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SOCIAL-EMOTIONAL AND COGNITIVE RISK FACTORS CONNECTED WITH RECIDIVISM IN SEXUAL OFFENDERS: AN EXPLORATIVE STUDY

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Social-Emotional and Cognitive Risk Factors Connected With Recidivism in Sexual Offenders: An Explorative Study

Giulio D'URSO¹, Simone PARRETTA², Uberta Ganucci CANCELLIERI³, Irene PETRUCCELLI⁴

Abstract

The literature suggests that sex offenders are more at risk of relapse and how much treatment pathways are needed to prevent it. Furthermore, the picture of predisposing factors connected to relapse appears complex. Therefore, the aim of this work is to verify the framework of social-cognitive risk factors connected to relapse in sex offenders. Participants in the study are 128 male sex offenders. The age range of the participants goes from 21 to 75 years (M = 41.74; SD = 13.45). Participants were given self-report questionnaires to evaluate cognitive distortions towards children and towards the right to sexuality, the Hanson Sex Attitude Questionnaire; cognitive distortions towards women, the Vindictive Rape Attitude Questionnaire; the mechanisms of moral disengagement, the Moral Disengagement Scale; furthermore, based on the grid of De Leo and colleagues, any adverse conditions (abuse, mistreatment, poverty, substance abuse, institutionalization) during childhood and/or adolescence were identified. Recidivism, on the other hand, was examined by asking participants if they had been convicted several times of the same crime and verifying this information through their files. The results showed that institutionalization, abuse, cognitive distortions towards women, and the mechanism of attributing blame to the victim can be relevant risk factors associated with relapse. The picture that emerged could suggest how the occurrence in a context of institutionalization during childhood could evidently represent an adverse condition during individual development that acts as a predisposing factor for the risk of relapse; in fact, it is possible to hypothesize that this condition may be linked to experiences of neglect. In the direction, the cognitive distortions towards women and the mechanism of attributing guilt to the victim represented

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the fulcrum of the deviant cognitive scheme capable of legitimizing the activation of violent and abusive behavior.

Keywords: relapse, sexual offenders, cognitive distortions, adverse experience, moral disengagements.

Introduction

The phenomenon of sexual crimes tends to be perceived, from contemporary sensitivity, as particularly abject and source of severe reproach. This has reflected, in many countries, an increasing level of sanctions, also in response to the demand for greater social protection. But the detention of the sex offender, not backed up by targeted therapeutic intervention, is almost certainly destined to postpone the problem, which will be repeated in its most serious forms as soon as the detainee is released.

In order to better understand sexual crimes, researchers should study the characteristics of perpetrators of sexual offenses. In other words, it is necessary to refer to individual and social-cognitive characteristics of sexual offenders. For example, it is crucial to refer to self-regulatory mechanisms of thoughts and actions issued from the estimate of sexual offenders' conduct and their risk factors.

It is useful to note the path of evolution in offenders since adolescence, which represents a crucial time in the structuring and consolidating of cognitive processes (attitudes, beliefs) implicated in mature social actions. Specifically, the literature underlined how some risk factors can be crucial during development and an ecological perspective can affect the individual drastically (e.g., Paciello *et al.*, 2017; D'Urso *et al.*, 2018).

Grady and colleagues (2017) explored the rates of various types of child maltreatments and family dysfunction in individuals who have been convicted of a sexual crime. Theoretical model: adverse conditions in childhood (ACE framework and attachment theory) can lead to several negative psychosocial and behavioural outcomes, including sexual offending. Presence of ACEs might contribute to sexually abusive behaviour. Attachment theory offers an explanatory link between early adversity and sexually abusive behaviour in adulthood; attachment can be used as an explanatory theory for subsequent sexualized coping and sexually abusive behaviours.

The literature also underlined how the perpetrators of violence use strategies to break free from ethical codes imposed by society (e.g., Petruccelli *et al.*, 2017ab). Furthermore, several studies associated moral disengagement to generally aggressive behaviour (e.g., Kiriakidis, 2008; Paciello *et al.* 2008; DeLisi *et al.*, 2014; Visconti *et al.*, 2015).

Specific studies (e.g., Carroll, 2009; Petruccelli et al., 2017a) showed how moral disengagement and moral judgment are connected to attitudes that support

sexual offences. Nevertheless, when moral disengagement is studied in those who commit sexual offences, a feature not enough investigated is cognitive distortion, which can play an important role in individuals who have committed sexual crimes. The literature underlined how cognitive distortions are relevant factors in sexual offenders.

Furthermore, about recidivism, Harris and Hanson (2004) in a review on 10 follow-up studies of adult male sexual offenders (combined sample of 4,724) showed the following results: most sexual offenders do not re-offend sexually, first-time sexual offenders are significantly less likely to sexually re-offend than those with previous sexual convictions; offenders over the age of 50 are less likely to re-offend than younger offenders; the longer offenders remained offence-free in the community the less likely they are to re-offend sexually.

The current exploratory study aims to verify whether emotional and social risk factors related to the presence of any previous adverse experiences, cognitive distortions, and moral disengagement strategies can be connected to recidivism in sexual offenders. Studying recidivism contributes in the implementation of effective treatment interventions for sexually violent behaviour, assuming the application and development of an integrated - social cognitive - model that can examine and evaluate the various variables underlying this behaviour.

Sexual recidivism

Recidivism is defined as a habitual relapse into crime (Collins English Dictionary, 2021) and it is a big problem in our society. Sexual violence is such a serious problem with a lot of consequences for victims, their families and the community that has been called a public health crisis (Black et al., 2011; Centers for Disease Control and Prevention, 2004; Kaufman, 2006; McMahon, 2000; Tabachnick & Klein, 2011). The United States of America supreme court, in the case McKune v. Lile (2002), quoted datas produced by the US department of justice which highlighted that rate of recidivism among sex offenders in estimated to be around 15% (Scurich & John, 2019). The recidivism rate of sexual crimes has also been the subject of a various number of studies. Hanson and Bussiere (1998) conducted a meta-analysis in which they observed a mean sexual rate of 13,4% within four to five years among a total of 61 individual recidivism studies. In a follow-up analysis conducted by Hanson and Morton-Bourgon (2005) a nearly identical rate (13,7%) was found. A recent meta-analysis (Helmus et al., 2012) suggested an unweighted sexual recidivism rate of 9,2%. In others meta-analysis, recidivism rate was found around 13,7% and 15,3% among sexual offenders (Schmucker & Lösel, 2017; Soldino & Carbonell-Vayá, 2017). On the other hand, Cortoni and colleagues (2010) highlighted how female sexual offenders report very low recidivism rates, less than 3%. Anyway, even if the sexual recidivism rate may seem low, it is still worrying, given the serious effects of sexual victimization (Hanson, 1990; Koss, 1993). The meta-analysis conducted by Hanson and Bussiere (1996) suggested how sexual recidivism was predicted by criminal lifestyle, but the best predictors were deviant sexual interests, prior sexual offenses, and deviant victim choices.

Adverse childhood and adolescence experiences and relapse

The literature shows how early enduring traumas (i.e., Adverse Childhood Experiences, ACE) is common among American adult sexual offenders (Levenson & Socia, 2015). The accumulation of early childhood traumas has been associated with a greater risk of psychosocial problems, addictions, and medical illnesses (Felitti *et al.*, 1998). Furthermore, a wide array of studies has shown how both female and male sex offenders have higher rates of child maltreatment and family disfunction than general population (Gannon *et al.*, 2008; Jespersen *et al.*, 2009; Levenson *et al.*, 2014; Reavis *et al.*, 2013; Turner *et al.*, 2008; Wijkman *et al.*, 2010).

The study conducted by Levenson and Socia (2015) suggested how ACE and sex offenders are connected. They in fact found out that childhood adversity increases the risk for criminal behaviour problems in adulthood for sex offenders: those who experienced the most ACEs were also those who had a greater sex offender career. What happens when someone experiences ACE is that this childhood adversities may lead to social, emotional, and cognitive impairment, which could provoke the adoption of risk-related behaviours as coping strategies, which ultimately may lead to the development of disease, disability, social problems, and premature mortality (Felitti *et al.*, 1998). On a biological level, experiencing ACEs in the early stages of life may affect the production of stress related hormones, inhibiting the growth and connections of neurons and setting the stage for lifelong effects such as deficits in social attachments and cognitive problems (Anda *et al.*, 2010; Anda *et al.*, 2006). A study on adults that were sexually abused showed that these people had lower resting levels of cortisol and abnormal physical development such as obesity and earlier onsets of puberty (Trinkett *et al.*, 2011).

Criminal offenders in general are more likely to have experienced adverse childhoods and more ACEs. In a study on 614 male prisoners aged 50 or older, Jennings and colleagues (2014) found out that childhood emotional abuse and neglect predicted both sexual victimization and sexual offending behaviour. Wolff and colleagues (2015) conducted a study on juvenile offenders to find out whether there was a connection between ACEs and recidivism, which proved that there is indeed a relatively robust relationship between these two components. Similar studies gave put the same evidence, founding out that ACEs were significantly and positively related to recidivism. It was also found out that the more ACEs were experienced during the childhood of a juvenile offender, the less was the observed empathy (Narvey *et al.*, 2021).

Cognitive distortions

Sever studies have frequently underlined that sex offenders show evidence of distorted, offense-supportive thinking patterns; a child molester may say that sexual activity is harmless to a child or rapists could state that women exist to meet needs of men (D'Urso et al. 2019a; Beech et al., 2012). These types of cognitions are an important risk factor for sexual offending and are commonly referred to as cognitive distortions (Thornton, 2002; Abel et al., 1984). The construct of cognitive distortions derives from the cognitive literature on depression, and it was defined as an idiosyncratic thought content indicative of distorted or unrealistic conceptualizations (Beck, 1963). This concept, shifted on sex offenders, becomes something slightly different which can be expressed as someone's internal processes, including the justifications, perceptions and judgements that may be used by sex offenders to rationalize his or her molestation behaviour, preventing the appearance of anxiety, guilt, and loss of self-esteem (Abel *et al.*, 1989). It is possible that sex offenders have pro-offense attitudes (e.g., sexual offenses are acceptable) instead of excuses for their action, which would imply the wrongfulness of the sexual offense (Hanson & Morton-Bourgon, 2005; Maruna & Mann, 2006). Furthermore, Blumenthal and colleagues (1999) distinguished between "enduring and situationally nonspecific cognitions", which focus on general acceptability of behaviours, and "offense specific cognitions", which are specific in the circumstances of the offense. Pro-offense attitudes are slightly different from cognitive distortions; the latter are more about rationalizations or justifications for criminal deeds that has been made, pro-offense attitudes are, instead, more like something that facilitate the criminal deed. We will try to explain this further in our work.

Specifically, for sexual offenders against adults, Polaschek and Ward (2002) proposed a network of learned association that provide shortcuts to interpreting incoming stimuli, which network is called a schema (Bem, 1981; Fiske & Taylor, 2017). There are five core schemas that are held by sexual offenders against adults, according to the researchers: Dangerous world, which basically is the core belief that the world is a dangerous and hostile place, and for this reason people are out to harm, exploit and degrade; entitlement, generating beliefs that one is entitled to do what they want, due to feeling superior and more important than others; male sex drive is uncontrollable; women as sex objects, generating beliefs that women constantly desire sex, even if it is coerced or violent; women are unknowable, generating beliefs that women are inherently different from men and that these differences cannot be readily understood by men. The first three schemas are non-sexual, but still, they are believed to play a role in promoting a general antisocial orientation, which could also be an important factor predictive of sexual reoffending in some offenders (Gannon et al., 2009; Polaschek & Ward, 2002; Hanson & Morton-Bourgon, 2005).

The judgment model of cognitive distortions proposed by Ward *et al.* (2006), highlights how cognitive distortions emerge not only from an offenders' underlying implicit theories about the world, but also from how they decide and/or explain their actions. According to this model, a person may make the decision to engage an inappropriate sexual activity to achieve the value if intimacy. This model may be the most comprehensive and useful cognitive distortion theory. It explained how distorted cognitions can appearing; 1) pre-offense, maying has an etiological function in sex offense against adults; 2) situationally, i.e., without underlying distorted cognitive structures; 3) post-offense defence mechanism such as denial, minimization, and justification (Szumski *et al.*, 2018). Meta-analyses studies found out that attitudes supportive of sexual offending predict sexual recidivism (Hanson & Morton-Bourgon, 2004; Helmus *et al.*, 2012). The effect found by Helmus and colleagues (2012) was not large, but it was sufficiently large to be considered reliable. This effect was more important for the recidivism of child molesters than sexual offenders against adults.

Moral disengagement

While any kind of offender breaks the law, some of them may repeat constantly in his or her mind a series of justifications for his or her criminal actions. These justifications, which can also become firm beliefs aim to give the offender the permission to repeat the offense (D'Urso *et al.*, 2019b; Petruccelli *et al.*, 2016). Bandura (1986; 1990; 1991) firstly introduced the concept of moral disengagement mechanisms, which are the cognitive processes by which a wrongful act is psychologically transformed into something that does not have a negative connotation anymore. Activating moral disengagement mechanism is a way to justify someone's immoral actions and still preserve his or her self-esteem (Bandura, 2002; Bandura *et al.*, 1996).

Bandura (1986) suggested that moral self-regulation may be neutralized through eight mechanisms: moral justification, euphemistic labelling, advantageous comparison, displacement of responsibility, diffusion of responsibility, disregarding or distorting the consequences, dehumanization, and attribution of blame. The first three mechanisms implicate cognitive reconstruction of reprehensible behaviour in a way that increases its moral acceptability, the last three happen when a person obscures or distorts the effects of his or her harmful actions.

The use of moral disengagement mechanisms has a significative positive relationship with various forms of aggressive attitudes (Bandura, 2001, 2002; South & Wood, 2006); moral disengagement is a crucial element in aggressive behaviours such as bullying behaviours (Gini *et al.*, 2014; Hymel *et al.*, 2010). The study by Petruccelli and colleagues (2016) found out that jailed offenders showed higher

levels of moral disengagement than the non-jailed control group; furthermore, jailed sex offenders showed even higher levels of moral disengagement than jailed non-sex offenders; these results are alike to similar studies that also highlighted how sex offenders tended to experience various forms of moral disengagement (Nunes & Jung, 2012; Hanson, 2010). The literature also suggested a positive correlation between moral disengagement, perceived police injustice and aggressive behaviours among juvenile offenders; furthermore, moral disengagement was associated with higher past month aggressive behaviours among justice-involved youth at moderate and high levels of perceived police injustice (Zapolski *et al.*, 2017). Stated differently, it seems like moral disengagement, when mediated by perceived police injustice, promoted recidivism.

A study for the links underlying adverse experiences in childhood, moral disengagement, and cognitive distortions in recidivism in sexual offenses can also help to clarify some aspects of educational reflection that can provide in-depth paths to shape interventions targeted. Consequently, this approach can have the advantage of awakening educational research from a "dogmatic sleep" in which it always risks falling when it takes refuge in deductions that are not based on facts, connecting the data to a precise analysis of the rationality of transformative purposes.

The current study

Considering the theoretical premises, as well as in line with reciprocal triadic determinism (Bandura, 1989), the present contribution aims to extend the literature by investigating the framework of social-cognitive risk factors connected to relapse. According to Bandura's reciprocal triadic determinism, personal behaviours is the combination of adverse events, social and cognitive characteristics. None of these mechanisms, however, is more central or pervasive than people's beliefs about their capabilities to exercise control over events that affect their lives. In this sense, psychosocial and behavioural outcomes, as intended by Grady and colleagues (2016), are very similar to the criminogenic needs that have been associated with sexually violent behaviours (Andrews & Bonta, 2010; Hanson *et al.*, 2009).

This study wants to understand how adverse childhood experiences, moral disengagement and cognitive distortions could influence sexual recidivism in people convicted for such crimes. Specifically, integrating the Bandura's theory and ACEs model, we want to explore the following Research Question (RQ): is it possible relapse could be influenced by cognitive distortions, moral disengagement mechanisms and adverse experiences? The rationale for this RQ is to identify if factors more of a socio-affective or social-cognitive nature can influence the relapse (Petruccelli *et al.*, 2016).

Methodology

Procedure

After having obtained permission from the Department of Penitentiary Administration, the prison governors were contacted, followed by the educational sector of the penitentiary to identify detainees who could be asked to participate in the research. All participants were informed about the aim of the study and assured that it is completely anonymous. After the participants accepted, they signed an informed consent form to guarantee their privacy and the anonymity of their personal information. All procedures that involved human participants were performed in accordance with the ethical standards of the institutional and/ or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. The study was approved by ethical committee of Forensic Psychology Centre of Rome and of Department of Penitentiary Administration.

Participants

The participants of this study are 128 volunteers male sex offenders against adult victims, recruited from Italian jails. Data was collected among 2017-2018. The age range of the participants are from 21 to 75 years (M = 41.74; SD = 13.45). Regarding nationality, 65% of participants are Italian, 33% are foreign and 2% does not declare his origin. In relation to educational level, 12% did not complete any schooling, 18% completed primary school, 54% completed junior high school, 14% completed high school, and 2% hold a university degree. Finally, 38 sexual offender was convicted for the same crime.

Measures

Relapse: Participants were asked "Have you been convicted of the same offence more than once?" and responded using a dichotomous scale [no and yes]. However, at the end of data collection, the responses were then compared with the acts relating to prisoners (100% match), deposited by the judicial authorities of jails^{5*}.

Institutionalization: Participants were asked "Have you ever been to the institution during your childhood and adolescence?" and responded using a dichotomous scale [no and yes] *.

Poverty: Participants were asked "Did you had a poor childhood and considered yourself socially disadvantaged compared to your peers?" and responded using a dichotomous scale [no and yes]*.

^{*} These six items came from the semi-structured interview by De Leo et al. (2004), which was administered to each prisoner by researchers. For each items, if the detainee had any doubts, examples and reformulation of the question were provided.

Sexual abuse: Participants were asked "Have you ever been sexually abused in childhood or adolescence?" and responded using a dichotomous scale [no and yes]*.

Maltreatment: Participants were asked "Have you ever been maltreated in childhood or adolescence?" and responded using a dichotomous scale [no and yes]*.

Substance abuse: Participants were asked "Have you ever abused substances (alcohol or drugs) during your adolescence?" and responded using a dichotomous scale [no and yes]^{*}.

Moral disengagement mechanism: The Moral Disengagement Scale (MDS; Caprara et al., 1996): measures the mechanisms of moral disengagement and is made of eight subscales assessing the eight mechanisms identified by Bandura (1986): (1) moral justification allows one to explain the action using values higher than the committed transgression, so that the offence is integrated into the psychic economy; (2) advantageous comparison by which the committed action is compared to a more negative one; (3) euphemistic labelling, where the act relevance is reduced by using jargon terms; (4) displacement of responsibility by which the link between the action and its consequences is distorted or negated, so that perpetrator involvement in the fact is diminished; (5) diffusion of responsibility through which the responsibility for the action is generalized to a specific group or the whole society; (6) distortion of consequences prevents one from becoming aware of the damage caused; as a consequence, the relevance of the misbehaviors is reduced accordingly and the behavior becomes acceptable and justifiable; (7) dehumanization of the victims allows a lessening of one's responsibility by attributing some despicable characteristics to the victims, thus depriving them of dignity; (8) attribution of blame to the victim, when the latter is given blame for offence suffered; the transgressive behavior is considered a defensive act that relieves the offender of his or her own responsibility. This tool is composed of 32 items (e.g., victims are generally unable to stay out of trouble). Participants were asked to rate their agreement to items using a 5-point Likert scale from completely disagree to completely agree. In the present study, the subscales show the Cronbach's alpha ranges from 0.79 to 0.92.

Cognitive distortions: The *Vindictive Rape Attitude Questionnaire* (VRAQ; D'Urso *et al.*, 2019a) measures cognitive distortions toward women. The questionnaire is composed of 15 items (e.g., If a woman has an incorrect sexual behavior, she deserves to be punished). Participants were asked to rate their agreement to items using a 5-point Likert scale from *completely disagree* to *completely agree*. In the present study, the Cronbach's alpha of the VRAQ is 0.86. Moreover, an explorative factors analysis identified one principal factor explaining 57.5% of variance. The items loaded well onto the scale, with loadings ranging from 0.67 to 0.81.

The Hanson Sex Attitude Questionnaire (SAQ; Hanson et al., 1994): measures cognitive distortions that support harassment toward children and general cognitive distortions toward sex. Originally the questionnaire was composed by 47 items and 5 scales (Frustration, Affairs, Sexual Entitlement, Sex/Affection Confusion, Sexy Kids, and Sexual Harm). For the present study, we used the short form composed by 29 items and we considered two scales: Sexy Kids (i.e., cognitive distortion toward children), which evaluates the perception of children as motivated sexually and sexually attractive, the perception of children as sexual objects (e.g. "Some kids are big enough for enjoy sex with adults") (Cronbach's alpha was 0.94) and Sexual Entitlement (i.e., cognitive distortions toward sex), which evaluates attitudes to the right to male sexuality and the need to satisfy their sexual drives (contains items like "A person should have sex whenever he needs it") (Cronbach's alpha was 0.91). Participants were asked to rate their agreement to items using a 5-point Likert scale from *completely disagree* to *completely agree*. Descriptive statistics are show in *Table 1*.

1				
	Yes	No		
Relapse	30% (n = 38)	70% (n =90)	70% (n =90)	
Sexual abuse	16.4% (n = 21)	83.6 % (n = 107)		
Institutionalisation	12% (n = 15)	88% (n = 113)		
Physical maltreatment	10 % (n = 14)	90 % (n =114)		
Substance's abuse	42.2 % (n = 54)	57.8 % (n = 74)		
Poverty	35 % (n = 45)	65 % (n = 83)		
	Min.	Max.	М	SD
Cognitive distortions toward women	15.00	59.00	30.97	9.04
Cognitive distortions toward children	12.00	53.00	18.88	7.41
Cognitive distortions toward sex	9.00	41.00	20.32	6.40
Moral Justification	1.00	20.00	8.69	4.30
Attribution of blame to victim(s)	4.00	20.00	10.10	4.08
Euphemistic Labelling	4.00	18.00	8.88	3.53
Advantageous comparison	4.00	19.00	10.42	3.75
Displacement of responsibility	4.00	20.00	9.17	3.66
Diffusion of responsibility	4.00	18.00	9.45	3.55
Distortion of consequences	4.00	18.00	7.48	3.02
Dehumanization of victim	4.00	19.00	8.25	3.61

Table 1. Descriptive statistics

Analysis Plan

To examine the role of social and cognitive risk factors on relapse and to answer the research question, it was performed a regression analysis using relapse as dependent variables, and the institutionalization, poverty, sexual abuse, maltreatment, substance's abuse, the eight moral disengagement mechanisms, and cognitive distortions toward children and sex as independent variables. Analyzes were conducted with SPSS version 26.

Results

Risk factors on relapse

The regression analyses conducted to examine the contribution of socialcognitive risk factors on relapse showed a significant model F (4,127) = 4.32, p = <.001, with R= .61 and R² = 0.29. Specifically, the statistically significant predictors related to relapse are cognitive distortions towards women ($\beta = 0.67$, t = 3.764, p < .001), attribution of blame to victim ($\beta = 0.40$, t = 3.601, p < .001), institutionalisation ($\beta = 0.22$, t = 2.36, p < .05), and sexual abuse ($\beta = 0.35$, t = 4.10, p < .0001). The completed model is shown in *Table 2*.

	β	SE	t	p	
Moral Justification	0.09	0.02	0.77	0.44	
Attribution of blame to victim(s)	0.40	0.01	3.60	0.001**	
Euphemistic Labelling	-0.08	0.01	-0.80	0.42	
Advantageous comparison	-0.01	0.01	0.06	0.95	
Displacement of responsibility	-0.02	0.02	-0.01	0.99	
Diffusion of responsibility	0.02	0.01	0.24	0.81	
Distortion of consequences	0.17	0.02	1.73	0.08	
Dehumanization of victim	0.03	0.01	0.12	0.90	
Cognitive distortions toward women	0.67	0.01	3.76	0.00***	
Cognitive distortions toward children	0.18	0.01	0.75	0.45	
Cognitive distortions toward sex	0.10	0.01	0.66	0.51	
Institutionalisation	0.22	0.12	2.36	0.02**	
Sexual abuse	0.35	0.11	4.19	0.00***	

Table 2. Predictors of Relapse

Physical maltreatment	0.11	0.03	1.24	0.22
Substance's abuse	-0.08	0.02	-0.93	0.35
Poverty	0.06	0.08	0.71	0.48

*p < 0.05 ** p < 0.01 *** p < .001Note: $R = .61 R^2 = 0.29$

Discussions

The present study sought to explore which social cognitive factors were related to relapse in sex offenders. Results of our study show how cognitive distortions toward women, attributions of blame to victim and institutionalization are risk factors connected with relapse.

In line with the literature, (Gannon *et al.*, 2009; Polaschek & Ward, 2002; Hanson & Morton-Bourgon, 2005; Helmus *et al.*, 2012) cognitive distortions can negatively affect the deviant sexual pattern and thus cause the person to remain stuck in the circle of violence. In this sense, the deviant sexual pattern can be generated from a deficient cognitive pattern which lead to a negative view of women. Therefore, more the schema is deviated, the greater is the risk of recurrence. Having grown up perhaps in a context in which the woman does not deserve respect and esteem may have generated permanent distortions that compromise the actions, and consequently, could lead the sexual offenders more at risk to relapse.

Moreover, the attribution of blame to victim, a common sexual offenders' mechanism of moral disengagement (Bandura, 2001, 2002; South & Wood, 2006; Hanson, 2010; Nunes & Jung, 2012; Petruccelli et al., 2016), is also connected with recidivism. Therefore, attributing the blame to the victim can induce the sex offender to justify the deviant conduct to the point of recomposing it. These two findings taken together answer to our question about which cognitive mechanism can facilitate criminal relapse, as we found they were the most provident in our sample. In this direction, sexual offender against adult, after seeing his or her female caregiver experience intimate partner violence may have thought that she deserved it, identifying his or herself with the perpetrator, or maybe, the perpetrator of the violence may have explained the young sex offender his or her reasons and the youth may have thought they were right, and gets stuck in the cycle of relapse. Moreover, living in a society characterized by "rape culture" and sexism could be risk factors for the development of sexually aggressive behaviours or the persistence of this deviant conduct (Johnson & Johnson, 2021). A deviant culture that legitimizes sexist attitudes could graft in the mind of the offenders the belief that the victims deserve their destiny and consequently this belief, if rooted, can hinder the change of the person, especially if they live within the prison walls.

The results also suggest how institutionalisation is connected with relapse. The Institutionalisation, which we can surely consider as an Adverse Childhood Experience, has less been linked to criminal relapse, although it is well known how ACEs are strongly linked to criminal careers (Jennings et al., 2014; Wolff et al., 2015; Narvey et al., 2021). Our findings are coherent with the literature and can be interpreted in the light of Grady and colleagues' (2016) model of adverse childhood experiences and attachment. As we saw previously ACEs could create some specific types of attachment that could lead to certain types of behavioural and psychological outcomes, which the latter we could also intend as the cognitive distortions and pattern we found to be strongly linked to sexual assault relapse among our sample. Following Bowlby's (1973) attachment theory, growing up in an institution can be tough and couldn't give the child a role model that could teach him / her right ways to approach others - women specifically - or even just interact with them. We are not stating that all sexual offenders against adults grew up in an institution, but, maybe, growing up in such places may have created a specific mindset that has facilitated relapse. Surely more research is needed in this field, too.

Furthermore, sexual abuse is a risk factor associated with relapse (Jennings *et al.*, 2014). Therefore, it is possible this traumatic event could compromise the attitude of the offender which would lead him to not understand his actions adequately, triggering a series of distortions that would not or would bring him into adequate contact with the crime committed.

With ours results we can also interpret deviant behaviours of sex offenders as a product of a bad environment in which they grew up. In fact, it is well known as social influences operating in certain environments are selected to continue promoting specific competencies and values (Bandura, 2002; Snyder, 1986); we could also argue, that these cognitive distortions we found linked in our sample to criminal relapse that could be a product of institutionalisation and maybe other kinds of ACE.

The study, however, must be considered in the light of the limitations it presents. First, the use of self-report questionnaires permits only a partial evaluation of the complexity of the factors considered in the research. This limit becomes particularly relevant concerning the social desirability of participants, especially those who have committed sexual crimes. In other words, during data collection, the involved participants may have implemented strategies that would make them more desirable and allow them to comply with social norms. Future research could therefore benefit from the use of other types of measure (e.g., different informants, interviews, implicit tools, and systematic interviews). A limitation concerns the number of participants which does not allow generalizing the results obtained to all prisoners. Another limitation is in the measures that were administered at the same time, especially in relation to situations that concern the past. Future studies could use interviews with inmates and parents who evaluate past experiences without making causal inferences. However, cross sectional studies highlight relationships

between variables that do not allow for predictions to be made, although they can shed light on complex phenomena such as recurrence. Finally, another limitation concerns the fact that we have applied the ACEs model retrospectively; therefore, this study does not allow proving the causal effect of the factors that impact on the relapse. Nevertheless, despite the limitations of the study, it is important to identify the risk factors connected with relapse and promote effective and targeted treatment strategies for sexual offenders.

Educational implications

The results of this study lead to highlight how the educational perspective with which to address the problematization and study of these phenomena should be inserted in a social and not individualistic framework (Magro, 2018; Oggionni, 2019). If the literature has already highlighted how social influences are able to foster the development of certain values and behaviors, these new results can suggest how particular places or contexts can foster the sedimentation of them promoting the relapse.

Starting from the studies of Petruccelli et al. (2016), it could be argued that in a context such as prison, the mechanism of moral disengagement not only is it not discouraged, but rather runs the risk of being favoured and therefore having an impact on relapse. Following the logical thread of the results of the current study, the evidence seems to support how much a deviant context that legitimizes a sexist culture constitutes a reinforcement that risks hindering and frustrating any effort and any *utopia* that captures the rationality of a rehabilitating and empowering educational purpose for the individual. In this sense, one can ask whether and how the prison environment can foster the development and creation of a new and different cultural and social context that can foster a reflective narrative capable of relocating one's personal experience (Benelli, 2010) in a frame with a different meaning. Following this reasoning and the data that emerged in this study, it is legitimate to ask the question whether the prison sentence can have the theoretical and practical margins to be understood as an intervention that leaves space for hope for a re-educational intervention or does not risk widening even more an already existing fracture that runs the risk of becoming irremediable.

Conclusion

Our explorative study founded a connection between institutionalisation, specific moral disengagement mechanisms, specific cognitive distortions, and sexual offending relapse. It is a first step in the field and could be important and relevant to continue to develop this path of research, examining in depth which are the causes of criminal and sexual offending recidivism. Our study is not perfect, it would be necessary proceed on this topic of research, doing similar studies using a much wider sample and it would be interesting also to examine specific types of institutionalisations to find out which is more linked to recidivism than others. This kind of studies is useful to suggest the creation of specific prevention programs to apply on the community. For example, the primary prevention could be very important in the schools to work on gender stereotypes and sexual education which are important risk factors in a chauvinist culture.

Recommendations

The study highlights 1) how relapse can be characterized by multiple causal factors and not only related to adverse experiences, cognitive distortions, and specific mechanisms of moral disengagement strategies; 2) that it is important design cohort studies with more specific measures for the assessment of relapse; 3) the need to design integrated and dynamic interventions for perpetrators who commit sexual offenses aiming to help the person make positive changes and "not fall back" on the same crime.

The different treatment programs should consider the following purposes: adjust the dysfunctional factors, linked to individual history and the educational, cultural, and social context, associated with deviant behavior (treatment of cognitive distortions), work on any deficits in social, emotional skills and cognitive useful to control impulses (treatment of affective control disorder), strengthening socio-relational skills (relapse prevention). Specifically, risk factors for relapse prevention should be taken into consideration and for each of these it is possible to hypothesize different intervention and treatment plans: 1) predisposing factors, which can be treated with individual support therapies and / or group, focusing on elements of the abuser's individual story; 2) precipitating factors, which can be treated with behavioral therapies to alter the activation of sexual fantasies and to build empathy with the victim; 3) perpetuating factors, manageable through the restructuring of life habits, prevention, knowledge of the relapse process.

The main purpose of relapse prevention is trying to modify the author's deviant sexual and social schema, increase social skills, the ability to perceive the external world, reinforce the dimensions of control and management of the Self, consequently learning to regulate their behavior by anticipating the effects of their actions.

Ethical approval

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed consent

Informed consent was obtained from all participants included in the study.

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