factors associated with juvenile offenders’ motivation are their readiness to establish therapeutic contact and their decision to adaptively respond to changed environmental conditions related to treatment requirements. The motivation of the adolescent offender affects their responsiveness to treatment and is considered to be a precondition and the result of the effective intervention. The process of establishing treatment motivation in juvenile offenders placed in secure facilities, is most often disrupted by their aggressive tendencies, limited span of attention, intellectual disabilities, and social adjustment issues (Van Der Helm, Wissink, De Jongh & Stams, 2013).

Among many factors that affect the success of residential treatment, juvenile offenders’ perception of the therapeutic relationship is considered one of the strongest predictors of treatment outcome (Schubert, Mulvey, Loughran & Losoya, 2012). Schubert et al report that within the sample of serious adolescent offenders, individual perception of institutional experience was the strongest indicator of treatment success, regardless of variability in offenders’ personal characteristics or facility type. The adolescent offender’s behavior appears to be a joint function between their individual
experience and their particular setting, in which the experience appears to be the result of the juvenile’s perception in regards to the facility and staff members involved with the treatment. The perceptions that adolescents have toward the facility’s institutional order, harshness, presence of caring adults and fairness may affect their compliance with the program and future recidivism rates (Schubert, Mulvey, Loughran & Losoya, 2012).

Empathy deficits among juvenile sex offenders placed in residential treatment facilities are recognized as an additional contributing factor associated with the prevalence of sexually offensive behaviors (Calley & Gerber, 2008). Calley and Gerber suggest that an important component of juvenile sex offender treatment should include balanced clinical strategies that promote development of empathy in these young offenders. The role of staff employed by residential facilities is to develop activities with adolescent offenders that encourage recognition of emotional cues in others, and practice empathic responses to situations associated with offenses similar to those of their clients. Such a progressive and comprehensive approach may help adolescent sex offenders examine their own process of empathy development and contribute to their capacities to read cues and imagine the experiences of others (Calley & Gerber, 2008).

Residential treatment care providers and justice administrators must be competent in providing appropriate counseling for the management and treatment of juvenile sex offenders (Lee A. Underwood, Sue B. Robinson, 2008). This treatment should be developmentally sensitive and provided through the application of least restrictive methods, and within the least restrictive environment needed to accomplish treatment
goals. In order for treatment to meet these goals, individualized plans should be designed, reassessed, and revised periodically with coordinated planning focused on the adolescent sex offender’s transition and reintegration into the community. Lee et al suggest that residential treatment facilities should include specific risk assessment for adolescents who are candidates to be released into the community in order to determine their likelihood of engaging in additional sexually offending behaviors.

Most residential treatment facilities for juvenile sex offenders agree that treatment is best provided when specific features of a client’s offenses are combined with group psychotherapy based on the cognitive behavioral/relapse prevention theoretical model (Walker & McCormick, 2005). Such programs are highly structured and use specific protocols for guiding their treatment interventions. Walker and McCormick report that most important treatment concepts employed by residential facilities for juvenile sex offenders include full disclosure of inappropriate sexual behaviors, relapse prevention, corrections of cognitive distortions, and an understanding of sexual abuse cycle. Their study reviewed data from 203 residential facilities for juvenile sex offenders, and the majority of the programs reported systematic follow-up with the clients, with a success rate of 61 percent after one year, 35.5 after two years, and 26.57 percent three years after the completion of treatment (Walker & McCormick, 2005).
Chapter 3

Methods

This study utilizes quantitative exploratory research design. To recruit participants for the study and obtain his data, the researcher employed criterion sampling method. The participation in the study was voluntary and confidential. The data collection procedure included survey conducted with staff members of Northern California residential treatment facility for juvenile sex offenders. No incentives were provide for participation. The instrument used in the study was a sixteen question survey developed by the researcher. Survey included only inquiries related to staff perception of juvenile sex offenders’ culpability. Data analysis was completed using IBM SPSS 22 statistical software for social sciences research. Prior to distribution of the surveys Human Subjects Application was submitted and approved as exempt by the Division of Social Work Research Review Committee.

Study Objectives

This research aims to provide insight on staff members’ understanding of juveniles’ accountability for sexual misconducts. The researcher utilizes quantitative analysis procedures to examine the frequency scores for the most significant variables associated with incidents of juvenile sexual offending. In addition to frequencies, the research investigates correlations between the most significant variables in the study. The main objective of the research is to identify staff perceptions and levels of knowledge
about the contributing factors associated with sexually inappropriate behaviors in adolescents, and examine potential relationships between these factors.

**Study Design**

This research was conducted as a quantitative exploratory design. Exploratory design is highly structured research method that utilizes closed ended items presented in the form of questionnaires and scales (Rubin & Babbie, 2011). This type of research approach is used to quantify data and generalize results from a smaller number of cases to the population of interest. The benefit of this method is that it provides more generalizable findings with less emphasis on contextual details. Compared to qualitative research design, this approach is also less time consuming and less labor intensive in regards to data collection and data analysis.

The main disadvantage of exploratory designs is that “they seldom provide conclusive answers to research questions” (Rubin & Babbie, 2011). The survey questions are often superficial and rarely deal with the context of the research topic. In most cases, these questions exemplify the least common denominator in measuring participant’s perception and knowledge of the intended topic. Investigator is often unable to observe participants behavioral responses to survey questions and monitor their emotional reactions to issues under investigation. Another disadvantage of exploratory design is related to sampling procedures which may include respondents who are not true representatives of intended population (Rubin & Babbie, 2011). This may affect the
research process resulting in data with a weak validity and not generalizable to the population of interest.

Criterion for the participation in this study included individuals with full time employment in designated facilities, who are also engaged in a work with juvenile sex offenders in capacities other than immediate treatment and counseling. The researcher intentionally excluded social workers and mental health counselors from the poll of participants since the assumption was that their training and experience may have presented as a cofounding factor in the research.

Since the data in the study was collected from only one Northern California residential treatment facility for juvenile sex offenders, the findings of the research may not be applicable or generalizable to other treatment centers for this population. The results can, however, provide an insight into possible adjustments to a training material for staff members involved in work with adolescent sexual offenders.

**Sampling Procedures**

The study was conducted in an undisclosed northern California residential facility for juvenile sex offenders. The researcher utilized criterion sampling method for recruiting participants. This method involves the process of selecting individuals who meet some predetermined criterion of relevance (Rubin & Babbie, 2011). Prior to initiating communication with the residential facility, researcher investigated the type of population that is serviced by this treatment center and confirmed that they satisfy the
criteria for participation. Namely, the researcher was able to identify the company as a residential facility for treatment of adolescent sex offenders.

Researcher approached the management of the selected residential treatment facility by sending the letter on October 10, 2014 in which he requested permission to conduct a written survey with staff members responsible for juvenile sex offenders. In addition to letter, the researcher provided the copy of the survey and informed consent that participants would be required to complete in the course of the study. Several days later, the management of the company responded positively to this request and provided the researcher with the permission letter on October 19, 2014. In this letter management indicated their approval for proposed research study, requesting that location and name of the facility remain anonymous due to safety concerns. Researcher agreed to these terms and informed management that the survey with residential treatment staff members can be conducted at the place and time of their convenience, pending the Committee for the Protection of Human Subjects ‘decision to approve the study. Following the Human Subject Application approval on December 10, 2014, the survey was conducted during the regular all-employee training session for company employees on December 12, 2014.

Data Collection Procedures

The participation in the study was voluntary. The management of the company informed the researcher that the survey can be distributed during the regular weekly training session for company employees. During the training session researcher was granted the opportunity to briefly describe purpose of the study and invite residential
treatment staff members to participate. The researcher explained that staff participation was completely voluntary, that information would be kept confidential and that copies of the survey will be destroyed upon the completion of data analysis. Following this introduction, each prospective participant was presented with a copy of the consent form and a survey. The employees who agreed to complete the consent form were invited to fill in the survey. The survey process took approximately fifteen minutes for most participants to complete. After the research process was completed, each participant was asked to place their copy of the survey into the sealed box provided by the researcher. The consent forms were placed into separate envelope ensuring that anonymity and confidentiality of all participants was protected. There was 35 participant in the study. The research administrator did not offer any form of incentive for participation in the survey. At the end of the session all participants were offered the opportunity to contact research administrator and inquire about the aggregate results of the study.

**Instruments**

The instrument used in this study was a sixteen question survey developed by the researcher. All the questions in the study examine participants’ knowledge that pertains to various aspects of juvenile sexual offending. All survey questions utilize Likert-Scale, fixed choice response format. The advantage of fixed choice format questions is that they create better unity in participants’ responses and are easier to process (Rubin & Babbie, 2011). The standard format of “strongly agree,” “agree,” “disagree,” or “strongly disagree,” was provided as choice of answers. Rubin and Babbie suggest that a standard
format of answers can prevent the research from finding it impossible to judge the relative strength of agreement intended, compared to responses provided in an open-format. Prior to distribution to participants, the survey underwent a refinement process by the researcher’s project advisor who examined the content of the data collection tool. Due to the Committee for the Protection of Human Subjects’ decision to exclude demographics questions from the survey, confidentiality of the participants in the study is completely protected. Survey does not contain any identifying information that could reveal identity of the subjects.

**Protection of Human Subjects**

The Human Subjects Application was prepared and submitted for review and approval to the California State University, Sacramento Division of Social Work Committee for the Protection of Human Subjects on November 14, 2014. In addition to application form, the packet submitted to committee included copies of the informed consent form (Appendix A), copy of the survey (Appendix B), and the written approval of the facility’s management to conduct survey with its employees. The representative of the Northern California residential facility for juvenile sex offenders, who approved staff participation, requested that name of the facility stay anonymous due to safety concerns of its residents and the participants. In their initial response on December 5, 2014, the human subjects committee set it as a condition for researcher to eliminate demographics information from the survey such as age, gender, education level, and number of years employed by the company. Following the committee’s request for change, the researcher
re-submitted a modified copy of the survey that excluded demographic information on December 8, 2014. On December 10, 2014, the study was approved as an exempt. In the Approved Human Subjects letter sent by the Division of Social Work the study was provided with unique identifier #14-15-044 (Appendix C).

**Data Analysis**

Following the completion of the survey with participants, the collected data was coded, entered and analyzed using the IBM SPSS (Statistical Package for the Social Sciences) 22 software program. This statistical package is used for research analysis, data management, and data documentation. It allows investigator to quickly view data and obtain frequency tables and charts for the research variables. Frequency tables for all sixteen questions are developed and presented in a results section of the research. The Spearmen rho is used to examine correlation coefficient between most significant variables in the study. The significance level was set at .05 for Spearmen rho.
Chapter 4

Study Findings and Discussions

This chapter provides the results of the research outcomes. The findings of this research are displayed in a table format. Presented variables describe attitudes and perceptions of residential treatment facility staff members towards juvenile sex offenders’ and their accountability for sexual offenses. The table number matches the survey question number that is provided at the end of the paper for the reference (Appendix B). Results of the study will be displayed based on the research purposes. The purpose of the study was to examine the perceptions of those who provide direct services to juvenile sex offenders and determine their level of understanding of etiology of inappropriate sexual behaviors.

The completed survey included sixteen questions examining staff members’ understanding of various aspects of juvenile sex offending. Specifically, the questions investigated legal, social, psychological and environmental factors associated with sexually offensive behaviors in adolescents. To obtain participants perceptions, researcher utilized the ordinal four point Likert scale which ranged from: 1 “Strongly Agree”, 2 “Agree”, 3 “Disagree”, 4 “Strongly Disagree”. The initial section of this chapter will include specific findings, followed by a discussion of existing results.
Specific Findings

Table 1

*Pro Mandatory Registration for Juvenile Sex Offenders*

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid Strongly Agree</td>
<td>6</td>
<td>17.1</td>
<td>17.6</td>
<td>17.6</td>
</tr>
<tr>
<td>Agree</td>
<td>4</td>
<td>11.4</td>
<td>11.8</td>
<td>29.4</td>
</tr>
<tr>
<td>Disagree</td>
<td>20</td>
<td>57.1</td>
<td>58.8</td>
<td>88.2</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>4</td>
<td>11.4</td>
<td>11.8</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>34</td>
<td>97.1</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>1</td>
<td>2.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>100.0</td>
<td></td>
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</tbody>
</table>

Participants were asked if Sex Offender Registration Laws should be expanded to apply to juveniles and require their mandatory lifetime registration and community notification. Twenty four participants (68.5%) opposed sex offender registration for juveniles, though only four (11.4%) of those “Strongly Disagreed”. Twenty participants (57.1%) responded that they “Disagree” with the pro-registration laws (Table 1). Those who responded with “Strongly Agree” accounted for 17.1% (n=6) of participants while those who responded with “Agree” consisted of 11.4% (n=4). One respondent (2.9%) declined to answer the question.
Table 2

*Unawareness of Healthy Boundaries and Appropriate Sexual Behaviors*

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid Strongly Agree</td>
<td>11</td>
<td>31.4</td>
<td>31.4</td>
<td>31.4</td>
</tr>
<tr>
<td>Agree</td>
<td>18</td>
<td>51.4</td>
<td>51.4</td>
<td>82.9</td>
</tr>
<tr>
<td>Disagree</td>
<td>5</td>
<td>14.3</td>
<td>14.3</td>
<td>97.1</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>1</td>
<td>2.9</td>
<td>2.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Participants were next asked if the common cause of abuse by juveniles is unawareness of healthy boundaries and appropriate and inappropriate sexual behaviors. Eighteen staff members (51.4%) agreed this is the common cause of abuse (Table 2), while eleven of them (31.4%) strongly agreed with the statement. Staff members who answered with “Disagree” accounted for 14.3% (n=5) of those who participated in the study, while only one participant (2.9%) indicated strong disagreement with the statement.
Survey participants were further asked if they believe that the majority of juvenile abusers have been the victims of abuse in the past (Table 3). All 35 participating staff members reported agreement with this statement. Twenty three (65.7%) participants answered they “Strongly Agree”, while twelve participants (34.3%) responded they “Agree” that majority of juvenile abusers have been the victims of abuse.
Table 4

*Abusive Behavior Based on Perpetrators Conscious Decisions*

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid Strongly Agree</td>
<td>7</td>
<td>20.0</td>
<td>20.0</td>
<td>20.0</td>
</tr>
<tr>
<td>Agree</td>
<td>21</td>
<td>60.0</td>
<td>60.0</td>
<td>80.0</td>
</tr>
<tr>
<td>Disagree</td>
<td>7</td>
<td>20.0</td>
<td>20.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Participants were asked if abusive behavior of young people, who sexually abuse other children, is primarily based on differentiating power according to psychological awareness and understanding of act. A large majority of participants agreed with this statement, with 60% (n=21) of them responding with “Agree” and 20% (n=7) of all participants with “Strongly Agree” (Table 4). Only seven respondents (21%) reported disagreement with this statement.
The next question in the survey examined whether sexual offending behavior committed by juvenile sex offenders should be treated differently from other types of offending behaviors. Seventeen participants (48.6%) in the survey responded with “Strongly Agree”, while sixteen (45.7%) of them chose “Agree” to indicate that treatment should be specially tailored for juvenile sex offenders (Table 5). Only two staff members (5.7%) reported disagreement with this statement.

Table 5

*Sexual Offending Treated Differently From Other Types of Offending Behaviors*

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid Strongly Agree</td>
<td>17</td>
<td>48.6</td>
<td>48.6</td>
<td>48.6</td>
</tr>
<tr>
<td>Agree</td>
<td>16</td>
<td>45.7</td>
<td>45.7</td>
<td>94.3</td>
</tr>
<tr>
<td>Disagree</td>
<td>2</td>
<td>5.7</td>
<td>5.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
Participants were further asked if denial of the offense, by both parents and perpetrators, is considered to be one of the major obstacles for successful treatment intervention. A vast majority of respondents supported the statement (Table 6) with almost equally distributed responses between seventeen (48.9%) participants who chose “Agree” and fifteen participants (42.9%) who opted for “Strongly Agree” answer. Two respondents (5.7%) reported that they “Disagree” with the statement while only one respondent (2.9%) chose “Strongly Disagree” in the survey.
Table 7

*Records Sealed after Program Completed*

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>10</td>
<td>28.6</td>
<td>29.4</td>
<td>29.4</td>
</tr>
<tr>
<td>Agree</td>
<td>13</td>
<td>37.1</td>
<td>38.2</td>
<td>67.6</td>
</tr>
<tr>
<td>Disagree</td>
<td>7</td>
<td>20.0</td>
<td>20.6</td>
<td>88.2</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>4</td>
<td>11.4</td>
<td>11.8</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>34</td>
<td>97.1</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>1</td>
<td>2.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In the next survey question, the participants were asked if courts should recognize the rights of individuals who committed sexual crimes to have their records sealed, after they have been appropriately punished and properly rehabilitated. Of those who answered, 37.1% (n=13) agreed with this statement while 28.6% (n=10) strongly agreed that court records should be sealed after proper rehabilitation (Table 7). Seven respondents (20.0%) reported that they “Disagree” with the statement while four respondents (11.4%) indicated strong disagreement with the possibility of convicted sex offenders’ records being expunged. One participant (2.9%) did not respond to question.
Table 8

*Sex Offenses Committed by Females Less Serious Than Male Sex Offenses*

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid Agree</td>
<td>6</td>
<td>17.1</td>
<td>17.1</td>
<td>17.1</td>
</tr>
<tr>
<td>Disagree</td>
<td>11</td>
<td>31.4</td>
<td>31.4</td>
<td>48.6</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>18</td>
<td>51.4</td>
<td>51.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Participants were asked if sex offenses committed by juvenile female sex offenders are less serious than those committed by juvenile male sex offenders. A majority of the participants reported some level of disagreement with eighteen participants (51.4%) reporting that they “Strongly Disagree” and eleven participants (31.4%) that they “Disagree” with the statement (Table 8). The remaining six participants (17.1%) reported that they “Agree” that sexual offenses committed by female offenders are less serious than those committed by males.
Table 9

Link between Juvenile and Adult Sex Offending

<table>
<thead>
<tr>
<th>Valid</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>10</td>
<td>28.6</td>
<td>28.6</td>
<td>28.6</td>
</tr>
<tr>
<td>Agree</td>
<td>23</td>
<td>65.7</td>
<td>65.7</td>
<td>94.3</td>
</tr>
<tr>
<td>Disagree</td>
<td>2</td>
<td>5.7</td>
<td>5.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

When participants were asked about the link between juvenile sex offending and adult sex offending later in life, overwhelming number of them responded that link exists. Twenty three participants (65.7%) agreed that two are related, while ten participants (28.6%) reported that they “Strongly Agree” with this statement (Table 9). Only two participants (5.7%) responded that they “Disagree” there is a link between juvenile and adult sexual offending later in life.
Table 10

*Juvenile Child Molesters More Likely to Have Been the Victims of Abuse*

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>5</td>
<td>14.3</td>
<td>14.3</td>
<td>14.3</td>
</tr>
<tr>
<td>Agree</td>
<td>19</td>
<td>54.3</td>
<td>54.3</td>
<td>68.6</td>
</tr>
<tr>
<td>Disagree</td>
<td>10</td>
<td>28.6</td>
<td>28.6</td>
<td>97.1</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>1</td>
<td>2.9</td>
<td>2.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Participants were asked if the juvenile child molesters are more likely to exhibit socially unacceptable behaviors and are more likely to have been the victims of sexual abuse, compared to juvenile rapists. The majority of the participants agreed that juvenile child molesters have been the victims of sexual abuse, with nineteen participants (54.3%) reporting that they “Agree” and five participants (14.3%) reporting that they “Strongly agree” with the statement (Table 10). Out of the remaining number of respondents, ten participants (28.6%) reported they “Disagree”, while only one participant (2.9%) indicated strong disagreement with the likelihood that adolescent child molesters have history of sexual victimization.
Survey participants were asked if the parents of juvenile sex offender should be legally liable when the offense is committed by their minor child. 51.4% (n=18) of respondents stated that they “Agree” and 2.9% (n=1) that they “Strongly Agree” with parent’s liability for offense (Table 11). Twelve participants (34.3%) reported that they “Disagree” and four participants (11.4%) that they “strongly disagree” with this statement.
The next question in the survey examined whether higher opportunities for employment decrease offending rates in juvenile sex offenders. Seventeen participants (48.6%) in the survey responded with “Disagree”, while fourteen (40.0%) of them chose “Agree” to indicate that higher employment opportunities are likely to decrease the offending rates of juvenile sex offenders (Table 12). Three participants (8.6%) reported that they “Strongly Agree” while only one respondent (2.9%) indicated strong disagreement with the statement.

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>3</td>
<td>8.6</td>
<td>8.6</td>
<td>8.6</td>
</tr>
<tr>
<td>Agree</td>
<td>14</td>
<td>40.0</td>
<td>40.0</td>
<td>48.6</td>
</tr>
<tr>
<td>Disagree</td>
<td>17</td>
<td>48.6</td>
<td>48.6</td>
<td>97.1</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>1</td>
<td>2.9</td>
<td>2.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
Participants were asked if sexual offenses committed by adolescents are not just the isolated incidents, but also the indicators of general adjustment issues. The majority of participants agreed with this statement, with 45.7% (n=16) of them responding with “Agree” and 20% (n=7) of all participants with “Strongly Agree” (Table 13). Twelve respondents (34.3%) reported that they “Disagree” with this statement.
Table 14

*Juveniles with Sexual Behavior Problems vs. Juvenile Sex Offenders*

<table>
<thead>
<tr>
<th>Valid</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>1</td>
<td>9</td>
<td>19</td>
<td>6</td>
<td>35</td>
</tr>
<tr>
<td>Percent</td>
<td>2.9</td>
<td>25.7</td>
<td>54.3</td>
<td>17.1</td>
<td>100.0</td>
</tr>
<tr>
<td>Valid Percent</td>
<td>2.9</td>
<td>25.7</td>
<td>54.3</td>
<td>17.1</td>
<td>100.0</td>
</tr>
<tr>
<td>Cumulative Percent</td>
<td>2.9</td>
<td>28.6</td>
<td>82.9</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Participants were further asked if adolescents who commit sexual offenses should be referred to as juveniles with sexual behavior problems rather than juvenile sex offenders. The majority of respondents disagreed with the statement (Table 14) with nineteen participants (54.3%) responding with “Disagree” and six participants (17.1%) with “Strongly Disagree”. Nine respondents (25.7%) reported that they “Agree” with the statement while only one respondent (2.9%) chose “Strongly Agree” in the survey.
Table 15

*Family-Oriented Treatment Model*

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid Strongly Agree</td>
<td>13</td>
<td>37.1</td>
<td>37.1</td>
<td>37.1</td>
</tr>
<tr>
<td>Agree</td>
<td>17</td>
<td>48.6</td>
<td>48.6</td>
<td>85.7</td>
</tr>
<tr>
<td>Disagree</td>
<td>5</td>
<td>14.3</td>
<td>14.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

In the next survey question, the participants were asked if traditional treatment model for juvenile sex offenders should incorporate family-oriented model as a part of the service delivery. Of those who answered, 48.6% (n=17) agreed with this statement while 37.1% (n=13) strongly agreed that family oriented model should be the part of service delivery (Table 15). The remaining five participants (14.3%) reported that they “Disagree” with the idea of family-oriented model treatment.
Table 16

*Juvenile Molesters and Juvenile Rapists are Homogenous Group*

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid Strongly Agree</td>
<td>4</td>
<td>11.4</td>
<td>11.4</td>
<td>11.4</td>
</tr>
<tr>
<td>Agree</td>
<td>12</td>
<td>34.3</td>
<td>34.3</td>
<td>45.7</td>
</tr>
<tr>
<td>Disagree</td>
<td>17</td>
<td>48.6</td>
<td>48.6</td>
<td>94.3</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>2</td>
<td>5.7</td>
<td>5.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

In the final question of the survey the participants were asked if juveniles who molest children and those who rape or sexually assault people are homogenous group that should be treated equally in the eyes of the law. The opinions were here pretty equally distributed between those who those who reported general agreement and those who opposed the statement. Seventeen participants (48.6%) stated that they “Disagree” while two participants (5.7%) that they “Strongly Disagree” that groups should be treated equally (Table 16). On the other side, 34.3% (n=12) reported that they “Agree” with 11.4% (n=4) that they “Strongly Agree” with the equal treatment of juvenile sex offenders and juvenile rapists.
## Intercorrelation Analysis

Table 17

*Intercorrelation Matrix Among Key Variables*

<table>
<thead>
<tr>
<th></th>
<th>Abuser, the Victim of Abuse</th>
<th>Pro Mandatory Registration</th>
<th>Parents Should Be Legally Liable for Offense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spearman's rho</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abuser, the Victim</td>
<td>1.000</td>
<td>-.360*</td>
<td>-.404*</td>
</tr>
<tr>
<td>of Abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correlation Coefficient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>.036</td>
<td>.016</td>
</tr>
<tr>
<td>N</td>
<td>35</td>
<td>34</td>
<td>35</td>
</tr>
<tr>
<td>Pro Mandatory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registration</td>
<td>-.360*</td>
<td>1.000</td>
<td>.381*</td>
</tr>
<tr>
<td>Correlation Coefficient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.036</td>
<td></td>
<td>.026</td>
</tr>
<tr>
<td>N</td>
<td>34</td>
<td>34</td>
<td>34</td>
</tr>
<tr>
<td>Parents Should Be</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legally Liable for</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offense</td>
<td>-.404*</td>
<td>.381*</td>
<td>1.000</td>
</tr>
<tr>
<td>Correlation Coefficient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.016</td>
<td>.026</td>
<td>.</td>
</tr>
<tr>
<td>N</td>
<td>35</td>
<td>34</td>
<td>35</td>
</tr>
</tbody>
</table>
For the purpose of answering the question of the relationship between participants’ perceptions of juvenile sex offenders being the victim of abuse, pro-mandatory registration for juvenile sex offenders, and parents being legally liable for the sexual offenses committed by their minor children, the Spearmen rho correlation coefficient was calculated. The Spearmen rho correlation indicate that there is a weak negative correlation between abuser being the victim of abuse, and pro mandatory registration for juvenile sex offenders \( (r = -.360, p < .036) \); as well as moderate negative correlation between abuser being the victim of abuse, and perception of legal liability of parents for sexual crimes committed by their minor children \( (r = -.404, p < .016) \). The calculation of coefficient scores between staff perception regarding pro mandatory registration for juvenile sex offenders and parents being liable for their children’s sex offenses, shows weak positive correlation \( (r = .381, p < .026) \).

**Summary**

This chapter provides results of the research survey that was conducted with the staff members employed by the residential treatment facility for juvenile sex offenders. Frequency tables for study questions are provided and most significant variables identified. The specific aspects of the problem related to juvenile sex offenders are examined and controversial responses are found. Correlation between significant variables in the study have been established.

The research results presented in this chapter provide some insight into staff members’ knowledge about contributing factors associated with sexually inappropriate
behaviors in adolescents. Overall findings indicate that perceptions and attitudes of these professionals are generally consistent with the current research provided in the literature review section of this paper.

The next chapter provides a summary of the research with discussion on the most significant findings of this study. The implications from this study for social work practice are described as well as recommendations for further research related to the problem of juvenile sexual offending.
Chapter 5

Summary and Recommendations

This chapter provides major findings and discussion in regards to the most significant variables in the study. The responses that yielded the highest scores are addressed and implications of these results are discussed in reference to staff members’ perceptions towards juvenile sex offenders’ accountability for their crimes.

Summary of Study

Based on the research findings, 68.5% of participants disagreed with mandatory registration for juvenile sex offenders. These findings are consistent with current research that shows low support among mental health professionals for juvenile sex offenders’ mandatory registration (Salerno et al, 2010). Related to this issue, was the survey question about the juvenile records being sealed upon the completion of a treatment program. Among participating staff members, 65.7% agreed that juvenile records should be expunged once the offender completes sex offender treatment. It appears that the majority of care providers at this residential treatment facility agree with the research findings that registration laws do not contribute to rehabilitation and re-socialization of juvenile sex offenders and are more punitive in nature.

When participants were asked about juvenile sex offenders’ history of victimization, 100% of them agreed that these youth were victims of abuse prior to committing their offense. Physical and sexual abuse among adolescents who commit sexual crimes has been reported in several studies and was indicated as one of the most
salient factors associated with abusive behavior in these young offenders (Barbaree & Marshall, 2008; Vizard, 2006; Lee, Jackson, Pattison, & Ward, 2002). Residential treatment staff’s awareness of physical and sexual abuse experienced by these youth, shows their understanding of etiological factors associated with incidents of inappropriate sexual behavior. This understanding of origins and risk factors related to sexual offending may further contribute to care providers’ positive perception of the client and increase their ability to engage in productive intervention.

Participants in the study also showed high support (94.3%) for special treatment designated for juvenile sex offenders and indicated the family-oriented model as more likely to be successful compared to a traditional, adult-based model of intervention (85.7%). Staff members’ understanding that family dysfunction is a factor associated with juvenile sexual offending is consistent with the research that shows a lower likeliness of recidivism if the whole family is involved in the treatment (Mulder, Brand, Bullens, & Van Marle, 2011). The vast majority of participating staff members (91.5%) also agreed that denial of the offense by both parents and perpetrators is considered to be the major obstacle for successful treatment intervention with juvenile sex offenders. This unwillingness to take responsibility for the act may interfere with an adolescent’s compliance with treatment and the likelihood of completing the program (Schneider & Wright, 2004).

When staff members were asked about the link between juvenile and adult sexual offending, 94.3% of them responded that the link exists and that adolescent sex offenders
tend to continue offending later in life. This opinion is, however, inconsistent with current research that shows a low overall recidivism rate for juvenile sex offenders (Boyd, Hagan, & Cho, 2000). The recidivism rate of adolescent offenders is higher for a specific population of sexual offenders (non-violent sexual offenders) but in general is lower than rates of re-offense for adult sex offenders. Juvenile sex offenders are more likely to reoffend non-sexually rather than to commit new sexual offenses (Christiansen & Vincent, 2013). These re-offense rates for non-sexual crimes are close to the approximate re-offense rates for the general population of adolescent offenders which may indicate that the origins of sexual offense may be the result of general adjustment issues rather than the perpetrators specialization in sexual crimes. The majority of participants (65.7%) in this study agreed that sexual offenses are indicators of general adjustment issues.

The Correlation coefficient was calculated for significant variables and results indicate moderate negative correlation between “abuser being the victim of abuse” and “perception of legal liability of parents” for sexual crimes committed by their minor children. Although this correlation appears to be negative, it should be noted that no participant disagreed with the “abuse” measure, which can further indicate that participants agreeing with the abuse question also supported parents’ liability for an adolescent’s sexual offense. Additionally, weak negative correlation was established between the “abuser being the victim of abuse” and “support for mandatory registration” for juvenile sex offenders. It appears that staff members who are against mandatory
registration also believe that risk factors associated with juvenile sexual offending usually involve a perpetrator’s history of victimization.

**Implications for Social Work**

This research provides several implications for social work practice. These can be distinguished between implications that address issues related to individual care providers, residential treatment centers, and broader systems such as policy makers and government agencies.

Social work practitioners who are engaged in work with adolescent sexual offenders play a significant role in the provision of care and rehabilitation of these youngsters. Efficient sex offender care requires an empathic approach based on the counselors understanding of etiology, characteristics, and classification of sexually offending behaviors. This study addresses perceptions and some gaps in knowledge related to direct practice with juvenile sex offenders, indicating the need for practitioners to stay current on research related to this population. With a higher set of skills used in direct practice with adolescent sexual offenders, the hope is that practitioners may develop more positive perceptions of these youth and provide higher quality service.

On the mezzo level, this study provides useful information to residential treatment facilities and community programs about the most neglected areas of employee training and education. The perceptions of staff members towards juvenile sex offenders’ culpability provides insight about the general attitude towards the attending clients and indicates if some administrative adjustments need to be made. These facilities can further
assess their staff perceptions and encourage assertive confrontation with employees that can resolve possible misunderstandings and reinforce advance learning.

Broader systems, such as policy makers and government agencies may benefit from this research since it provides information about the attitudes and perceptions that professionals have towards legal ramifications related to juvenile sexual offending. The majority of participants in this study indicated disagreement with laws that require mandatory registration for juvenile sex offenders as well as support for an initiative that records should be sealed once the treatment is completed. These responses may provide guidance to social work practitioners who are involved in policy making and encourage their efforts to advocate for laws that are less punitive and more recovery oriented in nature.

**Recommendations for Future Research**

The process of obtaining required documentation and approvals to conduct a study such as this can be lengthy and frustrating. Timely planning for data collection and execution can be crucial in acquiring necessary research material. It is imperative that the research process starts early so that the researcher can perform all the steps in a gradual and steady manner. This will allow for full control of each phase of the study and help the researcher apply adjustments when necessary.

There seems to be an absence of controlled, long-term follow up studies on change in perceptions among staff members over longer periods of time. The inclusion of longitudinal research, focused on change in perceptions towards juveniles’ culpability for
the crime, may help investigators define the best strategies for the training and education of residential treatment practitioners. Strategies that yield best results could become part of the standard training procedure for employees that are involved in work with juvenile sex offenders. This can further increase their knowledge about the population they serve as well as the quality of care provided to clients.

An increase in the sample size may increase the reliability of the study and provide more significant statistical results. A higher number of participants in the research, addressing staff perceptions towards juvenile sex offender culpability, may yield data with higher reliability. They can provide information about significant differences in responses in regards to particular areas of care for juvenile sex offenders and point to areas with a higher need for training and education.

Another recommendation for future research is the use of personal interview techniques with staff members to determine their perception of adolescents’ culpability for sexual crimes. This can allow the researcher to meet with individuals who work with juvenile sex offenders and receive more honest and thoughtful responses. Open ended questions could also provide researchers with insight and understanding behind staff members’ attitudes toward sexual offenses committed by adolescents.

**Study Limitations**

The researcher encountered several obstacles during the administration of this study. Most of them were impacted by a limitation in resources and a restricted time
frame that was assigned for completion of this research. Several of these limiting factors are discussed.

The number of participants in this research (n=35) was not sufficient to produce any generalizable results. This small sample of participants, all employed by the same residential treatment facility for juvenile sex offenders, represents only a fraction of professionals who are involved in working with this population. A sample size that will allow for the generalization of the findings and obtain meaningful conclusions should consider the number of participants that can meet significance levels for the expected effects on the general population.

Personal data such as age, gender, level of education, and number of years employed by the company was not included in this study due to the human subject committee’s decision to remove this information from the survey. This decision significantly impaired this research and deprived the researcher from investigating correlations between demographic information and responses to problems associated with juvenile sexual offending. Such information could have provided important recommendations for the treatment of juvenile sex offenders and the improvement of professional practice.

Data collected for this research was obtained from only one residential facility for juvenile sex offenders. Due to the researcher using a non-random, convenient sampling method for this study, the results from the survey cannot be generalized. Different residential programs may represent socio-cultural and demographic structures within the
geographic areas in which they operate and reflect the needs of their particular communities. The staff members from the participating Northern California Residential facility may not be true representatives of the intended population and the results obtained from this research may not be generalizable to other treatment centers designated for juvenile sex offenders.

**Conclusion**

The primary focus of this research was an investigation of residential treatment staff members’ perceptions of adolescents’ accountability for sexual offenses. These perceptions were investigated by administering a survey that asked participants to state their opinions about the issues related to juvenile sexual offending. The responses were an indication of staff members’ knowledge in regards to the population they serve. The findings of the study show that perceptions and attitudes of care providers towards adolescent sex offenders are generally positive and consistent with current research. The correlation was found between participants’ perception of adolescents being the victims of abuse, pro mandatory registration for juvenile sex offenders, and parents’ liability for adolescent’s sexual offenses. These correlations were, however, weak which indicates that further research on this topic should be conducted in order for results to be replicated.
Appendix A

Informed Consent Form

Residential Treatment Facility Staff Perceptions of JSO’s Culpability

You are being invited to participate in a research study which will be conducted by Nenad Stojic, graduate student of Social Work at California State University, Sacramento. The purpose of this study is to obtain your views regarding culpability of Juvenile Sex Offenders that are currently under your care.

If agreed to participate, you will be given a survey with several questions that will aid in giving the researcher a better understanding of your knowledge toward the subject matter that are presently housed in your facility.

Your participation in this study is completely safe and it will not cause discomfort or harm to your physical or psychological well-being. The answers to the questionnaire will be kept confidential. Your answers, along with other participants’ answers, will be grouped together and only aggregate results will be reported in the final summary.

If you have any questions about the information you have read above, please contact Dr. Serge Lee at California State University, Sacramento, (916) 278-7175. The day that the survey is conducted you can also ask the researcher (Nenad Stojic, XXX XXX-2076, ns2427@csus.edu) to answer your questions or concerns.

Your participation is entirely voluntary and you may decline to participate in the study without consequences. If you decide to participate, you are free to discontinue
participation at any time without penalty. If you decide to decline please return the questionnaire to the administrator and no questions will be asked.

By completing and submitting this survey you indicate that you have read and understand the information provided above, that you willingly agree to participate, that you may withdraw your consent at any time and discontinue participation at any time without penalty.

You will be offered a copy of this signed form to keep.

Signature                                                               Date
________________________                   ___________________________
Appendix B

Survey

Residential Treatment Facility Staff Perception of Juvenile Sex Offenders’ Culpability

1. Sex Offender Registration Laws should be expanded to apply to juveniles. It should require their mandatory lifetime registration and community notification.

   a) Strongly Agree
   b) Agree
   c) Disagree
   d) Strongly Disagree

2. The common cause of abuse by juveniles is unawareness of healthy boundaries and appropriate and inappropriate sexual behavior.

   a) Strongly Agree
   b) Agree
   c) Disagree
   d) Strongly Disagree

3. Large proportions of juvenile abusers have themselves been the victims of abuse.

   a) Strongly Agree
   b) Agree
   c) Disagree
   d) Strongly Disagree

4. The abusive behavior of young people who sexually abuse other children is primarily based on differentiating power according to psychological awareness and understanding of act (ones conscious decision to commit the act).

   a) Strongly Agree
   b) Agree
   c) Disagree
   d) Strongly Disagree
5. Sexual offending by juveniles needs to be treated differently from other types of offending behavior.

   a) Strongly Agree  
   b) Agree  
   c) Disagree  
   d) Strongly Disagree

6. Denial of offense by both, parents and perpetrators, is considered the major obstacle for successful treatment intervention.

   a) Strongly Agree  
   b) Agree  
   c) Disagree  
   d) Strongly Disagree

7. Court should recognize the right of those who committed sexual crimes to have their records sealed (expunged) after they have been appropriately punished and properly rehabilitated.

   a) Strongly Agree  
   b) Agree  
   c) Disagree  
   d) Strongly Disagree

8. Sex offenses committed by juvenile female sex offenders are less serious and require less intervention than those committed by juvenile male sex offenders.

   a) Strongly Agree  
   b) Agree  
   c) Disagree  
   d) Strongly Disagree
9. There is significant link between juvenile sex offending and adult sex offending later in life.
   a) Strongly Agree
   b) Agree
   c) Disagree
   d) Strongly Disagree

10. Compared to juvenile rapists, juvenile child molesters are more likely to exhibit socially unacceptable behaviors and more likely to have been the victims of sexual abuse.
   a) Strongly Agree
   b) Agree
   c) Disagree
   d) Strongly Disagree

11. Parents of juvenile sex offender should be legally liable when the offense is committed by their minor children.
   a) Strongly Agree
   b) Agree
   c) Disagree
   d) Strongly Disagree

12. Higher opportunities for employment will decrease the offending rates in juvenile sex offenders.
   a) Strongly Agree
   b) Agree
   c) Disagree
   d) Strongly Disagree
13. Sexual offenses committed by adolescents are not isolated incidents and are usually indicators of general adjustment issues.

   a) Strongly Agree
   b) Agree
   c) Disagree
   d) Strongly Disagree

14. Adolescents who commit sexual offenses should be referred to as *juveniles with sexual behavior problems* rather than *juvenile sex offenders*.

   a) Strongly Agree
   b) Agree
   c) Disagree
   d) Strongly Disagree

15. Traditional treatment models for juvenile sex offenders (adult based models) should incorporate family-oriented model as a part of their service delivery.

   a) Strongly Agree
   b) Agree
   c) Disagree
   d) Strongly Disagree

16. Juveniles who molest children and those who rape or sexually assault people are homogenous group and should be treated equally in the eyes of the law.

   a) Strongly Agree
   b) Agree
   c) Disagree
   d) Strongly Disagree
To:  Nenad Stojic      Date:   December 10, 2014

From:  Research Review Committee

RE:  HUMAN SUBJECTS APPLICATION

Your Human Subjects application for your proposed study, “Residential Treatment Facility Staff Perception of Juvenile Sex Offenders’ Culpability”, is Approved as Exempt. Discuss your next steps with your thesis/project Advisor.

Your human subjects Protocol # is:  14-15-044. Please use this number in all official correspondence and written materials relative to your study. Your approval expires one year from this date. Approval carries with it that you will inform the Committee promptly should an adverse reaction occur, and that you will make no modification in the protocol without prior approval of the Committee.

The committee wishes you the best in your research.

Research Review Committee members Professors Jude Antonyappan, Teahsha Bankhead, Maria Dinis, Serge Lee, Kisun Nam, Francis Yuen

Cc: Lee
References


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