

Working with sex offenders relatives as a tool in the “treatment field”

Il lavoro con i familiari dei sex offender come strumento trattamentale

Francesca Garbarino • Paolo Giulini

Abstract

In the construction of a “treatment field” both intramural and larger community treatment resources are fundamental. The treatment field creates an alliance between treatment experts and external, community resources such that a “benevolent social control” is favoured.

From this perspective, it is crucial to extend responsibility to the relatives of sex offenders through a narrative process. The aim is to help the relatives both acknowledge and accept the resultant pain stemming from the commission of the crime by their relative, along with the consequent stigmatization. It is a process that favours shame and guilt, but provides a beneficial contrast against the frequent defence mechanisms of denial and minimization of the violent acts, which tend to mimic the same defence mechanisms shown by the sex offenders themselves. This process then reinforces the therapeutic alliance and builds a collaboration that fosters a genuine exchange within familial relationships and the beginnings of a benevolent pressure towards the offender that acts as a treatment leverage.

Key words: sex-offenders • abusers' relatives • support group • treatment

Riassunto

Nella costruzione del “campo del trattamento”, fondamentale è la presa in carico intramuraria e sul territorio, che permette di estendere l'alleanza al trattamento e di favorire un “controllo sociale benevolo”.

E' significativa, in tale prospettiva, l'estensione della presa in carico ai parenti degli autori di reato, nel servizio territoriale, nell'ambito di gruppi di parola rivolti agli stessi.

Si mira ad incontrare e accogliere la sofferenza conseguente alla commissione del reato e alla stigmatizzazione connessa, favorendo un'elaborazione rispetto alla vergogna, ai sensi di colpa e alla frequente attivazione di meccanismi difensivi di negazione e minimizzazione rispetto agli agiti violenti, che tendono a colludere con quelli messi in atto dai rei. Ciò rafforza l'alleanza terapeutica e la costruzione di una collaborazione che favorisce uno scambio autentico nell'ambito dei rapporti famigliari e l'attivazione nei confronti del congiunto di una pressione benevola che funge da leva trattamentale.

Parole chiave: autori di reati sessuali • familiari dei sex-offender • gruppo di supporto • trattamento

Per corrispondenza: _____

FRANCESCA GARBARINO, Clinical criminologist, Responsible of the 'Presidio Criminologico Territoriale' of the Municipality of Milano, Lawyer, Vice-President of the Association “Centro Italiano per la Promozione della Mediazione”

PAOLO GIULINI, Clinical criminologist, Project Coordinator of the 'Unità di Trattamento Intensificato', treatment project of sex offenders at the Milano-Bollate prison, Contract professor at the Università Cattolica del Sacro Cuore of Milano, department of Psychology of Development, President of the Association “Centro Italiano per la Promozione della Mediazione”

Introduction

The consequences of sexual abuse often affect, both directly and indirectly, more than one victim, especially among those closest to the victim and the abuser. We have learned from our clinical experience that the relatives of the abuser need a space to think and elaborate what happened, and this can become an essential part of the abuser's treatment.

Taking into account these considerations, two years ago we created a support group for sex offenders' relatives.

The group meets at the “treatment field”, a bridge between the prison and the community, a place that follows the principles of Restorative Justice, and prevents relapse.¹ This “field” is made up of two spaces, both physical and mental, which are hereby described separately for explanatory reasons.

This “treatment field” was realized in Milan by the CIPM Association at the “*Unità di Trattamento Intensificato*” at the Milano-Bollate prison and the “*Presidio Criminologico Territoriale*”.

The Unità di Trattamento Intensificato (UTI) for sexual offenders was created in 2005. Treatment can take place in “independent institutes or sections of institutes that guarantee an intensified treatment” in accordance with article 115 of DPR 230/2000 of the Italian Law (Giulini & Xella, 2011). The application of the law also exercises a symbolic function and can produce a reversal effect in the offender, in the sense that it defines the negativity and damaging effects of his behavior, thus eroding the minimizations and denials, that sex offenders frequently resort to.

However the sole penalty of detention, with its frequent, often formal, assumption of responsibility, however, tends to be a mere “freezing” of simply suppress the underlying issues. The voluntary access to a treatment program by the sex offender, aims to help in the recognition of violent behaviors towards the victim and the acknowledgement of his responsibility. Such responsibility is, understood, etymologically, as a possibility of “responding to someone in terms of past actions”, meaning responding and internalizing one's own actions (Bonazzi, 2014).

The treatment experience inside the prison has shown us how the end of the sentence and the release represent a moment of “void”, both for the convict and the professional, as the treatment itself is suddenly interrupted.

This is why the idea of “treatment field” was introduced, not only as a physical place where treatment could go on to foster reflection and emotional experience, but

1 The concept of “treatment” is provided for by judicial system, as a means of either enforcing the execution of a sentence or the safety measure aimed at re-education of the convict.

also as a *bridge* between prison and community. The treatment can continue at the Presidio Criminologico Territoriale of the Comune di Milano².

In this way, the violent offender feels a sort of pressure to get treatment, and thus a process of prevention is created, in which the offender is not only treated, but is also put in a position of creating an alliance with both the treatment experts and the external resources, thus creating a form of *benevolent control*. The word “benevolent” highlights that an opportunity is handed to the offender, an action that is protective without being invasive, a resource and not a limitation, a chance of implementing his own relationships, social and working resources to change toward a more functional way of life (Giulini & Emiletti, 2011).

The offense, as a violation of the law, represents a breach of the bond, with oneself and with the others, by the subject, which, by integrating his actual responsibility, finds its singularity and can be part of the social bond rather than alienate oneself and thus risking relapse of the crime.

The treatment is aimed at restoring the social bond, even from a preventative perspective³.

The Presidio Criminologico Territoriale (PCT) is the reference point for treatment and for the management of critical situations that the offenders can encounter when the time comes for them to be reintroduced into family and community. In a Restorative Justice's perspective, the Presidio gets the community involved as a part of the resources that can help the offender to be reintroduced in his environment. During the treatment all the main actors on the territory are involved: all the institutions, magistrates, law enforcement, social services, volunteers, families and pro-

- 2 The Presidio Criminologico Territoriale (PCT) was founded in 2009, as a service offered by the Municipality of Milan-Departement of Security, based on the clinical experience of the UTI workers and in line with the Services of the Mediation Center, the Psychotraumatological Service for the support of the victims, all those Services of the local Municipality are managed on a bid bases by CIPM, an organization that has operated in the field of helping victims of violent crimes since 1999. The necessity to create a third pole to operate with the authors of violent crimes to prevent the risk of recidivism, is part of a perspective of Restorative Justice. The Services operate in connection with one another and with projects inside the correctional facilities. This is an added value, especially because the delicate and complex nature of the situations dealt with.
- 3 Criminological research shows that isolation constitutes a risk factor for (a further) committing of a crime both for the victim and for the offender. The theory of social linkages also highlights the importance of this involvement of the offender within a network of relationships (see, I. Merzagora Betsos, *Uomini violenti, I partner abusanti e il loro trattamento*, Raffaello Cortina, Milano, 2009).

professionals that could be a resource for the offender, are put into a position of being able to intervene in their own specific ways. Among these interventions operated by volunteers, speaking of Restorative Justice, the experiences shared by the Mennonite pastors in Canada, The Circles of Support and Responsibility are particularly important⁴.

The treatment is conceived in an interdisciplinary perspective, where all the different institutions work together to help the offender: from the judicial to the treatment field, to the social aspect. Balier refers to such a system speaking of “intercontenance”⁵ between institutions that has great therapeutic value (Balier, 1999).

The PCT takes charge of the offender with a series of actions that constitute a model of intervention both clinical and criminological, therefore interdisciplinary and integrated. This is the key element that characterizes the work done jointly by the two working teams (UTI and PCT) and that constitutes an added value, especially as it comes to situations that are complex and delicate, where juridical, social and educational aspects come together.

1. Why a group for the offenders' families?

The relatives of sex offenders often show up at the PCT or UTI, mostly to accompany their family member who has been accused of sexual misconduct, hoping to facilitate their treatment. In some other cases, they contact the Psychotraumatology Unit for sex crime victims. During these meetings with them, the social workers often recorded some common problems and the same need for support.

The relatives of sex offenders find themselves in a traumatic situation, because in most cases they knew nothing about what was going on, as well as they ignored the consequences of the abuse, such as arrest and incarceration of their family member. When it comes to the crime itself, the relatives usually oscillate between blaming and, the opposite,

denial. The tendency to deny, or to minimize what has happened even when the crime is blatant, is a very common defence mechanism that mirrors the one used by the offenders themselves: combined, these reactions can undermine the treatment.

Among the reasons that facilitate this denial process, the most common are: the hope that there won't be recidivism, the fear of losing custody of their children, the shame and the embarrassment towards what the rest of society will think (Cavalli & Garbarino, 2011). Denial, seen in a cognitive perspective, is a functional tool to deal with shame and with the fear of being rejected by society. There is also the desire of deleting the painful memory. If we look at it in a psycho-dynamic perspective, denial is used as a defence mechanism to maintain emotional stability and psychological integrity. Often, as a matter of fact, the two things go hand in hand, and the prevalence of one of the two aspects is based on personality factors (Giulini & Pucci, 2011).

If the family has to deal with criminal procedures for the first time, the relatives can also feel confused and unsure about what to expect or do in these situations.

The arrest can be a humiliation for the relatives of the sex offender, especially if it is shown on popular media, as it often happens with this type of crimes. The partners of sex offenders can feel uneasy at work or in public, and their children can be bullied at school. Often the feelings of a sex offender's partner oscillate between love and loyalty, rage and reject. This is especially true for those partners who decide to stay in the relationship with the sex offender.

The sudden unemployment of the sex offender and the consequent reduction of income can worsen their everyday lives. Legal expenses can be devastating, especially if added to the costs of the detention. Further consequences affect the children of incarcerated sex offenders who, even when they are not the direct victims of the abuse, report having feelings of fear, anxiety, guilt, solitude, and shame. Some studies⁶ show that children of incarcerated fathers often do poorly in school or drop out of it altogether, are at risk of teenage pregnancy, substance abuse and delinquency. There are no specific studies about children of incarcerated sex offenders.

Ciavaldini (2011), based on the description of the families of sex offenders, demonstrates the necessity of a therapy tool aimed at “re-establishing a psychic bond that gives every member of the family the chance of mentalizing the happenings well enough to avoid action” (p. 25).

Other studies show that relationships within the families of sex offenders – not specifically incest offenders – present certain characteristics, especially in the case of sex offenders

4 The “Circle of Support and Responsibility – C.S.R.” is formed by three volunteers, educated and supervised and in contact with PCT, who take responsibility and are in charge of supervising the sex offender at risk of recidivism during a parole period and for a year after leaving prison. They help the sex offender with re-entering society and they give him support and a place to talk about his difficulties. In a pseudo-friendly context and with regular weekly meetings, the volunteers develop a multi-disciplinary approach with the other services present on the territory. On the other hand, the offender has to take part to weekly meetings at PCT. This intervention operates in the sphere of Restorative Justice, through which the participants take responsibility in the tournée towards re-integration in society and was developed by the Mennonite pastors in Canada. These groups, who have been active in Quebec for the past 10 years, have demonstrated a drastic reduction of recidivism (See: A. Scotti, P. Giulini, “Giustizia riparativa in azione: i circoli di sostegno e responsabilità”, in G. Buono, M. Pompa (eds.), *Recovery & Territorio. Idee ed esperienze in riabilitazione psicosociale*, Roma, Alpes, 2017, pp. 235-251).

5 The translation of the word “intercontenance” could be “in-containing”.

6 See: M.E. Muscari, “How Can I Help the Family of a Convicted Pedophile?” – Medscape – Oct 23, 2007, in *Children of parents in jail or prison: issues related to maintaining contact*, University of Pittsburg – Office of child development, a University community collaboration – Special report January 2011, issue of OCD's newsletter Development. See also: *Breaking the taboo: Supporting the families of sex offenders*, Feb. 13, 2013., conference organized by ‘Action for Prisoners’ Families’. Visit the website: Familylives.org.UK- “Action for Prisoners’ and offender’s Families”.

that have perpetrated crimes against minors (Becker-Blease, Friend & Freyd, 2006; Briere, Runtz, 1989; Bolen, 2001), incestuous fathers and rapists. Homosexual paedophiles are more likely to have been victims of physical and sexual abuse in their childhood, compared to heterosexual paedophiles and non-sexual violent offenders.⁷

Another study shows that the childhood of a future sex offender is characterized by situations that deeply affect their ability to develop affection and feelings, which, in the best of cases, appear to be somewhat frozen (Chemin et al., 1995).

On the other hand, the study quoted above shows that “the most frequent defence mechanism of sex offenders is the repression of affection. This primary defence mechanism is dictated from early childhood by the environment around the child, in other words by his immediate family. The stronger is the repression, the higher is the risk of denial and splitting and the most open is the channel of action” (Ciavaldini, 1999, p. 177). In the long run, this results in an inability to regress and in a great difficulty to rely on institutions.

Ciavaldini (1999) observes “affection as a vector and memory of family relations has roots in the exchange between generations, is inscribed in the somatic and functions as an indicator of the relationship, cataloguing it as more or less familiar”. He concludes that taking care of these subjects, who have problems to build up relations that can organize their core identity, brings up the question of working throughout the dimension of their affections: “Affection is the key element of a treatment that aims to re-introduce these subjects in a dimension of humanity that they find to be disturbing because it was negatively impacted by an unreliable family circle. Mobilizing their repressed affections will give them the ability to generate real bonds and will make them feel grounded in their personal story” (Ciavaldini, 2001). Taking care of the family of these subjects complies with the idea of “bringing together different aspects – judiciary, social, and medical – as a part of a treatment alliance. “Family – Ciavaldini says – is the primary institution of healing, law and re-insertion”. The “in-containing” in-

stitutional work allows “to address, to reprocess and to re-write the unreliability factors in a story that can become inter-subjective”⁸. From a trans-generational point of view, considering the traumatic and symptomatic aspects of the family facilitates the identification of the mechanisms that caused the symptoms to emerge in a given subject.

2. How does the group work?

In light of all of the above considered, we have created a support group to answer the need for help expressed by the families of sex offenders in treatment, knowing the importance of acting even in the contest where the dysfunctional dynamics that brought the offender to commit a crime were formed, the same contest where he’ll go back after serving his sentence.

The group aims to give the offenders support through opening up and verbalizing what they feel and what they are going through. The group meets every two weeks and is co-guided by a criminologist and a therapist. The group is open to the relatives of sex offenders, as the dynamics that are present within the family of origin of the sex offender are likely to be repeated later, in the so-called “acquired” families.

The offenses perpetrated by the sex offender can have taken place inside or outside the family.

The relatives that participate to the group, that started to meet in 2015, are more or less 15. The group is open to new participants, which can join at any time. Participant’s age ranges from 30 to 70, they are well integrated from a social, economic and working point of view. Their education level is middle-lower to upper-middle. No one has a criminal record. During the preliminary interviews, they expressed feelings of suffering and difficulties in managing their situation, and showed interest in participating to the group.

7 M. Tardif, H. Van Gijseghe, *La perception des figures parentales des pédophiles éterosexuels et omosexuels: réalité factuelle ou virtuelle*, Bulletin de psychologie, n. 52(5), 443, Sett.-Ott., pp. 597-604, Bruxelles, 1999. A study conducted on 176 incarcerated sex offenders compared to violent non-sexual offenders show significant alterations in the emotional sphere (A. Ciavaldini, “Passivation et mobilisation des affects dans la pratique analytique avec le délinquant sexuel”, in *Rev. Française psychanalytique*, 5, pp. 1775-1784, Paris, 1999-1). In particular, it shows the coldness shown by the subjects in front of the death of a parent (more than one in three sex offenders declared to be unaffected by the death of their father, one in six about the death of their mother) as well as humiliations experienced as children (rapists were usually humiliated by their mothers, incestuous fathers by their fathers). Some other recurring facts were traumatic separations during the sexual offender’s childhood (25% of sexual offenders have been adopted before the age of 12) and show insecurity in their lives as children. (C. Balier, A. Ciavaldini, M. Girard-Khayat, *Rapport de recherche sur les agresseurs sexuels*, Direction Générale de la Santé, Paris, 1996).

8 A. Ciavaldini, *ivi*, p. 34. The development of such a mediatization of the meeting can not be done if the therapist is clearly inscribed in the cultural milieu (C. Balier, *op. cit.*, 1999). The enrollment dimension in the milieu is currently recognized as a necessity in therapeutic work with sexual aggressors. It implies an interdisciplinary operation that foresees that all the institutions with which these subjects deal with, have to work in alliance, a combination that goes further than a mere ‘interlock’; this interinstitutional work will be governed by professionals who will manage all the aspects. In this work of the institutions, the burden of the intratransfert that generates the empowering of such subjects, in particular the effects of denial and division, will be revealed. The ‘in-containing’, which makes every institutional framework a pole of support for the other, is the institutional function that allows the transition from the containment phase to the process of transformation. ‘In-containing’, therefore includes a mourning job for each professional, resulting in a certain impotence, a mourning that leads the professional to be one among the others, which means, not to be effective since the others are. This mourning process is what Balier calls “sublimation of destruction” (C. Balier, *ibidem*, 1999) and at family level implies the acknowledgement of the family as an institutional entity made of different members to be respected as such” (B. Savin, “Sujets auteurs d’incidents”, in A. Ciavaldini, C. Balier, *Aggressions sexuelles: pathologies, suivis thérapeutiques et cadre judiciaire*, p. 36, Paris, Masson, 2000).

The goals of the group are similar to those for the offenders, as they are based on the fact that both the offenders and their families show the same defence mechanisms of denial and minimization. One of the goals is to create awareness of the crimes that their relatives have committed, a better understanding of their own psychic movements, and a reflection about their possible responsibility.

Furthermore, their goal is to find answers to their questions regarding the crime committed by their relative, which will result in increased closeness and can lead them to “gently push” the sex offender to keep going with their treatment, as well as benignly checking on what could be seen as signals of relapse⁹. Before entering the group, the relatives are shown the journey that the sex offenders will go through, either in prison or outside at the Presidio Criminologico Territoriale. The aim is to show the “treatment field” which also the group belongs to, being conducted in the same place as the sex offenders’.

The group is conducted after the model developed by Inshelwood (1989), an author who refers to psychodynamic concepts. This model, which we also use to treat the sex offender, is articulated in two parts, one of support and one of expression. The person receives psychological support, as well as guidance to verbalize what has happened and to express the traumatic aspects of the situation (this is very similar to *Good Lives Model*) (Ward & Marshall, 2004).

This support aims to improve the quality of interpersonal relations which will help the person getting closer to those parts of themselves and of their relative that they see as negative.

The work done with the relatives has to be balanced between the two levels of treatment (support and verbalization), addressing also the problems connected to traumatic factors in the family context and the deviant behaviour of their family member. Listening to the experiences of other people in a similar situation helps the participants to better tolerate the emotional turmoil they are feeling, mitigates the tension, helps to understand one’s feelings and cope with the crime, solves incomprehension and prevents possible conflicts. It’s important to help the relatives to better understand their own feelings of impotence, guilt, denial or compassion, or even hate, towards their relative who has committed the crime (Coutanceau & Smith, 2011).

This is not psychotherapy, and neither is an counselling aimed to give advice. Of course these persons will ask for advice, but it’s important not to answer them directly in order not to create a situation of dependency from the “expert” which wouldn’t help to cope and elaborate their internal conflicts. After a while, when a certain level of trust has been created, asking questions can lead to a deep re-

lection. In the best cases, the work done by the group leads the participants to question themselves and to reach awareness of their own conflicts, which sometimes brings them to ask for a psychotherapy. Considering the defence mechanisms that often characterize these persons on the affective level and considering the experiences of sex offenders’ treatment, which has highlighted the importance of empathy in order to create alliance and trust, a welcoming atmosphere is crucial. When they first enter the group, many participants declare to be worried about this new experience. At the end of the first meeting, everyone expressed relief for the welcoming atmosphere and for the chance they had to share their experiences, when otherwise they feel deeply lonely.

The first meetings are always characterized by deep sorrow and rage, feelings that are welcomed and understood by the group and that are elaborated as part of the traumatic experience lived because of the crime.

The participants are invited to reconstruct the crimes committed by their family members, in order to fight the desire to forget them and the tendency to minimize them, as well as verbalizing their suffering in order to facilitate an authentic communication with the authors of the crime.

The group members often remark they didn’t notice the existential and psychological difficulties their sex offender relative was experiencing and didn’t realize he was committing abuses.

In the perspective of dealing with the crime, it’s important to stimulate a reflection about the consequences of the crime on the victims and about feeling empathy for them.

The relatives have to be supported in order to make informed decisions when evaluating if they want to stay in the relationship with the offender or else they want to leave him. To help with this decision, it’s important to share information about the treatment the sex offenders are undergoing. If the abuse has happened within the family, the partners can have a key role in preventing secondary victimization; they have to develop the resources needed to deal with the situation and to comprehend this type of crime. Less isolation means better resilience and a better ability to protect one’s children.¹⁰ The sex offender and the relatives, if they are involved in a court procedure, are interested in the development of the procedure itself. The trial is the last and crucial step of the judiciary procedure. The lawyers of the unit inform the relatives about the different steps the sex offender will go through during the trial. It’s important to stimulate a reflection about the expectations and implications of the trial, which often makes rage and guilt resurface.

9 In the treatment at UTI there is a group dedicated to preventing recidivism that, modeled after the *relapse prevention* (W.D. Pithers, “Relapse prevention with sexual aggressors: a method for maintaining therapeutic gains and enhancing external supervision”, in W.L. Marshall, D.R. Laws, H.E. Barbaree, *Handbook of sexual assault: issues, theories and treatment of the offender*, New York, Plenum Press, 1990, pp. 343-361.) concentrates on the identification of risk factors and alarming signals that might suggest a relapse in the deviant sexual conduct.

10 If the victim is a minor, Social and Juvenile Services are actively involved in taking care of and protecting them. When the victim has reached adulthood, there is a risk of secondary victimization. In these cases the group may have a significant role in precluding further victimization. This is in line with the Commission Implementing Regulation (EU) No 29/2012 of 13 January 2012, Art. 12, which establishes minimum standards in matters of rights, assistance and protection of victims of crime and enhances the experience of reparative justice, such that they do not risk secondary victimization. This Directive was acknowledged by the Italian Legislators with the Legislative Decree n. 212/2015.

When the movie “Un altro me”¹¹, a documentary that followed the journey of the UTI during a whole year of work, came out, the participants decided to watch it.

The reaction was positive and stimulated reflections about how the treatment of the offenders integrates the pathway their relatives are going through. It was noticed, in particular, the attention given in both cases, to the expression of emotional aspects.

The ability of empathizing and communicating is of key importance in sex offenders’ treatment (Marshall, Anderson, & Fernandez, 2001) especially because of the rigid defence mechanisms against the feelings of trust and empathy.

Some participants to the group have highlighted how this has helped to form a new way of communicating with their sex offender relative, which resulted in a more authentic relationship and in a sort of mending of the break that the crime had created between them.

Seeking authenticity in communication helps the relative relate to the sex offender in a way that avoids the risk of manipulation and distortion of reality the offender is likely to employ.

This “mending”, as the participants call it, is an example of the restorative or, as Garapon (et al., 2001) would say, of the “rebuilding” value of the relationship taken by the group. In this sense, the group activity with the relatives, who often are indirect victims, and the treatment activity with the sex offenders can be considered experiences of Restorative Justice.

In a perspective of preventing recidivism, the effects of a better form of communication and of the rebuilding of the relationship with the sex offender can constitute a form of protection to avoid risks such as the defence mechanisms of denial and social isolation.

Here is a case study to better understand the characteristics and the dynamics of the group.

Mario has joined the group following the advice of the psychologist who is following his teenage daughter, who has revealed that her paternal grandfather has sexually molested her. He says his father has always been very authoritarian with his kids and that, in the past, he has tried to seduce his daughter-in-law. He states that the well-being and tranquillity of his daughter is his first priority, and that he has reported the abuse as soon as the girl told him about it because he wanted she was sure that she was protected and believed, which he considered fundamental for her growth. Mario has been asked by the police not to confront his parents in order to not interfere with the investigation. While meeting with the group, he expressed his doubts about being able to keep his relationship with his father because of his rage, which he couldn’t act on, together with

the worry that the abuse could happen again, and, in the end, he decided to interrupt his relationship with both the parents.

After a few months, two days after the arrest of his father, Mario invited his 71-year-old mother to participate to the group. His mother reported she was confused and in pain because her life, which she knew and loved, no longer existed and she wondered about her husband’s personality. She stated that she no longer knew how to act with her children, her grandchildren and her husband. She felt deeply guilty because she never suspected anything and didn’t intervene.

During the meeting, Mario expressed his rage towards both his father and his mother.

Both the group and Mario himself have recognized that his mother was very strong and brave for showing up there. She has acknowledged, in return, the strength of her son, and has finally understood why her children had drifted apart from her husband and consequently from herself. Hearing his own mother holding herself responsible for what had happened, Mario told her that he might, one day, start speaking to his father again. The woman was very worried about her husband because of his health conditions, his age and the fact that they had taken care of each other for 55 years. She said she didn’t feel like leaving him. Other women in the group, wives or girlfriends of sexual offenders, have said how they have decided to stay with their men, with several difficulties, how they have however told their partner that they couldn’t guarantee that they could stand the situation in the future, and how staying with them doesn’t mean they justify their actions and, on the contrary, that their actions have created a deep sense of betrayal and sorrow that isn’t easy to deal with.

Mario’s father has stated that he isn’t interested in participating to group treatment.

We think the experience in the group with the relatives of sex offenders can represent a good approach in criminological treatment, and a good system characterized by an inter-disciplinary and integrated work with the institutions in order to spare the victims, the offenders themselves and society a relapse.

References

- Andrews, D.A. & Bonta, J. (2006). *The psychology of criminal conduct*. Cincinnati: ??????????????.
- Ancona, L. & Boillat, F. (2012). *Abus sexuels envers les enfants: éviter le premier pas- sage à l’acte. Etat des lieux et analyse de la situation au niveau international. Perspectives pour la Suisse romande*. Montreux: ??????????????.
- Balier, C., Ciavaldini, A. & Girard-Khayat, M. (1996). *Rapport de recherche sur les agresseurs sexuels*. Paris: Direction Générale de la Santé.
- Balier, C. (1999). Destructivité-traumatisme-déculturnation. *Psychiatrie Française*, numéro spéciale, 47-56.
- Becker-Blease, K., Friend, D. & Freyd, J.J. (2006). *Child Sex Abuse Perpetrators among Male University Students*. Poster presented at the 22nd Annual Meeting of the International Society for Traumatic Stress Studies, Hollywood, CA, November 4-7, 2006.
- Bennet, B. B. & Marshall, E.K. (2005). Group work with parents of adolescent sex offenders: intervention guidelines. *Advances in Social Work*, 6(2): 276-289.

11 This documentary was filmed during the year 2014-2015 inside a correctional facility of the *Unità di Trattamento Intensificato (UTI)*, in occasion of the meetings with the offender and between the professionals, during the groups’ treatments. The film, produced by Graffiti Doc in Torino, was directed by Claudio Casazza and won an award at the Festival Internazionale dei Popoli in Firenze in 2016, at the Festival del Documentario Italiano in 2017 and the festival Cinema di Ischia. It is distributed by Lab80.

- Bolen, R.M. (2001). *Child Sexual Abuse: its Scope and our Failure*. Boston: ????????????????
- Bonazzi, M. (2014). *Col crimine nasce l'uomo*. Milano-Udine: Mimesis.
- Briere, J. & Runtz, M. (1989). University males' sexual interest in children: predicting potential indices of "pedophilia" in a non-forensic sample. *Child Abuse & Neglect*, 13: 65-75.
- Cavalli, S. & Garbarino, F. (2011). Il gruppo di gestione dei conflitti: l'empatia come strumento terapeutico. In P. Giulini, C. Xella (eds.), *Buttare la chiave? La sfida del trattamento per gli autori di reato sessuale* (pp.149-163). Milano: Raffaello Cortina.
- Chemin, A., Drouet, L., Geoffroy, J., Jezequel, M.-Th. & Joli, A. (1995). *Violences sexuelles en famille*. Ramonville Saint-Agne: Érès.
- Ciavaldini, A. (1999-1). Passivation et mobilisation des affects dans la pratique analytique avec le délinquant sexuel. *Rev. Française psychanalytique*, 5: 1775-1784.
- Ciavaldini, A. (1999-2). *Psychopathologie des agresseurs sexuels*. Paris: Masson.
- Ciavaldini, A. & Balier, C. (2000). *Aggressions sexuelles: pathologies, suivis thérapeutiques et cadre judiciaire*. Paris: Masson.
- Ciavaldini, A. (2001). La famille de l'agresseur sexuel-conditions du suivi thérapeutique en cas d'obligations de soins. *Le divan familial*, 6.
- Colombo, L. (2011). Il gruppo di prevenzione della recidiva. In P. Giulini, C.M. Xella (eds.), *Buttare la chiave? La sfida del trattamento per gli autori di reato sessuale* (pp. 135-148). Milano: Raffaello Cortina.
- Colombo, L. & Emiletti, L. (eds.). (2013). *I'll never leave you alone*. Milano: FrancoAngeli.
- Comartin, E. B. & Kernsmith, P. D. & Miles, B.W. (2010). Family experiences of young adult sex offender registration. *Journal of Sex Abuse*, 19(2): 204-225.
- Cortoni, F. & Pham, T.H. (2017). *Traité de l'agression sexuelle. Théories explicatives, évaluation et traitement des agresseurs sexuels*. Bruxelles: Mardaga.
- Coutenceau, R. (2010). *Les blessures de l'intimité*. Paris: Odile Jacob.
- Coutenceau, R. (2010). *La violence sexuelle. Approche psychocriminologique: évaluer, soigner, prévenir*. Paris: ????????????????
- Coutenceau, R., Smith, J. (2011). *Violence et famille: comprendre pour prévenir*. Paris: Dunod.
- Coutenceau, R. (2016). *Victimes et auteurs de violence sexuelle*. Paris: Dunod.
- De Becker, E., Hayez, J.Y. & Cabillau, E. (2000). Modèles d'interventions sociothérapeutiques dans les situations d'abus sexuels sur mineurs d'âge. *Thérapie familiale*, 21(3): 305-321.
- De Becker, E. (2005). Transgressions sexuelles au sein de la fratrie. *Psychotérapies* (Vol. 25). Paris: Médecine et Hygiène.
- Della Casa, F. & Giostra, G. (2015). *Ordinamento penitenziario commentato*. Milano: ????????????????
- De Masi, F. (1999). *La perversione sadomasochistica. L'oggetto e le teorie*. Torino: ????????????????
- Dèttore, D. & Fuligni, C. (2008). *L'abuso sessuale sui minori. Valutazione e terapia delle vittime e dei responsabili*. Milano: McGraw-Hill, 2nd Ed.
- Farkas, M.A. & Miller, G. (2007). Reentry and reintegration: Challenges faced by the families of convicted sex offenders. *Federal Sentencing Reporter*, 20(2), 88-92.
- Fornari U. (2015). *Follia transitoria. Il problema dell'irresistibile impulso e del raptus omicida*. Milano: ????????????????
- Garapon, A., Gros, F. & Pech, T. (2001). *Et ce sera justice: punir en démocratie*. Paris: Édition Odile Jacob.
- Gatti, U. & Marugo, M.I. (1994). La vittima e la giustizia riparativa. *Marginalità e Società*, 27: 12-32.
- Giulini, P., Vassalli, A. & Di Mauro, S. (2003). Un detenuto ibernato: l'autore di reato sessuale tra tutela dei diritti e prospettive di difesa sociale. In U. Gatti, B. Gualco (eds.), *Carcere e Territorio*, (pp. 429-460). Milano: ????????????????
- Giulini, P. & Pucci, C. (2011). La negazione e la minimizzazione nel trattamento degli autori di reati sessuali. In P. Giulini & C. Xella (eds.), *Buttare la chiave? La sfida del trattamento per gli autori di reato sessuale* (pp. 35-62). Milano: Raffaello Cortina.
- Giulini, P. & Emiletti, L. (2001). Il trattamento intensificato nel contesto detentivo. In P. Giulini & C.M. Xella (eds.), *Buttare la chiave? La sfida del trattamento per gli autori di reato sessuale* (pp. 65-80). Milano: ????????????????
- Giulini, P. & Scotti, A. (2013). Il campo del trattamento del reo sessuale tra ingiunzione terapeutica e controllo benevolo. *Rivista di Medicina Legale e delle Assicurazioni*, 4:1863-1883.
- Giulini, P. & Xella, C.M. (eds.). *Buttare la chiave? La sfida del trattamento degli autori di reato sessuale*. Milano: ????????????????
- Giulini, P. (2016). Il contributo della criminologia nell'ambito del trattamento carcerario: realtà o utopia? In R. Bianchetti (eds.), *Il contributo della criminologia al sistema penale. Alla ricerca del nuovo 'volto' della pena*. Milano: Maggioli.
- Gravier, B. & Roman, P. (2016). *Penser les agressions sexuelles: actualité des modèles, actualité des pratiques*. Toulouse: Érès.
- Hanson, R.K., Gordon, A., Harris, A.J.R., Marques, J.K., Murphy, W., Quinsey, V. & Seto, M.C. (2002). First report of the collaborative outcome data project on the effectiveness of psychological treatment of sex offender. *Sexual Abuse: A journal of research and treatment*, 14: 169-164.
- Hanson, R.K., Harris, A.J.R., Scott, T. & Helmus, L. (2007). *Assessing the risk of sexual offenders on community supervision: The Dynamic Supervision Project*.
- Inshelwood, R.D. (1989). *Cosa accade nei gruppi. L'individuo nella comunità*. Milano: Raffaello Cortina.
- Jones, S. (2014). Parents of adolescents who have sexually offended: Providing support and coping with the experience. *Journal of Interpersonal Violence*, 30(8): 1299-1232.
- Naser, R. L., & LaVigne, N. G. (2006). Family Support in the Prisoner Reentry Process. *Journal of Offender Rehabilitation*, 43(1): 93-106.
- Levenson, K. & Tewksbury, R. (2009). Collateral Damage: Family Members of Registered Sex Offenders. *American Journal of Criminal Justice*, 34(1-2): 54-68.
- Léveillé, S. & Lefebvre, J. (2011). *Le passage à l'acte dans la famille. Perspectives psychologique et sociale*. Québec: P.U.Q.
- Loncan, A. (2003). L'intimité familiale, un concept à géométrie variable, in Le divan familial. *L'intimité et le privé dans la famille*", 11.
- Marshall, W.L., Anderson, D. & Fernandez, J. (2001): *Trattamento cognitivo comportamentale degli aggressori sessuali*. Torino: Centro Scientifico Editoriale.
- Marshall, W.L. & Barbaree, H.E. (1990). An integrated theory of the etiology of sexual offending. In W.L. Marshall, D.R. Laws & H.E. Barbaree, *Handbook of sexual assault: Issues, theories, and treatment of the offender* (pp. 257-275). New York: ??????????????
- Muscari, M.E. (2011). *How Can I Help the Family of a Convicted Pedophile? - Medscape in Children of parents in jail or prison: issues related to maintaining contact*. University of Pittsburg-Office of child development, a University community collaboration-Special report January.
- Pithers, W.D. (1990). Relapse prevention with sexual aggressors: a method for maintaining therapeutic gains and enhancing external supervision. In W.L. Marshall, D.R. Laws & H.E. Barbaree, *Handbook of sexual assault: issues, theories and treatment of the offender* (pp. 343-361). New York: Plenum Press.
- Roussel, L. (1989). *La famille incertaine*. Paris: Odile Jacob.
- Savin, B. (2000). Sujets auteurs d'inceste. In A. Ciavaldini & C. Balier, *Aggressions sexuelles: pathologies, suivis thérapeutiques et cadre judiciaire* (pp. 27-37), Paris: Masson.
- Scardaccione, G. (1997). Nuovi Modelli di Giustizia: Giustizia Riparativa e Mediazione Penale. *Rassegna penitenziaria e criminologica*, 1: 9-28.
- Scotti A. & Giulini P. (2017). Giustizia riparativa in azione: i circoli

- di sostegno e responsabilità. In G. Buono & M. Pompa (eds.), *Recovery & Territorio. Idee ed esperienze in riabilitazione psicosociale* (pp. 235-251). Roma: Alpes.
- Tardif, M. & Van Gijsegem, H. (1999). La perception des figures parentales des pédophiles éterosexuels et omosexuels: réalité factuelle ou virtuelle. *Bulletin de psychologie*, 52 (5), 443, Sett.-Ott., pp. 597-604, Bruxelles.
- Tewksbury, R. & Levenson, J. (2009). Stress experiences of family members of registered sex offenders. *Behavioural Science and the Law*, 27(4): 611-626.
- Tewksbury, R. & Mustaine, E. E. (2009). Stress and Collateral Consequences for Registered Sex Offenders. *Journal of Public Management & Social Policy*, 15(2): 215-239.
- Tewksbury, R. & Copes, H. (2013). Incarcerated Sex Offenders' Expectations for Reentry. *The Prison Journal*, 93(1): 102-122.
- Ward, T. & Marshall, W.L. (2004). Good Lives, Etiology, and the rehabilitation of sex offender: A bridging theory. *Journal of Sexual Aggression*, 10: 153-169.
- Xella, C.M. (2013). La valutazione del rischio di recidiva per gli autori di reati sessuali. *Rivista di Medicina Legale e delle Associazioni*, 4: 1885-1903.
- www.prisonersfamilies.org.uk/Breaking_the_Taboo/