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ADVERSE CHILDHOOD EXPERIENCES RELATED TO COGNITIVE AND EMOTIONAL STATES: A STUDY ON SEXUAL OFFENDERS IN ITALY AND PORTUGAL

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Adverse Childhood Experiences Related to Cognitive and Emotional States: A study on Sexual Offenders in Italy and Portugal

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Abstract

This study analysed the levels of cognitive distortions and verified whether adverse experiences (e.g., emotional abuse) may influence psychopathological traits, empathy deficits and levels of moral disengagement and cognitive distortions. Participants were 96 sex offenders: 64 participants are Italians and 32 participants are Portuguese studied cross-sectionally. A semistructured interview was administered to collect data about family and social histories, with self-report questionnaires to evaluate psychopathology, empathy, moral disengagement strategies and cognitive distortions. The results showed that about 14% of sexual offenders reported a moderate / severe level of deviance of distorted beliefs relating to children; 28% of the total sample (but 53% of Italians) reported a moderate/

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severe level of deviance related to cognitive distortions “sexual right”. The results also showed how sex offenders who have suffered emotional abuse during their life report higher levels of emotional empathy, depression, anxiety, paranoid ideation, and psychoticism compared to those who have not suffered it. Theoretical and practical implications are provided.

Keywords: cognitive distortions; sex offenders; empathy; psychopathology; adverse experiences

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. Sexual violence is defined as any sexual act, attempt to obtain a sexual act, or other act directed against a person’s sexuality, using coercion by any person regardless of their relationship to the victim, in any situation. It includes rape, which is defined as physically forced or otherwise coerced penetration of the vulva or anus with a penis, other part of the body or any objects (WHO, 2013).

Violence against women is a heterogeneous phenomenon worldwide: 1 in 3 women, around 736 million, are subjected to physical or sexual violence by an intimate partner or sexual violence from a non-partner, and unfortunately this violence starts early: 1 in 4 young women (aged 15-24 years) who have been in a relationship will have already experienced violence by an intimate partner by the time they reach their mid-twenties. Of course, this trend has been also exacerbated by the COVID-19 pandemic (WHO, 2021). In a national survey on the maltreatment of children and adolescents in Italy, as regards the type of violence, 47.1% are victims of serious neglect, 19% of witnessed violence, 13.7% of psychological maltreatment, 8.4% of treatment pathology, 6.9% of physical abuse and 4.2% of sexual abuse. More than half of abused children suffer a serious form of neglect if the pathologies of the treatments are also taken into consideration (Autorità Garante per l’Infanzia e l’Adolescenza – CISMAI – Fondazione Terre des Hommes Italia, 2021).

Therefore, the violence toward women, in particular rape, as well as child sexual abuse are serious social problems. Indeed, the data gives us a drastic picture of how this phenomenon does not stop. The high number of sexual offences all around the world causes a devastating impact on psychophysical health for the people involved, as well as a significant economic impact due to the huge expenses to be

incurred for governments in the various prevention and treatment interventions. Therefore, it is important to focus the attention of the scientific community on the study of the author's cognitive behavioural functioning, to better understand their sexual deviant schemas, to develop targeted prevention, treatment, and prevention of relapse models. The literature suggested various lines of research intent on explaining the author's deviant sexual pattern that examine the cognitive distortions (Ward & Casey, 2010) and experiences these people undergo during their development (e.g., D'Urso *et al.*, 2018a).

Literature review

Cognitive distortions in sex offenders

The literature suggested that cognitive distortions (CDs) are the product of conflict between external reinforcements and internal self-condemnation (Abel *et al.*, 1989). Gibbs *et al.* and colleagues (1995) identified self-serving distortions and divided them in primary and secondary distortions: (1) "Primary CDs are self-centered attitudes, thoughts, and beliefs" (Barriga & Gibbs, 1996, p. 334) and involve according to status to one's views, expectations, needs, rights, immediate feelings, and desires to such a degree that the legitimate views, etc. of others (or even one's own long-term best interest) are scarcely considered or are disregarded altogether; (2) Secondary distortions serve to support the primary distortions and have been characterized as pre- or post-transgression rationalizations that serve to 'neutralize' conscience or guilt (Barriga & Gibbs, 1996; McCrady *et al.*, 2008).

Certainly, the myth of rape encourages in sexual offenders distorted belief towards women, who are then considered as sexual objects, so hostile masculinity is significantly connected to sexual aggressions (Casey *et al.*, 2017). Cognitive distortions (CDs) generally refer to maladaptive attitudes and beliefs, and problematic thinking styles (Ward *et al.*, 1997; Ward, 2000), and can play an important role when dysfunctional behaviours and negative attitudes towards women are present in individuals who have committed sexual crimes (Ward & Casey, 2010).

Several previous studies found how sexual offenders may have distorted beliefs that justify and legitimize sexual behaviour and may serve them as a shield to maintain deviant behaviour (Abel *et al.*, 1984, 1989; Stermac & Segal, 1989; Pithers, 1994; Hayashino *et al.*, 1995). Also, problematic thinking styles related to cognitive operations such as excusing, blaming, and rationalizing sexually abusive actions, and in effect, encompasses the domain of cognitive processes (Ward, 2000; Nunes & Jung, 2013). Besides, Ward (2000) suggested how CDs in sex offenders develop from underlying causal theories about the nature of their victims instead of resulting from independent beliefs. Examples identified by rape researchers and clinicians include: "women who get raped get what they deserve",

“women cannot be trusted”, and “women like to be dominated and controlled” (Polaschek & Ward, 2002).

The study conducted by Hempel and colleagues (2015) on offenders’ offense-supportive cognitions, suggested how lower levels of cognitive empathy are related to the attribution of more child responsibility. Denying and minimizing the problem also led to do not recognize the need of treatment and denying recidivism (Schneider & Wright, 2001; Levenson, 2011; D’Urso *et al.*, 2021a). Zara and Farrington (2016) underlined that denial is a multidimensional and complex process through which a person take distance cognitively and emotionally from a disturbing reality.

Moral disengagement (MD) represents a self-regulatory mechanism that Bandura (1986, 1999) defined to explain how people become free of self-sanctions and adding guilt, which succeeds when behaviour infringes internal and ethical values. 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 misconstrual of reprehensible behaviour in a way that increases its moral acceptability, the last three happen when a person obscures or distorts the effects of harmful actions. Nevertheless, the Author, studying MD functions in the perpetration of inhumanities, have affirmed how “the disengagement may canter on (a) the reconstrual of the conduct itself so it is not viewed as immoral, (b) the operation of the agency of action so that the perpetrators can minimize their role in causing harm, (c) the consequences that flow from actions, or (d) how the victims of maltreatment are regarded by devaluing them as human beings and blaming them for what is being done to them” (Bandura 1999, p. 194). In particular, the literature underlined how the perpetrators of violence use strategies to break free from ethical codes imposed by society (Petruccioli *et al.*, 2017a, b). Furthermore, several studies associated MD to generally aggressive and criminal behaviours (Kiriakidis, 2008; Paciello *et al.*, 2008; DeLisi *et al.*, 2014; Visconti *et al.*, 2015). In this sense, Carroll (2009) showed how moral disengagement and moral judgment in male college participants are connected to attitudes that support rape. Indeed, the author found how higher levels of MD are connected to attitudes supporting the offence, and a lower level of moral judgment is found in participants belonging to a brotherhood. Furthermore, the study by Petruccioli and colleagues (2017a) in Italian jails showed a difference between jailed participants, non-sex and sex offenders, and normative: offenders generally display overall higher levels of moral disengagement. In particular, the study shows how sex offenders seem to make more use of moral disengagement mechanisms than non-sex offenders. The study conducted by Bendixen *et al.* (2014) underlined how attitudes toward rape were the major predictors of attribution of responsibility to rape victims. The study by Van Vugt *et al.* (2008) showed how low levels of moral judgment are associated with cognitive distortions. However, some research

underlined how studying the self-regulation mechanisms and cognitive distortions of sex offenders may be of considerable importance for the promotion of effective and targeted treatment strategies (Van Vugt *et al.*, 2008; Petruccelli *et al.*, 2017b).

Adverse childhood experiences connected with cognitive and emotional consequences

The literature defines risk factor as “a characteristic at the biological, psychological, family, community, or cultural level that precedes and is associated with a higher likelihood of problem outcomes” (O’Connell *et al.*, 2009, p. xxviii). During childhood adolescence, several risk factors (e.g., past experiences of institutionalisation or early use of substances) can help to explain deviant behaviours, cognitive distortions, as well as in the development of moral disengagement mechanisms (D’Urso *et al.*, 2018c; Lewis *et al.*, 2014). Indeed, in sexual offenders abandoning school (Langevin & Curnoe, 2007) absence of a maternal figure and a precarious economic situation (Van Wijk *et al.*, 2007), can influence negative attitudes and behaviour towards women. However, a sexual abuser, or a criminal in general, is inhibited by previous positive educational experiences and, conversely, facilitated by inadequate socialization experiences, inappropriate forms of punishment, abuse, and neglect (Marshall & Barbaree, 1984; Fang & Corso, 2007; McGrath *et al.*, 2011; Topitzes *et al.*, 2011; Cuadra *et al.*, 2014; Casey *et al.*, 2017). Groth and Birnbaum (1979) suggested how parents of sexual abusers often have used extremely violent physical punishment on their children, who have largely also been sexually abused.

The literature suggested that abuse is the result of a long period of tension and the consequence of an inability to cope with the stress of everyday life: the suffered abuse, in sex offenders, can distort their views and beliefs about attitudes towards women and the relationship with them (Jaffee *et al.*, 2013). In contrast, the study by Mulder and colleagues (2011) suggests how sexual abuse was reported less often, but this might have been caused by the fact that offender *participants* did not disclose (out of shame of being sexually abused).

A recent study, conducted in Italy on 42 detained sex offenders and 52 detained non-sex offenders, shows how 10% of sex offenders had been institutionalized (orphanage, boarding school, etc.) compared to 31% of non-sex offenders. It is unknown if the child institutionalization of sex offenders has effects on their deviant behaviour (Petruccelli *et al.* 2017a). In any case, the literature on risk factors underlined how adverse experiences not only has an impact on the emotional and social sphere but also on the individual-cognitive aspects developing CDs and moral disengagement mechanisms (Morris *et al.*, 2014; Walsh *et al.*, 2015).

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 person drastically (Paciello *et al.*, 2017; D'Urso *et al.*, 2021b). In a recent study sex offenders reported more intense experiences of rejection by the father figure and abuse in the family context during early childhood compared to non-offenders with the same attachment classification (Grattagliano *et al.*, 2015).

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 on the base of the theoretical model: adverse conditions in childhood (ACEs) 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.

Carvalho and Nobre (2014) explored the relationship between early maladaptive schemas (EMSs) and sexual offending, as well as how rapists and child sex molesters differ in terms of these schemas. The results showed differences between SOs: child molesters presented more schemas of pessimism than rapists; and the preliminary findings suggested that EMSs may impact sex offender's perceptions about themselves and about the world.

An extensive literature has shown significant associations between childhood abuse and adulthood symptoms of depression and anxiety, along with personality disorders, substance abuse, post-traumatic stress disorder and other psychosomatic disorders; the severity and type of anxiety disorders and symptoms have been shown to correlate with the severity and type of traumatic exposure (MacMillan *et al.*, 2001; Afifi *et al.*, 2011; Green *et al.*, 2012; Godbout *et al.*, 2017). Moreover, ACEs are predictor of a deficit in empathy. Studies highlighted how maltreated children show insecure and disorganized attachment patterns, which are important developmental risk factors for psychopathological disorders characterized by empathy deficits (e.g., Rigney & Brown, 2009; Kagan, 2014).

Several studies have highlighted that childhood adverse experiences can negatively impact various aspects of social-cognitive skills in people who have not yet been explicitly diagnosed with mental disorders (Pickreign Stronach *et al.*, 2011; Ensink *et al.*, 2015; Pears & Fisher, 2005). Most likely they may exhibit poor affect regulation, contributing to a later psychopathology and peer rejection (Kim & Cicchetti, 2010).

The literature suggested that abused children refer less to their internal states and have difficulty understanding emotional expressions, particularly facial expressions (Koizumi & Takagishi, 2014), finding it difficult to reflect on their own or others mental states. Many children, who have been exposed to caregiver neglect, physical abuse, or exploitation, appear to have adapted to a "mindless" environment by inhibiting their nascent ability to mentalize.

Despite the literature suggested how neglect can be a risk factor connected with empathy deficit (De Paul & Guibert, 2008; Yu *et al.*, 2020). The study by Pakaslahti and colleagues (2002) highlighted how neglect may increase the altruistic and prosocial behaviours that are the basis of social and cognitive empathy.

In a recent study, Garofalo and colleagues (2019) found that sexual offenders reported greater scores for the emotion goal of sadness, and lower scores for the emotion goal of excitement, compared with both general offenders and non-offenders. Furthermore, sexual offenders reported lower perceived pleasantness for sadness than general offenders and lower perceived pleasantness for excitement compared with both other groups; and more, sexual offenders reported greater perceived utility of sadness than non-offenders. Finally, the study conducted by D'Urso and colleagues (2018a) highlighted how adverse conditions in childhood and adolescence (e.g., institutionalizations or early deviant behaviours) can be risk factors related to moral disengagement.

Methodology

Considering these theoretical premises, this exploratory study aims to explore if ACEs can be increase or decrease psychopathological traits, empathic abilities, cognitive distortions, and mechanisms of moral disengagement in sex offenders. Moreover, the degree of impairment of the levels of various cognitive distortions in sex offenders was investigated.

Specifically, the study wants to explore three objectives: (1) explore whether sex offenders have high levels of cognitive distortions as shown in the literature (D'Urso *et al.* 2018b; Hanson *et al.*, 1994; Hanson, Thornton, 2000; Petruccelli *et al.*, 2017ab); (2) explore whether participants who have experienced identifiable experiences such as “adverse conditions in childhood” may report emotional disturbances or mood swing (depression, anxiety, paranoid ideation, psychoticism, hostility) or deficits in empathic skills (Grady *et al.*, 2017); (3) explore whether any “adverse conditions in childhood” may constitute risk factors that compromise the use of cognitive distortions and mechanisms of moral disengagement in sex offenders (Grady *et al.*, 2017).

Participants and Procedure

After having obtained permission from the Department of Penitentiary Administration, the penitentiary heads 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. After a semi-structured interview, conducted with every

participant, the self-report questionnaires (described below) were individually administered to all participants. 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 sample is composed by 96 sex offenders. In particular, 64 participants are Italians aged between 27 and 75 ($M = 46.72$; $DS = 11.74$), recruited from the following Italian penitentiary institutions: Arghillà (Reggio Calabria), Carinola (Caserta), Terni, Velletri (Roma) and Viterbo; 32 participants are Portuguese aged between 18 and 79 ($M = 46.62$; $DS = 16.19$), recruited at the Direção Geral de Reinserção e Serviços Prisionais (Equipa de Porto Penal I) located in Porto and at the Psychology of Justice Unit of the Psychological Counselling Services of the University of Minho (School of Psychology, Braga). These 32 offenders were all serving sentences in the community either on parole or probation.

Measures

The semi-structured interview for having data connecting to an offense developed by De Leo, Petrucci and Pedata (2004) was used. It is not a diagnostic instrument but rather a form of data collection previously used in some research areas. However, the information collected refer to family, social and medical histories, and the way the deviant act was perpetrated.

Brief Symptom Inventory (BSI; Derogatis, 1982). This is a self-assessment tool for psychological distress, developed for the general adult population. consists of 53 items covering nine symptom dimensions: Somatization, Obsession-Compulsion, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic anxiety, Paranoid ideation, and Psychoticism. Respondents rank each feeling item (e.g., “your feelings being easily hurt”) on a 5-point scale ranging from 0 (not at all) to 4 (extremely). Rankings characterize the intensity of distress during the past seven days. The Cronbach alphas of the scales range from .85 to .90.

Basic Empathy Scale (BES; Jolliffe & Farrington, 2006). Through 20 items, it measures cognitive and affective empathy separately, and is used to examine the construct validity of empathic accuracy as a measure of cognitive empathy. It is composed by 20 items. Participants were asked to rate their agreement to items using a 5-point Likert scale from completely disagree to completely agree.

The Moral Disengagement Scale (MDS; Caprara *et al.*, 1996) is composed by 32 items assessing the mechanisms underlying the moral disengagement and identified by Bandura (1999). Participants were asked to rate their agreement to items using a 5-point Likert scale from completely disagree to completely agree. The Cronbach alphas of the scales range from .84 to .91.

Vindictive Rape Attitude Questionnaire (VRAQ; D’Urso *et al.*, 2018a) measures cognitive distortions that support beliefs toward women. It is composed of 15 items. Participants were asked to rate their agreement to items using a 5-point

Likert scale from completely disagree to completely agree. The Cronbach's alpha of the VRAQ is .80.

Hanson Sex Attitude Questionnaire (SAQ; Hanson, Gizzarelli & Scott, 1994) measures cognitive distortions in support of childhood sexual abuse. For the present study, we used the short form composed of 29 items, and we considered two scales: Sexy Kids (12-23: Normal range, 24-29: Moderate deviance, 30-60: Serious deviance) and Sexual right (12-21: Normal range, 22-25: Moderate deviance, 26-45: Severe deviance). Participants were asked to rate their agreement to items using a 5-point Likert scale from completely disagree to completely agree. The Cronbach's alphas of the two scales are .80 (Sexual Right) and .85 (Sexy Kids).

Analysis

To address the first objective, we compared the results obtained by each individual participant with the cut-offs of the SAQ' subscales: "Sexy Kids" subscale (i.e., 12-23 Normal range, 24-29: Moderate deviance, 30-60: Severe deviance) and "Sexual Entitlement" subscale (i.e., 12-2: Normal Range, 22-25: Moderate Deviance, 26-45: Severe Deviance). To address the second and the third objectives, we carried out analysis of variance to verify whether those who have suffered physical, emotional abuse, and who report institutionalized pasts report higher levels of psychopathologies, empathy deficits, cognitive distortions, and mechanisms of moral disengagement. The analysis was made with SPSS version 26.

Results

Levels of cognitive distortions

Regarding the CD "Sexy Kids", among the Italian participants, 54 sex offenders are in the normal range, 3 instead in moderate deviance, and 6 in "severe" deviance. Regarding the CD "Sexual Entitlement", 39 Italian participants are placed in the normal range, 16 in the moderate range and 18 in the severe one. Regarding the CD "Sexy Kids", among the Portuguese, however, 18 participants are in the normal range, 4 in the moderate deviance, and 1 in the severe deviance. Regarding the CD "Sexual Entitlement", 20 Portuguese participants are on the normal range, and 3 on the moderate deviance.

Adverse conditions in childhood related to emotional disturbances, mood swing and deficits in empathic skills

Statistically significant differences emerge between those who have suffered emotional abuse and those who have not suffered it on the levels of emotional

empathy among Italian participants [$F(1,60) = 5.07$; $p < .05$]. Participants who experienced emotional abuse reported higher levels of emotional empathy ($M = 31.45$; $SD = 6.6$) than those who did not experience emotional abuse ($M = 26.33$; $SD = 6.87$).

Statistically significant differences emerge between those who have been emotionally abused and those who have not in their levels of depression [$F(1,60) = 10.88$, $p = .002$]. Participants who have suffered emotional abuse report higher levels of depression ($M = 10.54$; $SD = 7.63$) than those who have not been ($M = 5.16$; $SD = 4.13$).

Statistically significant differences emerge between those who have suffered emotional abuse and those who have not suffered it on anxiety [$F(1,60) = 6.22$; $p = .015$]. Participants who have suffered emotional abuse report higher levels of anxiety ($M = 8.18$; $SD = 5.77$) than those who have not been ($M = 4.42$; $SD = 4.22$).

Statistically significant differences emerge between those who have suffered emotional abuse and those who have not on paranoid ideation [$F(1,60) = 5.06$; $p = .028$]. Participants who have suffered emotional abuse report higher levels of paranoid ideation ($M = 8.81$; $SD = 5.41$) than those who have not been ($M = 5.34$; $SD = 4.63$).

Statistically significant differences emerge between those who have suffered abuse of psychoticism [$F(1,60) = 7.12$; $p = .010$]. Participants who have suffered emotional abuse report higher levels of psychoticism ($M = 6.36$; $SD = 4.52$) than those who have not been ($M = 3.14$; $SD = 1.41$). Statistically significant differences emerge between those who have undergone institutionalization and those who have not on hostility [$F(1,60) = 6.68$; $p = .012$]. Participants who have undergone institutionalization report higher levels of hostility ($M = 4.58$; $SD = 4.64$) than those who have not been ($M = 1.71$; $SD = 3.11$).

Among the Portuguese participants, on the other hand, statistically significant differences emerge between those who suffered physical abuse and those who did not on hostility [$F(1,21) = 7.05$; $p = .015$]. Participants who have suffered physical abuse report higher levels of hostility ($M = 8.00$; $SD = 1.41$) than those who have not been ($M = 3.90$; $SD = 2.97$).

Adverse conditions in childhood related to cognitive distortions and moral disengagement mechanisms

No statistically significant differences emerged regarding the cognitive distortions and the mechanisms of moral disengagement in the participants who had undergone the so-called “Adverse experiences” and those who have not experienced them.

Discussion

This study aims to investigate the levels of cognitive distortions in sex offenders, and if adverse experiences during childhood and adolescence can increase psychopathological traits, empathy deficits, cognitive distortions and moral disengagement strategies.

The results showed that about 14% of sexual offenders reported a moderate / severe level of deviance of distorted beliefs relating to children; 28% of the total sample (but 53% of Italians) reported a moderate/severe level of deviance related to cognitive distortions “sexual right”. These results confirm that the cognitive structure related to sexual fantasies and the perception of sexual correlates of sex offenders sometimes appears compromised (e.g., Ward & Casey, 2010). Therefore, although it is possible to hypothesize the impact of the so-called social desirability that in research in this area always tends to ensure that participants try to show better aspects of themselves, sweetened and free from problems of any kind and specifically related to the sexual sphere, a level of beliefs, cognitive distortions, and a deviant cognitive scheme. The cognitive scheme(s) can represent a good starting point from which to start building treatment paths and protocols aimed at dismantling and precisely deconstructing the cognitive distortions that represent the “fertile *humus*” on which it is possible to build beliefs and legitimations capable of activate the next deviant behavioural pattern.

The results also showed how sex offenders who have suffered emotional abuse during their life report higher levels of emotional empathy, depression, anxiety, paranoid ideation, psychoticism, and hostility compared to those who have not suffered it. The fact of having brought back the so-called “adverse experiences”, if on the one hand it represents an enabling and protective factor as regards the possibility of developing adequate empathic abilities on an emotional level, on the other hand it represents a risk factor capable of increasing higher levels of anxiety, depression, ideation paranoid, psychoticism, and hostility. Emotional neglect can often be a traumatic event that affects the mood, especially the aspects related to contact with reality, states of alertness, aggression, irritability, and negative mood (Berzenski, 2019). In this sense, emotional neglect may induce tension and anger because it induces states of frustration of socio-affective needs. Nevertheless, the experience of emotional abuse or emotional neglect can favour the look for proximity which results in the need to refine empathic responses (Pakaslahti *et al.*, 2002).

Finally, the results showed no differences about the cognitive distortions and the mechanisms of moral disengagement in the participants who had undergone the so-called “Adverse experiences” in comparison with who have not experienced them. Previous adverse experiences do not seem to influence the cognitive and social mechanisms that lead offenders to justify their deviant behavior or to have cognitive distortions are the basis of this behavior.

This study is not without limitations. First of all, the use of self-report questionnaires may have led the sex offenders to underestimate or overestimate their perceptions about their internal states. Second, it is not possible to generalize these results to all sex offenders. Another important limitation is the nature of the study itself. A retrospective cross-sectional study that does not allow a clear development model, but only inferential indications. Future (longitudinal) multi-informant studies could shed light on the inherent mechanisms of deviant behavior.

Conclusion

This explorative study is interesting from the point of view to invest in the development of integrated intervention protocols (re-education, psychotherapeutic, psychosocial, etc.) for sexual offenders aimed at preventing relapse, but also to design treatment protocols also aimed at overcoming the “trauma”. This study also suggests how it is important to carry out monitoring interventions that follow the path of the sexual offenders both in the intramural treatment phase and when they take advantage of alternative measures to those in prison, in collaboration with the territorial agencies also. Finally, could be very useful to train the prison staff to increase professional skills, help the various operators to place themselves in a non-judgmental perspective, to encourage teamwork aimed at constant confrontation even between the operators themselves, also to promote a model of inter-professional cooperation between operators in the socio-health, legal and penitentiary areas.

Recommendations

The study suggests how it is important working on the cognitive aspects of sexual offenders. Furthermore, elaborating the negative episodes experienced during childhood and adolescence can help the rehabilitation of sex offenders, starting from empathy that can be a protective factor for the prevention of relapse.

Therefore, the study highlights that it is important working with these offenders who are not hopeless, but, on the contrary, they are the result of cognitive and social deficits deriving from adverse conditions experienced during childhood often. Rehabilitation on these aspects means giving a second chance in order not to annihilate the humanity that sexual offenders have, despite the awful crime they have committed.

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