

Treatment for sex offenders in prison. The experience of the intensified treatment unit in Milano-Bollate prison

Il trattamento dei sex offender in prigione. L'esperienza dell'unità di trattamento intensificato del carcere di Milano-Bollate

Paolo Giulini • Laura Emiletti

Abstract

According to the latest statistical data by Istat (the Italian Central Statistics Institute)¹, in Italian prisons 2352 inmates have been arrested for sex offences (1466 Italians and 866 non-Italians). Of these 1466, 1241 have undergone final judgment. More recent data show that of a total of 54.000 inmates in Italian prisons, 3.444 are incarcerated for sex offences, and 369 of them are waiting for trial. In 2000, sex offenders were the 1.5% of the total inmates, with a peak in 2010 when they 8,5% while in 2016 they went back down to 6,5%.² Yet the social response to sex offending is not related to the number of crimes, but to a subjective feeling of insecurity. Public opinion is characterized by ambivalent necessities, i.e. by the psychological need for revenge and indemnification on the one hand, and by the offender's expiation on the other and often wants the offender to be chased away, repressed, isolated from society. From this point of view any other approach to the offence that is not restrictive is considered to be pointless and inadequate, not proportionate to the damage that has been caused. Treatment ideology is often regarded as too permissive, as an attempt to minimize the seriousness of the event-offence, the responsibility and the guilt of the offender. In reality, custodial sentences have been proven to be unsatisfactory and inadequate as the sole form of defence and compensation towards victims and society in general, if it is understood from a mere indemnifying point of view. We have to think about other levels of intervention strategies and prevention, including a rehabilitating approach, centred on the treatment of sex offenders, with a view to their reintegration into social life.

Key words: Treatment field • sex offenders • prison • benevolent control

Riassunto

Secondo l'ultima rilevazione Istat disponibile³, tra i detenuti presenti negli Istituti penitenziari italiani 2.352 sono quelli arrestati per reati sessuali (1.466 italiani e 866 stranieri). Di questi 1.466, 1.241 sono stati condannati in via definitiva.

Dati più recenti mostrano che su un totale di 54.000 detenuti nelle carceri italiane, 3.444 sono stati incarcerati per reati sessuali, e 369 di questi sono in attesa di giudizio. Nel 2000, i sex offenders erano l'1,5% del totale dei detenuti, con un picco di presenza nel 2010 con l'8,5%, mentre nel 2016 la percentuale è scesa al 6,5%⁴. La risposta sociale in tema di aggressione sessuale tuttavia non sembra essere collegata ai numeri del delitto ma al senso soggettivo di insicurezza. L'opinione pubblica è contrassegnata da necessità ambivalenti, cioè dal bisogno psicologico di vendetta e risarcimento da una parte e di espiazione del reo dall'altra, riconoscendosi spesso nella volontà di allontanare, reprimere ed emarginare il delinquente rispetto alla società. In quest'ottica ogni altro approccio al reato che non sia restrittivo è visto come inutile e non adeguato, non proporzionato al danno inflitto. L'ideologia trattamentale viene frequentemente etichettata come permissivista, come un tentativo di minimizzare la gravità del fatto-reato, la responsabilità e la colpevolezza dell'autore. In realtà la pena detentiva, intesa in una mera ottica retributiva, si è dimostrata essere insufficiente ed inadeguata come unica forma di tutela e risarcimento nei confronti delle vittime e della società in generale. Occorre pensare a strategie di intervento e prevenzione ad altri livelli, che includano un approccio rieducativo, incentrato sul trattamento e sulla riabilitazione degli autori di reati sessuali, in vista del loro reinserimento nella vita di comunità.

Parole chiave: Campo del trattamento • reati sessuali • carcere • controllo benevolo

Per corrispondenza: _____

PAOLO GIULINI, Clinical criminologist, Project Coordinator the Intensified Treatment Unit (UTI), Contract professor at the Università Cattolica del Sacro Cuore of Milano, department of Psychology of Development, President of the Association Italian Centre for the Promotion of Mediation – CIPM.

LAURA EMILETTI, Psychologist, Psychotherapist, Specialized in Criminology and Psychiatric-Forensic Sciences, President of Contrast-Ti.

1 Istat data, 2006.

2 Data from Dipartimento dell'Amministrazione Penitenziaria, September 2016.

Aggressive and antisocial behaviour in childhood and adolescence: psychopathological and clinical considerations

1. The project

The project of implementation of the Intensified Treatment Unit (UTI) was presented first in 2005 by the Association Centro Italiano per la Promozione della Mediazione³ and jointly financed by Lombardy Regional Council and the Province of Milan. Today, it has reached its twelfth year and it provides for a specific rehabilitating intervention operating with a logic of synthesis, combining sentence and treatment, which need to be considered complementary and not alternative to each other. The attempt is to reduce both risks of recidivism (to protect society) and individual suffering (to protect the person). This is a challenge aimed at demonstrating that a scientific and systematic rehabilitation approach is an ethical and effective way of protecting the community, reducing victims and preventing deviant behaviours.

The starting point is the acknowledgement of the anomalies and peculiarities characterizing sex offenders. These anomalies and peculiarities must be taken on, knowing that different psychopathological profiles, specific personality features and complex behaviour dynamics can be found at the basis of sex offences, following an etiological model aimed at the multi-factoriality of aggressive behaviours, and needing specific and diversified interventions. "Sex offender" is a criminological category or label that corresponds to different and variable psychological or psychopathological profiles.

This method of intervention integrates into a criminological view, at the centre of which we find the event-offence and the possibility of recidivism, and it originates from a cognitive-behavioural theoretical reference, where sex offences are conceived as a sexualisation of aggressiveness. The therapeutic approach provides for psychological interventions aimed at obtaining evolutionary changes of personality and behaviour, structured as group meetings, together with other expressive activities.

The aim is to use the period of detention to elaborate the committed offence and begin a process of cure that starts from the awareness of the offence and of the dynamics underlying it and from the offender's assumption of responsibility. UTI as a container of the treatment activities is therefore a physical place that, with the structured and planned progress of the treatment, can also turn into a mental space in which offenders can receive a *benevolent* pressure or encouragement to work on themselves and change (Emiletti, Giulini, Scotti, 2016); this work does not end when the sentence is served, but must find successively a possibility of continuity and consolidation in the community within what we call "treatment field" (Giulini, & Emiletti, 2011).

3 Italian Centre for the Promotion of Mediation, or CIPM. For more information about the Association visit our website <www.cipm.it>, or send an e-mail to cipm.milano@gmail.com.

2. The construction of the treatment field. The internal part

UTI is a section for attenuated custody, where an intensive treatment programme could be undertaken, in accordance with art. 115, paragraph 4, Presidential Decree 230/2000, according to which «for convicts and inmates who are not relevantly dangerous, for whom particularly significant treatment interventions are proven to be necessary, a regime of attenuated custody can be implemented, either in autonomous institutes or in sections of the institute assuring a wider execution of treatment activities [...] Convicts with relevant physical and psychic pathologies [...] can be assigned to autonomous institutes or sections of an institute assuring a regimen of intensified treatment [...] The suitability of treatment programmes aimed at rehabilitation is assessed with appropriate methods of evaluation research.»

A separate section for attenuated custody was necessary in order to obtain an environment where one could work with privacy and serenity, and where during detention a quality of life adequate to the treatment and to the specificity and difficulty of the work being carried out could be guaranteed. 248 convicts were taken in during the eleven-year project. UTI is a place physically separated from the other sections and reserved for convicts who decided to participate in the Project; here not only spaces but also the social workers and prison officers are specifically assigned to the Unit.

It is a place where attention is primarily focused on the quality of life and on the suitability of the environments and spaces of treatment «in a context of sharp penal differentiation so as to allow, for particular types of inmates, forms of care in which both people and environments become part of treatment» (Giulini, Vassalli, & Di Mauro, 2003, p. 441). The decision to use a separate section, where the possibility to meet or contact other inmates who are no longer engaged in a work of revision and critical re-elaboration of the offence are reduced, springs from the necessity to guarantee convicts a greater sense of security, serenity and "intimacy". These are fundamental elements for a living and treatment environment where the dignity of the subject comes first. Through the formula of attenuated custody the convict obtains a sense of responsibility in regard of his behaviour and his decisions, because the low levels of surveillance leave a higher degree of discretion, self-management and freedom of movement inside the section and the institute. This allows the UTI team to ratify a treatment pact with each convict. With his signature the convict commits himself to respecting the regulations of the Unit and possibly to proposing modifications or extensions to these regulations, and to starting an individual process of reflection, self-criticism and criticism of the offence he has committed.

The treatment process is divided into modules that rep-

resent stages and evolutionary lapses that the subject must go through in the course of treatment. On the one hand they mark individual growth in regard to the aims of the project, on the other they mark the continuity of the commitment regarding the regulations and common life within the Unit. The treatment lever behind the voluntary nature of adherence to the Project and of the signature of the contract by convicts is represented by life and custody conditions in the Unit, different and better than those of protected sections in other correctional institutes, and by the regime of autonomy characterizing the Unit. Moreover, general opportunities and treatment opportunities provided by the Project are important, because they ensure that custody actually becomes not merely a moment of restriction, but also one of re-socialization, and that it is not a synonym for *hibernation* inside Protected Sections.

2.1 The selection and evaluation phase

Convicts are assigned to the Unit following their request to join the Project, which is aimed at adult sexual aggressors who have undergone at least a first degree sentence. At first only requests from those who demonstrated a minimum acknowledgement of their offence and of their deviant sexual problems were received; subsequently the Project was also extended to total deniers, as long as they presented requirements of treatability, on the basis of criminological, clinical and psycho-diagnostic evaluations.

The preliminary evaluation phase takes place in the protected sections of the Institutes where the convicts are in custody, before the potential transfer to the Unit, through a consultation during which certain data are recorded: socio-demographic data, the legal position and the individual position of the subject regarding the offence. After the selection and transfer to Bollate prison, the central moment of the work is individual assessment, aimed at obtaining a valid and exhaustive description of the functioning and of the personality features of the subject, and at evaluating actual treatability. The assessment phase is considered to be essential for the observation of the convict, in order to obtain the deepest possible knowledge of the subject's personality and consequently plan personalized forms of intervention.

Indeed, two further tools are used to complete the observation of the convict, the report on phantasmatic activity and the team report on manifest variables. The former is a computer questionnaire that each convict completes every day at the same time. Questions refer to stressful events, negative emotions connected to stressful events and consequent sexual fantasies (divided into deviant and non-deviant, invasive and non-invasive). The monitoring of deviant phantasmatic activity aims at checking the effectiveness and the results of the treatment, both for an individual feedback for the subject and for an evaluation internal to the project, as well as for research purposes. The team report on manifest variables is a computer tool to evaluate every single convict according to 5 variables. Every two months all the social workers evaluate each convict according to these. Each variable is divided into five levels: adherence to the Unit's rules, request for help, anger management, basic social ability techniques, sense of responsibility towards the offence and

aggression cycle. This is the first application in Italy of an evaluation tool by a therapeutic team within a community.

The tools employed for psycho-diagnostic assessment include a projective test (The Rorschach Test), personality tests (MMPI-2 or MCMI-III), IQ tests (WAIS-R, Culture Fair or Eta-Beta), the Denial Grid edited by André Mc Kibben and anamnesis.

Although sex offenders present different personological and psychopathological profiles, in accordance with the international literature, some common aspects in all sex offenders can be outlined: i.e. relational deficits, empathy deficits, cognitive distortions, use of denial and minimization mechanisms in regard of their offence. There are other aspects where differences and individual variables can be found, i.e. the extent to which the examination of reality is compromised, the presence of traumatic events in the subject's medical history, the quality, intensity and ability to control emotions, and the subject's intellectual level.

Generally psychological interventions that are aimed at obtaining evolutionary changes in personality and behaviour tend to proceed on two different levels. On the one hand we have the direct treatment of psychic and behaviour functioning and processes, which are more strictly correlated to the violent action: these interventions are mostly behavioural and they are recommended for the treatment of compulsive symptoms. On the other hand, we have the treatment of profound psychological dynamics, which are not directly linked to the offence, i.e. psychotherapeutic, psychodynamic and cognitive techniques, both individually and as a group; it is recommended for subjects whose deviant sexual behaviour isn't ascribable to compulsive aspects, but rather to a precocious deviant personality structure. With both kinds of intervention a psycho-pharmacological support can be used; frequently sexual aggressiveness is the epiphenomenon of an Axis I or Axis II mental pathology. In these cases pharmacological intervention is aimed mainly at containing psychiatric symptoms (i.e. compulsivity, anxiety, mood disorders, psychotic episodes) that may interfere and compromise therapeutic work.

2.2 Staff

The working methods used during the project are derived from a vision that is mainly criminological: from this point of view the intervention focuses on the event-offence and on potential recidivism.

The cognitive-behavioural model interprets the offence as a sexualisation of aggressiveness (and not the other way round). For more recent approaches, such as the Good Lives Models, offence is instead a dysfunctional way to reach common, basic, human needs where other and more functional ways are excluded (Ward, & Marshall, 2004; Xella, 2011).

In the structuring of the treatment the acquisition of further social competences and abilities on the one hand, and the understanding of anticipatory processes of the offence on the other, are both crucial to preventing recidivism. The Bollate project follows these treatment guidelines, yet the team has a multidisciplinary aspect to it and uses both psycho-dynamic and socio-educational methods. The multi-professional team, where different methods and forms of knowledge coexist, works with an eye to the constant

integration and the enrichment of know-how. The team gathers for an internal meeting every two weeks, which gives the team members the opportunity to confront each other and discuss both individual cases and the progress of the project as a whole. Thus the single professionals have the opportunity to explain and discuss possible doubts or problems. The Unit's team, external to the other professionals in the Institute, constantly interfaces with the latter in meetings for reflection and training, as well as when assessing individual cases. With regard to the organization of the observation activity, it has been established that the UTI team should be part of the Observation and Treatment Group (G.O.T.) and report on the progress of the cases, so that during institutional meetings it becomes easier to understand the criminological and intra-psychic aspects that led the convict to committing the offence in the first place. The institutional educator assigned to the Unit is the intermediary between the Unit and the other professionals who take care of the convicts: they are part of the prison's educational section, of the judiciary surveillance and of the offices of external penal execution. The prison officers are also constantly involved in the work of the Unit; officers who serve in the Unit have been selected among those who made an explicit request, so that only staff members that are authentically motivated to work with this particular type of convict work in the UTI. Once they have been selected, these officers take part in specific training and awareness meetings, in order to make the Unit a serene and motivating workplace for all, convicts, officers, and professionals.

2.3 *The intervention*

The treatment setting is mainly group therapy; a working procedure that offers opportunities for indirect learning, confrontation and mutual support. Conductors, who avoid putting themselves on the same level as them, make dialogue between participants possible; furthermore the role of the conductors is to allow participants to speak freely, although from time to time they try to liven up the debate; conductors facilitate the circulation of debate. A central factor in this type of group work is the alternation between individual aspects, i.e. the single person's own aspects, and group aspects, those common to all. This alternation is natural and occurs spontaneously within the group, but the conductors sometimes intentionally enter the debate to refer back to something one subject told the group to stress how an individual experience can be common to other people inside the group. Or, with an opposite process, they may isolate specific aspects of a subject to point out important peculiar aspects.

The body of knowledge coming from the experience of the Canadian Pinel Institute in Montreal is introduced in the conduction of the groups as a "third party": this scientific tradition is expressly referred to (also with the support of a supervisor's periodic visit to Italy⁴) in order to

4 This is Canadian Criminologist André McKibben, who has directed for years research and treatment at the Pinel Institute and subsequently in April 2009 was commissioned by his

identify and name in a non judgmental way typical aspects emerging from working with sexual aggressors, such as for example denial and minimization strategies and risk factors in general. Thus a space focused on sex offenders has been set up, managed by André McKibben, to whom staff can refer to, aware that they are not bearers of autonomous knowledge or operating practices in the field. Thanks to the continual reference to this "third party", therapists can intensely and critically review their work, without becoming accusative and contributing to the creation of an atmosphere of trust and productive work.

Participation to groups is compulsory and is regulated by the contract, signed by subjects, which states the aims of the group, the rules and the working methods; the definition of procedures, schedules and contents constitutes the frame within which group work must be confined.

Signing the contract ratifies a sort of "alliance" between staff and convict, so that subjects cannot be passive receivers of the contents of the treatment, but must commit themselves to participating actively and positively, being open to dialogue and exchange, so that they may obtain some benefits and improvements, not only in regard to the contents of the group work, but also for the development of new abilities, of their self-awareness and self-confidence (Bandura, 1997).

The group is a very powerful multiplier of maturing processes, it takes advantage of interactions between participants and is characterized by high levels of dynamism. The treatment provides for the integration of different procedures, not all of which are specifically related to sexual offences. Together they aim at preventing recidivism, also through an improvement of the person's quality of life and lifestyle: «indeed, sex offenders are chronically dealing with difficulties concerning different areas of their lives. In the same way as in quite different pathologies, such as alcoholism or diabetes, for instance, for which there is no cure but there can be remission» (Aubut et al., 1993, p. 153).

Therefore, there are no claims of complete and durable recovery. The treatment is conceived as a proposal made to the person, who is given the opportunity to understand, re-define and therefore modify the meaning he has been giving to his existence up to that moment, an opportunity to re-elaborate his offence and thoroughly understand its dynamics and consequences.

Different professionals and different theoretic tendencies have made the structuring of an articulate treatment programme possible. This is what characterized the team and what opened the door to diversified educational and clinical work.

The calendar regulating the weekly organization of the Unit is given to all convicts; it includes all programme activities and has to be followed precisely by staff and users alike, because concentration and continuity of interventions are two fundamental aspects for the success of the treat-

country's Minister of Justice to start the first experience of "therapeutic prison": around fifty sex culprits underwent a 16-month programme in a prison entirely dedicated to the treatment, the Roche Percée Penal Institute in Gaspésie, a remote region in Northern Quebec.

ment. Activity centres around three socio-educational groups, complemented by other types of intervention, such as physical, creative and expressive activities, in order to make the treatment as complete and effective as possible, especially by keeping in mind individual variability and heterogeneity of problems and needs, as mentioned above⁵.

Audio-visual equipment has often been used within group work: i.e. films or documentaries dealing with violence, sexual aggression and victimization have been shown with the purpose of offering food for thought and elaboration opportunities concerning the matters under discussion and the personal histories of subjects. As mentioned before, the aim of the treatment is to reduce the risk of episodes of recidivism, also by identifying deviant sexual fantasies and anticipatory factors that precede the criminal event, by developing the most suitable and effective coping strategies and stress and anger management strategies and through ability and social skills training and the correction of cognitive distortions. Marshall defines programmes like these "aggression-related": they provide for a series of "aggression-specific" activities linked with a series of characteristics that are typical of sexual aggressors.

The treatment intervention as such proceeds with an intensified rhythm of work just after the three-month evaluation period, when those who are eligible for treatment are selected. Intensive treatment lasts six months.

During the last month preceding discharge from UTI, risk assessment is carried out using two specific tools: Static-99 R for the evaluation of static risk factors, and Stable 2007 for the dynamic stable risk factors. Because these two scales are not validated for the Italian population, we use recidivism risk scores as internal data that, together with the observation data, allows us to have an overall framework in which we can identify both risk and protection factors for a better risk management and a better planning of the treatment intervention necessary for that single person, in order not to transform the evaluation into a mere tool of social control.

Inmates are informed about their vulnerability to recidivism risks, and on resources that can be activated to cope with it.

After the phase of intensive care, the convicts who have been treated in the Unit are transferred to the common sections of the prison in order to favour their integration with the so-called common convicts in those sections. This phase is considered to be an integral part of the treatment project for two specific aims and purposes. The first challenge concerns the demolition of a prison subculture, according to which any contact between sex convicts and the "common" ones entails an aggressive and punitive act against the former. In fact, other convicts refuse any type of life in common with sex convicts. Therefore the prison administration has created special prison sections that are isolated and separated from the rest of the prison, the so-called "protected sections", for convicts who have been ac-

cused or sentenced for sex offences, together with other categories of convicts who need protection, for example police informers, convicts who were members of police forces and trans-sexuals. The attempt to demolish this subculture is also a form of treatment for the population of common convicts, because it increases the assimilation of the principle of legality, as there is no hierarchy among offences and every convict must have access to equal rights during the duration of the sentence. Yet the current protected regime, where sex convicts serve out their sentence, is often a factor of collusion with other dysfunctional or even psychopathological aspects underlying the behaviours of sex offenders.

Let's take into consideration that many among these subjects are deprived at the level of communicative and relational skills and often do as much as they can to obtain a sort of isolation, reproducing the basic climate of their malfunctions and deviances, therefore strengthening that specific condition of closeness, inaccessibility, and rancor that we have defined as «detention hibernation» (Giulini, Vassalli, & Di Mauro, 2003). In this case it is important that the sex convict who has undergone treatment experiences what he has learnt during the intensified treatment, particularly any time he comes into contact with possible frustration and relational experiences marked by refusal and mistrust. He must be able to generalize what he has learnt, in order to mediate and manage his impulsive reactions, using adequate coping strategies and checking in a practical way and with the help of the social workers the value of his acquisitions and of his new resources, aiming at increasing his self-esteem. Yet stigmatization and refusal towards sex offenders are present also within free society: so sex offenders must activate the ability to reintegrate socially, i.e. they must take responsibility for the destructive aspects of their past behaviours, without assuming victimizing attitudes, aiming at remediation, in a more resourceful and aware relationship with the others.

For this reason many sex offenders who have undergone treatment after the sentence or during an external sentence execution also must be taken care of with continuity. This is why the team that has been working at the UTI has taken active steps to create a specialized Service in the community to manage and treat violent and sexually violent behaviours.

3. The construction of the treatment field. The external part

In March 2009 the Safety Department of Milan City Council officially instituted the Presidio Criminologico Territoriale (PCT)⁶ thus legitimizing the specificity of the interventions of evaluation and treatment that had been activated within the Service for Social and Penal Mediation of the Safety Department itself. The idea derives from an operative tradition and methodological process in violence prevention that confronts the management of situations of conflict to prevent their escalation and the ensuing detri-

5 Weekly activities include a group on communication and social abilities, a group on recidivism prevention, a group on conflict management the section assembly, the activation of working skills, sexual education, physical activity, art-therapy, EMDR.

6 District Criminological Centre.

mental outcomes of possible acting-outs as sole outlets for the conflict. This also applies to clinical-estimative and treatment interventions for subjects involved in conflicts. Thanks to the interest in prevention and to the clinical structuring, interventions for the cure and control of violent behaviours have evolved and have become more structured and specialized. The necessity to create an operative pole to take care of the authors of violent behaviours and that at the same time works towards preventing them, derives from a perspective of reparative justice; as a matter of fact «constituting an aid on the territory singles out the community as an active resource and not only as a beneficiary of social protection through the rehabilitation and the re-integration of the offender» (Emiletti, Giulini, & Scotti, 2016).

The PCT continues to use *a model of clinical-criminological intervention, which by definition is interdisciplinary and integrated*, which identifies an operative specificity of the team both regarding the experience of the UTI and the complexity of the situations dealt with which are a combination of juridical, social, sanitary and educational aspects.

Since 2009 the service has taken care of 309 offenders, for the most part accused or condemned for sexual offences, domestic violence or stalking; the offenders currently in treatment are 147, with 29 new comers in 2016.

At present at the PCT a constant activity of psycho-diagnostic evaluation and risk assessment is carried out, together with criminological interviews, four weekly therapeutic groups for sex convicts, a support group for relatives of sex offenders (Garbarino, Giulini, in this review)⁷, the Circles of Support and Accountability, and individual care with different clinical tools, such as EMDR and Finn's Therapeutic Assessment (Finn, 2007).

A challenge that is more and more important for this Service is the ability to structure intervention protocols aimed at preventing possible acts of secondary victimization after the sentence has been served. Such acts can occur particularly within families, when victims risk encountering their perpetrators; the latter may not be able to reveal their responsible truth and therefore damage it all the more with cumbersome guilty feelings that definitely cancel out any attempt to solve the devastating trauma suffered by the victim of sexual abuse.

The PCT represents an important reference on the territory as it brings continuity to the treatment begun while in prison: «an authentic treatment field has been developed, to which the sex convict is introduced not only for the treatment intervention, but also to favour a contact and an alliance with an external resource that becomes a reference point both in the sense of *benevolent control* on the territory and in the prospect of implementing the offender's relational, working and social resources, in order to work for a change and improvement towards a more functional and adaptive lifestyle» (Giulini, & Emiletti, 2011). For example, from this perspective, the Service launched a restorative justice experience originating in the social practices of Canadian Mennonite pastors, by constituting the "Circles of Support and Accountability," (Goulet, 2009). Some citizens

belonging to voluntary associations occupied in the detention field are selected, trained and supervised by professionals from the treatment team and by social workers of PCT: the aim is creating a Circle for each convict who has taken part in the treatment, who according to the team may need to be accompanied in the community after the sentence has been served. For each Circle three volunteers are trained; first they meet and acquaint themselves with the convict in prison, just before he is released; then they decide whether they want to sign a contract that binds them to track the ex-convict for a one-year period once he is no longer in custody. Thus the convict becomes the *chief member* of the Circle and in turn commits himself to meeting once a week the other three members and turning to them in times of hardship; he is also taken care of at the PCT. It is basically the actuation of a mechanism of that *benevolent control*, prompting the former convict at risk of recidivism to continue treatment and supporting him informally rather than clinically.

4. Project evaluation and non-treatment activities

The project has been set up and is supervised by the Philippe Pinel Institute of the University of Montreal, an institution that has been dealing with similar treatment interventions for sex offenders for years. Furthermore, for several years, the Research Centre on Education Technologies at Milan's Università Cattolica del Sacro Cuore (Director Prof. Paola di Blasio) has coordinated the evaluation activity through a qualitative gathering of treatment data and through the observation of activities. Moreover, the team deals with various research activities, also in cooperation with other specialists, on characteristic features of sexual aggressors and of intra and extra-mural treatment work with this particular typology of subject, aiming at developing and implementing theoretical knowledge and comparing it with existing international experience and literature. Lastly, we must underline the training work carried out by our staff in favour of other professionals, working in other detention institutes or in services that deal with taking care of sex offenders. Their aim is to reproduce similar experiences in other structures too and making the work with these convicts even more useful and effective, both for the sex offender convicts themselves and for society; it is conscientiously conducted by trained staff who are aware of the peculiarities characterizing sex offenders and their deviant behaviours.

In this perspective, CIPM has contributed to the establishment of CONTRAS-TI⁸, an association that aims at implementing a national coordination among those who work in the research and in the treatment of sexual aggression. Associations, institutions, treatment centres, and experts have come together to develop a culture in which treatment for sex-offending is at its core. The interest is to encourage

7 Garbarino F, Giulini P, "Working with sex offenders relatives as a tool in the *treatment field*", in this review.

8 National Coordination for the Treatment and Research of Sexual Aggression – The Italian Contribution, Association founded in October 2017. For further information or for subscribing write to segreteriacontrastit@gmail.com.

collaboration between CoNTRAS-TI and governmental Institutions, in order to promote a climate of public sensitivity towards sex offenders, their treatment, and their re-entry into society. Currently, in Italy, projects for the treatment of sexual offenders, both in detention and in the community, depend on uncoordinated personal initiatives, which make any treatment programme discontinuous and insufficient. The activity of CoNTRAS-TI aims at implementing a network for the prevention of sexual abuse by developing scientific research and treatment practice based upon clinical evidence and inspired by international guidelines, and at designing new strategies and practices to influence national decision-making and policies regarding the monitoring, assessment, treatment, and the re-entry into the community of those individuals convicted for sex crimes, and who may still be at risk of re-offending. Furthermore, it will encourage the development of a preventive culture, especially primary prevention, so that it could be possible to identify early enough those high-risk cases and provide them with the necessary support to have access to elective programmes or measures designed to evaluate and prevent the risk of sexual aggression being committed. This is in line with the Lanzarote Convention (art. 7), which invites Parties to implement specific monitoring mechanisms, especially for the prevention of child sexual exploitation, and to prevent sexual aggression at its bud.

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