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AN INTER-SYSTEMIC MODEL FOR PREVENTING REOFFENDING
BY PERPETRATORS GUILTY OF SEXUAL ABUSE AND DOMESTIC VIOLENCE

The Therapy Room: Inside and Outside

**Prospects for action and psychological dynamics in the treatment of domestic and gender -
based violence offenders in the CONSCIOUS Project**

Antonella D'Andrea psychologist psychotherapist Asl Frosinone, presenter of the treatment groups of the CONSCIOUS Project

Alessia Maccarone psychologist and treatment group conductor

Antonella D'Ambrosi psychologist psychotherapist ASL Frosinone, CONSCIOUS Project Coordinator and conductor of treatment groups.

Introduction

Gender-based violence is a complex phenomenon of global impact and crisscrossing cultures and socio-economic conditions. The data collected on a global scale reveal that 1 out of 3 women suffer physical and / or sexual abuse and that in most cases, the offender is the partner or the former partner (UN Women, 2020). Gender-based violence is, therefore, the result of male supremacy, often sprang and structured within a relationship based on a not equal and asymmetric distribution of power between men and women and, in utmost of the cases, it reckons in an in-

timate and meaningful relationship. These socio-cultural aspects are flanked by conditions of clinical interest when circumstances of comorbidity with the use of psychotropic substances or personality disorders are present in the abuser.

In 1996 the World Health Organization (WHO) defined violence as *"the intentional use of physical force or power, threatened or real, against oneself, another person, or against a group or community, which determines or possesses a high degree of probability of causing injury, death, psychological harm, compromised development or deprivation"* (WHO, 2002: 4). Regardless of the various forms it may arise, violence therefore derives from an imbalance of power between the parties that manifests itself through the generally recurrent use of physical, psychological, sexual, economic or political force. The cognizance of this phenomenon as a problem for the community has increased in recent years.

According to Istat data (2018), it is estimated that 31.5% of women between the ages of 16-70 (6 million 788 thousand) have suffered some form of physical or sexual violence during their life, while 20, 2% (4 million 353 thousand) suffered physical violence, 21% (4 million 520 thousand) sexual violence, 5.4% (1 million 157 thousand) the most serious forms of sexual violence such as rape (652 thousand) and attempted rape (746,000). As for intimate relationships, it is estimated that 2 million 800 thousand aged 16- 70 women (1.6%) have experienced violence from current or former partners. Of these, 855 from current partners (5.2%) and 2 million and 44 from former partners (18.9%). Partners and former partners are the infringers of almost 63% of rapes (62.7%) and, more generally, of more than 90% (90.6%) of unwanted sexual relations experienced by women as violence.

Given the vast and cross-cutting scope of this phenomenon, many studies have focused on understanding the reasons behind the unleashing of violent conduct. It must be said that the factors involved in the genesis are numerous, but any of these are decisive; that is, it is not possible to find a deterministic model of cause and effect, it is instead logical to think of a multiple action of different risk factors in which the psychological, sociological, biological, evolutionary and cultural aspects assume the function of contributing causes or combinations of causes.

Violence is above all a phenomenon that must be inspected from every point of view, be it criminological, juridical, clinical, psychopathological or social-cultural, through the lens of

responsibility for the action performed. Starting from this perspective, programs for domestic and gender-based violence offenders have been conceived and implemented in the United States, in Europe, and in recent years also in Italy, grounded on the essential value of protecting victims and preventing the health of the most vulnerable. from the recidivism of violent conduct.

Based on these premises, the CONSCIOUS Project represents one of the rare interventions to prevent recidivism through the treatment of gender-based violence offenders, carried out in a public context¹. In this article we will describe, in addition to the planning system, the particular aspect of emotional echoes and psychological consequences in those who work with men who act violence against women. The description of this experience can add cognitive and practical value in a field that has not yet been explored and in which resistances and defensive mechanisms dominate the scene.

1. Programs for abusive men

1.1 Genesis and evolution

The need to implement interventions in favour of violent mandated men, and not only in its coercive facet, it develops, almost in parallel with the emergence of the problem of violence against women; especially in the United States, programs to protect victims and the establishment of the first shelters raised the question of "*what to do*" with violent men; in the United States in 1977, a few years after the birth of the first shelter for women victims of maltreatment, the first voluntary program for violent men was launched in Boston: it was called "Emerge". The Emerge program, born from the sensitivity of a group of men to the issue of violence and from the collaboration with support centres for women, it is the first example of a program for abusive men that favours group reflection on the dynamics of power and the socio-cultural roots of violence. From this first experience, other programs for abusive men have emerged in the United States (Amend in Denver, Raven in St Louis, Duluth in Minnesota).

¹A noteworthy public intervention is Liberiamoci dalla Violenza (LDV), the first Italian centre managed by a public body, the USL company of Modena, which provides a path of accompaniment to change for men. Since 2011, LDV has spread to other cities in Emilia Romagna thanks to the involvement of the network of local health companies. Other local health companies that have started or are currently setting up programs for authors are the ASL of Grosseto and the ASL of Gorizia (Relive, 2019).

Among these, the Duluth model represents the first type of community psychoeducational intervention addressed to the domestic-based violence offenders and articulated in a group dimension. This program, also known as the Domestic Abuse Intervention Project (DAIP), fosters the communication and collaboration between the various sectors of civil society and the Judiciary Services. The Duluth model is responsible for the creation of the "wheel of power and control" which summarizes the most common behaviours adopted by abusive men, distinguishing between the various forms of violence (e.g., economic, physical, psychological) (Pence, Paymar, 1993). The main purpose of the framework is to help women to recognize abusive behaviour. The eradication of prejudices, roles and popular gender-based prejudice represent the core purpose of the initiative, as they are the grounds on which the hierarchical gap between men and women is rooted and which determine detrimental attitude. Over the years, the Duluth model has also spread to Canada, England, Germany, Holland and South Africa.

The Norwegian program "Alternative to Violence" (ATV), born in 1987 in Oslo, is known as one of the first European programs for abusers. ATV is based on a psychotherapeutic approach, which however does not exclude attention to the socio-cultural aspects of violence. In the ATV model, violence is interpreted as a learned behaviour and therefore, hopefully modifiable (Oddone, 2020). The ATV model includes both individual and group sessions.

Also worthy of mention is the UK RESPECT program, which provides an accreditation system for programs targeting abusers. In view of the RESPECT Program the cardinal principle of the treatment is to avoid any kind of negative impact on the victims at all costs. RESPECT accreditation is therefore a guarantee of an organization's commitment to safeguarding the well-being of users, operators and victims.

On the basis of these and other initiatives aimed at combating and preventing violence through the treatment of abusive men, over the years the Council of Europe has promoted an adaptation of the various national approaches to gender-based violence through a series of international agreements. The best-known act is the one known as the Istanbul Convention on Preventing and Combating Violence Against Women and Domestic Violence, which "is the first legally binding international instrument that creates a comprehensive legal framework to protect women

against any form of violence "(Council of Europe, 2011). It was approved by the Committee of Ministers of the Council of Europe on 7 April 2011 and opened for signature on 11 May 2011 in Istanbul (Turkey); in Italy it was converted into law on June 19, 2013. Article 16 of this Convention is what concerns us most and can be summarized in 3 fundamental cornerstones:

1. The Parties shall adopt all the legislative measures and of the other nature to institute and foster those programs addressed to the domestic-based violence offenders, as well as encourage them to adopt non-violent attitude in the interpersonal relationships. This aims at preventing new outbreaks of violence and modify the violent behavioural patterns.
2. The Parties shall adopt the legislative measures and of the other nature in order to institute and foster those treatment program addressed to prevent recidivism, in particular that linked to sexual offence.
3. In taking the measures referred to in paragraphs 1 and 2, the Parties shall ensure that the safety, support and human rights of victims are a priority and that such programs, where appropriate, are established and implemented in close coordination with the services specialized in victim support. "

In this phase, the European Union also promotes important interventions:

- in 2008 the "European Union Guidelines on violence against women and girls and the fight against all forms of discrimination against them"
- in 2011, the "Resolution of the European Parliament on the priorities and definition of a new EU political framework for combating violence against women (2010/2209 (INI))". In particular, in point 24 of the Resolution, the European Parliament "reaffirms the need to work both with victims and with aggressors, in order to make the latter more responsible and help to modify stereotypes and beliefs rooted in society that help perpetuate the conditions that generate this type of violence and its acceptance".

At the level of the European network we must mention, in the Dafne II program, the implementation of the Work with Perpetrators of Domestic Violence in Europe (WWP) project which in recent years has collected all the experiences achieved by the various countries, becoming an important node in the European network.

In Italy, programs for perpetrators of domestic violence develop with delay, which also coincides with that of the legislation; Law 119/2013, which acknowledges the Istanbul Convention, was approved only in 2013 with years of delay compared to other countries. The latest legislative act is represented by Law 69/19 (Red Code) which strengthens the protection of victims of domestic and gender-based violence crimes by providing the possibility for perpetrators to carry out recovery paths².

The first project of a path relating to men who have committed gender-based violence is from 2009 by the CAM - Centre for Listening to Abusive Men - in Florence. The model to which the centre is inspired is that of Emerge in Boston with a psychoeducational approach. Equally important is the establishment of the RELIVE network (Relations Free of Violence), an association that counts among its members the main Italian organizations active in the treatment of domestic and gender-based violence offenders and whose mission is the promotion and development of *"programs prevention of domestic violence, support and care of perpetrators, working in partnership and close coordination with the victim assistance services"* (RELIVE Association, no date).

Another important project, born first in the intramural field and then developed externally, is that of the CIPM Social Cooperative (Italian Centre for the Promotion of the Mediation). This experience has been implemented since 2005 at the Milan-Bollate prison by the team of Dr. Paolo Giulini, as an integrated intervention on prison aimed at sex offenders. In addition to the intramural treatment program, an extramural service has been active since 2009 at the Local Observatory on Organised Crime in Milan. In recent years, the CIPM has implemented intramural and extramural treatment interventions also aimed at abusive men

² Refer in particular to Art. 6 paragraph 1: "In cases of conviction for the crimes referred to in articles 572, 609-bis, 609-ter, 609-quater, 609-quinquies, 609-octies and 612-bis, as well as in articles 582 and 583-quinquies in aggravated cases pursuant to articles 576, first paragraph, numbers 2, 5 and 5.1, and 577, first paragraph, number 1, and second paragraph, the conditional suspension of the sentence is in any case subject to participation in specific recovery paths at organizations or associations that they deal with prevention, psychological assistance and recovery of persons convicted of the same crimes "; and to Art. 17 paragraph 1-bis: "Persons convicted for the crimes referred to in paragraph 1 may be admitted to follow paths of reintegration into society and recovery in bodies or associations that deal with prevention,

As far as the health system is concerned, interventions in this area are sporadic and patchy on the national territory with a greater interest of the northern regions which, adopting the guidelines contained in law 119/2013, have promoted some projects worthy of interest. We remember the program *Liberiamoci dalla Violenza* in Emilia-Romagna area and the GRU – Men Collective Liability, in Veneto managed within the *Uls* 3. The latter is an initiative that aims to raise awareness on the issue of gender-based violence through coordination with other services and associations in the area and the creation of a reception desk aimed at men with ill-treatment.

1.2 The Good Lives Model

The Good Lives Model (GLM) developed by Ward et al. In 2004 and implemented by Marshall at the Rockwook Center in Ontario is a theoretical model traditionally used for the treatment of sex offenders, but which, given its broad scope, also lends itself to treatment programs for perpetrators. GLM can be combined with other theoretical and methodological approaches, such as the Duluth model and cognitive-behavioural therapy (CBT) (Langlands, Ward, Glichrist, 2009).

The basic principle of this model is to consider crime as a wrong, dysfunctional and harmful means of satisfying normal needs. The needs identified by the model refer to four essential domains: physical health, relationships, mastery, creativity; the focus of the rehabilitation intervention is represented by the need to modify maladaptive behaviours through the principle of personal responsibility for choice. The Good Lives Model is configured as a practical, as well as theoretical approach, and dedicates part of its program to increasing the social skills of the participants through real exercises such as the simulation of non-aggressive contact with others, the intimate approach. towards a woman rather than a child, the possibility of expressing oneself in non-violent ways.

1.3 The healing system: a model of interpretation.

What happens to operators dealing with perpetrators? Understanding the psychic dynamics that arise from the encounter with men who use violence against women (or minors) is a topic of particular predictive importance for the success of treatments. When you meet this type of user,

you must be aware that the relationship can trigger emotional-behavioural reactions in the operators. These are elements that must be taken into account when undertaking a treatment path with violent men as the encounter in this case recalls fears and unconscious forces that draw root and nourishment from the shared ground in therapy. Their unconscious nature pushes us to understand them with an analytical matrix, as a system of reading not only what happens in the therapy room, but also of what moves within the healing system itself. Specifically, it appears important to deepen, in the light of the already consolidated treatment experiences, if the comparison with this type of users, in a care relationship, leads to the development, through an adequate and reflective management of the dynamics of transference and counter- form of emotional and psychological awareness that allows those who work with abusive men to adequately manage the material and experience brought by their user in terms of growth for themselves and for the other.

In this space, an overly rigid application of analytic boundaries can lead to a cold and inflexible transference and countertransference position. On the other hand, in therapeutic relationships where powerful aspects dominate the scene, there is a risk of slipping and being swallowed by the patient's own Shadow. What is needed are analytical boundaries solid enough to allow these primitive communications to go from analyst to patient, as well as from patient to analyst. In the event that the therapist's ego is not strong enough to withstand the issues of enacted violence, there is an interlocking between transference and countertransference elements that acts outside the conscience, conceived as an enactment. McLaughlin defined it as those regressive (defensive) interactions within the therapeutic couple experienced by both as a consequence of the other's behaviour. The analysand evokes certain responses in the analyst, while the analyst's personal conflicts and his internal representations of self and object determine the final form of the countertransference response. In this situation, according to Freud, we find ourselves in an exchange connected to something irreducible, violent, non-transformable, but only subjectively assumable as its own form of non-negotiable existence, but within which the largely unconscious enterprise of 'Me in coming to conquer some clods of the Id. It represents a risk precisely because it seems to outline common destinies, seems to make the same ghosts (the original ones) appear in the protagonists of the relationship, the same drives that can push the analyst into a situation of detachment in believing that he already knows how things are, as an extreme attempt to place something in his theory that saves your own thinking. When dealing

with this material the primary risk is that of a conflictual countertransference reaction. It is a narcissistic defence that represents in the analyst's conscience the need to save his own conflictual capacity in the face of those who, transference, simply ask us to disappear as an object with its own subjective capacity and to be only the other. These are elements that from an analytical point of view can be traced back to the psychological mechanisms that are activated in the presence of conditions that evoke a primitive taboo that appears unacceptable to the ego, but which unconsciously brings us back to an archaic dimension of an abusive man; the reactions of professionals play on these psychological movements, which may be repulsion, fascination or dissociation according to gender, their own evolutionary histories and their own archaic ghosts.

In fact, some studies have shown that working with perpetrators can arouse a range of negative emotions, such as disgust, frustration and anger towards violent men and the judicial system for the lack of protection of victims, which in some cases culminate in type reactions. psychosomatic, such as nausea and headache. These symptoms manifest themselves in a particularly acute way in women who find themselves interacting with abusive men as conductors of treatment programs (Iliffe, Steed, 2000). The emotional intensity also varies on the basis of the personal experience of the individual operators (Brosi, Carolan, 2006).

Various research highlights the great transformative power of relationships when one passes from an individual level to collective relations; this means that the archaic material, the fantasies, the projections, the regressions, the scenarios evoked by our mind must be managed in a context of teamwork and supervision that allows us to bring the split parts back into a container equipped with meaning which is that of a shared professional culture. The networks of professionals, the meetings between the different care contexts and the exchange of experiences represent the most valid form to date of building a human dimension to be balanced with the archaic dimensions that postpone work with violent men.

Equally important is the ability to be able to challenge the attitudes of denial, minimization and blaming of the victim, typical of abusive men, without relating to the user in an aggressive and / or judgmental manner. It is therefore essential to show empathy, inviting the abused man to question his harmful behaviours with tact and discretion (ENGAGE, 2019).

2. The CONSCIOUS project

2.1 The rationale

The European project CONSCIOUS is co-financed by the Rights, Equality and Citizenship Program of the European Union (2014-2020) and is conducted by the Department of Mental Health and Addiction Diseases of the ASL Frosinone, in partnership with the Guarantor of Detainees of Lazio, with the 'European Network for the Work with Perpetrators of Domestic Violence and with the National Centre for Studies and Research on Family and Minors' Law. The project has been active since October 2018 and will end in December 2020 after a suspension due to the COVID-19 emergency. The first reflection on the project concerns the role of health services in the treatment of gender-based violence offenders, why should the public health system be interested in this issue? From the analysis of the evolution of the phenomenon that we have described previously, we have verified how in many European countries the health service has been dealing with women victims of violence for a long time. Clinical studies and health organizations have highlighted the disorders, pathologies and physical and mental damage in people who have suffered violence; In Italy, for example, with the so-called Pink Code, the individual health companies organize listening and protection paths for victims starting with the emergency room triage. More resistance and less attention are instead paid to the perpetrators of violence. From this comes the first reflection that gave rise to the project: dealing only with victims does not guarantee the protection of the health of the community; throwing away the key to a cell, to use a metaphor, does not guarantee the non-repetition of the behaviour; on the contrary, prison freezes emotions and thoughts in a suspended place and time that risks exploding into further violent acts. If the protection of health includes preventive interventions, including the prevention of gender-based violence, then it means that the health system must also take care of the recidivist of violence since this is equivalent to carrying out an important action to prevent perpetration and secondary victimization and therefore of prevention of further damage to the health of the victims and the community. On the contrary, prison freezes emotions and thoughts in a suspended place and time that risks exploding into further violent

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2.2 The Goals

The general objective of the project is the experimentation and modelling of an intersystem cooperation network. No institution or body alone can implement a violence prevention policy. Therefore, the interest was not exclusively that of guaranteeing specialized treatments for perpetrators, but rather of defining and stabilizing agreements and the functioning of the joint work of many public institutions and bodies, of private social and civil society. The key words of the CONSCIOUS project can be summarized in: model, network, cooperation, inter-system. The stakeholders represent the real protagonists of the project in the plant since they constitute the basic network necessary for the functioning of the model under experimentation. It is a network that embraces all parts of the system:

The specific objectives can be summarized:

- Prevention of recidivism of sex offenders and perpetrators of domestic violence through a model of inter-systemic cooperation between socio-health, legal and penitentiary institutions.
- Increase professional skills (health personnel, prison, volunteer) for the subsequent implementation of the Treatment Program for perpetrators.

-Develop a stable inter-institutional work model in the local context (Standardization of methods and procedures, economic and financial impact assessment - feasibility study for the transfer of the intersystem model).

- Avoid that processes of exclusion contribute to favouring relapses (activation of interventions on perpetrators, inside and outside the prison, for their social reintegration).

2.3 Description of the project: activities, strengths and weaknesses

The theoretical framework and the treatment model were learned from CIPM Milano which boasts decades of experience in this field. The CIPM programs are inspired by international guidelines and for this reason they have become the reference point of CONSCIOUS.

The “network” is the core concept of this kind of approach: collaboration with the institutions - management and staff of the penitentiary police, educational area, UEPE, Supervisory Judiciary, Lawyers, State Police, etc. - it is crucial for the proper functioning of the treatment, which should also continue outside the prison (as in fact happens in the CIPM offices in Milan and Rome) creating a real “Treatment field”, that is a set of places, people, institutions and intervention programs which, all together, constitute the treatment environment and the reference point to turn to in critical situations.

The CIPM team provided the theoretical and clinical tools ensuring supervision throughout the project. This approach uses a type of treatment inspired by the Good Lives Model, which underlines the importance of the relationship with operators on the one hand, and focuses attention on the objectives to be achieved (as well as on the risks to be avoided), on the other. Its main points can be summarized as follows:

- Domestic and gender-based perpetrators are no different from other human beings. Their deviant behaviour is the result of a set of interacting factors of a neurobiological, environmental, family nature and intervening variables that have facilitated the deviant choice; in fact, it is common knowledge that in their personal stories there are dysfunctional parents and / or caregivers, more or less censored family secrets and disturbed early relationships.

- Among these are the individual risk factors, but also the personal goals that form the idea that each of them has of a good, satisfying and happy life. Even these goals are not different from those of other human beings what is different, and unacceptable, are the means they have used to achieve them.

The GLM implementation in the context of treatment programs for domestic and gender-based violence offenders must necessarily refer to the interpretation of gender-based violence contained in the Istanbul Convention. It is therefore essential to address the issue of toxic masculinity during the treatment, particularly in relation to violence, also exploring aspects related to relational models and parenting (Relive Association, 2017). Furthermore, the victim's safety must remain the primary concern.

The treatment activities aimed at the abusers were carried out at:

La Casa Circondariale di Frosinone, where 37 inmates were contacted and informed and received an initial individual assessment, of which 13 joined the initiative by signing the treatment agreement. The characteristic of the detention facility has often made it necessary to redefine the structure since during the treatment period 3 inmates were transferred to other prison facilities, 1 inmate started a path in the community, 1 inmate received house arrest, 1 obtained l'art. 21 (external work).

The ambulatory outpatient where the recruitment of patients in a state of freedom has been more complex due to the need to guarantee a higher level of information to the community to raise public awareness of a socially negatively connoted issue whose solution is left to the expiration of a sentence. In the Ser.d. 8 people joined the initiative by signing the treatment agreement.

The treatment, both intramural and extramural, which began in June 2019 after two months of assessment, followed the proposed model divided into modules, adapting it to the characteristics of the groups and to the environmental conditions; It ended in October 2020 for the intramural groups and in September 2020 for the external group after the suspension due to the Covid -19 emergency.

The experience of the project highlights how the element of variability, determined by the presence of public institutions with different mandates, can increase the risks of such a complex

project action; these variables must be considered within the economy of the treatment plant and controlled as much as possible through a synergy of intentions of two institutions, that of health and that of security and justice, which act in the same context with intents and purposes with coincident. The reflection we have drawn from it is summarized with the two concepts: rules and trust through which relations between institutions are managed. The original treatment model in the local application of the CONSCIOUS Project had an adaptation to the context and type of target. The management of the detention institutions and all Prison Guard Officers staff with their availability have shown not only openness to the outside, but the will for an internal change, intrinsic to personal and institutional aspects as an orientation to a vision that is no longer and not only restrictive but also rehabilitation. A change in thinking and vision, from the transition from victim to offender. From the beginning we accepted the challenge of introducing complex situations as well, such as the co-presence of a condition of use of substances and a very high level of reactivity to the environment. This has determined, in the start-up and application phase, the need not to be anchored to a modelling that is too rigid in terms of timing and methods. Often abusive behaviour, when it is actualized in the presence of alcohol or cocaine use it determines a level that we could call *scotomization* between the Self and the action and the mechanism of negation acts on several levels because the state of consciousness is itself different from the time of the act to that of its cognitive and emotional representation. Reconnecting the split parts in the space of the group was by far the most complex challenge but at the same time represented an example of reproducibility of the model even in situations so far little explored with an enormous advantage in the quality of the interventions, both for the power represented. by the dynamics of the group, and by the specificity of the areas object of the treatment work and of which often the addiction operators have little awareness. In the Ser. D the group had greater resistance and a less linear path compared to the prison context which in fact guarantees boundaries even in psychological work (a greater perception of the here and now). The external group had to deal with a higher level of minimization and denial of the male perpetrators: being in an uncontrolled environment has also resulted in relapses in the consumption of substances that has been redefined within the group. One of the greatest difficulties, in our opinion, was precisely that of having to often clear the field of the prevalence of the theme "drugs". We have re-read and redefined the meaning of this homeostatic movement of the group as a "wanting to stay" on a ground known for not addressing the issues of gender and / or domestic violence even in association with other

behaviours. consumption of. Cleaning the treatment field was certainly difficult and the archaic and automatic mechanism of operation systematically reappeared at every meeting. The effort made has shown that in association with other behaviours and elements of greater psychopathological importance, the treatment times must become more flexible. In addition to this more clinical aspect, another element to underline is the resistance of civil society to accept this type of intervention. To date, after more than a year of work, few mailings have arrived from the territory;

3. The observational summit of the operators

The premise from which we can start is that CONSCIOUS was an experience that in itself allowed a reconnection also of the internal parts of a healing system that too often acts on autopilot. During the training of the operators to identify the treatment team, an emotional climate that was always very tense was immediately felt with accentuated non-verbal communication such as withdrawing to the back of the room, withdrawing on the back of the chair, facial expressions in plaster or with explicit signals of horror and contempt. There was a strong resistance in most of the operators with a massive use of defensive mechanisms both with respect to their own crystallized professional roles and with respect to issues considered "aberrant" and of which the operators were implicitly or explicitly afraid. This phase of training and the subsequent supervision was handled by the CIPM Milano group and conducted by Paolo Giulini and his staff with great skill and acceptance of resistance; what resonated emotionally for us operators were two concepts with which we worked in the group and which were repeatedly proposed in times of difficulty: (Why Not) and (This is not my Job); they have constituted the mantra within which the idea of giving oneself a chance or the idea of refusing was built in each of us. During the training someone gave themselves a chance, someone ran away, others accepted out of obligation. Of the latter, it was necessary to review the appropriateness of the position in the management of the group until the decision to leave the management itself. A fundamental requirement for the management of such an impacting treatment system for the psyche of the operators was the external and continuous supervision carried out on the double track: the therapeutic path with adjoining the cured and caring system and the functioning of the group and the internal resonances of the conductors with their individual and relational functioning.

Certainly, the professional psychotherapists of the public service who after so many years have put themselves into the game have been able to obtain a very painful personal and professional growth, they are back to being "those daredevils on flying machines" who now no longer exist in our addiction services, those who ultimately were able to put their hands, hearts and heads where few dares, but the choice must be an autonomous choice,

4. Conclusions

To begin this psychotherapeutic work with the perpetrators of domestic and / or gender violence, we asked ourselves, beyond professional competence, how to be able to embody that role of catalyst for a change so steeped in factors and how to be effective group leaders. What were our Why Not? The element that united practitioners, especially female therapists, to accept leadership was the challenge. To challenge those behaviours, to challenge those perpetrators, to challenge the whole system that has always subjugated being a woman, to challenge the culture that supports such actions, to challenge, perhaps or even, one's own family plot. Therapists who have always worked in addiction services, who have faced violent, manipulative dynamics, and that perhaps through this group they have developed a particular sensitivity for the recognition of abusive aspects within relationships. Replacing "This is not my job" with "Why Not" has allowed us to develop a sort of confidence in our own potential and intrinsic abilities, while also recognizing our limits. The group confirmed the knowledge of being a workout for verifying their social skills, to develop effective communication channels, to experiment with comparison. The role of the conductor was not marked by the dynamics of transfer, but rather aimed at facilitating the communication processes and the realization of the task, avoiding interpretations, but replacing them with actions of clarification and restitution in the "*here and now*" to the whole of the group and on the variables linked to the group's objective. Finding self-empowerment played a real role for the operators, influencing their psychic balance and the perception of self-efficacy, supporting the motivation to continue even in difficult moments, the self-confidence to manage the fear perceived in the verbal aggression of the participants and re-establish an adequate individual and group psychic energy. Referring to Bion's teachings, a sensory, affective, emotional, unconscious experience emerges and develops in the group, a "life of its own" defined as a "group mentality" or "basic group". The

mentality of this group can be found in the film "Back to the future", precisely in relation to that past time and that uncertain future, difficult to imagine but at the same time full of hope. The movements observed in the group were precisely in the interlocking game of the timelines, where everyone was not only able to meet their parents, their family plots as young people, but also to build a version of himself in the future, thus realizing the consequences that a gesture has produced at a given moment. With this experience of time, what we learn is kairos: the concept of internal time, different from Kronos or external sequential time. Kairos was the Greek deity who personified the right time, the right moment, the god depicted as a young man shaved at the nape of the neck, indicating that he had to be caught on the fly because, once he passed, he would escape forever. And this is a bit like what happened, being able to reconcile this "internal time" of all the participants with the times of a project: the European Commission, the ASL, the institutions, the prisons, the operators, the held as in a harmonic symphony where the -sonate forms were the prelude to the possibility of sewing and / or mending the tear with "the old way", creating a "new way" of perceiving oneself as operators of public services and of seeing and treating men who are gender and domestic violence -based perpetrators .

Bibliography

Relive Association, "National guidelines of treatment programs for men who have committed violence against women in emotional relationships", 2017. Available on the Internet:

<<http://www.associazionerelive.it/joomla/images/LineeGuidaRelivea.pdf>>

Relive Association, "Implementation of the Istanbul Convention in Italy Shadow Report on Perpetrator Programs ". Available on the Internet:

< <https://rm.coe.int/edited-version-2-italy-grevio-shadow-report-on-perpetrator-programs-an/168090e007>>

Relive Association, "Mission", no date. Available on the Internet: <

http://www.associazionerelive.it/joomla/index.php?option=com_content&view=article&id=3&Itemid=121>

Baccaro L., "National guidelines of treatment programs for men who have abused women in emotional relationships", Journal of criminal psychodynamics, 2015.

Bion, WR, "Group experiences", Armando Editore, 2016.

Brosi, MW, Carolan, MT "Therapist Response to Clients' Partner Abuse: Implications for Training and Development of Marriage and Family Therapists". Contemp Fam Ther 28, 111-130, 2006.

Carabellese and others. (2012) "The management of perpetrators of sexual offenses between psychopathology and the risk of recidivism", Perspectives on mental trafficking in the Italian Review of Criminology, year VI n ° 2.

Clarke J., "Working with sex offenders: Best practice in enhancing practitioner resilience", Journal of Sexual Aggression, 17 (3), 335-355, 2010.

Council of Europe, Details of Treaty No. 210. Available on the Internet:

<<https://www.coe.int/it/web/conventions/full-list/-/conventions/treaty/210>>. 2010.

ENGAGE, Roadmap for frontline professionals interacting with male perpetrators of domestic violence and abuse, 2019. Available on the Internet: < https://www.work-with-perpetrators.eu/fileadmin/WWP_Network/redakteure/ENGAGE/engage_EN_190313_web.pdf>

Finkelhor D., "Child Sexual Abuse: New Theory and Research". Free Press New York, 1984.

Freud S., "Totem and Tabù", Mondadori, Milan, 1997.

Gabbarg GO "Violations of the setting", Raffaello Cortina Editore, Milan 2017.

Giorgio A., "The dimension of the phenomenon of gender-based violence", National Institute of Statistics, 2018.

Giulini P., Xella CM, "Throw away the key? the challenge of treatment for sex offenders. " Raffaello Cortina, Milan, 2011.

Iliffe, G., Steed, LG, "Exploring the Counselors Experience of Working With Perpetrators and Survivors of Domestic Violence". Journal of Interpersonal Violence, Vo. 15 (4), pg. 393-412, 2000.

ISTAT, "Woman beyond silence Multidisciplinary reflection on the phenomenon of violence against women Rome", 11 April 2018.

Jung CG, "The dynamics of the Unconscious", Works, vol. 8, Bollati Boringhieri, 1994.

Kalsched D., "The inner world of trauma", Moretti & Vitali, 2014.

Langlands, RL, Ward, T. and Gilchrist, E., "Applying the Good Lives Model to Male Perpetrators of Domestic Violence", Behavior Change, 26 (2), pg. 113–129.

Oddone, C., "Violence against women and violence in intimacy" In: "Normal men: Masculinity and violence in intimacy" [online]. Turin: Rosenberg & Sellier, 2020. Available on the Internet: <<http://books.openedition.org/res/6934>>.

World Health Organization, "World report on violence and health ", 2002.

Pence, E., Paymar, M. "Education Groups for Men who Batter: the Duluth Model", New York, Springer, 1993.

European Parliament resolution of 5 April 2011 on priorities and defining a new EU policy framework for combating violence against women ([2010/2209 \(INI\)](#)) /

UN Women, "Facts and figures: Ending violence against women", 2020. Available on the Internet: <<https://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures>>

Volpini L., Mannello T., De Leo G., "The assessment of the risk of recidivism by the perpetrators: a proposal", Penitentiary and criminological review, 2010, pg. 150-151.

Ward, T., Gannon, TA, "Rehabilitation, etiology, and self-regulation: The comprehensive good lives model of treatment for sexual offenders". Aggression and Violent Behavior, vo. 11 (1), pg. 77–94, 2006.

Xella CM, "The assessment of the risk of recidivism for sex offenders. Italian Journal of Forensic Medicine ", 2014.

Xella CM, "The application du Good Lives Model en détention" in Dieu E. ", Les innovations criminologiques, L'Harmattan, 2016.

Yates, PM, Prescott D., "Building a better Life. A Good Lives and Self-Regulation ", Workbook, The Safer Society, Brandon, Vermont, 2010.

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