



InfoSci[®]-onDemand
Chapter Download

Chapter 24

Criminological Treatment of Abusing Partners

Guido Travaini

University Vita e Salute San Raffaele Milan, Italy

Palmina Caruso

University of Milan, Italy

Enrica Beringheli

University of Milan, Italy

Isabella Merzagora

University of Milan, Italy

ABSTRACT

Criminological rehabilitative treatments of abusive partners have always been considered of key importance from a preventive point of view. Criminological research, and our experience as criminologists, has proved that even the most abusive partners—including uxoricides—after their convictions repeat the same violent relationship pattern. That said, the Chair of Criminology (University of Milan) set up the first action and research program in Italy offering treatment for perpetrators of domestic violence, called S.A.Vi.D. (Stop Alla Violenza Domestica – an Italian acronym meaning: Stopping Domestic Violence) in 2010. Information about all the subjects treated will also be described and discussed: age, legal status motives, offender behavior prior to treatment, whether and how behavior changed after treatment.

INTRODUCTION

Domestic violence, or Intimate Partner Violence (IPV), has been described by the World Health Organisation as *a very widespread phenomenon relating to all forms of psychological, physical and sexual abuse encompassing the various forms of coercive behavior exerted by any member of a more or less enlarged family unit for the purposes of emotional control and affecting women and underage children primarily* (C.I.S.M.A.I., 2000). Worldwide, according to the WHO, almost one third (30%) of women

DOI: 10.4018/978-1-7998-1286-9.ch024

who have had relationships report having undergone some form of physical and/or sexual violence by a partner over the course of their lives. Globally, as many as 38% of murders of women are committed by their male partners. Violence can have a negative impact on women's physical, mental, sexual and reproductive health - and that of children. Epidemiological studies highlight that the phenomenon cuts across all social groups and is still very widespread worldwide in every context, whatever the cultural, economic or social status of those involved. More than half of all women killed are murdered within a couple relationship and almost all of these by current or former husbands or partners.

SOME ITALIAN DATA

In recent years murders of men have diminished while female murder victim numbers have remained stable overall (Istat, 2019). Murders rates are diminishing but women murder rates are diminishing less. According to Istat 2017 (Istat is the Italian National Institute of Statistics) figures 4.9% of women have experienced violence from a partner (1 million, 19,000), 3% from a current partner (496,000) and 5% (538,000) from a former partner. Separated and divorced women suffer higher levels of physical or sexual violence during their lives (51.4%) as do women with health problems or disabilities, at 36%. The most at risk are women aged 25 to 44 (35.9%).

Over recent years physical and sexual violence has gone down from 13.3% to 11.3%, as compared to previous years. Physical and sexual violence from current or former partners has gone down: physical violence from 5.1% to 4% and sexual violence from 2.8% to 2%. It has gone down more for younger women. Violence from current or former partners has, however, increased in seriousness with numbers of women being injured moving from 26.3% to 40.2%, very or quite serious violence from 64% to 76.7% and women fearing for their lives after violence from 18.8% to 34.5%.

The most recent data showing a slight reduction in violence may indicate that policies designed to prevent and combat the phenomenon may have achieved at least some success. Reti Antiviolenza – Anti-Violence Networks - involving Centri Antiviolenza – Anti-Violence Centers - (in 2017 49,152 women turned to anti-violence centers), institutions such as the local health authorities, social services, the police and violent partner treatment centers have been set up in recent years in a social climate more critical of violence thanks to the various laws of the last 18 years.

Until 2001 Italian law made no separate provision for domestic violence which was punishable under other legal categories.

THE LAW

With law no. 154 in 2001, certain ad hoc measures to protect victims were introduced. In the context of preventative measures judges can order those accused of violence out of the family home and ban them from other places frequented by victims (article 282-bis, penal code procedure). Similar measures can be taken by the civil courts on request by domestic violence victims via protection from family abuse law. In such cases judges can request the involvement of the social and health services and anti-violence centers.

With law no. 38 dating to 2009 (the stalking law), (art. 612-bis Italian Criminal Code) which added the crime of stalking to the Italian penal code, a ban on stalkers going to places frequented by victims was brought in. Such crimes involve repeat behavior capable of causing victims constant anxiety or fear

Criminological Treatment of Abusing Partners

or a well-founded fear for their own safety or that of those close to them. Punishments are more severe if the perpetrator is a person with whom the victim has had an emotional relationship.

In 2013 Italian parliament then ratified law no. 119 which came into force on 1st August 2014 in the wake of the Istanbul Convention (Council of Europe, 2011), the first internationally binding tool to define violence against women as a violation of human rights and a form of discrimination. This set out the various forms of violence against women which states were to include in their penal codes or judicial law and brought in important new safeguards:

1. **Aggravating circumstances** including ‘witnessed violence’ (violence committed in the presence of children).
2. **Victim protection laws:** Legal hearings involving victims in protected form, the obligation to inform victims of measures taken against the accused (withdrawal, termination or modification of measures), automatic prosecution in abuse cases, irrevocability of action against stalking in cases of serious threat and revocability in other cases only in court; bans on family mediation and couple therapy.
3. **Strengthening of the powers of the judicial police** involving mandatory arrest in the presence of flagrant bodily harm and injury in domestic violence cases, official reprimands by police stations for abuse and stalking, urgent removal from the family home by the judicial police for many violent crimes, in the case of flagrant violence and where the risk of repeat violence exists.
4. Issuing of residence permits for foreign victims of domestic violence.
5. **Extraordinary action plans against violence** including treatment programs for abusive partners.

In 2002 the Council of Europe invited member states to organize projects designed *to incentivise the perpetrators of violence to adopt violence free behaviours, encouraging them to take stock of their actions and take responsibility for them*. The aim was thus to offer perpetrators action plans not simply as an alternative to punishment but as a supplementary measure designed to prevent further violence. In Italy this took the form of the 2017-20 *Piano Strategico Nazionale sulla violenza maschile contro le donne* (National Strategic Plan on male violence against women) (which encompassed the activation of re-education for the perpetrators of domestic violence).

TREATMENT PROGRAMMES: S.A.Vi.D. (STOPPING DOMESTIC VIOLENCE)

Repeat offending is one of the highest of the various crime categories: it has been estimated that approximately eight out of ten men repeat their abuse, including against other women (Baldry, 2006). Judicial action alone, however important and indispensable, cannot combat the phenomenon alone while the *Centri d’ascolto* (counseling centers) treatment programs have been shown to be more effective than prison if followed through to the end, because they significantly reduce the risk of repeat offending (Creazzo & Bianchi, 2009). In a survey of 40 assessment studies on programs for violent men Gondolf (2004) found success rates ranging from 50 to 80%.

The earliest treatment programs date to the late 1970s and were prompted by the action of feminist movements in the United States, Canada, Australia and Great Britain. Over the years various operational developments and schools of thought have ensued and follow up analysis has confirmed the efficacy of such programs in reducing violent behavior, whatever the theoretical approach used. The majority

of criminological treatment programs for abusive partners are based on the idea that violence against women is part of a patriarchal and discriminatory culture in which differences in role and power really exist and must be taken account of in treatment (Merzagora Betsos, 2009), without losing sight of other individual factors.

Programs targeting abusers, according to guidelines by the RELIVE (2015) association, of which S.A.Vi.D. was one of the founding partners, must, however, take an approach which includes multiple analysis levels:

- **Socio-cultural factors** including the social and gender context, unequal power relationships between men and women in our society, widespread use of violence as a way of dealing with conflict in our culture, legal and social sanctions for domestic violence.
- **Relationship factors** including the type of gender related power dynamics within the couple, conflict resolution and communication methods, etc.
- **Cognitive factors** including beliefs and approaches to relationships and gender roles, expectations relating to relationships, female partners, children and the self (masculinity, identity).
- **Emotional factors** including anger, frustration, failure, shame, jealousy and fear management, etc. and the experiential components on which these beliefs are based - attachment behaviors, sense of identity, expectations, etc.
- **Behavioral factors** including replacing violent and gender-specific authoritarian behaviors with skills and abilities enabling people to establish relationships based on respect and equality, the ability to communicate and resolve conflicts and stress and anger management.

S.A.Vi.D., as we have seen, is a research and action on domestic violence project set up at Milan University's Criminology chair in the Forensic and Insurance Medicine Section of the Bio-Medicine for Health Department. It is a specialist criminological- clinical center working in education, training and action regarding the perpetrators of violence in line with the recommendations of the Council of Europe on preventing and combating violence against women and domestic violence (Council of Europe, 2011).

The working group is made up of criminologists, psychologists and psychotherapists.

S.A.Vi.D. was set up in 2010 on the basis of an agreement with UEPE - *Ufficio per l'Esecuzione Penale Esterna* (parole office). In 2012 a partnership agreement with *Provveditorato Regionale dell'Amministrazione Penitenziaria* (Regional Penitentiary Administration Service) was drawn up for those requesting alternatives to imprisonment. Since 2014, thanks to a partnership with *Azienda Sanitaria* (Health Unit) of Milan, it has also been working with abusive partners who have not been imprisoned and on occasions not even reported to the police and, from 2015, those referred by defense attorneys for probation applications. The approach used is the same for everyone but it is adjusted to each individual judicial category.

S.A.Vi.D. works with abusive partners - to date only men - in three fundamental spheres: cultural, clinical and criminological.

It works with anti-violence networks in accordance with European quality standards with the following aims:

Criminological Treatment of Abusing Partners

1. To offer a specialist service acting to treat violent partners committing crimes, supporting their reintegration into the local community and socially.
2. To identify good technical-operational practices responding in a suitable, specialist way to the domestic violence phenomenon in all its complexity.
3. To study and 'map' the phenomenon, paying special attention to analyzing criminogenesis and the related social, cultural and psychological crime dynamics.
4. To perform an assessment of the results of the research project for the purposes of organizing these into protocols for dissemination and replication.
5. To foster and develop a service which can act as a local benchmark on the domestic violence theme.
6. To train sector staff and raise awareness of the objectives of the project and the results achieved.

S.A.Vi.D. pays special attention to training and constant supervision of criminologists working in the treatment of abusive partners.

Criminological treatment both inside and outside prison cannot be improvised but requires specific skills. It is indispensable that those carrying out criminological interviews are not simply generic behavioral science experts but are trained in the legal and criminological fields. Clinical criminological interviews must respond to diagnostic (criminogenesis and crime-dynamics), prognosis (future behavior forecasts) and criminological treatment indication issues (Merzagora & Travaini, 2005).

As we have seen, and also affirmed in our document on minimum standards for domestic violence perpetrator treatment programs put forward at the Strasbourg Seminar of November 2004, those performing treatment in this field must be capable of implementing risk evaluations in addition to other skills. They must be well acquainted with risk and protection indicators for risk management itself. It is also important to underline the need for specific knowledge of the ethics and legal aspects relating to domestic violence law and victim protection, as well as professional confidentiality and the limitations in it.

Service providers must notify interested parties - who are not necessarily those in treatment - that where there are reasonable grounds, both in words and behavior, to believe that someone is at risk, they will be duty bound to notify the authorities as well as keeping other institutions involved and the victim informed of progress in the event of danger.

The authorities prefer the term "criminological treatment" to "therapy" or "cure" because the objective is not to cure perpetrators psychologically - although this may take place later - but to encourage these men to see their violence as an expression of a distorted view of women and couple relationships and an inability to recognize, contain and manage their emotions. The "therapeutic empathic listening alliance" is not an option here as this responds to an explicit need targeting individual wellbeing which is established in the psycho-therapeutic context. There is a specific institutional mandate with legal implications requiring a 'critical' attitude, not to the individual himself but to his criminal behavior.

Criminological clinical treatment work with the perpetrators and victims of domestic violence is designed primarily to raise awareness of violent behavior and those responsible for it, prompting ownership of one's actions (Merzagora Betsos, 2009). It is important to reiterate that criminological treatment should not be confused with a psychological or psychotherapeutic trajectory nor psychiatric work.

Mental illness requires psychotherapists, crime requires criminologists because it is not a cure (*ibidem*, 2009). Psychotherapists are not always willing to take on this type of patient or capable of dealing with violence and may fall into the denying or downplaying violence trap. In the absence of specific

violence training or constant attention to the repeat offending risk, psychotherapists may advance hypotheses implying justifying or projecting blame which may put victims at further risk, as an individual in treatment revealed:

I.P.: *“After a turbulent night she went to Accident and Emergency! I went out for a bit and then I returned home. I called my psychologist, I looked for something online on anger management. What I did makes me doubt... I blame the psychologist, too... for too long these aspects were left out of our sessions and... were not considered potentially dangerous...”*

O.: *“What do you want from us?”*

I.P.: *“I want to supplement what I’m doing with the psychologist with something else on anger...”.*

WORKING METHODS IN THE S.A.Vi.D. CONTEXT

The treatment program involves a number of steps. Where the individual involved comes from an institution, staff can meet those referring the perpetrator in advance.

During the first meeting with the perpetrator of the crime the field of work is identified, the terms of treatment clarified, the role of the staff explained and a ‘contract’ drawn up setting out the commitments agreed to, including a privacy consent form and agreement to the interviews being recorded. Furthermore, full documentation on all individuals is examined and a personal ‘criminological file’ drawn up.

Subsequent meetings consist of:

- Criminological interviews relating to crimes committed.
- Individual treatment interviews (at least 8 - duration assessed case by case) with special attention to:
 - Culture of discrimination and gender inequality.
 - Early warning signs of the abuse cycle and attachment pathologies.
 - Perpetrators’ increased sense of responsibility, greater awareness and breakdown of the neutralization techniques adopted by the latter.
- Re-evaluation meeting on the progress made.
- Intermediate and final reports.
- Monthly staff supervision for staff lasting 2.5 hours.

Two staff members are directly involved in treatment, a man and a woman with specific criminology training, preferably one with a legal background and one with psychology training. Experience in the field has confirmed the effectiveness of this choice in the face of the ability of the legal expert to better clarify to the IP (Intimate Partner) the legal articles cited in his sentence and foster his understanding of the meaning of his sentence and the consequences of any repeat offending. Psychological staff members are better prepared as regards personal and family case history and in evaluating potential mental illness both current or prior, enquiring into the relationship dynamics between abuser and victim and attachment methods. The male-female pairing also allows for different perspectives which offer further guarantees of parity, prejudice breakdown and treatment balance.

Criminological Treatment of Abusing Partners

Criminological treatment does not in itself involve specific in-depth psycho-dynamics and interpretations although specific action based on staff's specific relevant experiences should not be ruled out. Constant supervision enables staff to realign treatment objectives and ensures that work on any beliefs, prejudices and projections is done.

S.A.Vi.D. has currently chosen to work with individual sessions. The motives behind this choice are the difficulties involved in making up groups of sufficient size (users begin their sessions at different and prolonged time frames) and also because an individual approach seemed preferable, above all at the outset. This is what one of our users commented, a man who had been referred to an Anti-violence Center by a Surveillance Court having been sentenced to 1 year and 2 months for domestic violence and threats.

I.P.: *"First I was at a center which did group sessions but it didn't suit me and I asked to change. My only obligation is to follow a program, here or there, so I come to you".*

O.: *"Why didn't it suit you?"*

I.P.: *"Too many people, too much noise, I couldn't get a word in or think... it isn't easy to talk about these things with too many people. Other people's stories aren't of interest to me. I need to talk..."*.

Those accepted for treatment do not show signs of mental illness or serious forms of dependence. In such cases they are first sent to centers and specialist services whose task is to treat these.

DATA ANALYSIS

Our considerations are based on a case study of 58 men, 64% of whom were Italian citizens with 27% from North-Africa, two South Americans, two from Eastern Europe and one Chinese citizen.

The best represented age group (64% of the case study) was 30 to 50 with very few younger than 30 (%) or over 60 (2). None was suffering from serious psychiatric illness: two reported having suffered from panic attacks in the past and one was in treatment at a specialist center for depression and generalized anxiety. 27 admitted to using alcohol or drugs.

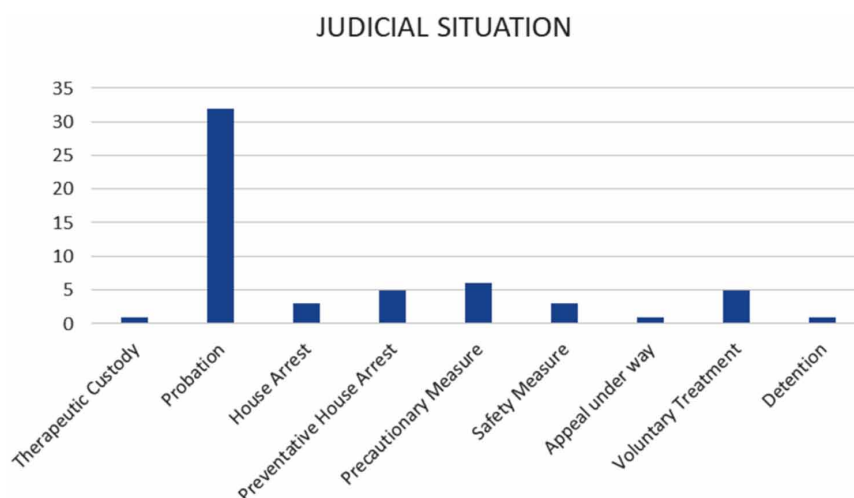
Over 60% had attended lower middle school, 3 were graduates and 14 had a high school diploma. 69% had a more or less stable job.

The majority of the men in the case study had been referred to S.A.Vi.D. by the UEPE for the reasons shown in figure 1 and, at the moment of treatment had been entrusted to the social services with the risk of losing their legal privileges in the event of repeat offending.

The early warning role of the health services thus seems to have functioned in prevention terms. In fact, five IPV cases had been referred by *consultori familiari* (family counselling centers) responsible for families (one of these later spoke of the peculiar nature of the situation and the application to S.A.Vi.D. made)

Staff were aware that, at least initially, the motives behind applications for treatment had little to do with a desire by abusers to change their violent behavior and control their tendency to "lose control when angry" and were more indirect and instrumental in nature. Sometimes they had been prompted to apply by lawyers or required to do so by judges and then, after a series of legal processes, had shown a willingness, or appeared to do so, to avoid more serious sentences.

Figure 1. Legal status at the moment of the request



33% of these individuals were already repeat offenders with the same woman or a new partner, such as Mr. B who has three pending legal accusations for abuse and having threatened his partner in front of her son, abuse and battery of his previous girlfriend and for having attempted to kill his subsequent partner.

S.A.Vi.D. practice is to invite partners to an interview to notify them of treatment, get their view of their abuse and reassure them that they will be contacted in the event of danger. Only two agreed to this interview and these were cases judged false positives. The others agreed to a telephone conversation but did not want further contact.

Around 50% of the subjects dealt with by the SAVID criminologists had previous police records. The most frequent IPV related crime was threats (49 out of 58), followed by sexual violence in four cases.

Thirteen owned firearms and two had made use of these during IPV episodes, nine had threatened partners with cold weapons and one with an object used for offensive purposes.

The criminological dynamics are in keeping with the majority of the international studies. In our sample, techniques of neutralization (Matza & Sykes, 2010) and justification have been used, such as:

- **Denial of their responsibility** (“I don’t remember, I hit her but it wasn’t me... it’s the stress to blame”).
- **Downplaying the damage done** (“yes but first I break objects, glasses, then just a few slaps...”).
- **Blaming the victim** (“She provokes me and goads me on, she doesn’t know her place, she attacks me unjustly, if I feel offended I snap”).
- **Denying the victim.**
- **Idealizing the traditional family** according to their own culture.
- **Not paying enough attention to him or the home.**

The majority of the men in the study referred to anger as something outside themselves, in the interviews, justifying by jealousy what is really a sense of ownership and abandonment anxiety. All showed an inability to bear frustration, delay the gratification of needs or recognize others as people with their own needs. The action of the staff thus targets stimulating a more personal and authentic motivation

Criminological Treatment of Abusing Partners

Figure 2. Justification for their actions by perpetrators and crime dynamics

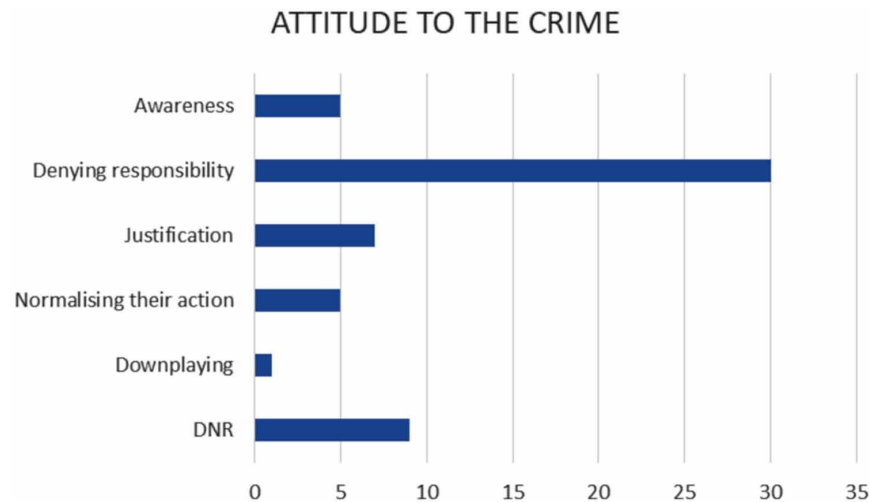
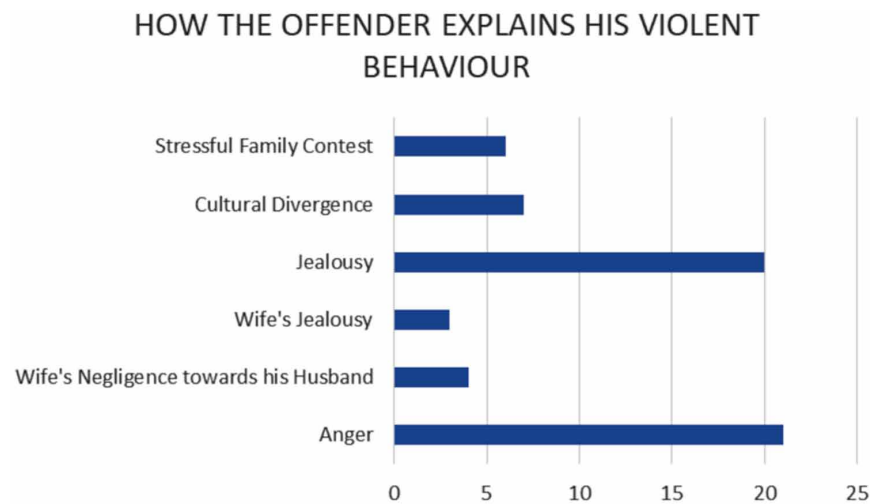


Figure 3. Reasons given



in addition to taking responsibility for their behavior in such a way as to build strong foundations for this trajectory, because without personal motivation for change it is difficult to embark on an effective progress trajectory. This is made more challenging by the fact that society still shores up prejudice via gender inequality and social support makes it difficult even for the non-violent to exclude a culture and atmosphere of discrimination and prejudice.

O.: "So you've stopped drinking?"

I.P.: "Whilst I'm in Italy, yes, but at home in Romania I can't".

O.: "You can't... at home?"

I.P.: "My peers tell me that a real man never stops drinking".

In any event, all agree that the domestic violence risk factors comprise misogyny and conservative ideas, the concept that it is important to 'be respected' at home, 'chauvinist' ideas, a belief that violence is a good way to resolve problems and men must exert control over their partners. A man being treated for violence gives the following as the motivation for his actions:

I.P.: *"Before I was feared and respected, I wanted them to understand who was in charge at home".*

O.: *"... and so?".*

I.P.: *"I gave her a number of slaps to choke what she was saying. At a certain point... when the words don't come... everything goes black... I get angry and lose control...".*

Sometimes violent partners referred by the courts to treatment programs or whose wives have decided to leave them are shocked by the accusations made them. This conversation between a staff member and an abusive partner is illuminating (*ibidem*, 2010):

O.: *"So she reported you to the police? You didn't expect that?"*

I.P.: *"No, she went to A&E and they reported me to the Carabinieri. Then before the judge she withdrew her accusations. It's always been like that between us. We've been together for twenty years and she'd never been to hospital... but they're not important things... she provoked me, she goaded me and I can't help it and that time I went for her with punches and a few kicks...".*

O.: *"But the trial is still under way?"*

I.P.: *"Yes, but we'll put everything right now. She says, get help and I get help. But for what? I'm not ill... but the lawyer also says that if I get treatment... it'll all be resolved and everything will go back to normal. But I don't get it... it wasn't like this once... my father put my mother in her place... men once got respected at home and nothing happened".*

O.: *"Now, though, you've been reported to the police and this means you've committed a crime".*

I.P.: *"A crime? What a big word, I'm not a delinquent, I work ten hours a day..."*

O.: *"What were you accused of?"*

I.P.: *"For beating up my wife in front of the children and threatening to kill her. But I know lots of men in my town who... you can't let women do anything they want in front of the children".*

This conversation is illustrative of one of the dominant themes of the first treatment sessions. It is a matter of male/female stereotypes (six of the sample still live with the partner they abuse) which are broken down in treatment of violent men and victim therapy.

As figure 4 shows, many of the people treated report living in families with a range of problems which include neglect, and in which abuse and violence are a usual communication channel. And, as is well known, children soak up what they see and hear and tend, for survival's sake, to identify with the aggressor rather than the victim. Whilst it is true that not all those who suffer violence are, in turn violent, Istat data shows that percentages of children witnessing episodes of violence against their mothers are increasing (from 60.3% in 2006 to 65.2% in 2014) and that 22% of men witnessing violence between their parents go on to be violent as do 35.9% of those who have suffered minor physical violence.

It is still difficult to get men and women to understand how risky it is for children to live in a violent atmosphere and for children to see this as a 'normal' family model, as this contributes to the cycle of violence in future generations.

Criminological Treatment of Abusing Partners

Figure 4. Family of origin

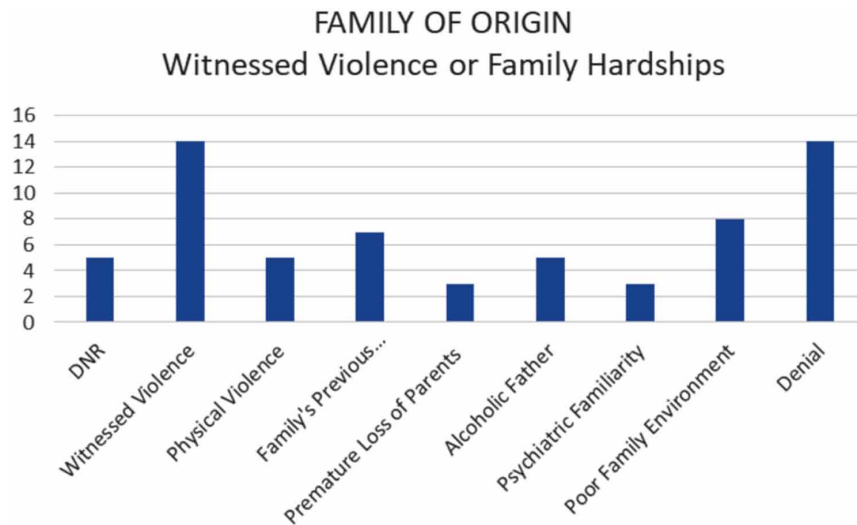
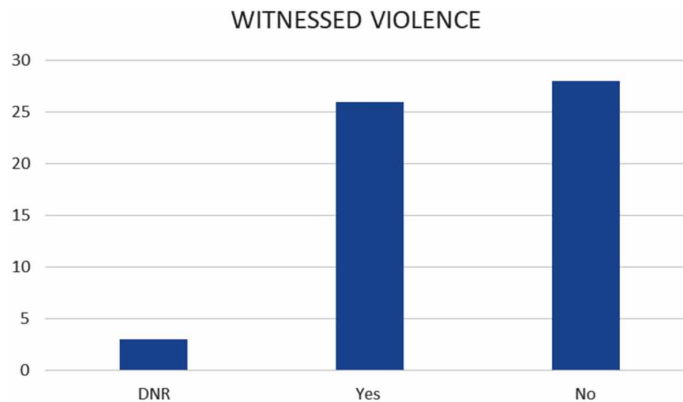


Figure 5. Witnessed violence. Violence in the presence of underage children



Nearly all the men in the sample are fathers (50 out of 58). 42% admit that children have witnessed or were present in the home during violence. Frequently during sessions it emerges that these men do not realize the effect their violent behavior has on their children's development. They deny that their children understand as they are "too small" or because they were "in their rooms" and struggle to understand their experiences and needs. So work is done on their own experiences as children.

Men's violence frequently begins during pregnancy. According to Istat, 11.5% of pregnant women experience violence with all the consequences which can be imagined on their and their children's health. The screening work done by the Lombard health authorities illustrates that IPV is one of the main risk factors (59%) in perinatal psychological illness.

The results of the treatment, and especially complete treatment cycles, show a change in attitude towards domestic violence crimes committed and the will of the men involved to continue treatment. At the outset of the treatment only 9% of the men involved showed some degree of awareness of the crime

Table 1. Results

Attitude towards the crime	Before treatment	After treatment
Non Admittance of Responsibility	53	11
Admittance of Responsibility	5	34 (59%)
Interruption of the Treatment	9	
Ongoing Treatment	4	

committed and the others showed a tendency to downplay and deny violence and to consider it normal. 91% felt in no way responsible for it while, at the end, 59% were capable of recognizing and admitting their responsibility.

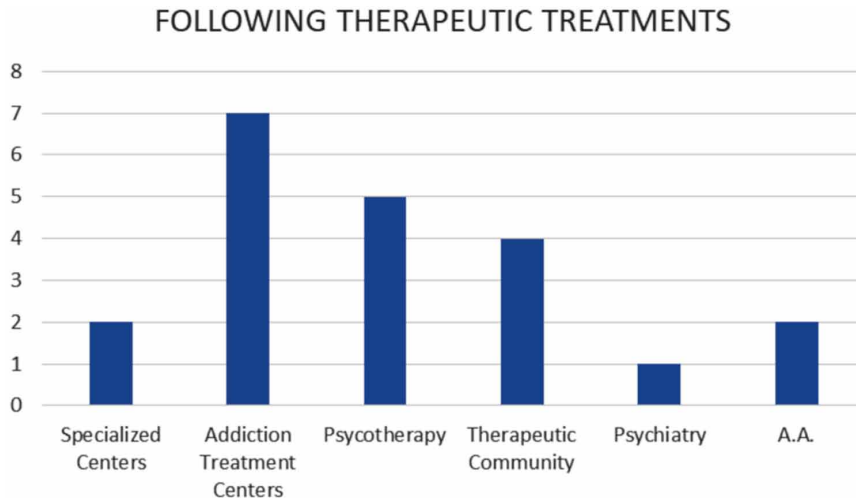
Admitting responsibility is the primary step in breaking the violence cycle and has prognosis value. Via admitting responsibility, supplemented by skill training treatment techniques, staff attempt to foster the development of alternative responses to violence in the event of unbearable emotions.

At the end of treatment cycles some ask to continue: In general these are isolated individuals who have finally found someone ready to listen to them and managed to talk about themselves and their feelings for the first time. Here they are encouraged to learn to ask for help in more suitable contexts. 35% of the sample felt the need to continue after their S.A.Vi.D. treatment and chose autonomously to continue treatment at other specialist centers to deal with their personal problems, including by undertaking individual and/or group therapy.

Ideally participation in these programs, like all action for ‘change’, should be voluntary but sometimes the motivation to change one’s beliefs is not to be taken for granted and thus an initial ‘obligation’ is welcome and can be used instrumentally if nothing starts to move during treatment.

One of the critical issues which can lead men to break off and not complete treatment (9 men) is a result of delays in treatment proposals, above all due to the slowness of the judicial system. As table 2 makes clear, long periods, of 10 to 15 years after the event, further demotivates. Some men refused

Figure 6. Subsequent specialist action



Criminological Treatment of Abusing Partners

Table 2. Treatment delays

Year crime committed	Year Treated
2011	2013
2010	2015
2008	2010
2004-2008	2015
1990-2007	2010
2006	2016
2006-07	2013

treatment because it was offered them shortly before the end of their sentences. Clearly others abandoned treatment for personal reasons, first of which was a refusal to question their actions and behavior and other irremovable beliefs.

There were two ‘anomalous’ cases or, so to speak, cases assessed as ‘false positives’ relating to two men dealing with their partners’ psychiatric illness and obsessive jealousy. Mr D is a case in point.

Mr D was accused of domestic violence by his wife who he still lives with. An analysis of Mr D’s story, confirmed by his adult daughter, and in a somewhat confused and unreliable way by his wife herself, is that the atmosphere in the home was unbearable as a result of the latter’s obsessive jealousy.

“Mr D”, wrote the criminologists responsible for treatment, “is not a typical domestic violence case and is not strictly a criminological issue. His is, in actual fact, a situation of family malaise deriving from relationship difficulties between husband and wife and between mother and children and linked to the wife’s lack of constancy in taking her psychiatric drugs. As the service is made up of staff with both criminology and psychology skills it was, however, decided to take him on, after discussions within the team. To date no abuse or episodes of domestic violence have occurred. Mr D’s adult daughter was heard and confirmed the family malaise and moments of powerful tension when her mother did not take the psychiatric drugs prescribed her by the health authorities. His referral to S.A.Vi.D. by a *consultorio familiare* (family counselling center) meant that preventative work was done by experts “when the facts occurred”. In this case it was decided to give the man concerned a listening space and the opportunity to speak in the context of an unliveable family situation in which he risked becoming violent but had chosen not to do so”.

DISCUSSION AND CONCLUSION

In recent years the transcultural aspect of criminology treatment, in addition to psycho-pathological assessments, has become increasingly important (Merzagora, Travaini, Pizzoli, & Caruso, 2016). In this sense, ever greater joint working between cultural mediators and criminologists is desirable. As far as our own experience is concerned, the greatest problems emerged with Chinese citizens, both linguistically and in terms of understanding the complexity of personal and intercultural relationships.

A further theme worthy of attention, though currently merely hypothetically, for S.A.Vi.D. is that of LGBT relationship violence, because it is well known that relationship violence is not simply a matter of heterosexual relationships. IPV, as a form of abuse of power, can take place in any relationship, whatever the gender or sexual orientation, and can lead to full-blown murder (Travaini, 2013).

English speaking literature underlines that violence is just as much a feature of LGBT relationships as of heterosexual ones. In Italy only one study has taken place, carried out by *Arcilesbica* (a lesbian association), on its presence in the lesbian community and its results seem in line with non-Italian studies (Arcilesbica, 2011). In Italy there is currently no provision for these homosexual women just as there are no anti-violence centers which take in homosexual men or transgender individuals.

In conclusion, the statistical limitations of our sample notwithstanding, certain common denominators have emerged: whatever the measurability and efficacy of the criminology treatment offered, S.A.Vi.D.'s treatment programs are in any event an opportunity to think about complex and intimate issues which are difficult to deal with alone. Furthermore, as it is not a psycho-therapeutic program, the risk of excessively destabilizing action in emotional and psychological terms is much lower.

REFERENCES

- Arcilesbica. (2011). *Congresso: "Eva contro Eva"*. Retrieved from: <http://www.arcilesbica.it/violenza-nelle-coppie-lesbiche/>
- Baldry, A. C. (2008). *Dai maltrattamenti all'omicidio. La valutazione del rischio di recidiva e dell'uxoricidio*. Milano, Italy: Franco Angeli.
- C.I.S.M.A.I. (2000). Commissione scientifica sulla Violenza Assistita, Violenza Assistita. Il Raccordo, Bollettino del Coordinamento italiano dei servizi contro il maltrattamento e l'abuso all'infanzia, 3(6).
- Council of Europe. (2011). *Council of Europe Convention on preventing and combating violence against women and domestic violence*. CETS No.210. Retrieved from: <https://www.coe.int/en/web/conventions/full-list/-/conventions/treaty/210>
- Creazzo, G., & Bianchi, L. (2009). *Uomini che maltrattano le donne: che fare? Sviluppare strategie di intervento con uomini che usano violenza nelle relazioni di intimità*. Roma, Italy: Carocci.
- Gondolf, E. W. (2004). Evaluating batterer counseling programs: A difficult task showing some effects and implications. *Aggression and Violent Behavior*, 9(6), 605–631. doi:10.1016/j.avb.2003.06.001
- Istat. (2019). *Violenza sulle donne*. Retrieved from: <https://www.istat.it/it/violenza-sulle-donne>
- Matza, D., & Sykes, G. (2010). *La delinquenza giovanile. Teorie ed analisi*. Roma, Italy: Armando Editore.
- Merzagora, I., & Travaini, G. (Eds.). (2005). *Il mestiere del criminologo. Il colloquio e la perizia criminologica*. Milano, Italy: Franco Angeli.
- Merzagora, I., Travaini, G., Pizzoli, S., & Caruso, P. (2016). Il perito e lo straniero. *Rassegna Italiana di Criminologia*, 4, 247–256.

Criminological Treatment of Abusing Partners

Merzagora Betsos, I. (2009). *Uomini violenti. I partner abusanti e il loro trattamento*. Milano, Italy: Raffaello Cortina Editore.

Poggi, F. (2017). Violenza di genere e Convenzione di Istanbul: un'analisi concettuale. *Diritti umani e diritto internazionale*, 1, 51-76.

RELIVE. (2015). *Linee guida nazionali dei programmi di trattamento per uomini autori di violenza contro le donne nelle relazioni affettive*. Retrieved from: <http://www.associazionerelive.it/joomla/images/LineeGuidaRelivea.pdf>

Rollè, L., Giardina, G., Calderara, A. M., Gerino, E., & Brustia, P. (2018). When Intimate Partners Violence meets same sex couplet: A review of same sex Intimate Partner Violence. *Frontiers in Psychology*, 9, 1506. doi:10.3389/fpsyg.2018.01506 PMID:30186202

Travaini, G. (2013). Omocidi: alcune riflessioni criminologiche. *Rassegna italiana di criminologia*, 3, 192-199.

WHO. (2013). *Responding to Intimate Partner Violence and Sexual Violence against Women. WHO clinical and policy guidelines*. Retrieved from: <https://www.who.int/reproductivehealth/publications/violence/9789241548595/en/>

ADDITIONAL READING

Baldry, A., & Ferraro, E. (2008). *Uomini che uccidono. Storie, moventi e investigazioni*. Torino, Italy: Centro Scientifico Editore.

De Fazio, L., & Sgarbi, C. (Ed.) (2012). *Stalking e Rischio di Violenza. Uno strumento per la valutazione e la gestione del rischio*. Milano, Italy: Franco Angeli.

Merzagora, I., Amadasi, A., Blandino, A., & Travaini, G. (2018). The expert and the foreigner: Reflections of forensic transcultural psychopathology on a total of 86 reports by experts on criminal liability. *International Journal of Law and Psychiatry*, 57, 24–30. doi:10.1016/j.ijlp.2017.12.005 PMID:29548501

Pavich, G. (2012). *Il delitto dei maltrattanti. Dalla tutela della famiglia alla tutela della personalità*. Milano, Italy: Giuffrè Editore.

Roia, F. (2017). *Crimini contro le donne. Politiche, leggi, buone pratiche*. Milano, Italy: Franco Angeli.

Rollè, L., Giardina, G., Calderara, A. M., Gerino, E., & Brustia, P. (2015). *Empowering LGBTQ people against violence: a p2p model: the project*. Paper presented at the International & Interdisciplinary Conference “LGBTQI Empowering Realities Challenging Homophobia and Transphobia”, Turin, Italy.

Zara, G. (2016). *Valutare il rischio in ambito criminologico. Procedure e strumenti per l'assessment psicologico*. Bologna, Italy: il Mulino.

Zara, G., Freilone, F., Veggi, S., Biondi, G., Ceccarelli, D., & Gino, S. (2019). The medicolegal, psycho-criminological, and epidemiological reality of intimate partner and non-intimate partner femicide in North-West Italy: Looking backwards to see forwards. *International Journal of Legal Medicine*, 133(4), 1295–1307. doi:10.1007/00414-019-02061-w PMID:31016374

KEY TERMS AND DEFINITIONS

Criminodynamics: Analysis on “how” the crime has been committed, or when the criminal career started, focusing mainly on the psychological and motivational dynamics of the offender.

Criminogenesis: Assessment process that aims to identify one or more possible reasons that could explain why the offender committed a crime. The process focuses on different aspects, such as personal and psychological features, life experiences, social and environmental factors, and in general, everything that led him to commit a crime.

Criminological Interview: Professional meeting (between a criminologist and an offender) that aims to understand the criminogenesis, whenever possible, and to identify the best treatment strategies to adopt.

Criminological Prevention: One or more coordinated actions taken by a criminologist to prevent or reduce second offence behaviors. It's divided into primary, secondary and tertiary prevention.

Criminological Supervision: Activity in which an experienced criminologist helps and professionally supports a less expert colleague.

Criminological Treatment: Individual or group treatment intended for offenders, aiming to promote awareness about moral disengagement of their actions, award of all the damages caused and to identify new strategies to prevent or reduce repeat offence.

Repeat Offence: Commission of a new offence by someone already found guilty for the same crime or for a different one. This is a very significant index of criminal danger, since it gives the criminologist an idea about the offender's ability to understand the consequences of his/her criminal actions.

InfoSci®-Books

A Database for Progressive Information Science and Technology Research

Maximize Your Library's Book Collection!

Invest in IGI Global's InfoSci®-Books database and gain access to hundreds of reference books at a fraction of their individual list price.

The InfoSci®-Books database offers unlimited simultaneous users the ability to precisely return search results through more than 68,000 full-text chapters from nearly 3,000 reference books in the following academic research areas:

Business & Management Information Science & Technology • Computer Science & Information Technology
 Educational Science & Technology • Engineering Science & Technology • Environmental Science & Technology
 Government Science & Technology • Library Information Science & Technology • Media & Communication Science & Technology
 Medical, Healthcare & Life Science & Technology • Security & Forensic Science & Technology • Social Sciences & Online Behavior

Peer-Reviewed Content:

- Cutting-edge research
- No embargoes
- Scholarly and professional
- Interdisciplinary

Award-Winning Platform:

- Unlimited simultaneous users
- Full-text in XML and PDF
- Advanced search engine
- No DRM

Librarian-Friendly:

- Free MARC records
- Discovery services
- COUNTER4/SUSHI compliant
- Training available

To find out more or request a free trial, visit:
www.igi-global.com/eresources