



This project was funded by the European Union's Rights, Equality and Citizenship Programme (2014-2020).



Research-intervention project on sex offenders PR.O.T.E.C.T. – PreventiOn, assessment and Treatment of sex offenders

PR.O.T.E.C.T. – Prevention, evaluation and treatment of sex offenders in European penitentiary institutions. Creation of good practices sharing network and development of innovation at European level.

1. Introduction

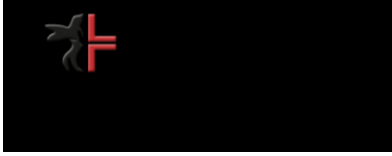
The project envisages as coordinating partner the Italian Society of Penitentiary Medicine and Healthcare SIMSPE Onlus, in partnership with the Italian Ministry of Justice, the Sapienza University of Rome, the University of Braga (Portugal) and the Croatian Non-Governmental Association Healthy City.

The project idea came from the need to prevent reiteration of sexual crimes not only through social control and the enforcement of prison sentence, but also through the intensification of specific treatment protocols for perpetrators of sexual offenses in prison, with the aim of creating a protocol shared by all European partners.

In this context, where appears the need to intensify prevention (at primary, secondary and tertiary level) and protection from sexual abuse, the European Council with the Convention of 25 October 2007 indicated the importance of launching programs that prevent from the reiteration of the crime: the PR.OTECT project fits right into this specific framework.

The objectives of the project consist of:

1. To map the state of the art at European level,
2. to highlight the best practices currently existing in the EU countries, with specific focus on the project partner countries in particular regarding the existing regulatory framework, researches, evaluation and treatment tools (Italy, Portugal, Croatia);
3. to evaluate and prevent the reiteration of sexual offenses through the development of an international diagnostic-therapeutic assessment protocol for a deep understanding of



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the offender's personality and for a tailored intervention planning, born from the sharing of strategies between the partners: the aim is to create experimental Operational Functional Units (OFUs) focused on "rehabilitative justice";

4. to train people who directly work with the perpetrators of sexual offenses, organizing training courses for ministry staff, prison police officers and health staff tailored on a "cognitive-behavioral-strategic-integrated" approach with the aim of reducing stigma and prejudice towards sex offenders. The protocol will be carried out in selected prisons and shared online.

Training is outlined as an opportunity to:

1. Increase a specific knowledge of sex offenders condition;
2. increase professional and non-professional competences of the operators for a tailored rehabilitative intervention, aimed to obtaining evolutionary changes in personality and conduct of sexual offenders;
3. be able to manage experiences and emotions (literacy and emotional management).

The training courses will be repeated in selected European penitentiary institutions and it will involve 12 managers, 12 Police Commissioners, 120 Penitentiary police officers, 90 health staff, 30 volunteers or other operators of the penitentiary institutions called to collaborate to spread the innovation created with PR.OTECT to other institutions.

The training will be organized in two separate courses, lasting 20 hours each. The first will be aimed to the knowledge, implementation and diffusion of experimental PR.O.T.E.C.T. protocol. The second will aim to reduce stigma and prejudice towards S.O. through the presentation of good practices and existing experiments at national and international level (for example, interaction between S.O. and non-S.O. prisoners).

2. Research phase



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The initial phase of this project aims to evaluate the different types and personality characteristics of sex offenders, in order to investigate their deviant sexual patterns, cognitive distortions and moral disengagement mechanisms, any psychopathological traits (psychopathological symptoms, indicators of psychopathy, empathy and emotional skills), social desirability. This is for the purpose of developing, in the future, any treatment intervention and social rehabilitation courses, as well as preventing reiteration.

Premise. The research protocol presented below is the result of a series of pilot surveys carried out from 2007 until today in the following institutes in the national territory:

1. C.C. Avellino
2. C.C. Benevento
3. C.C. Cassino
4. C.R. Enna
5. C.C. Frosinone
6. C.P. Napoli - Secondigliano
7. C.C. Pesaro
8. C.C. Santa Maria Capua Vetere
9. C.C. Vallo della Lucania
10. C.C. Velletri

The following international studies have been developed and published from the results of the above investigations:

1. D'Urso, G., Petruccelli, I., Zappulla C., Costantino V., Pace, U. (2019). The Role of Moral Disengagement and Cognitive Distortions toward Children among Sex Offenders. *Psychiatry, Psychology and Law*, 26(3), 414-422. DOI: 10.1080/13218719.2018.1506718.
2. D'Urso, G., Petruccelli, I., Grilli, S., & Pace, U. (2019). Risk factors related to cognitive distortions toward women and moral disengagement: a study on sex offenders. *Sexuality & Culture*, 23(2), 544-557. DOI: 10.1007/s12119-018-9572-9.
3. D'Urso, G., Petruccelli, I., & Pace, U. (2018). Drug use as risk factor of Moral Disengagement: a study on drug traffickers and offenders against other persons. *Psychiatry, Psychology and Law*, 25(3), 417-424. DOI: 10.1080/13218719.2018.1437092.
4. Petruccelli, I., Barbaranelli, C., Costantino, V., Gherardini, A., Grilli, S., Craparo, G., D'Urso, G. (2017). Moral disengagement and psychopathy: a Study on offenders in Italian jails. *Psychiatry, Psychology and Law*, 1-12. DOI: 10.1080/13218719.2017.1291291.
5. Petruccelli, I., Simonelli, C., Barbaranelli, C., Grilli, S., Tripodi, M. F., D'Urso, G. (2016). Moral disengagement strategies in sex offenders. *Psychiatry, Psychology and Law*, 24(3), 470-480. DOI: 10.1080/13218719.2016.1252291.



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Therefore, from the previous experience, as well as from the profitable exchange of good practices with the European partners (Portugal and Croatia), but also from a careful and updated international bibliographic review, the following series of psychodiagnostic assessment tools has been developed.

2.1. PENITENTIARY CENTRES IDENTIFIED FOR PR.O.T.E.C.T.

- Viterbo (VT)
- Velletri (RM)
- Terni (TN)
- Carinola (CE)

2.2. EVALUATION TOOLS OF THE PR.O.T.E.C.T. PROJECT

After a careful bibliographic review updated at international level, the following series of psychodiagnostic tests consisting of nine assessment tools was developed (see Annex with tools):

1. *Anamnestic interview* (De Leo et al., 2004)

This is not a psychodiagnostic test, but a useful tool for collecting data from the prisoner's personal, family and social history, as well as his deviant career and criminodynamics; therefore, it consists of a semi-structured interview.

A first section collects personal details (gender, age and nationality), the second one general anamnesis data (marital status, educational qualification, job, family and development, economic situation), the third one data relating to the victim (type of victim and relationship with the victim) and information concerning the place of the crime.

A final section concerns the type of crime (s) and detention.

2. *Brief Symptom Inventory, BSI* (Derogatis, 1975, 1977, 1982)

It is a self-assessment tool for psychological distress, developed for the general adult population. The BSI evaluates a wide range of symptoms experienced by adults with psychiatric disorders. It consists of 53 items organized in the following nine subscales: Somatization, Obsession-Compulsion, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation and Psychoticism.



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The tool also allows you to obtain three global indicators of psychopathology: General Severity (GSI), Distress from Symptoms (PSDI) and General Symptomatic Positivity (PST).

3. *The Levenson Self-Report Psychopathy Scale, LSRP* (Levenson et al., 1995)

It is a self-report questionnaire consisting of 26 items which provides a total psychopathy score and two subscales: primary psychopathy and secondary psychopathy.

Each item consists of statements to be assessed on a Likert-type scale with four response options: 1 = Strongly disagree, 2 = Partially disagree, 3 = Partially agree, 4 = Strongly agree.

4. *Basic Empathy Scale, BES* (Jolliffe & Farrington, 2006)

A recently released new tool to specifically measure adolescent empathic responsiveness is the Basic Empathy Scale (Jolliffe and Farrington, 2006a).

The BES is a scale that is easy to handle and, at the same time, more articulated than the previous ones. It is a tool made of 20 statements assessed on a Likert scale from 1 ("strongly disagree") to 5 ("strongly agree") to measure both affective and cognitive empathy; specifically it provides a measurement of empathic responsiveness concerning two dimensions: affective empathy and cognitive empathy.

5. *Scale of Moral Disengagement* (Caprara et al., 1996)

The scale of Moral Disengagement is made of thirty-two statements, four each one of the eight moral disengagement mechanisms identified by Bandura (Bandura, 1986; 1991).

Moral Disengagement, according to the Author, consists of a series of cognitive-social strategies to free oneself from rules and responsibilities: Moral justification, Euphemistic labeling, Advantageous confrontation, Dislocation of responsibility, Diffusion of responsibility, Distortion of consequences, De-humanization of the victim and attribution of guilty.

Participants must express their agreement on a 5-point Likert-like scale from "completely disagree" to "completely agree".

6. *Vindictive Rape Attitude Questionnaire, VRAQ* (Hanson, in press)

The Italian version of Hanson's Vindictive Rape Attitude Questionnaire (VRAQ) questionnaire on Hanson's vindictive rape attitudes includes fifteen self-report items against which participants must agree on a Likert-type 5-point scale from "fully disagree" to "completely agree".

It is a tool aimed to investigating the cognitive distortions typical of rapists and therefore the beliefs and attitudes towards the female figure and the inclination to vindictive rape.



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A high score implies a high level of attitudes to vindictive rape, while a low score means a lesser inclination towards the same behavior.

7. *Social Desirability Scale, MC-SDS* (Marlowe e Crowne, 1960)

Social desirability is commonly seen as the tendency of people to project positive and favorable images of themselves during social interactions.

Therefore, the Social Desirability Scale presents itself as a self-report questionnaire with thirty-three items with dichotomous answer format (true / false).

The aim is to assess whether respondents are concerned with social approval or not, the tendency of people to respond by distorting their self-representations in a way that reflects social desirability and the need for approval.

8. *Hanson Sex Attitude Questionnaire, STQ* (Hanson, Gizzarelli & Scott, 1994)

The Hanson Sex Attitude Questionnaire (STQ; Hanson et al., 1994) measures cognitive distortions in support of child sexual abuse.

It is a tool made of twenty-nine items, which includes two scales: Sexy Kids, which assesses the perception that children are sexually attractive and sexually motivated, therefore the perception of children as sexual objects. Sexual Entitlement, which assesses attitudes towards the male right to sexuality and the need to satisfy their sexual drives.

Participants must express their agreement on a 5-point Likert-like scale from "completely disagree" to "completely agree".

9. *Sexual Violence Risk-20* (Boer et al., 1997)

It is a clinical checklist useful for assessing the risk of sexual violence in adult sex offenders.

Factors evaluated include: psychosocial adaptation, history of sexual offenses and future plans. It consists of twenty items to be coded on a three-point scale and the final risk assessment can be indicated as "low", "moderate" or "high" and is valid in a specific period and context.

It is therefore a tool used in the intra-mural management of sexually based offenders, but also in the development of treatment programs for this type of offender, before release from prison and for management and monitoring of the risk of reiteration, etc.

2.3. PROCEDURE



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The project involves the recruitment of 100 individuals convicted for sexual offenses and detained in the penitentiary institutions of the Italian territory identified by the Department of Prison Administration (Viterbo, Velletri, Terni and Carinola). Before the start of the administration of the detection tools, the team of researchers will carry out two preliminary meetings:

- one with the prison staff who must be made aware of the nature and purpose of the project and
- one with the prisoners necessary to acquire an effectively informed consent.

The group of researchers is composed of senior psychologists and psychotherapists, junior psychologists and psychology graduate trainees.

Each institute will have a mixed team of researchers (composed of at least 1 senior researcher + 1 junior researcher + 1 trainee).

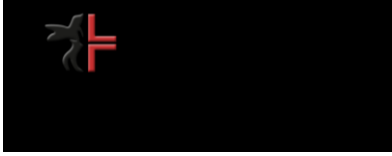
The administration of all the instruments provided has an average overall duration of about three to four hours.

The anamnestic interview will be administered by the senior researcher (after signing for accepting the informed consent) in an individual interview with the individual participants, in a room made available by the safety managers of the institutes, who can ensure visual control by the staff in charge of security (for a maximum interview duration of one hour).

Thereafter, the remaining eight questionnaires will be administered collectively in small groups of 5-6 subjects (however, the number of subjects may vary - up to a maximum of 10 subjects per group - also depending on the total number of sex crimes prisoners in the respective penitentiary institutions). Since the administration of the eight questionnaires could take between two and three hours, if the intramural schedule requires it, it is possible to carry out two sessions for an hour - an hour and a half each (four questionnaires in the first and four questionnaires in the second). This phase of administration will also be carried out in an environment that can ensure visual control and that also ensures the confidentiality of the answers given by each participant.

The matriculation offices and the managers of the respective treatment areas of the individual penitentiary institutions will take care of the procedures for safeguarding anonymity and for signing the related informed consent.

It is desirable for the administration phase to be able to have an environment with sufficient lighting, silent, in order to guarantee the right attention and focus necessary for researchers and participants.



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Confidentiality. The collected data will be processed in accordance with the rules for the protection of privacy of the Legislative Decree 10 August 2018 n 101, guaranteeing the anonymity of the participants.

Specifically, the managers of the treatment areas of the institutions involved will identify those belonging to the requested profiles among the restricted prisoners and they will collect the informed consent of the individual prisoners who will participate on a voluntary basis.

The identification made by the researchers will be facilitated by an identification number that the person in charge in the treatment area will have attributed to the individual prisoners.

This research project has been approved by the Ethics Committee of the Department of Psychology of Development and Socialization Processes of Sapienza University of Rome prot. 1660 of 2.12.2019.

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