Tell Me How You Really Feel: The Attitudes of the African American Church Toward African American Juvenile Sex Offenders

Dissertation

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By

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Abstract

The relationship between race and juvenile sexual offending behaviors is not well developed in the literature. Juvenile sexual offenders who are ethnic minorities, specifically African Americans, would likely benefit from culturally competent treatment approaches to encourage treatment compliance and better long term recidivism outcomes. A developing area of research interest involves understanding the influence of ecological and cultural factors that support the rehabilitation of juvenile sexual offenders. The Black church provides an ideal starting point in this line of research because of the historical position the church has held within the African American community. In this study, survey packets were mailed to members of one predominantly Black church in the Midwest. The participants were asked about their attitudes toward juvenile sex offenders, their attitudes towards juvenile sex offender treatment, and what role the Black church should play in helping juvenile sex offenders and their families navigate treatment. There were 167 survey packets chosen for inclusion in this study. The findings indicate that these church members generally have positive attitudes toward juvenile sex offenders and that the church should offer support to these families. More specifically, individuals who had previous childhood experiences with a juvenile sex offender were more likely to have positive attitudes. Female church members had more critical attitudes towards treatment and were more likely to support incapacitation. In addition, participants indicated that
there is a strong need in the church for further education, training and collaboration with professionals and other authority figures. Strategies for community based collaborations and implications for future research are discussed.
This dissertation is dedicated to my God, my family and my friends. It was only because of grace, unflinching love and support from those close to me that I can now say that I have made it through.
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Chapter 1: Introduction

In the introduction to this dissertation project the statement of the problem, purpose of the study, rationale for the study, a literature review, and a description of the study’s design will be provided. Although the term African American is used throughout, the term Black is used interchangeably when referring to people of African ancestry.

Statement of the Problem

The Office of Juvenile Justice and Delinquency Prevention found that in 2004, 12% of all aggressive sexual assaults involved a minor between the ages of 12-18 years old (Snyder, 2006). Miner (2002) found that adolescents were arrested for 15% of all sexual offenses in the United States, which translates to over 4000 juveniles (Federal Bureau of Investigation (FBI, 2005). In addition, The Federal Bureau of Investigation’s National Incident-Based Reporting System indicates that offenders under the age of 18 are responsible for approximately one of every five to six sexual assaults (Snyder, 2008). Juvenile sexual aggression appears to be a major problem in many communities.

There has been a sustained interest in the literature focused on understanding the various pathways to sexual offending but primarily for adults. This focus has only recently increased over the last 30 years for juvenile sexual offenders. A variety of etiological and explanatory factors have been investigated in an attempt to understand recidivism and treatment outcomes for this population. More specifically, a history of
abuse (Burton, 2000), negative male role models (Burton & Meezan, 2007), and an antisocial orientation (Hanson & Morton-Bourgon, 2005) are all known to have strong positive associations with the manifestation of sexual aggression in juvenile sexual offenders. Environmental and social factors have been largely understudied for this population.

A critical social factor, which is not well developed in the literature, is the relationship between race and juvenile sexual offending behaviors. Juvenile sexual offenders who are part of ethnic minority groups, specifically African Americans, are unique sub-populations who would likely benefit from culturally component treatment approaches. Cultural differences between racial groups of juvenile sexual offenders will likely impact the youth’s responsiveness to interventions. For instance, historical research indicates that the African American church has been a significant support for African Americans and their families (Taylor et al., 2000). As a result of the historical position the church has held within the African American community, religious representatives are often the first individuals notified about personal crises. Due to significant issues with mistrust for systems like the criminal justice, child welfare, and the police, African Americans are less likely to seek formal assistance for personal and emotional problems (Allen, Davey, & Davey, 2010). This is even more likely of an issue for African American juvenile sex offenders. Although this is the case, there have been insufficient investigations into the influence of the factors that support the rehabilitation of African American juvenile sexual offenders.
A logical next step in identifying the influence of ecological and cultural factors in the treatment of juvenile sexual offenders is to focus on how the African American church perceives these youth and their offending behaviors. Given that the African American church is such an important potential resource for these youth and their families, it is imperative to assess how amenable this institution is to acknowledging and addressing the needs of these youth and their families.

**Purpose of the Study**

The purpose of this research project is to examine the attitudes of Black church members towards juvenile sex offenders. Specifically, this study investigates the attitudes of the Black church toward juvenile sex offenders such as: the degree in which religiosity affects attitudes towards juvenile sex offenders; the opinion of church members regarding their views of the roles that the church should play in the rehabilitative process of the juvenile sexual offender; and their views on the effectiveness of treatment for the juvenile sex offender.

As briefly noted previously, historically, the church has played a major role in helping African American families deal with life stressors and crises (Berg et al., 2008). The pastor or minister is likely to be the first person outside of the biological family who is notified about the situation. Financial, emotional, and spiritual support for African Americans are gleaned from the church. Some churches may also offer non-spiritual supportive resources like legal advising, child care, and educational services to parishioners and community members (Taylor et al., 2000).
In a contemporary climate of high-profile sexual victimization and child
molestation cases involving church members and leadership, the church’s role as a
support has become less reliable. These issues are common knowledge for religious
institutions like the Roman Catholic Church (Burkett & Bruni, 1993), but sexual
misconduct in the African American church has recently gained new attention due to high
profile cases such as the scandal involving Bishop Eddie Long’s mega-church in Atlanta,
GA. The church’s attitudes about sexual aggression and victimization may have become
less accepting due to the increased visibility of these issues within the institution. How
are African American families struggling with the discovery of sexual aggression
between family members received by the African American church? Are church
members applying the same stereotypes and assumptions about the population as the
larger society? Without the support and council of the church, where can families go for
resources and support? The answers to these questions can have an impact on the
treatment approaches used with these youth and their families. Data gathered from this
study may inform culturally sensitive intervention models with this population, as well as
church policies about how to respond to sexual abuse in the church. The implications of
this research could also help inform training for pastors and educational efforts for
congregations regarding this issue.

**Theoretical Framework**

This study utilizes social systems theory as the theoretical framework. According
to social systems theory, human behavior can best be understood by acknowledging that
each person is a system as a whole and is in relationship with other systems
simultaneously (Schriver, 2004). Social systems theory suggests that the most beneficial approach to intervening and working with human behaviors is to understand relationships form the basis for social organization. This perspective also encourages investigation into the impact of relationships developed with other systems on human behavior. In an effort to understand the nature of juvenile sex offending behaviors for African American youth, the nature of relationships between systems within their environment should be closely investigated. Social systems theory provides an excellent framework for identifying how social interactions impact juvenile sexual offenders. This framework will be further elaborated upon in the literature review in Chapter 2.

**Research Questions and Concepts**

In an attempt to investigate African American church members’ attitudes towards juvenile sex offenders, the researcher proposes several research questions.

The research questions for this study are as follows:

1) What are the attitudes of the respondents regarding juvenile sex offenders?

2) What are the attitudes of the respondents regarding juvenile sex offender treatment?

3) What factors affect church members’ attitudes towards juvenile sex offenders and their treatment?

   a. Does degree of religiosity affect attitudes towards juvenile sex offenders?

   b. Does having a personal experience with a juvenile sex offender impact attitudes towards the youth?

   c. Does age, sex, and income, impact the respondents’ attitudes towards these youth?
d. Does prior sexual victimization history impact the respondents’ attitudes towards these youth?

4) What role should the church play in the rehabilitative process of the juvenile sexual offender?

It is important to clarify how the terms referenced in these questions will be used in this study. The Black church, for instance, can have a wide variety of meanings. In contrast, terms like juvenile sex offender has a fairly standard definition within the literature and whether or not this study will be utilizing the widely agreed upon meaning would also be helpful at this point. Each concept that will be used in this study will be provided along with a general description.

- Black/African American church: any Seven-day Adventist church with a congregation primarily made up of members who self-identify as Black and/or African American.

- Black or African American: any individual who resides in the United States and self-identifies as being of African descent or heritage. The terms Black and African American are used interchangeably.

- Juvenile sex offender: a male youth between the ages of 13-17 years old who has been adjudicated of a sexual crime.

- Religiosity: the extent to which is a person is more or less religious as indicated by the person and their participation in religious activities.
Potential Contributions of This Study to Social Work

The juvenile sexual offender population is very heterogeneous and complex. This requires social work practitioners to be informed about relevant theoretical perspectives that can be used to guide interventions with the youth and their families. As interest into this population has increased so has the amount of theoretical explanations for understanding the etiology of sexual deviance in adolescents. Social workers should recognize that appropriate interventions for this population should be guided by theoretical perspectives that speak to multiple domains of a youth’s life. Each aspect provides distinct information about which factors are relevant for consideration and how those factors impact the youth. Social workers should strive to have a global and comprehensive view of the youth based on multiple theoretical orientations so that any intervention strategies can be effective and appropriate for the youth and their family.

Identifying church members’ attitudes toward these behaviors can provide helpful information to social work practitioners as they help the offender and their family strengthen existing coping strategies and navigate the stigma associated with their situation. If church members feel that the manifestation of these behaviors are appropriate for intervention and assistance from the church, then it makes the task easier for social workers who are attempting to engage the offender in ecologically based interventions. There is also utility in identifying any negative beliefs that church members may have toward these youth and their families. Losing a major support, like the church family, can negatively impact a family’s ability to support the offender in treatment and on a long-term basis.
The contributions to social work research involve gathering additional data on community factors that could impact different subgroups of juvenile sexual offenders. Very little research considers the impact of relational variables situated in an ecological context (i.e., the church) on treatment completion and compliance, as well as long-term recidivism. Social work recognizes that human behavior is impacted by context, and by understanding this context important data can be gathered that can lead to insights about the specific behavior in question. As all aspects of the context, or environment, that impact African American juvenile sexual offenders has yet to be fully explored, the implications of this current study are significant to furthering the role of social work in understanding this population.

Closely connected to understanding how environment impacts the individual, is the importance of taking a closer look at how religion empowers and motivates people. Historically, social work education and practice have treated religious practices and institutions as peripheral concepts that likely have less of an impact on clients than family, peers, and academic or professional factors (Asher, 2001; Birnbaum & Birnbaum, 2008). There is a significant debate within the profession as to whether or not social workers should openly address issues surrounding religion and spirituality in practice (Canda & Furman, 1999). Opponents feel that exploring the relationship between social work, religion and spirituality is inconsistent with the values and ethics which form the fundamental core of the profession (Canda, 2010). In addition, opponents feel that there is a risk of clients feeling as if practitioners are practicing proselytization if discussions of religious preferences are entertained. In contrast, proponents suggest being open to
religion and spirituality provide an obvious parallel with many of profession’s ethical standards and core values. Canda and Furman (2010, p. 32), who have published extensively on the topic, assert that social work’s commitment to compassion and social justice could be “reinforced through greater acknowledgment of and solidarity between the wide range of cultures and spiritual traditions in North America and around the world.” Although there is still no consensus on how social work should address religion and spirituality, the results of research focused on mental health and health support the utility of incorporating a more open perspective within the profession (Koenig, 2007). By sidestepping the role of religion in rehabilitative efforts, social workers are in essence ignoring the research which indicates that church and religious or spiritual activities often play a crucial role in the lives of clients, especially clients of color (Nash, 2002).

This study is choosing to take a relatively novel approach by acknowledging the importance of religion and exploring the factors that would encourage or complicate engaging church members in the treatment process for these juvenile sex offenders. The results of this research will further encourage social work educators and practitioners to acknowledge the role of religion in clients’ lives as well as the complexities in engaging these institutions in the services. In addition, the quantitative data yielded from this study will be useful in supporting the expansion of training social work students towards a comprehensive, culturally competent framework.
Chapter 2: Review of Literature

This chapter reviews the literature that discusses the major concepts of focus in this study. It discusses the historical context of the Black church as it relates to African Americans to underscore the relationship between these two factors. In order to better understand how the Seventh-day Adventist church functions and its potential relationship with African Americans and juvenile sex offenders, a review of the church in the literature will be included. A review that investigates the social attitudes toward juvenile sex offenders and major issues within treatment will also be provided. In conclusion, specific concepts and components of social systems will be surveyed and an exploration of its relevance to juvenile sex offenders and the African American church will be provided. Social systems theory provides an excellent framework for understanding how external systems, such as the African American church, can relate to and be impacted by an individual.

The issue of gender and the presence of female juvenile sexual offenders is still a largely unexplored area of this field. There is no denial about the presence of sexual aggression among female children and adolescents, but because these youth are rarely brought to the attention of the authorities or treatment providers, they are infrequently the sole focus of research studies. There is no recent data that discusses the prevalence of female juvenile sexual offending; however it has been suggested that between 5% and 10% of juvenile sex offenses involve females (Roe-Sepowitz & Krysik, 2008). A
common conclusion in research on both female and male juvenile sex offenders is that there are significant differences between the two populations in such areas as historical sexual victimization, victim selection, age at offense, and the nature of the offense (Knight & Prentky, 1993; Ray & English, 1995; Vandiver & Teske, 2006). These distinctions make it important for research not to aggregate information and findings for this population. Since the literature on male juvenile sex offenders is more accessible and further developed, this literature review will only discuss information pertaining to adolescent males.

**The Juvenile Sex Offender**

The juvenile sex offender population is heterogeneous and complex. These youth come from all backgrounds, racial/ethnic groups, and socioeconomic classes. Juvenile sexual offenders are typically defined as youth between the ages of 12 and 17, who have come to the attention of the authorities for allegedly engaging in abusive and/or prohibited sexual behaviors, ultimately leading to adjudication by the court system (Bumby et al., 2009). Although the legal definitions for criminal sexual behaviors vary depending upon a state’s legal code, the kinds of offenses committed by these youth typically involve hands-on offending behaviors that could include forcible sexual contact or statutory rape. Hands-off offenses like indecent exposure or making explicit sexual comments are also committed by these youth.

The most commonly identified factors that contribute to offending for juvenile sex offenders include an exposure to aggressive role models and a history of abuse (Hunter, 1999). Research has shown that 10-50% of these youth report a history of
physical abuse and 40-80% of sexually abusive youth report a history of sexual abuse (Hunter, 1999; Kahn & Chambers, 1991). In addition, substance abuse (Righthand & Welch, 2001), exposure to pornography (Wieckowski, Hartsoe, Mayer, & Shortz, 1998), and cognitive distortions (McCrady, Kaufman, Vasey, Barriga, Devlin, & Gibbs, 2008) have all been found to have a positive relationship with juvenile sex offending. Righthand and Welch (2001) also discussed inadequate social and interpersonal skills with peers, academic deficits, and deviant arousal as relevant factors.

Much of the research concerning juvenile sexual offenders has failed to focus on the systems and environments in which these youth function, instead focusing on the impact of treatment on sexual aggression and long-term recidivism outcomes (Gretton, McBride, Hare, O’Shaughnessy, & Kumka, 2001; Kemper & Kistner, 2007; Letourneau et al., 2009; Miner, 2002; Parks & Bard, 2006; Reitzel & Carbonell, 2006; Seabloom, Seabloom, Seabloom, Barron, & Hendrickson, 2003; Waite, Keller, McGarvey, Wieckowski, Pinkerton, & Brown, 2005). Additional research has focused on providing descriptive information about the population, their offenses, and precipitant factors (Becker, Cunningham-Rathner, & Kaplan, 1987; DiGiorgio-Miller, 2007; Zakireh, Ronis, & Knight, 2009.)

Juvenile sex offender research is now working toward creating a perspective that is accurately informed and considers the unique developmental, social, emotional, and physiological variables specific to adolescents. It is known that there is not a specific racial/ethnic category, socioeconomic classification, or family type that easily encompasses these youth. It is clear from the literature that these youth tend to select
victims who are known to them; that a minority of these youth are motivated by deviant sexual tendencies (i.e., pedophilic interests); and they exhibit high rates of impulse control and psychiatric issues (Hart-Kerkhoffs et al., 2009; Hummell et al., 2000).

As a result of increased education and prevention efforts, the problem of juvenile sexual aggression has gained significant social attention since the 1980s. There has also been an increase in interest among researchers, leading to a more clear understanding of the factors that contribute to recidivism. New data indicates that many juvenile sex offenders do not continue sexual offending behaviors into adulthood (Curwen & Worling, 2000; Hendriks & Bijleveld, 2008). Recidivism rates for juvenile sex offenders, ranging from 5% to 12% (Reitzel & Carbonell, 2006; Worling & Curwen, 2000), are typically lower than the rates for adult sex offenders, which range from 12% to 24% (Center for Sex Offender Management, 2008).

**Attitudes Toward Juvenile Sex Offenders**

Social attitudes towards juvenile sex offenders continue to be overwhelming negative and hostile. Many high-profile legislative and media efforts drive negative social reactivity, which invites a level of stigmatization for these youth. Some of this stigma stems from the fact that the public sees these youth as very similar to adult sex offenders (Sahlstrom & Jeglic, 2008). Research has found that the public feels that adult sex offenders are a negative, high risk criminal population (Quinn, Forsyth, & Mullen-Quinn, 2004). This causes a form of social stigmatization that leads to the loss of social supports, employment, housing, and assaultive attacks by others (Tewksbury, 2005). For juvenile sex offenders, this association often contributes to beliefs that these youth have high
recidivism rates and an inherent deviant sex nature. Although the role of stigma has not been specifically investigated for juvenile sex offenders, it is suggested that these youth are faced with many unintended consequences stemming from misinformed political and social reactions (Chaffin, 2008; Letourneau et al., 2009).

Sahlstrom and Jeglic (2008) conducted a study to assess public attitudes toward juvenile sex offenders. Participants were 208 undergraduate students from a large urban university who filled out surveys after reading several case studies reflecting offense scenarios involving culturally diverse victims and offenders. Results indicated that attitudes toward juvenile sex offenders were negative regardless of the participant’s gender or historical victimization. More stringent interventions (i.e., police involvement, CPS notification) were also endorsed by the participants. These participants also reported that the juvenile sex offender had a poor prognosis for rehabilitation, which has not been reflected in previous research on adult sex offenders (Valiant, Furac, & Antonowicz, 1994; Wnuck, Chapman, & Jeglic, 2006).

Sahlstrom and Jeglic (2008) also investigate the factors that influence an individual’s attitudes toward juvenile sex offenders. The researchers used various demographic variables, as well as variables they called “Life Experience” variables, and assessed their impact on attitudes toward juvenile sex offenders. These factors were age, ethnicity, gender, previous experience with a sex offender, and historical sexual victimization. Sahlstrom and Jeglic’s findings indicated that individuals with a history of sexual victimization and with previous experience with a sex offender had more
favorable attitudes towards the population. There were no significant differences among the remaining factors.

The literature to date has not considered how race and religious affiliation impact a person’s attitude toward juvenile sex offenders, their treatment amenability, and their families. The most closely related study available looks at African American church members’ (N=244) attitudes toward incest and child sexual abuse (Haskins et al., 2001). The authors found that African American church members did not excuse child sexual abuse and were more likely to blame the offender in these cases. Interestingly, if the victim was older or was an adolescent, there was a significant amount of victim blaming present. The church members seemed to believe that the victim could be sexually manipulative and were less likely to excuse the victim’s role in the offense. Although this study did not specifically explore attitudes toward juvenile sex offenders, the implications are significant when considering how certain juvenile sex offenders could be treated by their church family, dependent upon the age of the victim.

**Race and the Juvenile Sex Offender**

As a result of increased education about juvenile sex offending and prevention efforts, juvenile sexual aggression has gained significant social attention since the 1980s. Unfortunately, many of the responses from policy leaders have involved high-profile legislative and media efforts which drive reactivity. Due to significant negative social responses, many juveniles labeled as “sex offenders” are seen as monsters who will unquestionably re-offend. This stigma likely impacts African American juvenile sex offenders more than other groups of juvenile sex offenders. Being African American,
male and of adolescent age within the United States tends to present hardships for many members in this group. Although most African American young men do not engage in problem behaviors, the majority still experience discrimination due to the stereotypes held by the larger society (Wilson, Lipsey, & Soydan, 2003). Thus, for African American male youth who have been identified as a juvenile sex offender, the consequences of stigmatization are likely multiplied because of the overwhelming negative assumptions and beliefs already held about African American male adolescents in general, and the juvenile sex offenders in particular.

Racial differences among juvenile sex offenders have garnered limited attention in the literature. Although race/ethnicity is described in a variety of studies, few actually analyze the impact of race on recidivism, victim selection, or type of offense. Since racial differences are noted as being significant along variables related to adult sex offenders (Lewis, 1999), some studies are now exploring racial differences among juvenile sex offenders.

African American juvenile sex offenders appear less likely to experience childhood victimization or present with deviant sexual arousal. Murphy, DiLillo, Haynes, and Steere (2001) conducted a study exploring the relationship between deviant sexual arousal and a variety of factors including race and victimization history. Of the 71 participants, 47.1% were White, while 52.9% were African American. The plethysmograph was used to measure deviant arousal among the participants. The authors reported significant differences between racial groups when looking at historical victimization. Sixty-two percent of the White participants reported a history of physical
abuse compared to 26% of the African American participants. In addition, there were fewer African American participants (19%) who disclosed historical sexual victimization compared to the White participants (61%). Youth who disclosed sexual abuse histories were also more likely to begin offending at an earlier age, which would suggest that White juvenile sex offenders begin offending earlier than their African American counterparts. In addition, Murphy et al. (2001) found that African American youth in their study were less responsive to audio cues describing sexually deviant acts often committed by juvenile sex offenders than were the White participants. This would suggest that African American youth were less sexually deviant than their White counterparts.

Burton and Meezan (2007) also investigated racial differences among juvenile sex offenders. There were 167 male juvenile sex offenders included in this study; 110 identified as African American and 57 identified as White. The authors found significant differences between the sexual victimization rates of the participants. Fewer African American participants (51.5%) than White participants (70.5%) had experienced incestual sexual abuse. This was most evident among non-adjudicated juvenile sex offenders (42.3% African American; 68.0% White). In regards to sexual deviancy, there were significant differences between racial groups within adjudicated offenders. All of the White youth (100%) in the study reported committing penetrative acts against their offenders compared to 84% of the African American youth in this study.

Ikomi, Rodney, and McCoy (2009) conducted a study on the characteristics of 5,439 male Black, Hispanic, and White juveniles with sexual behavior problems in a
southwestern state in the United States. Their findings indicate that there were significant differences between racial groups on several variables. White youth were more likely to commit sexual offenses, they accounted for 45.94% of the offenders; Black males accounted for 24.29% and Hispanics, 29.24%. Confirming previous research findings, White youth (60%) were also more likely to be sexually abused in the past compared to Hispanic youth (22%) and African American youth (18%) (Murphy et al., 2001). In addition, the White offenders were more likely to engage in more violent sexual assaults compared to Black offenders who, in this study, were more likely to engage in non-violent sexual crimes. Despite these results, Black juvenile sex offenders were more likely than White and Hispanic offenders to be referred for sexual assault charges.

There are a variety of explanations as to why there seem to be differences in deviant arousal and victimization history when considering the race of the sex offenders. It has been suggested that the laboratory stimuli used in the arousal studies are not culturally relevant and therefore do not evoke the same response from minority subjects as from White subjects (Murphy et al., 2001). In addition, there is some discussion about possible underreporting of victimization by Black offenders due to cultural mistrust toward the interviewers.

Burton and Meezan (2007) suggest that the higher prevalence of self-reported historical victimization could be due to the fact that many Black juvenile sex offenders live in female-headed, single-parent households. They suggest that since fathers do not have as much access to their children, it could account for less incestual behaviors among African American families.
It is important to recognize that discriminatory practices within the juvenile justice system may play a role in the apparent differences between Black and White juvenile sex offenders. Research demonstrates that Black offenders likely face more discrimination when considering the severity of crimes they are adjudicated of in the juvenile justice system (Corley, Bynum, Prewitt, & Schram, 1996; Leiber & Jamieson, 1995; McGarrell, 1993; Nunn, 2002). These youth may be more regularly charged and convicted for serious sexual crimes, regardless of the level of violence and persistence used during the offense than their White peers (Burton & Meezan, 2007). Thus, it could be speculated that there may be a lower level of risk among Black juvenile sex offenders who are incarcerated or in residential facilities compared to White sex offenders. As noted in previous studies, it can be argued that White juvenile sex offenders may be only labeled as a sex offender and participate in restrictive treatment services if they have committed a more violent sex offense with a longer history of offending behaviors.

Cultural differences in family values and social supports have also been suggested to account for the racial differences (Wilson, Lipsey, & Soydan, 2003). There is clearly no readily identifiable explanation for these differences which would further justify exploration of race differences amongst juvenile sex offenders.

**Cultural Competence and Juvenile Sex Offender Treatment**

The number of treatment programs for juvenile sex offenders has increased over the last 20 years. There have been significant changes in treatment and approaches, as well. Currently, there is a movement toward providing services that are holistic and integrated, recognizing that the context of the offending behaviors must be considered in
order to reach successful outcomes (Longo, 2004). Although less traditional approaches are being considered with this population, research on treatment models and relevant outcomes for this population is still developing (Brandes & Cheung, 2009). The departure from doing “what we always did” has yet to allow practitioners and researchers in this field to arrive at a proven consensus about what should be included in the treatment of juvenile sex offenders (Efta-Breitbach & Freeman, 2004). The literature indicates that practitioners in the field still rely on traditional approaches, developed largely on White adult sex offenders. The most notable orientations are relapse prevention (Efta-Breitbach & Freeman, 2004) and cognitive behavioral treatment (Fanniff & Becker, 2006). The most notable modalities are individual and group counseling services (Brandes & Cheung, 2009; Camp & Thyer, 1993).

Cognitive restructuring is a practice that has also been established within the literature (Hastings, Anderson, & Hemphill, 1997; Hatch-Maillette, Scalora, Huss, & Baumgartner, 2001; Ryan, 1997; Smallbone, Wheatbon, & Hourigan, 2003). Theoretically, it has been suggested that juvenile sex offenders should be able to understand what they were thinking before, during, and after their offenses in an effort to identify and correct problematic thoughts in the future (DiGiorgio-Miller, 1994).

Kolko, Noel, Thomas, and Torres (2004) outline what they refer to as the ten operating features of cognitive behavioral treatment (CBT). First, it is important for the clinician to work with the client and identify a presenting problem. This process is supposed to be highly collaborative, but there is often little room for discussion due to the nature of the behaviors the client was likely referred to address. Next, the clinician and
the client collaborate on how to solve this problem. This happens as the clinician works to convey that the client has value and is capable of change. Following these discussions, the clinician conducts what are noted as being structured and directive sessions that are focused on dealing with noncompliance issues and power issues. It seems that it is the clinician’s responsibility to move the client through significant barriers to treatment success that, if unsuccessfully addressed, could lead to further offending. Homework assignments are given to encourage client participation and out-of-session translation of important treatment concepts. Kolko et al. (2004) note using the Socratic method of discourse is beneficial to encourage self-discovery for the client in treatment. Ultimately, evidence of change is documented and relapse prevention planning occurs to assist in maintenance of treatment progress. Again, there is significant variance between treatment providers and programs as to how these operating features are interpreted and applied, but in general juvenile sex offender programs using CBT employ this line of progression philosophically.

Inherent in this process, is the confrontation of denial. Calley (2007) states that CBT interventions focus on the patterns of denial that are significant parts of the sex offender’s way of interacting and being in the world. It is imperative that before clients can move forward in treatment, they take responsibility for their offense. For JSOs, denial can manifest in a variety of ways. Salter (1988, as cited in Calley, 2007) categorizes denial in the following ways: a) denial of the offense; b) minimization as to the extent of the offending behavior; c) denial of the severity of the offense; and d) failure to take responsibility. Traditionally, clinicians employed a direct, head-on approach in
confronting these issues in treatment. The client was faced with victim statements, group pressure, and persistent directives to provide a detailed account of the offense verbally and in a written format (Bourke & Donohue, 1996; Calley, 2007).

A significant concern with this traditional approach is the lack of consideration and awareness regarding why African American offenders may present with denial. It is likely that the level of mistrust and anxiety is increased for minority juvenile sex offenders due to the embarrassment associated with being labeled a juvenile sex offender. Unlike general mental health services, juvenile sex offender treatment is often mandated by the court or child welfare services. This means that these youth and their families must engage in the treatment process. Without clinicians and services that can acknowledge and respond to a minority youth’s experience in a sensitive manner, there could likely be significant resistance to treatment that increases the likelihood of placement into more restrictive services.

Reitzel and Carbonell (2006) conducted the most recent meta-analysis that assessed the effectiveness of the treatment of juvenile sex offenders by looking at recidivism rates. The authors included nine published and unpublished studies. Only four of the studies they included used a control group. The remaining five studies used a comparison group. The majority of the studies noted using CBT/Relapse Prevention or classic CBT as the primary treatment approach. The authors disclose that they expected CBT to demonstrate better effect sizes than non-CBT approaches, as this had been shown in previous meta-analyses (Walker, McGovern, Poey, & Otis, 2004). The results of their study did not support the previous findings. The authors partially credit these differences
to the fact that multi-systemic therapy (MST) was not grouped with the other CBT approaches and was analyzed separately. MST had some of the strongest effect sizes in this study and it is likely that excluding it, which was not typically done in previous studies from the CBT category impacted the effect sizes for the traditional treatment approach (Gallagher, Wilson, Hirschfield, Coggeshall, & MacKenzie, 1999).

An additional concern regarding the CBT studies was the studies’ designs. None of the CBT studies discussed whether or not the treatments were manualized and how fidelity was measured. Reitzel and Carbonell (2006) suggest that if this information had been provided, it might have clarified whether the treatment provided within the studies was consistent in terms of what was being administered and how often. Despite the inconsistent results for CBT, it continues to be seen as the gold standard for juvenile sex offender treatment programs.

Multisystemic Therapy (MST) continues to have strong results in the literature for usage with juvenile sex offenders. The literature suggests that MST has found success because of its application of multisystemic interventions in an ecologically relevant context (Borduin & Schaeffer, 2001). Research would support that youth who present with serious conduct disorder and delinquent behaviors respond most to interventions that can respond to needs and concerns in a variety of domains (Antonishak, Sutfin, & Reppucci, 2005). The theoretical underpinning of MST is Bronfenbrenner’s (1979) social-ecological theory (as cited in Borduin & Schaeffer, 2001), which provides indicators of antisocial behavior. According to social ecological theory, problem behaviors stem from dysfunctional transactions between various systems (i.e., school,
work, peers, family, and community) in which the juvenile offender is involved. MST works to disrupt these problematic transactions and corrects them by targeting specific problems within these systems (Borduin & Schaeffer, 2001).

Due to the positive results of MST with serious juvenile offenders, it was a natural extension to investigate applying the approach to work with juvenile sex offenders. Although the problem sexual behavior components of MST are guided by similar principals as the treatment approach of MST with nonsexual juvenile offenders, it is a distinct form of the original intervention (Borduin, Schaeffer, & Heiblum, 2009). Most treatment approaches used with juvenile sex offenders focuses on the individual to impact the environment and context of the offender and the offense (Borduin & Schaeffer, 2001). By using empirically founded approaches to work with the individual, MST broadens its focus and involves the entire family system to create long-term change.

The first MST study addressing juvenile sex offending was Borduin, Henggeler, Blaske, and Stein (1990). This was a randomized clinical trial involving 16 juvenile sex offenders and their families. This study employed outpatient individual therapy as the condition to represent traditional juvenile sex offender counseling. Results indicate that youth who experienced the MST condition had lower rates of sexual recidivism than those juvenile sex offenders who experienced individual therapy (12.5% vs. 75%).

A study conducted by Letourneau, Henggeler, Bourduin, Schewe, McCart, Chapman, and Saldana (2009) is one of two recent investigations using MST with juvenile sex offenders. Results at 12 months follow-up were reported as part of an effectiveness trial using a group of juvenile sex offenders (n=127) who were appropriate
for community-based treatment. The treatment as usual condition was cognitive behaviorally based, micro-level in focus, with group treatment. Letourneau et al. (2009) looked at youth’s sexual behavior, delinquency, substance abuse, mental health symptoms, and number of out-of-home placements at follow-up. In most studies looking at treatment effectiveness, recidivism is the primary indicator of success. Formal measures of sexual recidivism were not included at this point because of the low recidivism rates for juvenile sex offenders in the short term (Letourneau et al., 2009). Results were shown to favor the MST condition on most measures.

The second recently published study (Borduin, Schaeffer, Heiblum, 2009) also assessed the efficacy of MST with juvenile sex offenders. The population in this study was slightly smaller (n= 48) than the Letourneau et al. (2009) study, but larger than the original MST problem sexual behavior study (Borduin et al., 1990). Similar to the Letourneau et al. (2009) study, group and individual outpatient treatment comprised the treatment condition against which MST was compared. Unique to this study, there was a significantly longer follow-up period—8.9 years, so that all subjects involved had reached adult status. All of the juvenile sex offenders in this study were noted as being at high risk for re-offending, likely making them prime candidates for participation. Results indicate MST participants in this study did much better over time than did non-MST participants when looking at sexual (8% vs. 46%, respectively) and nonsexual (29% vs. 58%, respectively) recidivism.

Although MST appears to recognize the importance of including contextual factors when working with youth from this population, it is the only treatment model that
does this, and there still fails to be recognition of how best to determine which systems should be involved in the process for different clients. Unfortunately, MST does not report data that look at racial/ethnic differences along outcomes. Therefore, it can be asserted that MST is evidence-based for many juvenile sex offenders, but it is not clear whether considering race could influence the model’s effectiveness for youth participating in this program.

Traditional approaches to treating minority juvenile sex offenders often employ a singular focus on the offender and use methods that are confrontational and convey shame. Recently, researchers and practitioners have recognized that these punitive approaches likely increase feelings of shame, guilt and stigmatization. This in turn contributes to higher rates of denial, minimization and a lack of victim empathy for the juvenile sex offender (Calley & Gerber, 2008; Tierney & McCabe, 2001). Culturally relevant treatment models that can validate the experience of minority youth, especially Black juvenile sex offenders, are imperative to encourage treatment compliance. Culturally competent practice is defined as the ongoing practice of integrating information about individuals, families, and communities into service provision (New York City Department of Health and Mental Hygiene, 2006). This means acknowledging the influence of historical oppression, communication styles, customs, coping strategies, and pathways to recovery. When considering minority populations, like African Americans, it is critical that the researcher understand the roles that important informal supports play in helping individuals seek and receive treatment services. The assumption within the juvenile sex offender treatment literature has been that juvenile sex offenders
respond similarly to a standardized approach. It is likely that certain factors will be more influential on how responsive African American youth and their families are to intervention efforts. An important next step in research with these youth is to understand the landscape of supports that can encourage treatment compliance and lowered recidivism.

**Religiosity and the African American Community**

African Americans are tied to religious institutions as a result of historical and social forces that impact their identity within society. The church has functioned as a stalwart force pushing against slavery and Jim Crow laws since the early church was formed. Historically, African American communities’ strongest leaders were religious representatives who were typically more educated than the other church members (Adkison-Bradly et al., 2005). These ministers, like Rev. Dr. Martin Luther King, Jr. and others, were able to garner relatively more tolerance from Whites in authority and therefore position African American issues in a prominent spotlight. Due to the strong historical role that the African American church has held within the community, there is a naturally enduring relationship between the families and individuals who make up the African American community. Billingsley and Caldwell (1991) found that 84% of African American adults identify as being religious and almost 70% of these adults disclosed that they are members of a church body. In addition, survey research has found that 9 out of 10 Black Americans indicate that the Black church has a positive influence on their lives (Taylor et al., 2000). Members of the various African American churches were historically able to get their civil, legal, and personal needs met through the
institution’s resources. Programs typically involved unemployment services, health services, food pantries, recreational activities (Mays & Nicholson, 1933; Taylor, Thornton, & Chatters, 1987), marital counseling (Brown & Adamczyk, 2009), and family counseling (Collins, 2006; Taylor et al., 2000).

The African American church also offers a variety of programming that targets its younger membership. A study conducted by Rubin, Billingsley, and Caldwell (1994) found that 28% of the churches in their study (n=635) provided at least one program for adolescents in the community. These programs involved activities like group discussions, rap sessions, and recreational opportunities. Taylor et al. (2000) reported that in the literature investigating the type of programming provided by African American faith-based outreach programs, 33% of the programs were geared toward African American youth. This information indicates that the church acts as a support for the entire African American family.

The strength of connection between the African American church and the Black community is also evidenced by findings in the literature that highlight the level of church participation among African Americans. The primary vehicle for understanding the nature of religiosity among this population has been conducted by analyzing data from the National Survey of Black Americans (NSBA), a nationally representative cross-section of adult (18 years and older) Blacks living in the continental United States (Levin, Taylor, & Chatters, 1995). The NSBA data (N= 2107) were collected by the Program for Research on Black Americans at the Institute for Social Research (Survey Research Center) at the University of Michigan in the 1970s. The NSBA sample was drawn by
using a multistage area probability procedure designed to assure that every Black household had the same probability of being selected for the study.

Within this dataset, religious involvement has been conceptualized by investigating three constructs: organizational religiosity which involves religious service attendance; non-organizational religious behavior which involves activities like frequency of prayer and frequency of reading religious materials; and subjective religious participation which encompasses an individual’s spiritual comfort and support, as well as his/her perception of the importance of religious or spiritual beliefs (Chatters & Taylor, 1989).

Studies using data from the NSBA have found that age, gender, region, marital status, and denominational affiliation all influence religious participation among African Americans (Chatters & Taylor, 1989; Chatters, Taylor, & Lincoln, 1999; Taylor, Mattis, & Chatters, 1999). Although African Americans are known to be more religious than White Americans, studies have found that there are variations in the nature of religious behavior within the African American population (Taylor et al., 2009). African American women present with higher levels of organizational, non-organizational and subjective religiosity when compared to African American men. When considering regional differences, it has been found that Black individuals from the South are more engaged in church activities and have a higher level of comfort with religion then individuals from the Northern and Western United States (Taylor et al., 2009).

Differences in religious participation among African Americans are evident when considering marital status. Married individuals report higher levels of church attendance,
involvement in church activities, and comfort with religion, compared to both single and divorced African Americans (Chatters, Taylor, & Lincoln, 1999). These differences are suggested to exist due to the fact that marriage is typically considered to be a religious institution and it is likely that individuals who choose to engage in marriage also participate in more religious activities and have a more salient religious component to their identity.

Older African Americans tend to have the highest levels of organizational, non-organizational, and subjective religious involvement. Although there is some evidence that church attendance and involvement begins to decline later in life, the dropoff is reported to be minor and still exceeding the rates for middle-aged adults and young adults (Chatters & Taylor, 1989).

Income has been found to have an inverse relationship with spiritual comfort (Chatters, Taylor, & Lincoln, 1999). These findings are likely a result of the greater range of coping options provided to those with higher levels of income. Wealthy African Americans are less likely to see their church as a major part of their central lives, whereas African Americans who have lower levels of income tend to adopt a stronger affiliation with their church.

The relationship between the African American church and the community has continued to be important, but it has shifted in focus in the last 100 years. Recently, the church has begun to focus primarily on specific behaviors that impact members’ ability to function like substance abuse (Brown & Gary, 1994), domestic violence (Giger et al., 2008), and health care utilization (Levin, Chatters, Ellison, & Taylor, 1996). Studies have
found that individuals who are involved in religious activities tend to experience an increase in well-being and positive health symptoms (Musick, 1996; Strawbridge, Cohen, Shema, & Kaplan, 1997).

The church has been a major source of support and comfort for African Americans since the time of slavery. Taylor et al. (1987) found that 90% of African Americans in their study identified the Black church as having a positive influence on their lives. The African American church often functions as a safe-haven and tool for coping with life stressors for African Americans. Members rely on the collective identity of the African American church experience represented in the music and worship to derive a sense of peace and empowerment (Adkinson-Bradley et al., 2005). It is also suggested that church members are given opportunities to organize and exercise democratic powers in a spiritual setting which further empowers the individual (Billingsley, 1999). Collective prayer and spiritual support are believed to be important factors for African American church members and are likely related to the significance of the congregational church body to the individual member (Allen, Davey, & Davey, 2010). An assumption could be made that African American families of juvenile sex offenders might expect to turn to the church for the types of support that many Black families need during times of crisis or difficulty.

The most prominent indicator of religious involvement was denominational affiliation. Chatters, Taylor and Lincoln (1989) found that African Americans who identified as Baptists and Methodists, two of the major Protestant denominations in the Black community, had very similar religious preferences and practices. In comparison,
individuals from other Protestant, less mainstream denominations were found to have overall higher religious involvement and preferences. There has been little further research that explores the relationship between denominational affiliation and religious behaviors, but if these findings hold true, it would be expected that individuals affiliated with a non-mainstream denomination like Seventh-day Adventism should have higher levels of religiosity.

The Seventh-day Adventist Church

The Seventh-day Adventist (SDA) Church was officially established in 1863 and was born out of the Millerite movement (Office of Archives and Statistics, 2011). The church has often been left out of mainstream research on religion and spirituality. Even though the denomination is widely recognized as Christian, its belief system is thought of as more legalistic and unorthodox when compared to many of the larger denominations (i.e., Methodist or Baptist). The SDA Church is smaller in comparison and is often likened to the Mormon church or Jehovah’s Witnesses, although the fundamental tenets of these churches are very distinct (Bowman & Small, 2010). The SDA church is often considered to be in the minority of Christian denominations. Still, it is a highly organized, global institution with over 15 million members and over 120,000 churches of varying sizes across the world since December 2008 (Office of Archives and Statistics, 2011). A recent article in a national USA Today stated that the SDA denomination is the fastest growing church in America, at an annual rate of 2.5% (MacDonald, 2011). Mainstream denominations are actually getting smaller, and most are not growing more than 1.7% per
year in the United States. This kind of data supports a closer look at SDA congregants and the church leadership.

The SDA World Church is broken up into 13 divisions that help to organize members and churches across the world. The North American Division (NAD) represents the highest level of organization within the United States and Canada. In the NAD, there are over 5,000 churches and over one million members (Adventist Organizational Directory, 2010). Although there is no clearly stated number of African American churches or members in the NAD, based upon data from the Church’s website, there are approximately 1,153 churches in the United States that could be considered to comprised primarily of members who are of African descent.

The SDA Church states is organized using a representative form of government (General Conference of Seventh-day Adventists, 2011). This allows for church members to have primary control and authority over the activities of their local church body. The General Conference is considered to be the “highest early authority” within the SDA Church and represents the World Church (General Conference of Seventh-day Adventists, 2011). The hierarchical structure that follows includes the local church body that is situated within a conference. SDA Conferences are then grouped regionally into local unions, which are situated at the next highest level of organization. Unions are ultimately accountable to the divisions, like the NAD, and then the divisions are under the General Conference (General Conference of Seventh-day Adventists, 2011). This structure allows for centralized and democratic control by church members over church administration, along with the development of locally relevant church programming.
Although many churches within the denomination appear to participate in ministries and programming that fall within categories structured by the larger church institution (i.e., Family Life Programming, Singles Ministries, Adventist Youth Society, etc.), the local implementation of the programming is unique (North American Division, 2011).

There has not been a great amount of research that includes the SDA Church. However, there is some literature that attempts to investigate the attitudes and behaviors of SDA church members. Griffin et al. (1987) conducted a study that looked at members of the SDA Church who lived on the Caribbean island of St. Croix. One hundred ninety-one members participated in survey research that attempted to assess the relationship between religious orientation and prejudice against a specific subpopulation on the island. The results indicated that strength of commitment to the church and church attendance were significantly correlated with prejudice. More specifically, church members who were categorized as devout and strongly identified as Adventist, were more likely to hold culturally prejudicial attitudes toward others on the island. These attitudes were also highly correlated with how a member perceived the larger society’s feelings about the oppressed group. If intolerance was believed to be promoted by the larger society, then the devout Adventist member would likely have intolerant attitudes.

Dudley, Hernandez, and Terian (1992) conducted a study that looked at which factors impacted Seventh-day Adventists’ attitudes toward social and political issues in America. The researchers randomly sampled a national list of Adventists in North America and were able to gather survey data from 419 participants. The researchers used questionnaires administered via mail to investigate where Adventist members chose to
stand on nine political issues. The majority of participants chose responses indicating a liberal socio-political stance as long as the church was not directly involved in the situation. The authors note that these findings are somewhat unfounded in the literature due to the fact that Adventists have historically been less liberal toward the socio-political context in America, often attributing the tone of politics in this country as being largely influenced by the United States’ prophetic position in the Bible as representing forces that oppose God.

Their findings indicate that individuals who exhibited higher involvement in religious activities like attending more services, serving in a high number of church offices, and studying religious materials would have more conservative attitudes toward public and social issues. One of the public issues measured was called “Law and Order”, which involved the government pursuing harsher sentences for serious crimes. Although sex offending crimes was not specifically included in the descriptions used in this study, it could logically be considered the type of crime that individuals would consider a serious crime and public issue.

In addition to religiosity, this study used age, gender, years in the Seventh-Day Adventist church, education, income, ethnicity, and marital status as predictor variables. The study found that, when looking specifically at the issue of Law and Order, Adventists who were ethnic minorities tended to have less favorable attitudes toward Law and Order. In addition, Adventists who had been in church for a longer amount of time were more likely to favor Law and Order. These findings suggest more conservative beliefs in favor of harsher sentences for crimes amongst White Adventists and long-term Adventists.
None of the other predictor variables or areas of religiosity were found to be significant. An important next step in the research is to clarify what the attitudes and thoughts of the Black church are toward these youth to better inform interventions and educational efforts.

The differences in the findings of this research might be largely connected to the sample selected. Adventists who are immigrants, typically born in developing countries, are known to be more sectarian and conservative in their beliefs (Lawson, 1999). American-born Adventists tend to be integrated into the larger social structure which includes being more accepting of the social norms and beliefs of the larger society, especially American-born ethnic minorities (Dudley et al., 1992). This was not necessarily the case in the past for American-born Adventists. Historically, members of the Adventist church generally held the belief that the American political and legal system were symbols of the beast represented in Revelation 13, which served to persecute Christians in the days preceding Jesus’ second coming. These beliefs led to fairly conservative attitudes (e.g., separation of church and state) toward political issues like foreign aid and public welfare. Now, these more conservative attitudes are more notably held within churches where there are larger populations of immigrants (Dudley et al., 1992).

These findings illustrate the gaps in the literature regarding these Black church members’ attitudes toward mental health, criminal behaviors, sexual abuse, and other related issues. This study offers the opportunity to gain more information about one part of the Black church concerning a critical issue. It will be important to understand how
these types of behaviors could impacts the responses of the congregation or the pastor, which in turn then impacts how families in crisis who have historically been dependent upon the church might be treated or viewed.

**African American Help-Seeking Behaviors**

Evidence suggests that African Americans tend to heavily rely on their pastors or church members to address many emotional and personal needs. These help-seeking patterns have been anecdotally found to be true in the Seventh-day Adventist church, as well. Veroff, Douvan, and Kulka (1981) found that 39% of Americans who are in crisis address their concerns with a member of their affiliated religious institution. For African Americans, it is likely much more attractive to go to their local pastor, minister, elder, or deacon rather than a traditional mental health worker. Diala et al. (2000) notes factors that impact service utilization for various racial groups include financial capability and fear of stigmatizing diagnoses. There are also attitudes and perceptions which lead to cultural mistrust for potential clients of color. Cultural mistrust has been found to be a significant barrier to engagement with mental health services (Willimas, Yu, & Jackson, 1997). Specifically, Nickerson, Helms, and Terrell (1994) conducted a study using 105 Black college students and found that greater levels of mistrust for White counselors was associated with lower levels of service utilization. These results support Terrell and Terrell’s (1981) theory of cultural mistrust which posits that Black people have developed a deep-rooted suspicion for Whites, especially those in authority because of an extensive history of racial mistreatment (Nickerson et al., 1994).
Formalized mental health and community-based services are not utilized by African Americans to the same extent as informal services that may be offered through the church (Conner et al., 2009; Giger et al., 2008). Structured support groups and counseling appear to be associated with higher levels of stigmatization for African Americans in crisis which means that they are more likely to turn first to other informal and familiar supports, like the church (Allen et al., 2009).

Taylor, Ellison, Chatters, Levin and Lincoln (2000) state several reasons that would motivate someone to seek the assistance of a clergy member to address personal issues. One reason is cost-effectiveness. Most pastors or ministers offer free consultation and counseling to their members without the hassle of filling out cumbersome forms or disclosing enrollment in services to insurance companies. Related to African Americans, clergy members can be contacted directly without a maze of referrals to individuals who are unfamiliar to the individual. The clergy member may also come directly to the person’s home, which helps to foster confidentiality and discretion. For serious crises, like the discovery of incestual sexual behaviors, these kinds of intimate connections and immediate supports are likely very attractive to churchgoers. Finally, the authors note that a well-developed trusting relationship also makes utilizing clergy over formalized services more attractive. The literature indicates that African Americans who sought out clergy first were less likely to follow-up with formalized services. These individuals who utilized only one source of assistance were also found to have greater satisfaction with the services they received compared to others who turned to other sources when
experiencing emotional problems, death or illness (Neighbors, Musick, & Williams, 1998).

Although much of the literature on how the church acts as a support for African Americans focuses on the role of church leaders and clergy, there is some research that describes how the church body as a whole can be supportive and even therapeutic. McRae, Carey, and Anderson-Scott (1998) discuss how the church body provides opportunities for group processing and reciprocal assistance, while encouraging a sense of belonging. In addition, healthy coping skills are modeled by church members in a safe environment, where sharing is encouraged. These authors described the Black church as a form of group interaction that provides healing, health awareness, and education to its membership.

As the amount of mental and social problems appear to increase for Black people, church members are becoming a critical resource for linkages and intervention due to the church’s political and cultural situation in the Black community. Griffith, Young, and Smith (1984) conducted a study on a small group of Black church members (N=20) to assess their perception of the group worship experience. The authors found that many of the therapeutic factors noted to be significant within group psychotherapy were experienced by these church members. Most importantly, the researchers concluded that the Black church functioned as a community mental health resource for its community members.
Social Systems Theory

Systems theory recognizes that the relationship of a whole entity consists of interacting parts with their environment (Schultz, 1984). The actions of a part can be explained by understanding how it relates to other parts and functions with the whole. As it relates to this discussion, the African American juvenile sex offender is a part of a larger context that includes his family, community, and the African American church.

General systems theory was developed by Ludwig von Bertalanffy (1968). It has primarily been useful in exploring interactions from a physical, or nonhuman, perspective (Schriver, 2004). An extension of general systems theory, social systems theory provides a more focused discussion on the interactions of human behavior. The content of social systems theory is focused on the relationship between the social system and the social environment (Norlin, Chess, Dale, & Smith, 2003; p. 306). Much of the terminology affiliated with this theory was originally developed by Talcott Parsons (Norlin et al., 2003) and has since been updated and expanded (Schriver, 2004).

Key concepts. A system is defined as an organized whole made up of components that have relationships that are distinct from the relationships maintained with other entities (Schriver, 2004, p. 124). The systems of interest to social systems theory, and social work, are those that involve social interactions or human relationships. Another fundamental concept of this theory is holon, which indicates all social systems, regardless of their size, are part of other systems, while they are also distinctly whole. Extending past these basic concepts, there are four functional features or problems of social systems: goal attainment, adaptation, integration, and pattern maintenance.
Parson’s described the four basic functional problems every social system has to confront (Norlin et al., 2003). Adaptation helps a system work toward achieving its desired end state. The ultimate status for a system does not necessarily lead to complete optimalization. Social systems simply become more or less optimized in their functioning and relationship with the external environment (Norlin et al., 2003). As a system becomes more ordered, they are able to reach a level of negative entropy or a steady state that occurs as a result of growth and system maintenance. According to social systems, those systems that are not able to mature and grow experience a disordering process which allows entropy to manifest ultimately resulting in the dissolution of the system.

Goal attainment, like integration, is a desired end state for a system. Both of these concepts are necessary to reach the steady state. Their interdependent functions require that both concepts are maintained at similar levels to avoid a disintegration of the system (Norlin et al., 2003, p. 58). Goal attainment and integration have their own thresholds which allow for change within the system in both of these areas. Again, in order for a steady state to be reached in both areas, changes must be made in a synergistic fashion. Pattern maintenance occurs when attempts are made and activities introduced (i.e., counseling) that serve to protect the system’s structural patterns and unique identity. In contrast to goal attainment and integration, pattern maintenance involves a system’s internal functions that help reach the end result.

For example, a family is a social system. The son is adjudicated of a sex offense. The goal is for the family to engage in and complete court-ordered counseling (goal attainment) while also remaining unified during the process (integration). The parents
may experience significant negative and hurt feelings toward their son, which can
decrease the likelihood that the family will be able to reach its goal and maintain its
steady state. This system engages in adaptive strategies and engages the pastor and
church members as a method of support and assistance during this time of crisis, while
holding onto to its basic agreed upon codes of interpersonal interactions (pattern-
maintenance). Thus, the family members are able to manage their feelings toward each
other which increases the likelihood of the system reaching its goal.

A system’s ability to manage the four basic problems can lead to the presentation
of eight structural elements: boundaries, suprasystem, interface, proposed output, input,
conversion operation, output, and feedback. A boundary has three major functions. It
provides an identity and definition for the social system to the external environment. In
addition, any interactions and exchanges between the system and the external
environment, or suprasystem, are controlled by the boundary. All of the specific roles
and activities that are performed by those within the system are also dictated by the
boundary. In essence, a boundary is the non-physical gatekeeping aspect of a system.

As noted earlier, the suprasystem represents in social systems theory the external
social environment that the focal system relates to in both a direct and indirect fashion.
The suprasystem is made up of individuals, groups, and other social systems that exist
within the subject system’s social environment (Norlin et al., 2003). Social interactions
that occur between members of a system and within the suprasystem are called
suprasystem interactions (Norlin et al., 2003).
The next concept, interface, is a term that can be used to further delineate the boundaries between the subject system and the suprasystem. An interface describes the distinct patterns of interaction between two or more systems (Norlin et al., 2003). For example, an interface occurs between an African American mother who reaches out to her pastor and prayer group during a time of crisis. The unique nature of this interaction between the church members, from the suprasystem, and the mother, as the subject system, is characterized by the fact that the mother shares information and allows for assistance and intimate support. This is likely very different than the interface that the mother may have with other, formal supports, like counseling and social services. The difference in behaviors might also be due to boundary maintenance, since the mother may be hesitant to involve less trusted systems in a crisis situation due to fear of how the focal system may be impacted.

As a social system continues to exist or form, it must experience a regular exchange of resources and information. Inputs are a type of information that the social system acquires (Norlin et al., 2003). Two forms of inputs are signal inputs, which typically represent clients, and maintenance inputs, which are the resources that the social system needs to respond to the identified need, opportunity, or problem presented by the signal input. Referring back to the earlier example of the African American family in crisis, the church members who respond to the family’s need for support would be the maintenance inputs and the family members would be the signal inputs who are in need. If the social system was being defined to include formal providers and typical responders to crises involving juvenile sexual aggression, then mental health practitioners, social
workers, detectives, and juvenile justice representatives could also be examples of maintenance inputs.

As a social system functions and engages with outputs, there are patterns of engagement that would indicate a general purpose of the social system. Although not always deliberate or intentional, the expected outcome or purpose of a system often drives who will be involved and how those members will behave. For instance, in a social system that involves the African American family and church, many of the interactions and behaviors would indicate there are shared goals and activities focused primarily on worship and fellowship. It could also be suggested that these relationships and interactions function to provide the individuals in the family system with a ready-made support system that can be accessed whenever the family needs help. In essence, the church functions as an extended family to the biological family members.

Conversion operations are the actual operations that change inputs, mainly signal inputs, into outputs. The system uses structures or patterns that give direction for interaction between the system and the suprasystem (Norlin et al., 2003). There are two basic forms of conversion operations: structures and functions. Structure involves time, space, and expectation. Where specific activities take place, how often they happen, and what appropriate behaviors will occur are all a part of the structure that shapes social functions in the system. The functions are the actual behaviors or activities that impact all individuals within the system. For example, there is an understanding that church members meet regularly for prayer and fellowship. A part of the structure of this interaction may also involve informal meetings and interactions, like daily prayer phone
lines or mid-week services that provide additional support for church members. In addition, pastors are considered to be shepherds to their church flocks and therefore there is a certain structure and set of expectations that are a part of the pastor-parishioner relationship. Pastors often have set conference or counseling hours and typically exercise a certain level of discretion for members who need to discuss sensitive topics. There could be a variety of functions that occur within this system, ranging from communal prayer to small group worship.

The primary focus of a conversion operation is to produce certain task outputs. A task output is a signal output after experiencing a cycle of conversion operations (Norlin et al., 2003). An output is distinct from a proposed output, in that it is the outcome of social functions within the system that releases task output into the environment. According to social systems theory, there are three classes of output: task, maintenance, and waste. Although task outputs leave the social system, maintenance outputs are simply maintenance inputs that stay within the social system and serve to help increase the stability of the overall system (Norlin et al., 2003, p. 78). In the previous example, this would involve the pastor or small group prayer leader in the Black church who has helped the church member get linked with formal support services and interventions. How well the family members were treated and how supported they felt will impact the overall stability of this entire social system. Waste is a form of output that did not actually assist in the development of task or maintenance outputs. This may involve referrals that the church helped to make that the members did not choose to link with.
during the course of the crisis. Waste can also include the juvenile sex offender who sought treatment, received treatment, yet still elected to recidivate.

Feedback, the final component, basically serves to evaluate to what degree the system output measures up to the proposed output. In essence, feedback is useful in determining whether the social system is producing the kind of output that will allow the cyclical nature of systems behavior to continue. A system can provide either negative or positive feedback (Norlin et al., 2003). Negative feedback indicates that there was some form of reduction in problem, need, or opportunity from the onset as compared to the point of measurement. This may be a decrease in a specific kind of behavior or feeling, like acts or thoughts of sexual offending. Positive feedback is basically the opposite of negative feedback in that it indicates an increase in problem or need from the baseline. This is useful since positive feedback provides information to the maintenance input that some issue was not originally addressed (i.e., a latent factor) or is contributing to an increase in a problem. Positive feedback calls for a re-assessment of one’s treatment protocol as it relates to social work practitioners and the juvenile justice system.

Social systems theory and juvenile sex offenders

A systems perspective has been used to understand the relationship between the African American church and the Black community (Billingsley & Morrison-Rodriguez, 1998). This theoretical perspective is useful because it acknowledges how each subsystem within the larger African American system attempts to work together to maintain equilibrium, inferring a rich and connected network of relationships extending past the focal system. The African American family system can be impacted by a number
of factors ranging from the family’s developmental stage, the family’s structure, historical occurrences, and changes in external systems (Koman & Stechler, 1985). A healthy system will allow for some deviation from the norm, but closed family systems that have rigid boundaries do not cope well with significant challenges to stability. The system will attempt to regulate interactions so that functioning occurs within homeostasis—an acceptable, stable range (Koman & Stechler, 1985). For the African American family, the discovery of an adolescent family member’s sexual offending behaviors will undoubtedly project the family into homeostatic patterns in an effort to regain stability. One of the family’s immediate strategies will likely involve engaging an important external system—the African American church.

The same desire to maintain homeostasis could be suggested for the church congregation. The larger suprasystem of the church would, ideally, work to make sure that all of the members that are related subsystems maintain relationships, so that the larger church is able to function as expected. One possible response from the church could involve rejecting a family that presented with such deviant problems. The threat to homeostasis could be perceived by the church as being too great due to the juvenile sex offender’s behaviors that are of concern. On the other hand, the church may choose to surround the juvenile sex offender’s family system in an effort to keep them committed to the larger suprasystem. The church thrives on the unity and commitment of its members, which may be why the institution supports and assists the family at a time of crisis. This response has yet to be closely investigated and is part of the purpose of this study.
The African American juvenile sex offender and their family are a system of parts interacting with one another (see Figure 1). Social systems theory provides a useful context to explore the relationship between the African American juvenile sex offender and the African American church. Social systems theory suggests that in order to avoid disequilibrium all the parts of each involved system must interact collectively (Billingsley & Morrison-Rodriguez, 1998). The African American church must be able to nurture and support a family in crisis, which has been the case historically. If these conditions are not met, then the interaction between the two systems will not aid in the family maintaining stability. Without appropriate integrative behaviors by the subsystems involved with the youth (i.e., church and family), there is a chance that the opportunity for external intervention will be hindered.

This dynamic relationship between the systems related to the juvenile sex offender is illustrated using Figure 1. The church and the larger social environment are externally related to the focal or subject system, which is the youth. It is important to note the broken nature of the lines between the focal system and the subsystems. This illustrates the fluid nature of the relationship between these systems. In addition, it is unique to this application of social systems theory for the church and friends to be a part of the subsystem. The literature would suggest that these entities hold a place of importance and often represent extended non-biological family ties (Allen, Davey, & Davey, 2009; Geiger et al., 2008; Gifford-Smith, et al., 2005). The typical interface between the youth and the larger suprasystem should occur only as a result of a surrogate, or stand-in interface between the subsystem and the larger environment. What
unfortunately occurs in most cases involving juvenile sex offenders is that the family is not always provided opportunities to indicate to those inputs from the suprasystem that make decisions as to who should and should not be involved in the interface between levels of this entire social system. Figure 1 illustrates how the feedback obtained from the outputs should be funneled directly into the interface and conversion operations that occur with new inputs in this cycle. Based upon the limited literature, it seems that including the church in this process would provide some strong negative feedback for the suprasystem that would suggest lower levels of denial and resistance and higher rates of reporting of intra-familial sexual aggression among Black families.

Black churches are also systems that are developing in multiple ways. They are usually considered to be an open system, which suggests that even though the church is a separate, distinct entity, it relies on its environment. The Black church grows through exchanges with its environment that involve people, resources, energy, and creativity (McRae et al., 1998). This open system also involves inputs and outputs, as well as boundaries that help to create the distinction between what occurs inside the church system and outside in the external environment. For a system to maintain its existence, it must be able to adapt and grow in relationship to its environment, while also ensuring that the internal systems are protected. Black churches attempt to do this by providing support to their immediate membership, but also by providing resources to the surrounding communities that support the church and its membership (McRae et al., 1998).
There has been significant research on how family systems of juvenile sex offenders often respond to the problem of sexual aggression, although there has been very little focus on the African American family. A next step for research is to include larger systems in testing these relationships between vulnerable families with a juvenile sex offender and the broader community. As noted in the literature, the church is an important broader system that can have a significant impact on both the family and the community in which the family lives. Thus, a next step for research is to investigate the church’s attitudes and beliefs about this population. This information will be valuable for social workers who are attempting to create culturally competent models for intervention with African American juvenile sex offenders that are inclusive and responsive to the presence of other influential systems.
**Summary**

Juvenile sex offenders are a complex and dynamic population. There is significant research available that discusses risk factors and traditional treatment approaches for this population, but there is an absence of discussion on which factors contribute to better outcomes for African American juvenile sex offenders. Historically, African Americans rely on informal supports, like the Black church, to help cope with emotional crises. There is documentation that there are significant issues with engaging professional forms of intervention due to cultural mistrust and the biases of professionals. Evidence suggests
that in order to encourage linkage and retention of services, African American families tend to access both the formal and informal support networks. Unfortunately, these support systems rarely collaborate to assist African American families in engaging with appropriate services. According to social systems theory, a system’s major focus, which in this case is the family, is on maintaining homeostasis. If the family does not get the appropriate support and assistance from the church or providers, they may fail to disclose or pursue an intervention. This could lead to negative long term outcomes for the offender and the victim(s). One important factor in determining how to engage both aspects of the formal and informal supports is to first investigate whether or not these groups are open and amenable to being a part of the intervention process. Although there has been some investigation into the attitudes and beliefs of treatment providers there is a complete absence in the literature of studies on the attitudes of informal support systems like the Black church.

The purpose of this study was to explore the attitudes of a subset of the African American church toward juvenile sex offenders and their family as the church has been identified as a significant support in times of crisis. The research questions focus on identifying the attitudes of the Black church regarding juvenile sex offenders and their treatment. In addition, there was a focus on which factors affect the church members’ attitudes, such as degree of religiosity, previous personal experience with a juvenile sex offender, historical victimization, sex, age, gender, years in church, and income. This study also asked participants what role they believe the church should play in the rehabilitative process of the juvenile sex offender and whether or not they feel that
treatment is effective. It is imperative to gain more information about how the African American church feels about these youth, since it has been identified as one of the first avenues for intervention. The answers to these questions may have an impact on the treatment approaches used with these youth and their families.
Chapter 3: Methods and Procedures

This chapter will describe the design of the study. Information will include details about the study participants, research design, sampling procedure, and strategies used for data collection and analysis. The funding for this dissertation research project was provided by the Substance Abuse and Mental Health Services Administration’s Dissertation Research Award as administered by the Minority Fellowship Program in the Council on Social Work Education.

Design

This study employed a mixed methods design called concurrent triangulation using both quantitative and qualitative methodologies (Creswell et al., 2003). Mixed methods research incorporates strategies from both research approaches to increase the strength of a study (Creswell, 2009). Utilizing a mixed methods approach allows for more detailed and rich data to be gathered in this unexplored area. The concurrent triangulation model was chosen for this design because of a desire to corroborate and inform the current body of knowledge on the role of the African American church in the help seeking behaviors of African Americans. In concurrent triangulation designs, quantitative and qualitative data are collected and analyzed at the same time (Hanson et al., 2005). In these designs neither form of data is seen as superior or given priority. The
data analysis is usually done separately and then results are integrated during the interpretation stage.

Due to the largely unexplored nature of the African American perspective on juvenile sexual aggression, this study took both exploratory and descriptive approaches. Exploratory research has been found to be useful when attempting to gain a deeper understanding of issues on which there is little existing literature (Singleton & Straits, 2005). The quantitative data was gathered in this study using instruments that explored attitudes of African American church members toward juvenile sex offenders. The qualitative data was collected using two open-ended questions. These questions were included on a questionnaire so participants could provide more detailed responses about the church’s interaction with juvenile sex offenders and their attitudes toward these youth.

Sample

A purposive or targeted sampling approach was used in this study. Purposive sampling can be used when there is an interest in studying a subset of a larger population and that interest is tied into the purpose of the study (Rubin & Babbie, 2011). This study focused on understanding the attitudes and beliefs of Black church members, specifically those who are part of the Seventh-Day Adventist Church. The participants chosen for this study are members of a Black church in a large city in the Midwest region of the United States. Initially, two churches were approached for inclusion in this study. The churches were chosen for the size of their membership and geographic location. Only one church agreed to participate further. The church is a part of the Allegheny West Conference of
the Seventh-Day Adventist Church. The specific participants for this study were male and female African American church members who were at least 18 years of age.

The Seventh-day Adventist church has a large national membership of over one million congregants. The church is highly organized and has a highly developed structure of programs and services available for members. The majority of research involving Black churches has primarily focused on several major denominations: Baptist, Methodist, and Pentecostal (Holt & McClure, 2006; Thomas et al., 1994). Since the Adventist church has been historically under-represented and excluded from religious studies focusing on African Americans, it was ideal to investigate this denomination in order to bring new contributions and unique insights to the literature.

Procedure

A large African American church was selected for inclusion in the study. The literature indicates that conducting research with the Black church requires a significant amount of relationship building and time commitment (Holt & McClure, 2006). Repeated solicitations through telephone calls and interviews are necessary to encourage African American participants to complete surveys. In addition, informal community connections, such as knowing someone in the church who can encourage participation, can be invaluable in helping increase the level of investment that African American participants may need in order to consider participating in a research project, especially one of a quantitative nature (Tillman, 2002). Due to the exploratory nature of this study and the desire to employ a culturally sensitive research approach, this study targeted a relatively
small geographic area. This allowed the researcher to be more available to the church leaders and have more personal contact for follow-up questions.

The church was contacted through phone calls to the pastor. An IRB approved script was used to facilitate this conversation (see Appendix A). A subsequent face-to-face meeting with the pastor was then scheduled in order to get permission to access the church’s membership directory that contained names, addresses, and telephone numbers. Once church leadership agreed to participate in the study, the church directory was used to identify adult members of the church. Surveys were mailed to each adult member identified via the church directory. A stamped, self-addressed envelope was included in the mailing for the convenience of the participants. The church was also asked to post an announcement regarding the research project in the weekly bulletins for the duration of the study. An IRB approved recruitment announcement was used for this purpose (see Appendix B). Approximately four weeks after the surveys were mailed out, follow-up postcards were sent to the participants.

In both qualitative and quantitative research studies, it is reported that it takes a significant amount of recruitment efforts to garner an acceptable level of participation (Haskins et al., 2001; Holt & McClure, 2006). Response rates have been reported in studies that are as low as 20% (Haskins et al., 2001). Higher levels of participation can be obtained if participation in the study is dependent upon factors like the member’s role within the church (i.e., pastor or deacon) (Allen, Davey, & Davey, 2010). In an effort to conduct rigorous analyses, most research on the Black church has been conducted using secondary data from large national data sets like The National Survey of Black
Americans (NSBA) (Jackson, 1991; Taylor, Mattis, & Chatters, 1999). The NSBA was the first and largest nationally representative study using only African American participants. This study recognized the value in collecting primary data from participants and therefore employed several strategies to encourage the participants to return surveys. Reminder postcards and bulletin notifications, as well as visits to the actual church were utilized.

During the initial mailing, information about the project, consent for participation, and potential risks and benefits for participation were provided in the cover letter attached to the survey and upon request from the research investigator (see Appendix C). Information was reiterated that participation was voluntary and the results of individual surveys would only be presented in an aggregate form. This information was repeated in the mailings sent to church members’ homes.

There were only minimal risks and benefits associated with participating in this study. A potential risk involved emotional distress that could be experienced as a result of considering sexual offenses and sexual victimization. To address this concern, the participants were provided the contact information for local mental health or support services in their research packet that could assist them if they felt the questions were upsetting (see Appendix D). The benefits of participating in this study involved feelings associated with acting as an agent of change. Subjects could have experienced a sense of advocacy and supportiveness as a result of identifying possible issues in a potential area of concern for church members. Some participants could have viewed the personal opportunity to anonymously discuss their opinions as rewarding and positive. They may
also have felt a sense of reward or accomplishment by participating in something that could ultimately help others in their community. The duration of time needed to fill out the surveys was between 20-30 minutes. An incentive was offered to the church in the form of a $400 donation.

**Research Questions**

In an attempt to investigate African American church members’ attitudes toward juvenile sex offenders, the following research questions were formulated for this study:

1) What are the attitudes of African American adult church members from a predominately African American church regarding juvenile sex offenders?

2) What are the attitudes of these church members regarding juvenile sex offender treatment?

3) What factors affect church members’ attitudes toward juvenile sex offenders and their treatment?
   a. Does degree of religiosity affect attitudes toward juvenile sex offenders?
   b. Does having a personal experience with a juvenile sex offender impact attitudes toward these youth?
   c. Does age, sex, and income impact church members’ attitudes toward these youth?
   d. Does prior sexual victimization history impact a church member’s attitudes toward these youth?

4) What role should the church play in the rehabilitative process of the juvenile sex offender?
Instrumentation

The study used five instruments to gather data related to demographics, religiosity, and attitudes toward juvenile sex offenders. Specifically, variables related to church members’ attitude toward juvenile sex offenders, juvenile sex offender treatment, organizational religiosity, non-organizational religiosity, and subjective religiosity were used. There were a total of five instruments included in this study: two related to attitudes toward juvenile sex offenders (Attitudes Toward Juvenile Sex Offenders- ATJSO; and Attitudes Toward Juvenile Sex Offender Treatment- ATJSOT) two relating to religion (A Measure of Religiosity Among African Americans and The Black Church Member Experience Survey); and one demographic survey.

Cross-Cultural Validation

The National Association of Social Workers (NASW) developed the Standards for Culturally Competent Social Work Practice to promote a definition of expertise and the advancement of practice models that are applicable to the needs and services of diverse client populations served by social workers (NASW, 2000). Cultural competence in social work practice implies a heightened consciousness of how clients experience their uniqueness and a willingness to deal with their differences and similarities within a larger social context. The achievement of cultural competence is an ongoing process (NASW, 2001).

This process is just as important in conducting social work research as in practice. The fourth standard in the NASW standards speaks to cultural awareness when conducting research and investigation. In this study, the issue of cultural sensitivity was
held paramount. In an effort to ensure that cross-cultural equivalence was supported in this study several steps were taken. First, an explanation of cross-cultural research will be provided. According to Tran (2009), cross-cultural research should ensure that the measures used in the study are conceptually appropriate. This involved ensuring that there was linguistic and cultural equivalence. Although these concepts refer to comparing differences between ethnic, linguistic, or national groups, it is still important to recognize that this study used measures which were originally developed for other groups. A part of conducting culturally sensitive research is acknowledging that different groups of people, even those who speak the same language, have been impacted by different social and historical forces which likely impact the belief system of either group (Tran, 2009). In this study, two of the major instruments (ATJSO and ATJSOT) were developed using participants who were not African American. This might be a concern when considering the cultural equivalency of those instruments.

Linguistic equivalence refers to uniformity among participants’ understanding of the selected terms and concepts included in the study. Cultural equivalence suggests that the variables or interventions used within the study should be understood and accepted by the participants with unique social orientations (Tran, 2009). In this study, all participants were African American or of African descent. All participants spoke English. The measure of religiosity (Chatters, Levin, & Taylor, 1992) was actually developed using data from a nationally representative sample of Black Americans and therefore was deemed to be both linguistically and conceptually equivalent to the target population for this study.
In an effort to investigate whether or not the two scales (the ATJSO and the ATJSOT) that were used in this study to assess church members’ attitudes were conceptually appropriate, individual interviews were held with a pastor and four members of an area Black church. According to Tran (2009), this step is helpful in determining cultural equivalence for measures used in a research study. Each meeting involved letting the individual read over the measures and provide comments and feedback to the researcher about the language used for juvenile sex offender and juvenile sex offender treatment. The results of these meetings indicated that each measure seemed to communicate clearly the concepts and variables of interest in this study. Each individual interviewed agreed that each item of the instruments were asking questions that made sense to them.

**Independent Variables**

Several independent variables were included in this study. The variables were drawn from the extant literature. Specifically, the following variables were included in this study: experiences with an offender, degree of religiosity, and a set of demographic factors: sexual victimization history, income, age, and sex.

**Demographic factors**

All participants were asked to complete items on the demographic form that requested information about their race/ethnicity, gender, age, marital status, income, educational status, parental status, number of years in church, and job title (see Appendix E). An additional set of questions were included as part of the demographic information items that focused on gathering data on the role of the Black church in juvenile sex
offender treatment as well as any historical experiences the participants might have had with this population. The Black Church Member Experience (see Appendix I) section allows for this additional information to be gathered by including items that use Likert scoring as well as open-ended questions. This set of questions specifically asked whether or not the church member would seek help from another church member if they had a juvenile sex offender as a family member.

The questions that make up this section of the demographic items are comprised of a variety of response options. Items 1 through 4 provide a five-point Likert scale that uses responses ranging from strongly disagree to strongly agree. Items 5 through 7 are closed-ended questions that ask respondents to indicate either an affirmative (yes) or a negative (no) answer. Items 8 and 9 are open-ended questions that allowed participants to provide rich, detailed information about their perceptions of adolescent sexual aggression and the church’s role in addressing these issues. Item 8 specifically asked, “What do you think are the factors that contribute to an adolescent deciding to be sexually aggressive?” Item 9 specifically asked, “What do you think the Black church’s role should be in helping juvenile sex offenders and their families get treatment and services?”

**Religiosity**

Chatters, Levin, and Taylor (1992) developed a three-dimensional measurement of religiosity using the entire sample from The National Survey of Black Americans (NSBA). The NSBA involved a nationally representative cross-sectional survey of adult African-Americans living in the United States. The NSBA's sample was drawn via multistage-area-probability sampling based on the 1970 United States Census (Taylor et
al., 2000). There were 2,107 respondents in the original NSBA dataset, but only 446 cases were included for construction of this instrument. Respondents were deleted in this analysis either because of missing values or due to the fact that the respondent was younger than 55 years of age. All individuals in the NSBA dataset self-identified as Black or African American.

The instrument is comprised of three dimensions of religiosity: organizational religiosity, non-organizational religiosity, and subjective religiosity (see Appendix H). Organizational religious behavior refers to the formal liturgical activities that church members participate within the church building or as a part of the church worship process. Non-organizational religious behaviors logically refer to the activities that occur in private, outside of the church building. Subjective religiosity attempts to measure a participant’s perceptions and attitudes regarding religion. This dimension is measured by questions that investigate the perceived importance of religion, the role of religious beliefs in daily life, and individual definitions of being religious (Taylor, Mattis, & Chatters, 1999).

Results of the original analyses indicate that the three factors within the instrument are interrelated (ranging from .589 to .863) (Chatters, Levin, & Taylor, 1992; Levin, Taylor, & Chatters, 1995). Construct validity was determined by regressing the three religiosity factors on several uncorrelated exogenous factors that were found in the literature to relate to religious behaviors among African Americans. The findings indicated that the constructs (age, education, sex, marital status, income, region of the country, and urbanicity) explained the variance in the organizational, non-organizational,
and subjective factors by 11%, 24.8%, and 31.7%, respectively. The authors suggest that these findings indicate that the latent factors of religiosity perform as expected (Chatters, Levin, & Taylor, 1992).

When scoring this instrument, a respondent with higher scores in an area(s) of religiosity would indicate a high level of engagement and focus in that conceptual arena of religious behavior. The scores for each subscale range from 2 to 13 (organizational), 3 to 12 (subjective), and 4 to 20 (non-organizational) with a higher score indicating more organizational, subjective, or non-organizational religiosity. There are no explicit cut off points that distinguish low versus high scores. For this reason, this study used the midpoint of each subscale to distinguish between degrees of religiosity.

**Dependent Variables**

There are two dependent variables in this study. These variables are the church members’ attitudes toward juvenile sex offenders in general, and the church members’ attitudes toward juvenile sex offender treatment.

**Attitudes toward the juvenile sex offender**

The Attitudes Toward Prisoners (ATP) was initially administered to prisoners, law enforcement officials, students, and members of a community to identify whether or not there were attitudinal differences between the general public and correctional officers toward prisoners (Melvin, Gramling, & Gardner, 1985).

In a study by Sahlstrom and Jeglic (2008), the ATP was used to develop a scale that measured attitudes towards juvenile sex offenders (Attitudes Toward Sex Offenders). Sahlstrom and Jeglic’s study involved assessing the attitudes of individuals
towards juvenile sex offenders and is one of the few studies that involves minority participants, specifically Hispanic and African American college students. There were no psychometric properties reported on the Attitudes Toward Sex Offenders scale used in Sahlstrom and Jeglic’s study.

For the current study, the ATP was used to create an instrument that assesses how individuals feel about interacting with juvenile sex offenders and whether or not the respondents feel the juvenile sex offender is significantly different than other non-offending individuals (Attitudes Toward Juvenile Sex Offenders- ATJSO).

The ATP is a five-point Likert scale that uses responses ranging from strongly disagree to strongly agree. Each of the 36 items receives a score from 1 to 5, with 1 being the most negative attitude and 5 being the most positive attitude toward sex offenders. The authors note that a constant of 36 is subtracted from the summed scores, which provides a range from 0 to 144, with a median score of 72. Scores falling above this median suggest that offenders are viewed as normal persons capable of positive change, whereas scores below 72 reflect the view that offenders are basically as deviant individuals. Melvin et al. (1985) found a split-half reliability between .84 and .92 in five different samples and high test-retest reliability (r = .82).

**Attitudes toward juvenile sex offender treatment**

The Attitudes Toward Sex Offender Treatment (ATTSO) (Wnuk, Chapman, & Jeglic, 2006) is a 15-item, self-report questionnaire that was developed to identify attitudes toward treatment for sex offenders. The instrument was originally used with undergraduate psychology students at an urban university to gather data on public
attitudes towards adult sex offenders. The majority of that sample was female and Hispanic, making this instrument one of the few that has been used on a large minority sample.

The scale is comprised of three factors: Incapacitation, Treatment Effectiveness, and Mandated Treatment. Incapacitation (which includes items 3, 5, 7, 11, 12, 13, 14, and 15) attempts to measure an individual’s attitudes towards how the juvenile sex offender should be treated and if they should be punished and treated differently. Treatment Effectiveness (which includes items 1, 2, 4, and 6) measures whether or not the public believes that treatment will have any positive effect on the sex offender. The last factor, Mandated Treatment (which includes items 8, 9, and 10), attempts to identify whether or not individuals believe that treatment should be forced upon the offender. Internal consistency was calculated for the final instrument (.86) and for each of the factors, respectively (.88, .81 and .78). Initial research indicates that the ATTSO is a reliable measure of attitudes toward sex offenders in a sample of undergraduate students (Wnuk et al., 2006). The ATTSO has a possible summed score range of 20 to 100 and a median score of 60. Scores above 60 reflect positive views of sex offender treatment, while scores below 60 indicate a negative view. A score of 60 on the ATTSO reflects the person is "undecided."

In the case of both the Attitudes Toward Prisoners (ATP) survey and the Attitudes Toward Sex Offender Treatment (ATTSO) survey, the wording was changed to make the content specific to juvenile sex offenders. The original items of the ATP were specific to prisoners in general. The word ‘prisoner’ was subsequently changed to ‘juvenile sex
offender’ throughout the ATP survey in order to make the content appropriate for this study. The ATP was then changed to the Attitudes Toward Juvenile Sex Offenders [ATJSO] (see Appendix F). In addition, items 8 and 22 of the original ATP were also changed to make the content specific to juvenile sex offending issues in the revised ATJSO. Specifically, item 8 was changed from a discussion on prison conditions to “Bad juvenile correctional facilities make a juvenile sex offender more bitter.” Item 22 originally contained language that discussed how prisoners attempt to earn an honest living. The item was changed to the following: “Most juvenile sex offenders are too lazy to live a responsible lifestyle.” Item 36 of the ATP also contained language that referred to prisons. The word was changed to facility in the ATJSO.

The Attitudes Toward Sex Offender Treatment (ATTSO) focused primarily on attitudes toward adult sex offenders. All wording that initially stated “sex offenders,” was changed to ‘juvenile sex offenders.’ In addition, item 13 was changed from language discussing execution to “put in a juvenile correctional facility.” In the end, the ATTSO was changed to the Attitudes Toward Juvenile Sex Offender Treatment [ATJSOT] (see Appendix G).

Reliability and Validity

It was important to ensure that the ATJSO and the ATJSOT were valid instruments to be used in this study. After changes were made to the wording of some items, the scales’ validity was assessed. Face validity for the ATJSO and the ATJSOT was measured by asking experts familiar with treatment and issues involved with juvenile sex offenders to review the instrument prior to administering it to participants.
Further analysis was conducted on the ATJSOT due to the fact that this measure was not initially developed to be used with this study’s target population. Prior to conducting analysis with data from the ATJSOT, principal axis factor analysis with varimax rotation was conducted to assess the underlying structure for the fifteen items of the instrument. To measure sampling adequacy, Kaiser-Meyer-Olkin (KMO) was calculated; and to test the strength of relationships between items Bartlett’s test of sphericity was calculated. KMO measures whether or not the factor analysis will be able to yield reliable factors. A value closer to 1 is desirable; more specifically, values between .8 and .9 are considered to be superb (Lomax, 2007). The results of the KMO analysis for this study was .802.

Bartlett’s tests the null hypothesis, which asserts that the original correlation matrix is an identity matrix. If the correlation matrix is an identity matrix this would mean that all of the correlation coefficients would be zero and the factor analysis would not work. The Bartlett’s test needs to be significant indicating that the correlation matrix is not an identity matrix (Lomax, 2007). For this data, Bartlett’s test of sphericity was calculated and found to be significant ($p < .05$).

Communalities were generated to identify the relationship between the variables and some items were found to be weakly correlated. Specifically, item 4 (.129) and item 13 (.185) on the instrument had the lowest squared multiple correlations. Table 1 highlights the total amount of variance explained by each factor. After rotation, the first factor accounted for 27.34%, the second factor accounted for 16.46%, and the third factor accounted for 9.44%. Even though the instrument was developed with three scales, the
EFA for this study indicated that there was a fourth factor, which accounted for 7.03%.

Table 2 displays the items and factor loadings for the rotated factors.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Initial Eigenvalues</th>
<th>Rotation Sums of Squared Loadings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>% of Variance</td>
</tr>
<tr>
<td>1</td>
<td>4.101</td>
<td>27.337</td>
</tr>
<tr>
<td>2</td>
<td>2.468</td>
<td>16.453</td>
</tr>
<tr>
<td>3</td>
<td>1.416</td>
<td>9.439</td>
</tr>
<tr>
<td>4</td>
<td>1.096</td>
<td>7.034</td>
</tr>
</tbody>
</table>

*Note:* Extraction Method is Principal Axis Factoring.

Table 1 Total Variance Explained for ATJSOT Using Exploratory Factor Analysis
### Table 2 Factor Loadings for Exploratory Factor Analysis with Varimax Rotation of ATJSOT Subscales

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor I</th>
<th>Factor II</th>
<th>Factor III</th>
<th>Factor IV</th>
<th>Communalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>0.83</td>
<td>-0.005</td>
<td>-0.015</td>
<td>0.026</td>
<td>0.587</td>
</tr>
<tr>
<td>8</td>
<td>0.811</td>
<td>-0.056</td>
<td>-0.068</td>
<td>-0.049</td>
<td>0.586</td>
</tr>
<tr>
<td>10</td>
<td>0.805</td>
<td>-0.014</td>
<td>0.034</td>
<td>0.025</td>
<td>0.57</td>
</tr>
<tr>
<td>14</td>
<td>0.08</td>
<td>0.715</td>
<td>0.24</td>
<td>0.128</td>
<td>0.471</td>
</tr>
<tr>
<td>11</td>
<td>-0.145</td>
<td>0.657</td>
<td>0.074</td>
<td>0.022</td>
<td>0.358</td>
</tr>
<tr>
<td>15</td>
<td>0.049</td>
<td>0.618</td>
<td>0.349</td>
<td>0.064</td>
<td>0.449</td>
</tr>
<tr>
<td>5</td>
<td>-0.033</td>
<td>0.442</td>
<td>0.214</td>
<td>0.312</td>
<td>0.314</td>
</tr>
<tr>
<td>1</td>
<td>-0.114</td>
<td>-0.178</td>
<td>-0.673</td>
<td>-0.149</td>
<td>0.315</td>
</tr>
<tr>
<td>2</td>
<td>0.276</td>
<td>-0.19</td>
<td>-0.586</td>
<td>-0.174</td>
<td>0.359</td>
</tr>
<tr>
<td>6</td>
<td>0.105</td>
<td>-0.31</td>
<td>-0.486</td>
<td>-0.048</td>
<td>0.399</td>
</tr>
<tr>
<td>7</td>
<td>0.028</td>
<td>0.334</td>
<td>0.44</td>
<td>0.438</td>
<td>0.485</td>
</tr>
<tr>
<td>4</td>
<td>0.096</td>
<td>0.05</td>
<td>0.233</td>
<td>0.208</td>
<td>0.129</td>
</tr>
<tr>
<td>3</td>
<td>-0.079</td>
<td>0.319</td>
<td>0.112</td>
<td>0.667</td>
<td>0.386</td>
</tr>
<tr>
<td>13</td>
<td>-0.063</td>
<td>0.115</td>
<td>-0.046</td>
<td>-0.524</td>
<td>0.185</td>
</tr>
<tr>
<td>12</td>
<td>-0.117</td>
<td>0.223</td>
<td>0.246</td>
<td>0.472</td>
<td>0.326</td>
</tr>
</tbody>
</table>

*Note: Factor loadings > .40 are in boldface and italics*

The factor analysis presented interesting results. The items for Factor I of the analysis all loaded above .5 and appear to be congruent with the items that were originally designed to load for the Mandated Treatment subscale (items 8, 9, and 10). Although the factor loadings are negative, the items for Factor III seem to be congruent with the design for the Treatment Effectiveness subscale (items 1, 2, and 6). Item 4 from this subscale did not load above .3. The most problematic subscale, Incapacitation, had the greatest amount of divergence from the original structure designed by the authors. Items from the Incapacitation subscale loaded on both Factors II and IV. When assessing what possible relationship the re-organized items may have to each other, it appears that
those items that loaded on Factor II (items 5, 11, 14 and 15) are statements that reflect a desire for juvenile sex offenders to be incarcerated or incapacitated. The content of the Factor II items most closely resemble the Incapacitation subscale’s original meaning, and could be maintained under that heading. A close inspection of the themes within the items that loaded on Factor IV (3, 7, 12 and 13) revealed that the questions were not closely related in content or focus. For example, Item 3 discusses the mental state of those who work with juvenile sex offenders and item 7 focuses on the effectiveness of treatment for the population. If forced to categorize these items, then a possible unifying theme could be Recidivism. These items could possibly be addressing this specific sample’s attitudes about the likelihood of recidivism for youth in this population and whether treatment can impact this issue. Again, this may not be the strongest characterization and it is likely that these items just do not function well with this population. This is underscored by the fact that the items that make up Factor IV (Recidivism) also has some of the lowest communalities. In order to maintain the structure of the instrument, only the three original subscales are included in the analyses.

Due to the fact that all of the items that made up Treatment Effectiveness (items 1,2,4, and 6) failed to load above .3 on the rotated factor matrix attempts, were made to strengthen the design of the overall instrument by excluding all of those items. After excluding all of the items on the Treatment Effectiveness subscale, the alpha level for the entire ATJSOT instrument was .605. The acceptable lower limit for Chronbach’s alpha is generally thought to be .7 although it can decrease as low as .6 for exploratory research (Hair et al., 1998 p. 118). Internal consistency for this instrument is marginally
acceptable. In order to maintain the original structure of the instrument, the items from Treatment Effectiveness were kept in the analyses. The alpha level for the total instrument was .354. The alpha levels for the individual scales were: Incapacitation = .67, Treatment Effectiveness = -.88, and Mandated Treatment = .861. Findings should be interpreted cautiously.

Prior to conducting analysis using the ATJSO, internal consistency was calculated using Cronbach’s alpha. This measure is widely used in research to discern whether multiple items that make up an instrument are consistently measuring the intended concept (Leech, Barrett, & Morgan, 2008, p. 46). Levels for Cronbach’s alpha reflect that .7 is considered to be the lower limit of acceptability (Hair et al., 1998). The ATJSO has a Cronbach’s alpha of .90. This would indicate that the items have strong internal consistency.

Analysis

The study employed a mixed methods approach to investigate the research questions. Inferential and descriptive statistics were employed in this study, along with qualitative methods, to analyze the data. The following sections of this chapter will outline the specific forms of each type of methodology used in this study.
**Quantitative analysis.** Once all of the surveys were obtained, the forms were scanned into the computer using the Remark Office OMR scanner and software package. This technology assisted with data entry by erasing the necessity for manual input, which likely cut down on the likelihood of human data entry error. Once all of the surveys were scanned into the computer and missing data, errors, and incongruent results were addressed, the files were converted to files compatible with SPSS 18.0. All analyses used the SPSS statistical package.

In order to explore the characteristics of the sample descriptive statistics (e.g. percentages, frequencies) were calculated. In addition, descriptive statistics were used to answer the following research questions:

1) What are the attitudes of African American adult church members from a predominately African American church regarding juvenile sex offenders?

2) What are the attitudes of these church members regarding juvenile sex offender treatment?

   Multiple regression, One-way ANOVA, and t-tests were used to analyze the following research questions:

3) What factors affect church members’ attitudes toward juvenile sex offenders and their treatment?

   a. Does degree of religiosity affect attitudes toward juvenile sex offenders?

   b. Does having a personal experience with a juvenile sex offender impact attitudes toward the youth?
c. Does age, sex, years in church, and income, impact the respondents’ attitudes toward these youth?

d. Does prior sexual victimization history impact the respondents’ attitudes toward these youth?

**Analysis of open-ended question**

To analyze the content provided by the open-ended questions on The Black Church Member Experience, content analysis was utilized to look for themes and trends in the participants’ responses. Question #8 from The Black Church Member Experience was used to further explore church member’s attitudes. The results were cross-referenced with the quantitative data gathered from research question 1. Question #9 from the Black Church Member Experience specifically answers the following research question:

4) What role should the church play in the rehabilitative process of the juvenile sex offender?

Content analysis is a research tool that is used in many disciplines to identify trends or patterns in words, phrases, and text (Berelson, 1952). Although currently considered a form of qualitative research, content analysis was historically used by researchers to identify trends in print forms of communication in the marketing field (e.g. newspapers and magazines) (Padgett, 2008). It is now used to understand the historical, cultural, and social significance of various forms of communication (de Sola Pool, 1959). Content analysis can be useful when a researcher is attempting to identify the intentions, focus or communication trends of an individual, group or institution, as well as when describing attitudinal and behavioral responses of persons or groups (Berelson, 1952).
Content analysis provides the researcher with the ability to gain insight into complex models of human thought and language. It can also be useful to unobtrusively investigate human thought and interaction via transcript and text analysis (Palmquist, 2011). Equally as useful is the fact that once codes and words are counted, the results are able to be analyzed in a quantitative manner.

In this study, conceptual content analysis was used to analyze the data provided from the open-ended questions. Conceptual content analysis is the more popular form of content analysis that focuses on word counts and the presence of themes or patterns within the text (Berg, 2001). In this case, the texts consisted of the written answers to the open-ended questions #8 and #9 from the Black Church Member Experience questions (see Appendix I).

Both the latent and manifest content of the data were analyzed in this study. According to Berg (2001), the manifest content reflects the elements of the data that are actually capable of being coded. This would include the actual counts of the amount of times a word or phrase appears in a text. The latent content focuses on more subtle, abstract data. Analyzing the latent content requires the researcher to interpret underlying meanings drawn from the messages of the participants. In this study the manifest content was used to determine frequencies for words. The latent content was used to further explore the quantitative results of the study, as well as to answer research question #4.

Analysis of this data was done following the eight coding steps for conceptual content analysis outlined by Carley (1990) and Palmquist (2011). The first step in the process involves deciding on the level of analysis. The level of analysis used for this
study was a combination of singular words and sets of words identified in the participants’ responses. It was decided that looking only at singular words could inhibit the results of this study from truly representing the intention of the responses.

The next step involves deciding how many concepts should be coded. In this study a list of codes was drafted using words and phrases implicitly and explicitly stated in the two attitudinal surveys. The codes were organized into five categories in order to make analysis more efficient (see Appendix J). Within the five categories, the codes were identified as being either negative or positive. According to Carley (1990), it is sufficient to include between 100-500 codes in a study. This study initially included 107 codes. The third step requires the researcher to consider whether or not to count the codes simple existence or its frequency of usage. In this study, there was a focus on the frequency of the words versus the existence (Palmquist, 2011). Focusing on how often a word was used conveys information about the concepts importance versus the simplicity of its actual presence.

Next, the codes must be categorized. In this study there was some flexibility allowed in the coding so that words that were close in meaning would be included in the word count. For instance, the word afraid was used as a code. If a participant did not explicitly use the word afraid but did write fearful or scared, those words would be counted under that code. In addition, the number of codes and categories were expanded to include new and unique information once analysis began.

After considering how to count different variations of code, the next step involves developing coding rules. The coding rules for this study did not allow for multiple words
to exist under different categories. For instance, the word son was coded under the
category “Words Describing the JSO.” The word son would not be counted under the
category of “Words Describing the JSO’s Relationship to the Church” since it was
already placed in a category. Each category had to have terms that were mutually
exclusive. To help ensure that this occurred, only one category was scored at a time. Each
time a word was counted it was crossed out so that it would not be recounted during
subsequent analyses of other categories.

A final step for analyzing contextual data is to make a decision about what will be
done with irrelevant, or unusable, data. This might include terms like “and” or “the.” For
this study, these terms were ignored and simply not included in the results.

Finally, the researcher must code all the data. The actual coding of the
participants responses in this study was done using the word search function in Microsoft
Word Office 2007. The frequencies of the selected codes were documented. Once all data
was entered and coded, the analysis followed using the categories or themes noted in
Appendix J.
Chapter 4: Findings

The findings for this research study will be outlined by first restating the relevant research question. Subsequently, the results of the analyses will be provided and finally a discussion of the results. The statistical package SPSS 19.0 was used to conduct all inferential analyses. Descriptive statistics were generated to understand the nature of the sample and to understand the following research question:

- What are the attitudes of the respondents regarding juvenile sex offenders?

Independent sample t-tests, ANOVAs, and multiple regression analyses were used to answer the following research questions:

- What are the attitudes of the respondents regarding juvenile sex offender treatment?
- What factors affect the respondents’ attitudes towards juvenile sex offenders and their treatment?
  a. Does degree of religiosity affect attitudes towards juvenile sex offenders?
  b. Does having a personal experience with a juvenile sex offender impact attitudes towards the youth?
  c. Does age, income, number of years in church or sex impact the respondents’ attitudes towards these youth?
d. Does prior sexual victimization history impact the respondents’ attitudes towards these youth?

Microsoft Word was used to assist in analyzing the data gathered from the open-ended question, which is:

- What role should the church play in the rehabilitative process of the juvenile sex offender?

**Description of the Sample**

A purposive sample from a large Black church in the Mid-West was used for this study. According to the church’s directory there were 556 members. When the initial mailing was being prepared, addresses that were incomplete (e.g. no zip code) were excluded from the mailing list, which resulted in a total of 552 survey packets being sent to the members. Over time, 55 surveys were returned to the researcher as undeliverable. Once these numbers were excluded, a total of 497 participants were actually eligible for inclusion in this project. Ultimately, 167 surveys were returned that were completely filled out. This resulted in a 33.6% response rate. It is accepted within mail-in survey research that a 60% response rate is adequate (Singleton & Straits, 2005, p. 257). However, research conducted with African Americans also tends to have lower rates of participation (Dey, 1997; Shavers, Lynch, & Burmeister, 2002; Thompson et al., 1996).

Several demographic variables (i.e., gender, race/ethnicity, education, parental status, income, age, and number of years attended church) were gathered to gain a better understanding of the type of participants that were being included in the study. Frequencies for these variables are noted in Table 3.
The sample was primarily comprised of women (68.3%; n=114). Race and ethnicity were divided into four different groups. The largest group, 62.9% (n=105), identified as African American/Non-Hispanic Black. There were 22.8% (n=38) of participants who indicated that they were African/African Nationals and 12% (n=20) indicated that they identified as West Indian or of Caribbean heritage. The questionnaire gave examples such as Jamaican, Haitian, or Trinidadian. The smallest group of participants, 2.4% (n=4), identified as Hispanic Black.

Education was broken down into types of degrees. The question specifically asked for each individual to choose their highest degree obtained. The data indicate that 3.6% (n=6) of the participants had not obtained a degree, 31.5% (n=52) had at least a high school diploma, 9.7% (n=16) had obtained an Associate’s degree, 26.1% (n=43) had a Bachelor’s degree, 25.5% (n=42) had a Graduate degree, and 3.6% (n=6) had secured a professional degree. Examples of professional degrees included a J.D. or M.D.

Parental status was obtained by providing four different categories for participants to choose from. Since the majority of participants indicated that they were female, it is not surprising that Mother/Step-mother was the largest parental group within the study with 57% (n=94) of the sample falling into this category. There were 22.4% (n=37) of participants who identified as a Father/Step-father and 19.8% (n=33) of participants who indicated that they had no children. In addition, .6% (n=1) of the participants indicated that they were the primary caregiver of a non-biological child.

Income was split into five different levels. There were 12% (n=19) who made between 0 and $15999. There were 20.3% (n=32) indicated that they made between
$16000 and $30999, 28.5% (n=45) of the study’s participants earned between $31000 and $45999, 13.9% (n=22) indicated they earned between $46000 and $60999, and 25.3% (n=40) indicated they earned $61000 and above.

Participants were asked to write-in the number of years they have attended or have been a member of a Black church. The mean number of years that participants were involved with the Black church was 39.43 years (SD= 18.00). The range for the responses indicated a range of 1 year to 91 years of involvement. Participants were also asked to write-in their age. The mean age for the study was 52.7 (SD=16.5). The modal age was 59 years of age, with a range of 18 to 93 years of age. These results would imply that this sample is largely comprised of older adults who have been in the church for many years. In addition, as reflected in Table 3, the variable “age” was divided into groups of five year spans to further demonstrate the distribution of age across subjects.
<table>
<thead>
<tr>
<th>Variable Name</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 to 20</td>
<td>2</td>
<td>1.2</td>
</tr>
<tr>
<td>21 to 25</td>
<td>9</td>
<td>5.6</td>
</tr>
<tr>
<td>26 to 30</td>
<td>11</td>
<td>6.8</td>
</tr>
<tr>
<td>31 to 35</td>
<td>10</td>
<td>6.2</td>
</tr>
<tr>
<td>36 to 40</td>
<td>8</td>
<td>4.9</td>
</tr>
<tr>
<td>41 to 45</td>
<td>14</td>
<td>8.6</td>
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<td>46 to 50</td>
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<td>8.6</td>
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<td>51 to 55</td>
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<td>6.2</td>
</tr>
<tr>
<td>56 to 60</td>
<td>27</td>
<td>16.7</td>
</tr>
<tr>
<td>61 to 65</td>
<td>24</td>
<td>14.8</td>
</tr>
<tr>
<td>66 to 93</td>
<td>33</td>
<td>20.4</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
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<td></td>
</tr>
<tr>
<td>Male</td>
<td>43</td>
<td>27.4</td>
</tr>
<tr>
<td>Female</td>
<td>114</td>
<td>72.6</td>
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<tr>
<td><strong>Race/Ethnicity</strong></td>
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<td></td>
</tr>
<tr>
<td>African/ African National</td>
<td>38</td>
<td>22.8</td>
</tr>
<tr>
<td>African-American/Non-Hispanic Black</td>
<td>105</td>
<td>62.9</td>
</tr>
<tr>
<td>West Indian</td>
<td>20</td>
<td>12.0</td>
</tr>
<tr>
<td>Hispanic Black</td>
<td>4</td>
<td>2.4</td>
</tr>
</tbody>
</table>

Table 3 Descriptives for the Church Members Sample
Table 3 continued

<table>
<thead>
<tr>
<th>Variable Name</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Degree</td>
<td>6</td>
<td>3.6</td>
</tr>
<tr>
<td>High School Diploma</td>
<td>52</td>
<td>31.5</td>
</tr>
<tr>
<td>Associate Degree</td>
<td>16</td>
<td>9.7</td>
</tr>
<tr>
<td>Bachelor Degree</td>
<td>43</td>
<td>26.1</td>
</tr>
<tr>
<td>Graduate Degree</td>
<td>42</td>
<td>25.5</td>
</tr>
<tr>
<td>Professional Degree</td>
<td>6</td>
<td>3.6</td>
</tr>
<tr>
<td><strong>Parental Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Children</td>
<td>33</td>
<td>20.0</td>
</tr>
<tr>
<td>Mother/Step-Mother</td>
<td>94</td>
<td>57.0</td>
</tr>
<tr>
<td>Father/Step-Father</td>
<td>37</td>
<td>22.4</td>
</tr>
<tr>
<td>Primary Caregiver of Non-Bio Child</td>
<td>1</td>
<td>0.6</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-$15999</td>
<td>19</td>
<td>12.0</td>
</tr>
<tr>
<td>$16000-30999</td>
<td>32</td>
<td>20.3</td>
</tr>
<tr>
<td>$31000-45999</td>
<td>45</td>
<td>28.5</td>
</tr>
<tr>
<td>$46000-60999</td>
<td>22</td>
<td>13.9</td>
</tr>
<tr>
<td>$61000 and above</td>
<td>40</td>
<td>25.3</td>
</tr>
<tr>
<td><strong>Number of Years In Church</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-20</td>
<td>29</td>
<td>18.7</td>
</tr>
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<td>21-40</td>
<td>55</td>
<td>35.5</td>
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<td>41-60</td>
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<td>36.1</td>
</tr>
<tr>
<td>61-80</td>
<td>14</td>
<td>9.0</td>
</tr>
<tr>
<td>81-100</td>
<td>1</td>
<td>0.6</td>
</tr>
</tbody>
</table>

**Research Question 1: What are the attitudes of the respondents regarding juvenile sex offenders?**

The descriptive analyses for the participants’ scores on the ATJSO are presented in Table 4. As previously noted, the items in this instrument assess how individuals feel about interacting with juvenile sex offenders and whether or not the respondents feel the
juvenile sex offender is significantly different than other non-offending individuals. The mean score for church members’ attitudes toward juvenile sex offenders, before subtracting 36 as is indicated in the scoring instructions (Melvin et al., 1985), was 120.66 with a standard deviation of 15.36. The range was 83 to 166. After adjusting the score, the mean score is 84.66 and the range is 47 to 130, reflecting scores higher than the established midpoint of 72. These findings suggest that the church members believe that these youth are capable of change and that they are not simply deviant offenders who should be locked up. Likewise, church members’ responses indicate that they are open to interacting with juvenile sex offenders and offering assistance to them. A further discussion will be provided to elaborate on these findings in a chapter five.

<table>
<thead>
<tr>
<th>Overall Mean (SD)</th>
<th>Min</th>
<th>Max</th>
<th>Range of Possible Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>84.66 (15.36)</td>
<td>47</td>
<td>130</td>
<td>Low (0-71) High (72 - 144)</td>
</tr>
</tbody>
</table>

Table 4 Mean and Ranges for the ATJSO

**Research Question 2: What are the attitudes of the respondents regarding juvenile sex offender treatment?**

A description of the scores for the Attitudes Toward Juvenile Sex Offender Treatment (ATJSOT), subscale I (Incapacitation), subscale II (Treatment Effectiveness), and subscale III (Mandated Treatment) are included in Table 5. The mean score for the ATJSOT is 42.71 (SD= 3.94), the mean score for subscale I is 16.09 (SD= 3.62), subscale II is 13.57, and for subscale III the mean is 12.99 (SD= 2.32). The scores for the ATJSOT
ranged from 24 to 53. Total possible scores could range from 15 to 75. As previously discussed, the developers of the original scale used the midpoint as a cutoff for identifying positive or negative attitudes. The midpoint of the entire scale is a score of 45. For the ATJSOT scale, higher scores indicate more negative attitudes.

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Range</th>
<th>Mean</th>
<th>SD</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scale I: Incapacitation</td>
<td>8 to 40</td>
<td>16.09</td>
<td>3.64</td>
<td>8</td>
<td>26</td>
</tr>
<tr>
<td>Scale II: Treatment</td>
<td>3 to 15</td>
<td>13.00</td>
<td>2.34</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Ineffectiveness</td>
<td>3 to 15</td>
<td>13</td>
<td>2.34</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Scale III: Mandated Treatment</td>
<td>3 to 15</td>
<td>13</td>
<td>2.34</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Total Scale</td>
<td>15 to 75</td>
<td>42.71</td>
<td>3.94</td>
<td>24</td>
<td>53</td>
</tr>
</tbody>
</table>

Table 5 Means and Ranges for the ATJSOT

Independent t-tests and factorial ANOVAS were used to identify the differences between groups on the following variables: age, sex, income, previous childhood experience with a juvenile sex offender, current relationship with a juvenile sex offender, and historical sexual victimization. The results of these analyses are provided in Table 6. To assist in analyses, the variable age was transformed into two groups: 18-49 year olds and 50-93 year olds. On subscale I, there is a significant difference between the responses of both women and men. Women provided higher scores ($t = -2.012, df = 77.483, p = .048$), which indicates that the women in this study had more negative attitudes in support of incapacitation. This finding indicates that female church members believe that juvenile sex offenders should receive treatment in restricted settings, such as a residential treatment center or a correctional setting.

There was also a significant relationship between those who have a current relationship with a juvenile sex offender and subscale III, mandated treatment.
Individuals who answered yes to having a current interaction with a juvenile sex offender had significantly higher scores reflecting attitudes supporting mandated treatment ($t = -2.166$, $df = 51.596$, $p = .035$). Individuals who were between ages 18 through 49 also had significantly higher scores on subscale III ($F = 11.887$, $p = .001$) than those who were older. All other analyses failed to reflect significant relationships between the variables and the subscales or the summed score for the entire instrument.

<table>
<thead>
<tr>
<th>Scale</th>
<th>Category</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>t/F</th>
<th>df</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td>Male</td>
<td>41</td>
<td>15.22</td>
<td>3.47</td>
<td>-2.012</td>
<td>77.483</td>
<td>.048*</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>108</td>
<td>16.53</td>
<td>3.74</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Incapacitation</strong></td>
<td>Male</td>
<td>43</td>
<td>14.00</td>
<td>1.89</td>
<td>1.723</td>
<td>79.920</td>
<td>.089</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>113</td>
<td>13.41</td>
<td>2.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Treatment Effectiveness</strong></td>
<td>Male</td>
<td>43</td>
<td>12.93</td>
<td>1.94</td>
<td>-.184</td>
<td>96.974</td>
<td>.854</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>112</td>
<td>13.00</td>
<td>2.49</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mandated Treatment</strong></td>
<td>Male</td>
<td>43</td>
<td>12.93</td>
<td>1.94</td>
<td>-.184</td>
<td>96.974</td>
<td>.854</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>112</td>
<td>13.00</td>
<td>2.49</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Experience With a Juvenile Sex Offender</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incapacitation</td>
<td>Incapacitation</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>16.09</td>
<td>16.42</td>
</tr>
<tr>
<td>3.33</td>
<td>4.83</td>
</tr>
<tr>
<td>-.333</td>
<td>1.016</td>
</tr>
<tr>
<td>29.957</td>
<td>30.622</td>
</tr>
<tr>
<td>.741</td>
<td>.318</td>
</tr>
<tr>
<td>Treatment Effectiveness</td>
<td>Treatment Effectiveness</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>13.68</td>
<td>13.15</td>
</tr>
<tr>
<td>1.87</td>
<td>2.49</td>
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<tr>
<td>1.016</td>
<td>2.166</td>
</tr>
<tr>
<td>30.622</td>
<td>51.596</td>
</tr>
<tr>
<td>.318</td>
<td>.035*</td>
</tr>
<tr>
<td>Mandated Treatment</td>
<td>Mandated Treatment</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>12.93</td>
<td>13.69</td>
</tr>
<tr>
<td>2.32</td>
<td>1.49</td>
</tr>
<tr>
<td>-.2166</td>
<td></td>
</tr>
<tr>
<td>51.596</td>
<td></td>
</tr>
<tr>
<td>.035*</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>Incapacitation</td>
<td>Incapacitation</td>
</tr>
<tr>
<td>18-49</td>
<td>50-93</td>
</tr>
<tr>
<td>15.965</td>
<td>16.156</td>
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<tr>
<td>.479</td>
<td>.421</td>
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<tr>
<td>.090</td>
<td>1.090</td>
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<tr>
<td>1, 138</td>
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<td>.765</td>
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<td>50-93</td>
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<tr>
<td>13.652</td>
<td>13.526</td>
</tr>
<tr>
<td>.260</td>
<td>.226</td>
</tr>
<tr>
<td>.134</td>
<td>1.134</td>
</tr>
<tr>
<td>1, 144</td>
<td>1, 144</td>
</tr>
<tr>
<td>.715</td>
<td>.715</td>
</tr>
<tr>
<td>Mandated Treatment</td>
<td>Mandated Treatment</td>
</tr>
<tr>
<td>18-49</td>
<td>50-93</td>
</tr>
<tr>
<td>13.750</td>
<td>12.374</td>
</tr>
<tr>
<td>.302</td>
<td>.263</td>
</tr>
<tr>
<td>11.887</td>
<td>11.887</td>
</tr>
<tr>
<td>.001*</td>
<td>.001*</td>
</tr>
</tbody>
</table>

Table 6 Independent T-Test and ANOVA Findings for the ATJSOT
Research Question 3

Research question 3 broadly looks at what factors might impact church members’ attitudes toward juvenile sex offenders. To answer this, each sub-question for research question 3 examines a different variable.

**Research 3a: Does degree of religiosity affect attitudes toward juvenile sex offenders?**

The Religiosity survey by Chatters et al was used to answer this question. Table 7 contains the descriptive statistics for this instrument. The mean score for organizational religiosity was 9.16 (SD=1.58). The range of scores was from 4 to 12.

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Degree of Religiosity</th>
<th>Range</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational</td>
<td>Low</td>
<td>2 to 7</td>
<td>5</td>
<td>9.16</td>
<td>1.58</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>8 to 13</td>
<td>134</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subjective</td>
<td>Low</td>
<td>3 to 7</td>
<td>4</td>
<td>10.67</td>
<td>1.25</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>8 to 12</td>
<td>135</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-organizational</td>
<td>Low</td>
<td>4 to 12</td>
<td>9</td>
<td>16.8</td>
<td>2.03</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>13 to 20</td>
<td>131</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 7 Means and Ranges for the Religiosity Subscales

Furthermore, the organizational sub-scale included an item (question 3) where respondents were asked to write-in a response. This data was not included in the sum total for this subscale. The question specifically asks about how many clubs or organizations the respondent is involved in at church. The mean number of church clubs
or organizations reported for this study was 1.94 (SD= 1.43). The number of clubs and organizations ranged from 0 to 8.

The scores on the non-organizational subscale reflect that the mean score is 16.80 (SD= 2.03). The range is 4 to 20. This would indicate that the participants are very engaged in religious activities outside of those initiated at church. The average score on the subjective religiosity scale is 10.67 with a standard deviation of 1.25. The range of these scores is 6 to 12. These scores would imply that the majority of church members feel they are religious and that religion is important.

The data reflects that the majority of responses were high for each subscale. In fact, very few individuals had scores that were below the midpoint. Due to this fact, it was not possible to conduct any analysis that assessed differences between participants with high and low religiosity scores.

Research question 3b: Does having a personal experience with a juvenile sex offender impact attitudes toward the youth?

Questions 5 and 6 from the Black Church Member Experience were used to answer this research question. Table 8 displays the descriptive statistics and the results that will be further discussed. Independent sample t-tests were run to assess whether there were significant differences between the attitudes of those who had early life or recent experiences with sexually aggressive youth. Results indicated that there is a statistically significant difference in attitudes between those who knew a juvenile sex offender while they were growing up and those who did not ($t = 3.481$, $df = 85.357$, $p = .001$). These results indicate that individuals who had prior childhood experience with a
juvenile sex offender had more positive attitudes toward these youth. The results of the
t-test for those who may or may not currently know a juvenile sex offender did not
indicate significant differences ($t = .554, df = 34.528, p = .590$).

<table>
<thead>
<tr>
<th>Variable</th>
<th>Response</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>$t$</th>
<th>$df$</th>
<th>Sig. (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior Childhood Experience</td>
<td>Yes</td>
<td>43</td>
<td>127.00</td>
<td>14.21</td>
<td>3.48</td>
<td>85.36</td>
<td>.001*</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>94</td>
<td>117.74</td>
<td>14.94</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Relationship</td>
<td>Yes</td>
<td>25</td>
<td>122.20</td>
<td>15.87</td>
<td>.54</td>
<td>34.53</td>
<td>.590</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>112</td>
<td>120.30</td>
<td>15.20</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 8 Descriptives and Independent T-Test for Experience with a Juvenile Sex Offender

Research Question 3c: Does age, sex, and income, impact the respondents’ attitudes toward these youth?

To analyze whether there were any attitudinal differences across the age groups
described above, as well as income levels, two one-factor ANOVA models were
generated. As noted in Table 9, the results show that there were no statistically
significant differences in attitudes across age groups ($F = 1.455, df = 10, p = .164$). The
effect size is large ($\eta^2 = .102$) and observed power is strong (.706). The results for the
one-factor ANOVA on income levels also yielded results that were not significant ($F =
1.409, df = 4, p = .235$). The effect size is very small ($\eta^2 = .042$) and observed power is
moderate (.428).
<table>
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<th></th>
<th>Income</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sum of Squares</td>
<td>Mean Square</td>
</tr>
<tr>
<td>Between Groups</td>
<td>1308.72</td>
<td>327.18</td>
</tr>
<tr>
<td>Within Groups</td>
<td>29732.11</td>
<td>232.28</td>
</tr>
<tr>
<td>Total</td>
<td>31040.83</td>
<td>32840.36</td>
</tr>
</tbody>
</table>

Table 9 ANOVA Summary Table for Relationship Between Income and Age with the ATJSA

An independent sample t-test was used to investigate any differences in attitudes between women and men in the sample. The results indicate that there were no significant attitudinal differences between these two groups ($t = .138$, $df = 60.141$, $p = .891$). These results are summarized in Table 10.

**Research Question 3d: Does prior sexual victimization history impact the respondents’ attitudes toward these youth?**

Question 7 from the Black Church Member Experience was used to answer this research question. This item asked whether or not the respondent was a victim of sexual abuse. An independent sample t-test was used to investigate any differences in attitudes based on sexual victimization history. The results indicate that there were no significant attitudinal differences between those who had been abused and those who had not been abused ($t = 1.223$, $df = 59.369$, $p = .226$).
Summary of Research Question 3: What factors affect church members’ attitudes toward juvenile sex offenders and their treatment?

Finally, multiple linear regression analysis was used to test whether age, sex, income, degree of religiosity, prior experience with a juvenile sex offender, current relationship with a juvenile sex offender, and previous sexual victimization, provided the best linear combination for predicting attitudes toward juvenile sex offenders. Table 11 displays the correlation matrix. The correlation matrix depicts several significant relationships between the variables. None of the correlations were strong and therefore would not likely present any problems for multicollinearity. Correlations ranging from .1 to .29 are considered to be weak, .3 to .49 are considered to be moderate, and .5 to 1 are considered to be strong (Cohen, 1988).

Prior relationship with a sex offender is the only variable that is significantly correlated with attitudes toward a juvenile sex offender ($p<.001$). This relationship is positive and moderate ($r=.303$). Current relationship with a juvenile sex offender ($p<.05$) and a history of sexual victimization ($p<.01$) are both negatively correlated with age. Sex is weakly related to ($p<.05$) non-organizational religiosity ($r=.154$) and

<table>
<thead>
<tr>
<th></th>
<th>$t$</th>
<th>$df$</th>
<th>Sig.</th>
<th>Mean Difference</th>
<th>Std Error Difference</th>
<th>Lower</th>
<th>Upper</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>.138</td>
<td>60.14</td>
<td>.891</td>
<td>.424</td>
<td>3.08</td>
<td>-5.74</td>
<td>6.59</td>
</tr>
<tr>
<td>Sexual Victimization</td>
<td>1.224</td>
<td>59.37</td>
<td>.226</td>
<td>3.650</td>
<td>2.98</td>
<td>-2.31</td>
<td>9.60</td>
</tr>
</tbody>
</table>

Table 10 Independent T-Tests for ATJSO with Sex and Sexual Victimization
organizational religiosity ($r=-.188$). The negative relationship between organizational religiosity and sex would suggest that men may have higher rates of organizational behaviors for this sample than women. Non-organizational religiosity also has a weak, positive relationship with subjective religiosity ($p<.01$) and objective religiosity ($p<.05$). Subjective religiosity appears to have a weak, negative relationship with historical victimization ($p<.01$).

In addition to being correlated with attitudes toward juvenile sex offenders, past experience with a juvenile sex offender was also significantly related to current relationship with a juvenile sex offender ($p<.01$) and historical sexual victimization ($p<.001$). These relationships are considered to be positive but weak. Although the relationship between a current or recent relationship with a juvenile sex offender and historical sexual victimization is moderate ($r=.348, p<.001$), it is the largest correlation of all the variables included in this model.

The results of the multiple regression analysis, included in Table 12, indicates that the multiple correlation coefficient, using all the predictors simultaneously is .38 ($R^2=.145$) and the adjusted $R^2=.073$. This indicates that these variables can predict approximately 7% of the variation in the attitude scores, which were entered using the ATJSO sum score. The ANOVA summary indicates that this was a significant portion of the total variation that was predicted ($F=1.999; df=9,106; p<.05$) by this regression model. The coefficients summary depicts that only the variable “previous experience with a juvenile sex offender” (item 5 on the Black Church Member Survey) significantly contributes to the model ($b=.288; t=2.986; p=.01$). The confidence intervals do not
include zero and the VIF = 1.156 indicating no collinearity problems. These results from
the multiple regression analysis support the findings from the t-test that showed
individuals who had previous childhood experience with a juvenile sex offender also had
more positive attitudes toward these youth.
<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
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<td>1. Attitudes</td>
<td>1.000</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td>2. income</td>
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<td>1.000</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. age</td>
<td>-.132</td>
<td>.039</td>
<td>1.000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. sex</td>
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<td>-.081</td>
<td>-.138</td>
<td>1.000</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. prior experience</td>
<td>.303***</td>
<td>.022</td>
<td>-.075</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. current experience</td>
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<td>-.058</td>
<td>-.206*</td>
<td>.074</td>
<td>.238**</td>
<td>1.000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. sexual victimization</td>
<td>.098</td>
<td>-.030</td>
<td>-.220**</td>
<td>.067</td>
<td>.298***</td>
<td>.348**</td>
<td>1.000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. non-organizational religiosity</td>
<td>.096</td>
<td>-.060</td>
<td>.210</td>
<td>.154*</td>
<td>.047</td>
<td>-.087</td>
<td>.099</td>
<td>1.000</td>
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</tr>
<tr>
<td>9. subjective religiosity</td>
<td>.081</td>
<td>.027</td>
<td>.143</td>
<td>.026</td>
<td>.027</td>
<td>.085</td>
<td>.221*</td>
<td>.227*</td>
<td>1.000</td>
<td></td>
</tr>
<tr>
<td>10. organizational religiosity</td>
<td>-.020</td>
<td>.090</td>
<td>.023</td>
<td>-.188*</td>
<td>-.126</td>
<td>-.046</td>
<td>-.014</td>
<td>.168*</td>
<td>.149</td>
<td>1.000</td>
</tr>
</tbody>
</table>

*Correlation is significant at the .05 level, **Correlation is significant at the .01 level, ***Correlation is significant at the .001 level.

Table 11 Correlation Matrix Depicting Relationships Between ATJSO and Predictor Variables
<table>
<thead>
<tr>
<th>Variables</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
<th>Tolerance</th>
<th>VIF</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Constant)</td>
<td>99.278</td>
<td></td>
<td>6.117</td>
<td>.000</td>
<td>.975</td>
<td>1.026</td>
</tr>
<tr>
<td>income</td>
<td>1.642</td>
<td>.144</td>
<td>1.586</td>
<td>.116</td>
<td>.853</td>
<td>1.172</td>
</tr>
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<td>age</td>
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<td>-.164</td>
<td>1.689</td>
<td>.094</td>
<td>.893</td>
<td>1.120</td>
</tr>
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<td>sex</td>
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<td>-.038</td>
<td>-.402</td>
<td>.689</td>
<td>.883</td>
<td>1.120</td>
</tr>
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<td>prior experience</td>
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<td>.288</td>
<td>2.986</td>
<td>.004*</td>
<td>.865</td>
<td>1.156</td>
</tr>
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<td>-.040</td>
<td>-.400</td>
<td>.690</td>
<td>.789</td>
<td>1.268</td>
</tr>
<tr>
<td>sexual victimization</td>
<td>.070</td>
<td>.002</td>
<td>.019</td>
<td>.985</td>
<td>.713</td>
<td>1.402</td>
</tr>
<tr>
<td>non-organizational religiosity</td>
<td>.916</td>
<td>.116</td>
<td>1.155</td>
<td>.251</td>
<td>.798</td>
<td>1.253</td>
</tr>
<tr>
<td>subjective religiosity</td>
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<td>.076</td>
<td>.772</td>
<td>.442</td>
<td>.822</td>
<td>1.216</td>
</tr>
<tr>
<td>organizational religiosity</td>
<td>-.320</td>
<td>-.033</td>
<td>-.346</td>
<td>.730</td>
<td>.884</td>
<td>1.131</td>
</tr>
</tbody>
</table>

Table 12 ANOVA Model Summary and Regression Coefficients
Research Question 4: What role should the church play in the rehabilitative process of the juvenile sex offender?

The results of the content analysis using data from questions 8 and 9 of the Black Church Member Experience are included in Table 12. In addition, the codes and categories used for analysis are included in Appendix J. Some of these codes were eventually collapsed, expanded or excluded based upon what the actual participants reported.

Question #9 of the Black Church Member Experience questions asked: What do you think the Black church’s role should be in helping juvenile sex offenders and their families get treatment and services? When analyzing the manifest content from question 9, the original codes for this category were expanded as a result of the variety of additional words and phrases that the respondents provided in their written answers. This can often be the case when using an interactive, reflexive coding process (Palmquist, 2011).

The vast majority (96.8%, n=307) of words that respondents used reflected positive ideas about programming within the church. Respondents used the following words most often: “help” (n=37), “treatment” (n=59), “support” (n=44), and “pray” (n=29). Words that reflect a desire for training, education and collaboration with professionals were also used regularly (11%, n=29).

The responses were also separated by gender and based upon whether or not the participant indicated that they had a prior experience with a juvenile sex offender. The
latter factor was included to assist in sorting the results due to the findings of the logistic regression model that indicated previous experience with a juvenile sex offender is a significant factor that predicts attitudes toward juvenile sex offenders. It was determined relevant to investigate whether or not this factor also impacted the frequency of words used when answering the open-ended questions.

Related to the role of the church, women used more positive words (n=177, 65%) than men. In addition, women who had previous experience with a juvenile sex offender provided more positive words (n= 74, 27%), regarding how the church should engage these youth and their families, than men in this study. In addition, neither women nor men who had historical interactions with a juvenile sex offender provided any negative words that described this relationship.

In analyzing the latent content from question #9, respondents overwhelmingly provided content that reflected support for some form of programming in the church to help these youth and their families. Statements that illustrate these sentiments are provided because it is suggested that when analyzing latent content, there should be corroboration by independent evidence documented by at least three examples of the interpretation (Berg, 2001). The following three participants indicated:

# 164: “Black churches should be a place where resources are provided, that is the church should direct people to resources.”

#246: “I think the black church should lead juvenile sex offenders and their families to professionals that have a Christian perspective.”

#467: “…Involvement and programs where children are shown and given normal loving relationship that have nothing to do with sex. A loving and caring church family does wonders for a child.”
In spite of the positive findings regarding church involvement, there was a (n=5, 1%) presence of words that were coded as negative to describe church members’ concern about openly including these youth into their church community. When looking at the latent content of these types of responses, it appears that the respondents felt fear and anxiety toward knowingly allowing individuals with these types of problem behaviors into the church. Examples of the latent data include:

#359: “I do have concerns about privacy and people who have problems and other members are unaware. For example, if you send your child to bathroom or program your child is left unattended and a juvenile offender attacks or offends your child it probably could have been prevented but often times you don’t know member or their history and you have to be careful even in the church. I would not want a juvenile offender alone with my kids.”

#457: “I think the parent should keep her child’s illness out of the church, take him to a doctor or some medical person who knows how to deal with children for professional help.”

9. “All juvenile sex offenders should be a guarded, watched, on church property or any property for the matter at all times. The majority of treatment should be the responsibility of the government system as they can provide treatment in jail for them.”

Next, data was used from the Black Church Member Experience questions to cross-reference data gathered for research question 1. These results reflect analysis done on data compiled from the church members’ responses to question 8. Analysis of the manifest content indicates that positive words were used 60% (n=101) of the time as church members discussed who these youth were in the responses. The youth were largely categorized as being an adolescent or a child instead of as an offender who requires harsh punishments.
Women were found to use more positive words (n=76, 75%) than men. Of interest, both women (n=15, 22%) and men (n=11, 16%) who had previous experience with a juvenile sex offender used more negative words than positive words when referring to juvenile sex offenders in their responses. These findings do not support the results of the previously discussed quantitative analysis, which indicated that prior experience encourages positive attitudes toward these youth.

Analysis of the manifest content from question #8’s responses indicate that the church members used words that represented positive associations of etiology that either reflected the youth or the family system in 60% (n=142) of the responses. The frequencies were highest in this category amongst women (n=85, 59%). The words used most frequently fell within the categories of “media,” “peers,” “sin,” “peer pressure,” and “abuse.” Interestingly, the negative words used most often involved parents and the home environment (n=81, 88%). Individuals with prior experience (n=67, 64%) used more negative words than those who did not have historical interactions. Examples from the participants’ responses are as follows:

#327: “Environment how and where the adolescent has been raised, family values are the values being enforced or taught in the home, what is the adolescent doing their spare time.”

#253: “The environment that the adolescent was reared in was unstable, insecure. The lack of a strong relationship with a higher power and the lack of accountability. The child witnessed abuse.”

#36: “Environmental input: tv, movies, video games, examples from adults in the family or acquaintances. Lack of proper parental guidance. Too many children left alone without supervision.”
In summary, the results of the analyses to answer the research questions of this study indicate that church members from a primarily African American congregation have positive attitudes towards juvenile sex offenders and their treatment. In addition, the regression analysis found that the independent variables included in this study were able to significantly predict church members’ attitudes toward juvenile sex offenders. The results of the content analysis indicate that church members believe that the church should play a role in the rehabilitation of juvenile sex offenders.
<table>
<thead>
<tr>
<th>Category</th>
<th>Subcategory</th>
<th>Words and phrases</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
<th>Males with prior experience</th>
<th>Females with prior experience</th>
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<td>1</td>
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<td>16 (23%)</td>
<td>101</td>
<td>22%</td>
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<td>8</td>
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<tr>
<td></td>
<td></td>
<td>offender (non-offender)</td>
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<td>21</td>
<td>40</td>
<td>5</td>
<td>7</td>
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<td>39 (28%)</td>
<td>67</td>
<td>11 (11%)</td>
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<td>‘need role models’, ‘lack of guidance’</td>
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<td>12</td>
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<td></td>
<td>sin (devil, satan)</td>
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<td>0</td>
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<td></td>
<td>peer (peer pressure, choice of friends, fitting in with others)</td>
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<td></td>
<td>abuse (sexual, physical)</td>
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<td>9</td>
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<td>45 (35%)</td>
<td>102</td>
<td>14 (14%)</td>
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<td>42</td>
<td>61</td>
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<td>22</td>
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<td>hormones</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
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<td>‘something they’ve seen before’</td>
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<td>‘impulse (poor impulse control, impulsivity)’</td>
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</tr>
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<td>45 (45%)</td>
<td>47 (34%)</td>
<td>92</td>
<td>33 (33%)</td>
<td>32 (32%)</td>
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<td>17</td>
</tr>
<tr>
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<td>prayer (prayer, prayer group, intercessory prayer)</td>
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<td>5</td>
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<tr>
<td></td>
<td></td>
<td>bible (bible)</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>treatment (rehabilitation, therapy, counseling, groups)</td>
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<td>40</td>
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<td>12</td>
</tr>
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<td>safe (confidential, anonymous, trust)</td>
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<td>10</td>
<td>19</td>
<td>9</td>
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<td>refers (referral)</td>
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<td>3</td>
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<td>4</td>
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<tr>
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<td></td>
<td>money (payment, ‘help to pay’, offering)</td>
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<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>education (training, seminars) professionals (‘work with’, ‘professional help’)</td>
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<td>7</td>
<td>10</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td>19 (19%)</td>
<td>17 (13%)</td>
<td>37</td>
<td>21 (21%)</td>
<td>17 (17%)</td>
</tr>
<tr>
<td><strong>The Level of Involvement</strong></td>
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<td>nothing we can do (‘don’t know’)</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
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<td>‘outside the church’</td>
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<td>0</td>
</tr>
<tr>
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<td>‘keep a distance’</td>
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<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>guarded (watchful)</td>
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<td>1</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Total</td>
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<td>1 (1%)</td>
<td>4 (3%)</td>
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Table 13 Categories, Words, and Counts for Content Analysis
Chapter 5: Discussion and Recommendations

Social systems theory asserts that the actions of an individual can be understood through studying the way the individual relates to others and functions within the whole (Schultz, 1984). Social systems theory was helpful in this study, as it provided a context for understanding the nature of the Black church’s influence on the rehabilitation of the African American juvenile sex offender. The focus of this study was to explore the attitudes of a subset of the African American church, Seventh-day Adventists, and the members’ attitudes toward juvenile sex offenders and their treatment. The research questions focused on identifying and describing church members’ attitudes and examining the factors that may influence church members’ attitudes the most. In this chapter, the findings will be discussed and implications for social work practice and research will be elaborated. In addition, the limitations and strengths of this study will be provided.

Attitudes Toward Juvenile Sex Offenders

The findings indicate that Seventh-day Adventist church members generally have positive attitudes toward juvenile sex offenders. More specifically, the results of the t-test indicated that there were significant findings for church members who had previous childhood experiences with a juvenile sex offender ($p=.001$). These individuals had more
positive attitudes toward juvenile sex offenders than those who did not have previous, early life experiences with someone from this population.

The multiple regression model indicated that the combination of predictor variables (age, sex, income, degree of religiosity, prior experience with a juvenile sex offender, current relationship with a juvenile sex offender, and previous sexual victimization) significantly predicted the variance of attitudes toward juvenile sex offenders. There is only a small amount of variance (7%) that is accounted for by this model. The only factor within the regression model that was found to be significant was previous experience with a juvenile sex offender ($p=.004$). The relationship between attitudes and previous experience was also found to be significant in the bivariate correlation matrix ($r=.303$). There is a possibility that the number of independent variables included in the model may have impacted adjusted $R^2$. This study demonstrates that basic demographic characteristics such as age, sex, and income appear unrelated to a specific attitude toward juvenile sex offenders, at least for a group of church members from the Seventh-Day Adventist church who are of African descent. It is clear that continued research needs to be conducted to identify which combination of variables can explain more of the variance in church members’ attitudes toward juvenile sex offenders.

The significant finding for church members who had previous childhood experiences with a juvenile sex offender could possibly be a result of the fact that during this life stage, children are more open and willing to take risks as a result of under-evaluating the costs of their decisions (Harbaugh, Krause, & Vesterlund, 2001). Due to a lack of life experience and negative outcomes, children may exercise less caution when
interacting with people who demonstrate abnormal or deviant behaviors. If a child or adolescent meets a juvenile sex offender, he or she may be more apt to develop an awareness of the offender prior to being influenced by the larger society’s negative beliefs about the offender’s stigmatizing behavior. In essence, it is possible that those negative behaviors never become dominant or become less salient for the adolescents as they age and become an adult. One could assume that as the individual grows up, his/her opinion of the juvenile sex offender is impacted by his/her original experience that may have been more positive or neutral. These individuals are then better able to incorporate a more balanced perspective of these juvenile sex offenders as they grow older. It is likely, although not clear from the data, that any early experiences this specific sample had with juvenile sex offenders were likely not negative or hurtful experiences, such as in the context of an offender-victim relationship. Adding an abusive dynamic to the relationship would likely alter the views of the individual. This is an area that requires continued study.

A second explanation could involve the nature of the interaction during childhood and adolescence. The juvenile sex offender may have been a relative or a friend. Having this dual relationship might encourage the child to develop a more comprehensive and multi-dimensional perspective of the juvenile sex offender. This may be especially true for African Americans, as these families are often close-knit and members may be more willing to rationalize the issues or concerns of family members, especially children (Lowe et al., 2005; Mosely-Howard & Evans, 2000).
It is important to note that these results are also mirrored in the literature that examines attitudes toward other stigmatized populations like those with chronic mental illnesses (Corrigan et al., 2001; Couture & Penn, 2003) and a positive HIV status (Herek & Capitanio, 1997). Research in these areas has found that individuals who have had previous, or retrospective, contact with stigmatized individuals tend to have more positive attitudes and are supportive of providing assistance for these groups. Previous contact with a member of a stigmatized group has been found to be associated with fewer negative emotions toward the stigmatized individual, more accepting attitudes, and lower levels of perceived danger (Corrigan et al., 2001; Couture & Penn, 2003).

The fact that the church members in this study indicated that they have positive attitudes toward juvenile sex offenders is a novel finding and is in contrast to previous research as individuals in general tend to have negative, judgmental attitudes toward these youth (Sahlstrom & Jeglic, 2008). The literature suggests that people tend to hold juvenile sex offenders in the same light as adult sex offenders. However, the participants in this study supported attitudes that suggest juvenile sex offenders are not significantly different than most people and deserve a chance in society.

Religiosity has been found to impact the nature of an individual’s attitudes toward significant social and political issues (Dudley et al., 1992). When looking at the number of individuals who had responses in either the low or high groups for each of the religiosity subscales (organizational, non-organizational, and subjective), it is evident that very few individuals provided responses that were considered low (6%, 3%, and 3%, respectively). This indicates that the nature of religious behaviors expressed in the sample
used for this study was homogenous and that most of the sample demonstrated a high degree of religiosity. The homogeneity of the responses implies that there are no group differences on this variable, which makes conducting any meaningful analyses unfeasible.

For Seventh-Day Adventists, these results provide new and preliminary information on the nature of church members’ attitudes toward juvenile sex offenders. These findings provide initial evidence that members of this church are open to working with these youth. In addition, members of the Seventh-day Adventist church tend to be more conservative in their attitudes and beliefs about significant social issues, like juvenile sex aggression. This conservatism tends to support more hard-line positions on how these types of individuals should be treated. In contrast, the attitudes of this sample of Adventist church members are less punitive and harsh, which may be influenced by the factors of race and culture. Research has shown that ethnic/minority Seventh-day Adventists tend to be more liberal and supportive of social issues (Dudley et al., 1992), which is also confirmed by the current study.

Although degree of religiosity was not found to significantly impact the church member’s attitudes, it is still relevant to discuss these findings for this specific sample. The literature suggests that older Black church members tend to be more involved in church activities outside of regular attendance (Taylor, Mattis, & Chatters, 1999; Taylor et al., 2009). Although the data is sparse as it relates to exactly how many activities church members tend to engage in, it appears that approximately 29% of older Black church members in the United States are engaged in activities at their church at least
several times per week (Taylor et al., 2009). The results of this study indicate that this sample is possibly less involved in church related organizations and activities and possibly has lower rates of organizational religiosity compared to the average Black church member, as also noted in the literature. It is still unclear as to whether or not this could impact church members’ attitudes, although it could be suggested that individuals who are engaged in higher rates of church endorsed activities would be more conservative in their attitudes toward delinquent social behaviors. This sample’s lower rate of participation in organized church activities could be part of the explanation for the positive attitudes toward juvenile sex offenders. There is no definitive literature on this relationship, which should be further explored in future research.

For non-organizational religiosity, this sample appears to reflect what is typically found in the literature. The participants of this study appear to be very engaged in religious activities outside of church, which may include things like reading religious materials, watching religious programs, and praying. The participants of this study also had high rates of subjective religious attitudes. In effect, these church members felt that religion was and is an important part of their lives.

The content analysis also yielded interesting results about church members’ attitudes that corroborated the findings of the quantitative analysis. In responding to the question in the Black Church Member Experience survey which asked about the factors that contribute to sex offending behaviors in juveniles, church members in this study used more positive words than negative words when describing the juvenile sex offender. Church members categorized using terms that appeared to emphasize the humanity of the
individual versus the deviance of the behavior. Participants most often used words like “adolescent” or “child.” This would indicate that church members still recognized these youth as people and would seem to support their positive attitudinal perspectives. Additionally, such words also suggest that the church members identified the juvenile sex offender as being separate from the adult sex offender population.

Latent analysis of church members’ responses to the open-ended question [What do you think are the factors that contribute to an adolescent deciding to be sexually aggressive?] indicates that church members seem to feel the etiology for the youth’s sexually aggressive behaviors was more likely a result of home life and parenting issues than society and peer pressure. This would suggest that although church members do not have overwhelmingly negative feelings toward these youth, they do feel that it is a lack of appropriate upbringing and parenting that contributed to the aggressive behaviors. Although attitudes toward the etiology of offending was not specifically the focus of this study, it is possible that these church members are more critical of the parents of juvenile sex offenders than the actual youth. These types of attitudes could contribute to a lack of support provided to parents and therefore parents lack of reliance on the church. These findings would suggest that, although church members have primarily positive attitudes toward these youth, there is still some level of blame held against parent(s) for development of the sexually aggressive behaviors.

This would also suggest that social workers attempting to collaborate with the Black church may need to provide education for church members that would assist in diffusing some of the blame toward parents. This education could be based upon a
system’s perspective which further develops an understanding of the family’s role in the offender’s life, as well as the bi-directional influence with the offender. It would be important for church members to become aware of the consequences (e.g., lack of disclosure, non-compliance with referrals, blaming the offender) of developing a stigmatizing environment within the church for the parents of the offender. Education efforts could also involve helping church members gain a comprehensive understanding of the relevant social and ecological risk factors related to juvenile sex offending.

**Attitudes Toward Treatment**

The results for the question, “What are the attitudes of African American adult church members from a predominately African American church regarding juvenile sex offenders?,” must be approached cautiously because of the problematic findings for the Attitudes Toward Juvenile Sex Offender Treatment’s (ATJSOT) factor analysis and reliability analysis. As indicated in Chapter 3, an exploratory factor analysis was used to determine whether or not the items would continue to load as they were originally constructed. The items that comprised Scale II of the ATJSOT were found to have the lowest communalities and factor loadings of the exploratory factor analysis. These items specifically identified attitudes regarding the effectiveness of treatment. The original instrument was developed to be used with undergraduate psychology students and had never been administered to older African American church members. As a result, the Scale II items may have functioned poorly in this study. It is possible that the participants
of this study interpreted these items differently and therefore their responses were incongruent with the original psychometric properties for this instrument.

The mean score for the ATJSOT was 42.7. This score is very close to the midpoint of 45, which indicates that in general the church members’ scores reflect only fairly positive attitudes toward juvenile sex offender treatment. Specifically, on Scale I-Incapacitation, where a high score of 40 indicates more negative attitudes, the members seem to promote the belief that incarcerating these youth would not be appropriate and would endorse the idea that treatment can make a difference. The mean score (16.09) would suggest that church members do not support the incapacitation of these youth.

Scale II-Treatment Ineffectiveness measures whether participants agree that treating these youth is futile and ineffective. A higher score of 20 would indicate that the participants agree that juvenile sex offender interventions are ineffective. The participants’ mean score (13.57) in this study seems to indicate that church members believe that treatment can be effective and that these youth are amenable to change. On Scale III-Mandated Treatment, a high score of 15 suggests a more negative attitude, which would support mandated treatment. When looking at the mean score (13.00), it would appear that the church members believe that these youth must experience treatment even if it is against their will. This finding is supported by previous research that indicates people tend to believe that treatment can be effective and should be mandated.

The results of the t-tests and ANOVAs provided some significant findings when considering the relationships among age, sex, income, previous childhood experience
with a juvenile sex offender, current relationship with a juvenile sex offender, and historical sexual victimization. On Scale I, there is a significant difference between the responses of women and men. Women provided higher scores than men (mean = 16.53), which indicates more negative attitudes in support of incapacitation. The possible high score for this scale is 40 and the midpoint for this scale is 24. Women may have been more critical in demanding the punishment of these youth, since most victims of sexual abuse are female (Snyder, 2000). Women may have stronger feelings about making sure that perpetrators of sexual crimes experience appropriate punishments and sentences that will keep them away from potential victims.

There was also a significant relationship between those who had a recent relationship with a juvenile sex offender and Scale III, which assesses attitudes toward mandated treatment (mean = 13.69). The highest possible score for Scale III was 15. It is clear that church members who had a recent relationship with a juvenile sex offender felt strongly that these youth should experience treatment, even if it is involuntary. These sentiments have been reflected in previous research (Sahlstrom & Jeglic, 2008), which states that people typically support immediate interventions for juvenile sex offenders and are less likely to excuse the abusive behavior as experimentation. Individuals who were between ages 18 and 49 also had significantly higher scores on Scale III (mean = 13.75). There is no real precedent in the literature for younger individuals having more critical attitudes toward juvenile sex offender treatment. Historically, the social response toward juvenile sexual aggression was that such behaviors were a sign of “boys will be boys.” Older individuals in the sample may have grown up under the influence of this
belief and therefore may be more lenient in their attitudes toward requiring treatment or intervention for these youth.

The Role of the Black Church

Church members in this study strongly supported the idea that the Black church should have a prominent role in the rehabilitative process of juvenile sex offenders. The findings are based solely on the qualitative analysis of the responses to the open-ended question in the Black Church Member Experience survey, “What do you think the Black church’s role should be in helping juvenile sex offenders and their families get treatment and services?” The responses indicated that this support could either be provided by the church or as a result of referral efforts made by the church. Church members reported that it would be helpful to collaborate with professionals to assist families in linking with outside, formalized services. Church members also felt that any services that may be provided within the church (i.e., counseling services rendered by pastoral staff) should only be done so after education and training were provided. In addition, church members reported feeling that if these services were to be effective there had to be significant efforts to ensure confidentiality was upheld and privacy was maintained. There were only minimal concerns expressed by church members about allowing youth with sexually aggressive behaviors into the church. These findings would seem to support the assertion that individuals who might have known a youth from this population in the past would be likely to have positive attitudes toward him, and therefore would assist the youth in obtaining an intervention.
Implications for Social Work

This section will focus on identifying implications for social work practice and research as a result of the findings of this study. Specifically, recommendations for practice will be provided that discuss the influence of inter- and intra-system relationships, cultural competence, and religion. In conclusion, knowledge building through continued research will be discussed, focusing on African American juvenile sex offenders and the Black church.

Implications for practice. The findings from this study support social work practitioners becoming informed about what is truly the best practice for treating African American juvenile sex offenders. In this study, social systems theory was used to create a context for understanding the nature of the relationship between the African American juvenile sex offender and the Black church. Social systems theory provides a framework that underlies much of social work practice and interventions. The findings of this study highlight the integrated nature of interaction between the individual and an external system. Ultimately, church members would like to be involved in helping these youth find treatment and feel that these youth are amenable to change in an appropriate context. Social work practitioners must be willing to identify external systems, like the Black church, and integrate them into treatment approaches with African American juvenile sex offenders. This would include creating relationships with Black churches so that members can become more aware of what resources are available in the formalized systems of care.
Possible collaborations between systems. One way to encourage relationship development would involve opportunities for social workers to provide training and education to the church community. The participants in this study indicated that the Black church should play a major role, but that appropriate training and assistance was needed. Social workers should work with churches to provide informational sessions about sexual abuse and some of the risk factors associated with the manifestation of these behaviors. In addition, practitioners could utilize church sites as community meeting locations where question-and-answer forums are held to develop a stronger community.

Social work practitioners would likely need to ensure that other systems' representatives, like the police, medical professionals, and probation officers who specialize in supervising these youth in the community, were in attendance at the training and educational sessions. By incorporating groups that make up the larger suprasystem for juvenile sex offenders, there can be some dialogue about what the actual role of the Black church might be and how the church may relate to these other systems. Providing clarification about the process and investigating the role the church and its members can contribute to more culturally sensitive practice methods for the juvenile sex offender population.

A second pathway to developing relationships involves creating a bi-directional exchange of information between social work practitioners and the churches. Social workers should work to obtain information from church members relevant to developing culturally competent treatment strategies for African American clients. If cultural competence is going to be achieved, a social worker’s ability to internalize the client’s
unique experience and create adapted models of practice is crucial. Although there is a significant gap in the literature that focuses on culturally competent practice with juvenile sex offenders, there is some indication that culturally adaptive models of practice could be developed by looking to treatment approaches used with minority clients who have other problem behaviors. The literature indicates that often these culturally adaptive models involve changing some of the materials provided to clients for homework and focusing on creating a terminology that is more culturally relevant and sensitive (Kohn et al., 2002; Rossello & Bernal, 1999). Successful interventions have also been found to infuse examples that included African American individuals and anecdotes from African American literature to illustrate concepts in group sessions or in didactic work.

Social work practitioners could work with church members to help develop and pilot some of these materials for use with African American juvenile sex offenders and their families. This would ideally involve social workers allowing the church members to review treatment materials. In addition, church members would also need to become knowledgeable about the major outcomes of interest that are being measured to determine treatment success in juvenile sex offender treatment programs. By providing this type of information, practitioners working with this population may be able to gather additional feedback on the relevance of the treatment process for minority youth and their families.

A third way to establish relationship involves creating a formalized network of care. Social work practitioners should move toward forming agreed upon referral processes with churches. This would be beneficial in the event that a family or church member was identified as presenting with sexually aggressive behaviors. A protocol
could be developed that determined what role the church would play in helping to link the family or individual to become linked with the appropriate entities. This would likely require willingness to collaborate for many of the systems involved with these types of cases like the juvenile justice system, police investigators, social work investigators, treatment providers, victim’s rights advocates, churches, and schools. Ideally, all of the systems would collaborate in such a way that there would not be a ‘cookie-cutter’ approach to addressing juvenile sexual aggression among African American youth. The increased visibility of social work providers in the community may help to decrease the stigma attached to seeking professional services and help to increase trust between the African American community and providers.

**Social work practice and religion.** Another important implication for social work practice involves practitioners creating a dialogue with clients about the role of religion and spirituality as a form of coping. Research notes that social workers tend to be more diverse in their religious and spiritual affiliations than the general population (Parillo, 2005). In addition, social workers tend to hold more liberal views relating to religion and spirituality than many of the clients they serve. This is based on the idea that, in general, social work clients tend to come from socio-economically challenged situations which leads them to identify with a more conservative belief system (Hodge, 2002). Although it is not inevitable, it is possible that this mismatch of values creates a barrier between the social worker and the client. This raises a concern because clients who feel that social workers are not able to provide spiritual or religious validation may be less likely to establish trust with their social worker (Kvarfordt & Sheridan, 2007).
As a profession, social work has openly accepted the relationship between the individual and the environment. This acceptance, when in practice, typically stops at the door of religion. While social work practitioners have largely been found to identify with some form of spiritual or religious orientation, most of that identity involves personal practices and does not become integrated into practice behaviors (Sheridan, 2004). It cannot be denied that there are crucial ethical concerns that arise when attempting to incorporate religious expressions into practice with clients. That being said, it is also important to recognize the ethical predicaments that arise when social work practitioners cannot or will not create a dialogue that validates a client’s religious or spiritual experience. Inevitably, this inability leads to significant problems with cultural incompetence.

Canda and Furman (2010) discuss the relationship between social work ethics and core values as they relate to religion and spirituality. These authors take each of the six core values and relate the principles encompassed within each of them to spiritually sensitive social work practice. Most related to the discussion in this study are the values of Service, Dignity and Worth of the Person, and Importance of Human Relationships.

According to Canda and Furman, service is related to spiritually sensitive practice as social workers who are committed to helping those who are in need should be willing to make sure any religious and spiritual supports identified by clients are respectfully included in the helping process. The value of dignity and worth of the person is relevant to this discussion because it encourages social workers to use respect for clients as whole beings. Many clients utilize their religious or spiritual practices to cope with life stressors
and as a source of empowerment. The authors suggest that a social worker cannot uphold this value without acknowledging the totality of the client, which includes recognizing the potential influence of religion and spirituality on the client’s life.

Possibly the most relevant value that the authors discuss involves recognizing the importance of human relationships. Although the client-practitioner relationship is paramount in its focus, other potential relationships rich in collaborative potential are also important in social work practice. Social workers who are sensitive to the potential supports that are available within communities and informal networks can strengthen relationships with clients and enhance the change process. In addition, social workers exemplify a respect for human relationships when they recognize that there are strengths within the many systems that make up our social environment. Religious and spiritual institutions likely provide contributions that are as significant as supports from secular arenas.

The aversion to incorporating religious or spiritual factors into social work interventions may also contribute to poor relationships with churches and religious entities that often make up a significant portion of a client’s suprasystem. Social work practitioners must become more comfortable creating a dialogue with the religious and spiritual components of clients’ lives. Social work educational curriculum must also be willing to incorporate content that discusses skill development around incorporating religion and spirituality into practice. This is especially true if a social worker is going to be effective in treating an African American juvenile sex offender and his family.
Early intervention. This study also supports the idea of early education. The factor found to significantly impact church members’ attitudes was previous experience with a juvenile sex offender. Individuals who had some type of interaction with youth with sexually aggressive behaviors during their childhood had more positive attitudes toward the population in general. These findings would support social work practitioners attempting to educate individuals early about the realities of sexually aggressive behaviors among adolescents. A primary goal of these efforts would not necessarily be to normalize the behaviors and therefore discourage concern from people, but to help to decrease reactivity. Legislation and policies like Title I of the Adam Walsh Act of 2006, which encompasses the Sex Offender Registration and Notification Act (SORNA) and the Keeping the Internet Devoid of Sexual Predators (KIDS) Act of 2008, have been enacted to protect the public against adult sex offenders, but have also included juvenile sex offenders by means of not deliberately excluding them. By providing early education and prevention, individuals may be more apt to encourage powerful stakeholders to create initiatives focused on rehabilitation for juvenile sex offenders instead of taking punitive measures.

Implications for Research

Social systems theory. This theoretical perspective was used to clarify the relationship between the individual juvenile sex offender, his family, and the external environment. Social systems theory provides an excellent framework for understanding the interface between systems and how individuals, groups and organizations engage in bi-directional interplay. Findings from this study support further investigation about the
nature of the interface between African American juvenile sex offenders and a major component of the suprasystem, the Black church.

Much of the research up to this point has focused on the individual subject system, the juvenile sex offender. Research has yet to explore the functional problems of goal attainment, integration, pattern-maintenance, and adaptation for the entities that make up the external environment. These youth interface with the police, social workers, medical professionals, and other key players. There is a strong likelihood that each of these systems’ functional processes influences the attitudes and beliefs the system holds toward the African American juvenile sex offender. Along with this notion, researchers could begin to also explore the bi-directional relationship between the subject system and the elements of the suprasystem. Although the investigation into the attitudes of the suprasystem of African American juvenile sex offenders is preliminary, the results of this study warrant continued research.

There are also possibilities to extend past uses of social systems theory with the African American population toward other minority juvenile sex offenders. The nature of the interaction between the suprasystem and the subject system will likely be different depending upon the influence of culture, available social supports, and minority status within the larger society. In addition, there will likely be differences between minority groups when considering the level of importance assigned to different entities in the external environment.

**Social work research.** There is currently a lack of information on culturally competent treatment models for juvenile sex offenders. The results of this study can
provide a platform for social work researchers to expand the body of knowledge on what is considered to be evidenced-based practices with African American juvenile sex offenders. Researchers can begin to consider which aspects of these youth’s social systems impact their treatment in different ways so as to better incorporate entities into the treatment process. It is also important to consider differences in the level of care when evaluating treatment models. For example, African American juvenile sex offenders appear to receive harsher sentences for their crimes when compared to their White peers (Corley, Bynum, Prewitt, & Schram, 1996; Nunn, 2002). Culturally competent models need to be developed and tested using African American juvenile sex offenders who receive treatment both in community settings and restricted settings, like correctional institutions or residential treatment programs. Such models can provide information about what influences treatment compliance and low rates of long-term recidivism.

Another next step for a social work researcher would be to address the lack of inclusion of African Americans in research that focuses on identifying attitudes and beliefs toward juvenile sex offenders. This study is the first to assess Black church members’ attitudes toward juvenile sex offenders. Subsequent to this study, social work researchers need to assess the attitudes and beliefs of a larger sampling of Black churches to identify differences along factors known to influence the connection which churches have with external service providers such as denomination, regional location, pastor’s level of education, and size of the church.

This study also highlighted a major flaw commonly found within a significant amount of contemporary research. There is a small pool of instruments that have been
developed to use with ethnic minority populations. There are many cultural differences between different ethnic, regional, and socioeconomic groups which would warrant the development of more culturally responsive instruments and scales. The exploratory factor analysis on the Attitudes Toward Juvenile Sex Offender Treatment (ATJSOT) instrument is an example of how differences in interpretation and perspective can radically alter the nature of an instrument’s original structure. Future research should continue to work toward identifying culturally responsive measures by conducting more qualitative work including focus groups and interviews using Black church members from a variety of denominations. This data could be used to develop a group of instruments whose psychometric properties will likely better reflect African American beliefs and attitudes.

The results of the multiple regression analysis indicate that the variables included in the model only predict approximately 7% of the variation in the attitude scores. This is a very small degree of variation predicted by the variables included, which are age, sex, income, degree of religiosity, prior experience with a juvenile sex offender, current relationship with a juvenile sex offender, and previous sexual victimization. In addition, all of the variables excluding prior experience with a juvenile sex offender were not significant. These results suggest that there is a continued need for further investigation by social work researchers to identify other variables which could better predict church members’ attitudes toward juvenile sex offenders. Possible options for new variables might include level of education, regional or geographic differences among church congregations, size of the church, marital status, and education of the pastor. These variables have been found to impact religious behaviors and could possibly be significant.
in predicting attitudes toward juvenile sex offenders (Chatters, Taylor, & Lincoln, 1999; Taylor et al., 2009). Future research should also consider testing the variables included in this study with other denominations of the Black church, as well as Black people who do not attend church and individuals from other minority populations, to better understand the attitudes and beliefs of understudied groups toward juvenile sex offenders.

**Limitations of the Study**

As with any study, there are several limitations that may have impacted this research. First, there is the fact that members of only one church were selected for inclusion in this study. This group was likely homogenous on several of the variables, which contributed to the lack of significant findings across the independent variables. Ideally, additional churches or sampling of African Americans who do and do not attend church would likely introduce more variance within the sample and encourage richer findings. A second limitation of this study was the inclusion of instruments that were not originally developed to necessarily be culturally responsive to this sample. Culturally responsive tools are going to be more likely to accurately reflect the attitudes and beliefs of an under-researched community. The ATJSOT and ATJSO may have contained language that contributed to the problems with the exploratory factor analysis. The assertion could be made that participants in this study interpreted terms in a manner different than what was originally intended. This may have changed the nature of the results for these instruments and therefore led to unclear conclusions for this study. These instruments were used because of the concept that they measured and thus were most
germane to the study. Nonetheless, the vast majority of available instruments have never been used or designed for use with individuals of African decent or church members.

The sampling method also provides limits the generalizability, as the results cannot be generalized to the rest of the sampling frame. The results are only descriptive of what the specific participants’ beliefs are about the African American church and juvenile sex offenders. Asking participants to mail back the surveys to collect data also poses some methodological limitations. It is likely that only the most compliant church members actually took the time to fill out the lengthy packet and return it to the researcher. There is a chance that this type of church member is more likely to have positive attitudes than those who did not choose to participate in the study. It is also acknowledged that there are inherent errors or biases associated with self-report instruments. There was also a disproportionate number of female versus male participants in this study who indicated that they identified as African American. Although the study focused on surveying Black people, there was a significant under-representation of participants from other ethnicities of African descent. This likely limited the types of statistical analyses that could be used.

A serious issue for this study involves the reliability of the Attitudes Toward Juvenile Sexual Offender Treatment (ATJSOT) instrument. As was discussed in Chapter 3, the internal consistency for this instrument is marginally acceptable. In addition, the results from the EFA showed a four factor solution was present, even though the original design of the instrument provided only three factors or subscales. The decision to use the original factor structure in the analysis was based upon the fact that the purpose of this
study was not to re-design the structure of the instrument, but to assess church members’ attitudes. Ideally, an instrument that was better suited to the population would have been included in this study; however, due to the dearth of information in this area, such an instrument does not yet exist. The conceptual problems for this instrument are likely influenced by the fact that the ATJSOT was not originally designed to be used with older Black church members.

**Conclusion**

Exploratory research plays a critical role, as it helps to gain insight into under-studied and poorly understood areas of study. Few studies incorporate African Americans or church members into important areas of investigation because it can be difficult to obtain subjects and sufficient data. This study chose to use a small, focused sample in an effort to cultivate relationship and encourage a higher response rate. In addition, the focus of this research study involved a socially stigmatized population, which is rarely included in social work research. Juvenile sex offenders of color and their families need practitioners who can provide culturally competent care, while also remaining cognizant of the serious behavioral issues that are traditionally the focus of treatment. The development of the culturally informed treatment models must begin with research that involves systems, like the Black church and socio-ecological factors that influence the lives of many people of color. This study provides justification for further exploration of the Black church’s role in the rehabilitation of juvenile sex offenders and the education of the larger community.
The findings from this study have important implications for the focus of future research and practice. Social work researchers must strive to include larger, more representative samples of African Americans. This will encourage the development of culturally responsive instruments that could be used to identify individuals' attitudes toward juvenile sex offenders. In addition, social systems theory should continue to be considered as a road map for next steps in understanding the relationship between juvenile sex offenders and their environment. Social work researchers should also work to collaborate with community-based entities, like churches and agencies, to ensure that the evidence base is informing practice and that practice can enlighten researchers about further areas of exploration.

It will be crucial for social work practitioners to work toward establishing relationships with churches and communities representative of their clients’ worship preferences in order to provide culturally competent services. Practitioners should also focus on providing education and information about the issues and concerns related to juvenile sexual aggression so as to better inform communities, families, and individuals. Finally, it is important for social work practitioners to remember the role of cultural responsiveness when working with clients. Ethnic minority clients have distinct needs that require the social worker to move beyond traditional or mainstream methods of intervention. The adoption of culturally informed materials and strategies will likely provide minority juvenile sex offenders and their families the kind of treatment that can seriously impact their quality of life in the long term.
References


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Appendix A: Script for Pastors

Hello. My name is Victoria Venable and I am a doctoral student at the College of Social Work at The Ohio State University. How are you today?

[Pastor Response]
Would it be okay if I took a couple minutes of your time?

[Pastor Response]
*If negative, then thank them for their time and hang up. If affirmative then continue on.*

Okay, thank you. My dissertation will examine Black church members’ attitudes towards juvenile sexual offenders, and I need your help in completing my research. The Black church has been identified as a major support for Black families. Because of this relationship, I believe that the Black church can play an important role in helping African American juvenile sex offenders and their families in the treatment process. With your permission, I would like to use your church directory to send church members surveys and get their opinions on these youth. Each member’s participation is completely voluntary in this project but any church that agrees to participate will receive a $400 donation. Would this be okay?

[Pastor Response]
*If negative, then thank them for their time and hang up. If affirmative then continue on.*

In addition, I would like to put a running announcement in your weekly church bulletin alerting members to the project and the surveys that will be arriving in the mail. Do you have any questions so far?

[Pastor Response] *Please see FAQs 1-3 below if the response is affirmative. If the response is negative please skip these and go directly to the asterisks.*

FAQ 1: It is not uncommon for potential subjects to be curious about any potential risks and benefits. A potential risk involves emotional distress that could be experienced as a result of considering sexual offenses and sexual victimization. To address this concern the participants will be offered contact information about local mental health or support services that can assist them if they feel the questions are upsetting. There may also be
benefits involved with participating in this study. Church members may experience a sense of advocacy and supportiveness as a result of identifying possible issues in a potential area of concern for church members. Some participants may find the personal opportunity to anonymously discuss their opinions as rewarding and positive. They may also feel a sense of reward or accomplishment in participating in something that may ultimately help others in their community.

[Pastor Response]

FAQ 2: No, the church will not be penalized if members do not respond. Any church that gives permission to use their directory will be provided with the donation.

[Pastor Response]

FAQ 3: The surveys take approximately 20-30 minutes altogether to fill out.

[Pastor Response]

FAQ 4: Yes, each person’s responses are completely anonymous. No one will be able to identify what a specific member noted on their survey because we are not asking for personal identifiers like name, age, or date of birth. If the member consents, they would simply fill out the survey and put it in the stamped, self-addressed envelope that will be provided in the packet. There are no names attached, only a code that will be used for data analysis purposes.

[Pastor Response]

***Thank you so much for your time Pastor [insert name]! When will I be able to gain access to your church directory?

[Pastor Response]

Who should I send the church announcement to? Is there a secretary or clerk?

[Pastor Response]

Okay, that sounds great. I look forward to working with you and your church. I appreciate your help with my study. If you have any further questions or concerns please feel free to contact me at venable.11@osu.edu or 865-384-3440.
Appendix B: Script for church announcement

Research on Juvenile Sex Offenders and the Black Church
Victoria Venable is conducting a study through the College of Social Work at The Ohio State University. She is examining Black church members’ attitudes towards juvenile sexual offenders and she needs YOUR HELP!! Please watch for her research packet to arrive in the mail. If you agree to participate, just fill out the information and put it in the stamped, addressed envelope. It will only take 20-30 minutes, but your contribution will help for many years to come!

For more information please contact Victoria Venable at 865-384-3440 or email her at venable.11@osu.edu.
Appendix C: Letter of Consent

Dear Church Member,

My name is Victoria Venable. I am writing to ask for your assistance with my dissertation research that is being conducted in the College of Social Work at the Ohio State University. I received your name and information from your church’s directory after obtaining permission from your church’s leadership. You are being asked to complete five brief surveys that will only take 20-30 minutes altogether to complete. All information that you provide will be completely confidential and kept private.

My dissertation research is looking at the opinions and beliefs of Black/African American church members toward juvenile sexual offenders. Information obtained from this research can help church leaders develop programs that help these youth and their families who could be members of your church or live in your communities. In addition, social workers will be able to use information from this study to develop better community-based interventions that include the Black church, which has been noted as being a major support for Black families in times of crisis.

Participation is voluntary, which means you do not have to complete the surveys. If you decline to participate there will be no penalty or loss of benefits. In addition, if you decide to stop filling out the surveys or skip any questions at any time there will be no penalty or loss of benefits to which you are entitled to. However, your input is highly valued. By filling out the surveys and returning them in the stamped, self-addressed envelope you are giving your consent to participate in this study. The surveys should only be filled out by the person identified on the mailing label on the envelope.

Please note that there may be some risks and benefits to participating in this study. A potential risk involves emotional distress that could be experienced as a result of considering sexual offenses and sexual victimization. To combat this problem there is information included in this packet about local mental health or support services that can assist you if the questions are upsetting.

There may also be benefits involved with participating in this study. Individuals who participate in this study may experience a sense of advocacy and supportiveness as a result of identifying possible issues that are a potential area of concern for church members. Some participants may find the personal opportunity to anonymously discuss their opinions as rewarding and positive. They may also feel a sense of reward or accomplishment in participating in something that may ultimately help others in their community.

For questions about your rights as a participant in this study, or to discuss other study-related concerns or complaints with someone who is not part of the research team, please...
contact Ms. Sandra Meadows in the Office of Responsible Research Practices at 1-800-678-6251.
Please note that the number at the top of your survey is for tracking purposes only and cannot be linked to you. If you have any questions or comments about this study, please contact me or my advisor Dr. Jacquelyn Meshelemiah via the contact information noted below. I thank you, in advance, for participating in this important study.
Sincerely,

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Appendix D: Additional Support Services

Additional Resources and Information for Support and Mental Health Services

If you feel that you may need additional assistance due to emotional discomfort or distress experienced as a result of participating in this study please feel free to contact any of these local mental health services.

- Southeast, Inc.
  16 West Long Street
  Columbus, Ohio 43215
  (614) 225-0990

- North Central Mental Health Services
  1301 North High Street
  Columbus, Ohio 43201
  (614) 299-6600

- Netcare Access
  Crisis Hotline: (614) 276-CARE (2273)

- The National Alliance of Mental Illness-Ohio
  (NAMI-Ohio)
  747 E. Broad St.
  Columbus, OH 43205
  (614) 224-2700
  www.namiohio.org

- Mental Health America of Franklin County Ombudsman
  Neal Edgar
  (614) 242-4367

- Also, please see your personal physician for other treatment and support options
# Appendix E: Demographic Survey

Demographic Survey (General Information)

*Please fill in each circle completely with a blue or black pen using the following example:*

Like this: ◦  Not like this: ☑  ☒  ☐

<table>
<thead>
<tr>
<th>Age:</th>
<th>Sex:</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

### Race and Ethnicity

Please indicate which of the following categories best describes your ethnicity:

- O African/African National
- O West Indian (e.g. Jamaican, Haitian, etc.)
- O African American/Non-Hispanic Black
- O Hispanic Black

### Income:

Please indicate which of the following categories your annual income falls in. (please check):

- O 0-$15,999
- O $16,000-$30,999
- O $31,000-$45,999
- O $46,000-$60,999
- O $61,000 and above

Please write-in your profession or job title:________________________________________

### Education:

Please indicate which of the following what your highest degree is (please check):

- O No Degree
- O High school diploma
- O Associate degree
- O Bachelor degree
- O Graduate degree
- O Professional degree (i.e. PhD, MD, JD)

### Parental Status (check):

- O No children
- O Mother/Step-mother
- O Father/Step-father
- O Primary caregiver of a non-biological child (specify relationship)

### Church Involvement

I have attended or been a member of a Black Church for the following amount of years:_______

Please indicate what leadership position you hold within your church (please check all that appropriate for you):

- O I do not hold a leadership position
- O Deacon or Deaconess
- O Board Member
- O Departmental Chairperson
- O Pastor or Assistant Pastor
- O Occasional Volunteer
- O Elder
Appendix F: ATJSO
Attitudes Towards Juvenile Sex Offenders (ATJSO) Scale

The statements listed below describe different attitudes toward juvenile sexual offenders in the United States. There are no right or wrong answers, only opinions. You are asked to express your feelings about each statement by indicating whether you (1) Disagree strongly, (2) Disagree, (3) Undecided, (4) Agree, or (5) Agree strongly. Indicate your opinion by writing the number that best describes your personal attitude in the left-hand margin. Please answer every item.

Rating Scale

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Undecided</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>

___ 1. Juvenile sex offenders are different than most people.
___ 2. Only a few juvenile sex offenders are really dangerous.
___ 3. Juvenile sex offenders never change.
___ 4. Most juvenile sex offenders are victims of circumstance and deserve to be helped.
___ 5. Juvenile sex offenders have feelings like the rest of us.
___ 6. It is not wise to trust a juvenile sex offender too far.
___ 7. I think I would like a lot of juvenile sex offenders.
___ 8. Bad juvenile correctional facility conditions just make a juvenile sex offender more bitter.
___ 9. Give a juvenile sex offender an inch and he’ll take a mile.
___ 10. Most juvenile sex offenders are stupid.
___ 11. Juvenile sex offenders need affection and praise just like anybody else.
___ 12. You should not expect too much from a juvenile sex offender.
___ 13. Trying to rehabilitate juvenile sex offenders is a waste of time and money.
___ 14. You never know when a juvenile sex offender is telling the truth.
___ 15. Juvenile sex offenders are no better or worse than other people.
___ 16. You have to be constantly on guard with juvenile sex offenders.
___ 17. In general, juvenile sex offenders think and act alike.
___ 18. If you give a juvenile sex offender your respect, he’ll give you the same.
___ 19. Juvenile sex offenders only think about themselves.
___ 20. There are some juvenile sex offenders I would trust with my life.
___ 21. Juvenile sex offenders will listen to reason.
___ 22. Most juvenile sex offenders are too lazy to live a responsible lifestyle.
___ 23. I wouldn’t mind living next door to a juvenile sex offender.
24. Juvenile sex offenders are just plain mean at heart.

25. Juvenile sex offenders are always trying to get something out of nothing.

26. The values of most juvenile sex offenders are about the same as the rest of us.

27. I would never want one of my children dating a juvenile sex offender.

28. Most juvenile sex offenders have the capacity for love.

29. Juvenile sex offenders are just plain immoral.

30. Juvenile sex offenders should be under strict, harsh discipline.

31. In general, juvenile sex offenders are basically bad people.

32. Most juvenile sex offenders can be rehabilitated.

33. Some juvenile sex offenders are pretty nice people.

34. I would like associating with some juvenile sex offenders.

35. Juvenile sex offenders respect only brute force.

36. If a juvenile sex offender does well in a facility, he should be let out on parole.
Appendix G: ATJSOT
Attitudes Toward Juvenile Sex Offender Treatment (ATJSOT) SCALE

The statements listed below describe different attitudes toward the treatment of juvenile sex offenders in the United States. There are no right or wrong answers, only opinions. You are asked to express your feelings about each statement by indicating whether you (1) Strongly Disagree, (2) Disagree, (3) Undecided, (4) Agree, or (5) Strongly Agree. Indicate your opinion by writing the number that best describes your personal attitude in the left-hand margin. Please answer each item.

Rating Scale

1 2 3 4 5
Strongly Disagree Disagree Undecided Agree Strongly Agree

1. I believe that juvenile sex offenders can be treated.
2. Treatment programs for juvenile sex offenders are effective.
3. People who want to work with juvenile sex offenders are crazy.
4. Psychotherapy will not work with juvenile sex offenders.
5. Regardless of treatment, all juvenile sex offenders will eventually reoffend.
6. Juvenile sex offenders can be helped using the proper techniques.
7. Treatment doesn't work, juvenile sex offenders should be incarcerated for life.
8. It is important that all juvenile sex offenders being released receive treatment.
9. We need to urge our politicians to make juvenile sex offender treatment mandatory.
10. All juvenile sex offenders should go for treatment even if they don't want to.
11. Juvenile sex offenders don't deserve another chance.
12. Juvenile sex offenders don't need treatment since they chose to commit the crime(s).
13. Juvenile sex offenders should be put in juvenile correctional facilities.
14. Juvenile sex offenders should never be released.
15. Juvenile sex offenders should not be released back into the community.
Appendix H: Religiosity Survey: A Measure of Religiosity Amongst African Americans

Please circle the response that best reflects your religious practices.

1. How often do you usually attend religious services?
   □ Never
   □ less than once a year
   □ a few times a year
   □ a few times a month- (1 to 3 times)
   □ at least once a week - (1 to 3 times)
   □ nearly every day - 4 or more times a week

2. Are you an official member of a church or other place of worship?
   □ no
   □ yes

3. How many church clubs or organizations do you belong to or participate in? (please write in a specific number)_______

4. Besides regular service, how often do you take part in other activities at your place of worship?
   □ Never
   □ a few times a year
   □ a few times a month- (1 to 3 times)
   □ at least once a week - (1 to 3 times)
   □ nearly every day - 4 or more times a week

5. Do you hold any positions or offices in your church or place of worship?
   □ no

6. How often do you read religious books or other religious materials?
   □ Never
   □ a few times a year
   □ a few times a month- (1 to 3 times)
   □ at least once a week - (1 to 3 times)
   □ nearly every day - 4 or more times a week

7. How often do you watch or listen to religious programs on TV or radio?
   □ Never
   □ a few times a year
   □ a few times a month- (1 to 3 times)
   □ at least once a week - (1 to 3 times)
   □ nearly every day - 4 or more times a week

8. How often do you pray?
   □ Never
   □ a few times a year
   □ a few times a month- (1 to 3 times)
   □ at least once a week - (1 to 3 times)
   □ nearly every day - 4 or more times a week

9. How often do you ask someone to pray for you?
   □ Never
   □ a few times a year
   □ a few times a month- (1 to 3 times)
   □ at least once a week - (1 to 3 times)
square 10. Nearly every day - 4 or more times a week

10. How religious would you say you are?
square not very religious at all
square not too religious
square fairly religious
square very religious

11. How important was religion in your home when you were growing up?
square not important at all
square not too important
square fairly important
square very important

12. How important is it for Black parents to send or take their children to religious services?
square not important at all
square not too important
square fairly important
square very important
Appendix I: The Black Church Member Experience

Please fill out the following information by circling the appropriate response. There are no right or wrong answers. Responses only reflect your experiences and opinions as a member of a Black Church.

Please fill in each circle completely with black or blue ink using the following example:

Like this: ☐  Not like this: ✗  ✗  ✗

For each of the following statements please darken the ONE circle that best represents your answer.

1. I would go to the Pastor or Associate pastor in my church for guidance or assistance if my child was a juvenile sexual offender.

2. I would go to one of the elders or deacons of my church for guidance or assistance if my child was a juvenile sexual offender.

3. I would go to one of my church members for guidance or assistance if my child was a juvenile sexual offender.

4. The Black church should be a primary support of African American families with children who are juvenile sexual offenders.

5. While you were growing up, did you know an adolescent who displayed sexually aggressive behaviors towards others?
   O Yes
   O No

6. Currently, do you know an adolescent who displays sexually aggressive behaviors towards others?
   O Yes
   O No

7. Are you the victim of sexual abuse?
   O Yes
   O No

Please answer the following questions based upon your opinions. You can write as much as you need to answer the question. Feel free to use the back of this page for additional space.

8. What do you think are the factors that contribute to an adolescent deciding to be sexually aggressive?

9. What do you think the Black church’s role should be in helping juvenile sex offenders and their families get treatment and services?
Appendix J: Codes for Content Analysis

Category: Attitudes Towards JSOs

Sub-Category: General Description of the JSO:
Positive:
- youth
- child
- teenager
- son
- victim
- person
- individual
Negative
- offender
- pedophile
- molester
- rapist
- troubled youth

Sub-Category: Feelings towards the offender:
Positive
- trust
- forgive
- wanting help
Negative
- anger (angry)
- sad (upset)
- hurt
- fear (afraid)
- confusion (I don’t know)
- mistrust (I don’t trust)
- evil
- troubled
- danger
- safe
- reoffend (recidivate, hurt)
- target (groom, stalk)
- uncontrollable (can’t help it)
Sub-Category: Words describing etiology of offending:
Positive (words that assume origin is external from the youth and family system)
- television (media, magazines, videos, movies)
- society
- lack of guidance (role models)
Negative (words that assume origin is internal and comes from the youth and/or the family system)
- parent (mother, father, home, exposure, learned, communication, modeling)
- abuse (sexual, physical, molestation, rape)
- victim
- sin
- broken
- hormones
- home (home-life)
- something they’ve seen before
- struggle
- impulsivity
- cognitive/mental

Category: Church’s Level of Involvement

Sub-Category: The Church’s Role
Positive
- help
- support (listen, listening, talk)
- prayer (-meeting, -group, intercessory)
- advocate
- Bible (Biblical)
- rehabilitate (treatment, therapy, groups, counseling)
- safe (confidential, private)
- non-judgmental (don’t cast judgment)
- pastoral support
- education
- referral
- resources
- training
- seminars
- professionals
- money (payment, fundraising, payment, pay)
Negative
- nothing we can do
- outside the church
-keep a distance (guard, watch)
-judge

Sub-Category: Words describing the JSOs relationship to the church:
Positive
-member
-family member
-someone
Negative
-outsider/guest