



CONSCIOUS PROJECT IS CO-FUNDED BY THE RIGHT, EQUALITY AND  
CITIZENSHIP PROGRAMME OF THE EUROPEAN UNION (2014-2020)  
UNDER THE AGREEMENT N.810558



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

**Prospects of intervention in the treatment of the perpetrators of sexual and gender-based violence.**

**Antonella D'Ambrosi** Psychologist Psychotherapist Department of Mental Health and Addiction Diseases Asl Frosinone - Coordinator of the Conscious Project.

**Nicola De Rosa**, Psychologist Psychotherapist Criminologist Conscious Project, Department of Mental Health and Addiction Diseases Asl Frosinone

**Antonella D'Andrea** Psychologist Psychotherapist Conscious Project, Department of Mental Health and Addiction Diseases Asl Frosinone

**Alessia Maccarone** Conscious Project Psychologist

Unlike many other countries which have been already developed reconstructive and treatment programs to prevent sexual abusing and violent attitude, this didn't still happen in Italy, despite its adhesion to Lanzarote Convention and regardless the attempts to encourage the program; Italian Legislation, however, has stiffen the penalties for sexual offenders and gender-based violence perpetrators by introducing the law 69/2019, known as the "Red Code". It is a measure aimed at strengthening the protection of victims of domestic and gender-based violence crimes, by increasing their repression through interventions on the Criminal Code and the Criminal Procedure Code with consequent more severe penalties for the offenders. "Conscious" Project sets up a completely new approach to the problem in Italy. The project, funded by the European Community, for 2018-2020 is coordinated by the UOC addictions and psychopathologies in the ASL Frosinone penitentiary circuit belonging to the Department of Mental Health and Addiction Disorders. It has enacted treatments inside the Cassino Prison (Fr), which already has been working at improving treatment measures, in which the sexual abusers (or sex offenders) are imprisoned in a protected section and at the Frosinone Prison and the Ser.d ASL clinic for domestic based- violence offenders. In this scenario, so not very predisposed to the specific approach plans for sexual abusers and gender-based offenders, the choose

slips back to another kind of model inspired to the *Good Lives Model*, and which restores the right place to the therapeutic alliance between users and operators and it focuses on the purposes to achieve, besides of the risks to avoid. This work illustrates how the Conscious project has been re-scheduled in terms of clinic-health treatment care and how such program has been suitable to the intramural context of Cassino (Fr) and of Frosinone penitentiaries as different challenges have arisen towards an health-care system of this genre in perspective of a more safe “user” but “dormient” as lacking of any form of prevention of the perpetration in terms of better life quality both in intramural and extramural context, after the end of the detention. The Conscious Project represents a network based on intersystemic model, as it highlights the chance of being duplicated even in other contexts; and particularly, the health-care system which is unavoidable in the perspective of victims’ preservation and that highlights the great topic of the take charge and the treatment of sexual abuses from the health public services.

### **The Rationale**

Co-funded by the Rights, Equality and Citizenship Program of the European Union (2014-2020), it is conducted by the Department of Mental Health and Addiction Diseases of the ASL Frosinone, in partnership with the Lazio Detainee Guarantor, with the European Network for the Work with Perpetrators of Domestic Violence and with the National Centre for Studies and Research on the Law of the Family and Minors, whose objective is to counteract gender-based violence by intervening to reduce the risk of recidivism for perpetrators of violence. Conscious is supported, as well as by the Cassino and Frosinone Prison, by the Provveditorato of Lazio, Abruzzo and Molise (PRAP), the Penitentiary Administration Department, the Supervisory Court of Rome, the External Criminal Enforcement Office of Frosinone (UEPE) and the Frosinone Boards of Lawyer Association. The first reflection concerns the role of health services and specifically of addiction and mental health services in the treatment of perpetrators of sexual and gender-based violence; why should the public health system be interested in this issue? The study on the phenomena related to the consequences on the victims of violent acts reveal that in many European countries the health service has been dealing with women victims of violence for some 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 triage of the emergency room. More resistance and less attention is paid to the perpetrators of violence; 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, in danger of exploding into further violent acts. If health protection includes preventive interventions, including the prevention of gender-based violence.

## **The Objectives**

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 sex offenders and perpetrators, but rather of defining and stabilizing agreements and 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. The theoretical framework and the treatment model had been learned from CIPM Milano. The CIPM team provided the theoretical and clinical tools ensuring supervision throughout the project. The specific objectives can be summarized:

- Prevention of perpetration of sexual and domestic-based violence offenders, 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).

### **1. Conscious Experience in the Sex Offender Section of Cassino Penitentiary.**

Before starting the Conscious Project in the Cassino Penitentiary, the sexual abuser detained was basically engaged in the research of those legal benefits which could allow him to obtain soon the freedom, or, to commute the left time of detention to alternative forms of detention, if in case. his main activities could attain to the pharmacologic therapy, the schooling, creative activities (theatre, poetry, artistic performance, of the metals, etc...) and the meetings with the Treatment and Health-Care System area. The approach to the Conscious project shifts to the attentive focus of the sexual abuser detained. This approach uses a kind of treatment inspired to the *Good Lives Model*, which underlines the importance of the relationship with the operators from one hand and that keeps the attention on the purposes to reach (besides of the risks to be avoided), to another hand. Its main key-points may be summarised as it follows:

1) Sexual offenders aren't different from the other human beings. Their deviant behaviour is the result of a congeries of factors which intervene upon the neuro biologic, environmental, familiar point of view, as well as intervening variable which conditioned the deviant choice. In fact, it is not unfrequently that in their personal stories there are parents and/or dysfunctional *caregivers*, family secrets more or less censored and early disturbed love affairs.

2) Among these there are some *individual risk factors*, which comminate the stereotype of a good, satisfying and happy life. These purposes are not so different from those of other human beings. What is different, hard to accept, the *means* they used to gain them.

At the time of the presentation of the project they were contacted 54 candidates detained at the "Protected" Section of the Correctional Facility of Cassino (Fr) who received a first individual evaluation. Following this, 24 inmates joined the initiative by signing the first Treatment Agreement and of these 12 signed the second Treatment Agreement to participate in the Intensified Treatment. 2 meeting groups were held on a weekly basis and interviews for individual support and tutoring on a fortnightly basis. It should be noted that before reaching this optimal condition it was necessary to work on fear of judgment, tagging, the fantasy of conspiracy (treatment = admission of guilt = judicial resurgence), denial of the crime and self-proclamation of innocence to the bitter end. These are the aspects on which the sex offender detained shows the greatest resistance. The first essential step of the project was the evaluation of the personal (and personological) profile of each participant for the identification and assessment of risk factors. At the beginning of the treatment, it was also important to work on the relationship with the operators, which is essential to favour the emergence of the deepest, most hidden and even more "unspeakable" experiences. He had to deal with a strong feeling of estrangement, fear and embarrassment at first. A first aspect was the dissolution of the conspiracy fantasy, then the denial of the crime, to the point of taking note of the feeling of discomfort and repulsion deriving from the emergence of stories and feelings with which it was essential to deal. Another no less important aspect was the hyper-institutionalization of the participants in the group who insisted on perceiving themselves only and exclusively as prisoners without being aware of the fact that, even before being such, they are people and that detention is only a phase of their life. An important step, in fact, was the internalization of the fact that it was necessary to understand their life choices determined by their individual strengths and frailties, and by rethinking which factors could have been more "triggers" of the damage than the others. In this way, group work shifted the attentional focus of the participants from the culpable-centric dimension to the dimension of damage, radically changing the way they perceive, and perceive oneself, with respect to the crime and the victim.

## 2. The Conscious model applied to the perpetrator

The public organisation answer may undoubtedly represents an innovative aspect in the application of *Lives Good Model*, related to those so defined “blended” situations; since the beginning in the Conscious project it was accepted the challenge of introducing some situations characterized by violent actions in co-occurrence with drug addiction and in an high level of reactivity to the ambient, determining, thus the necessity of not being anchored to an excessive rigid model regarding times and development. The perpetrator behaviour inducted by alcohol and drug addiction, produces a level that is called “*oblivion*” between Self, the action and the mechanism of negation acting as a multifactorial aspect and it is different from the time of acting in respect with the emotional and cognitive representation. The cleaved parties must be contained in the group spaces and it has been so far the most challenging thing to achieve, but it represented simultaneously, an example of model reduplication even in up to now unexplored situations, with an enormous advantage for the quality of interventions, in terms of quality of interventions, as well as the specific field of the treated areas and which many times the operators of the subsidiaries don’t have so much awareness of. Conscious was an experience that by itself has allowed a connection even between inner parties of a health care system that many times acts as it has the automatic pilot; it is a great innovative element if consider the increase of assessment accuracy applied to all the users at subsidiaries service concerning what we can define as the **cluster of violent behaviours**, and that the professionals of services tend to catch just as a consequence of the abuse of substances and not just as settling behaviours over time into a casuistic of answers that often reoccur in autonomous way.

## 3. Analytic Description of the Model

The model applied to the perpetrators of domestic violence even in the presence of psychotropic substance use and / or impulse control disorders has therefore been adapted with the varying elements of complexity taken into consideration and with a different organization of the times characterizes from a group meeting to week. The activities were carried out at the Frosinone Prison and at the external clinic of the Ser.d of Frosinone. The Management of the Prison and all Prison Service staff with their availability has shown not only great openness to the outside, but the will for an internal change, intrinsic to the personal and institutional aspects to a vision that is no longer and not only restrictive but also rehabilitation. A change in thinking and vision, from crime to harm and the possibility of redress 28 people who received a first individual assessment: 10 prisoners joined the initiative by signing the treatment agreement. In the Ser.d clinic the group had greater resistance and a less linear path than the prison context which in fact guarantees boundaries even in psychological work (a greater perception of the here and now); in fact, he had to deal with a higher level of minimization and denial of the perpetrators, being in an uncontrolled environment has in addition determined repercussions 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 interpreted the meaning of this automatic movement of the group as wanting to stay on a terrain known for not addressing the issues of gender violence even in association with the consumption of substances. Cleaning the treatment field was certainly difficult and the archaic and automatic functioning mechanism systematically reappears at every meeting; the effort made highlights how, in association with other behaviours, treatment times must become more flexible; the recruitment of patients in a state of freedom was also more complex; cultural changes are very slow and we still encounter a lot of resistance against such treatment proposals; in the clinic 8 people joined the initiative by signing the treatment agreement. Both internal and external treatment followed the proposed model divided by modules. In the phase of suspension of group treatment for the COVID 19 emergency, remote interventions were activated with individual support modalities; this strategy was necessary in order not to interrupt relations with the participants and to keep the interest in the modification processes activated.

| Treatment Modules               | Topics   | District Penitentiary of<br>Frosinone:/ Clinic Serd<br>of Frosinone |
|---------------------------------|--|---|
| Assessment (3 areas to explore) | <p>a) general information about the person (personal details, the Prison of proceeding, the presence of a work, the presence of a family and of children) In ambulatory almost <b>8 meetings</b></p> <p>b) information related to the juridical situation, the user perception in respect with the offence to then compare to the actions at own disposal (sentences, Court proceedings, etc:)</p> <p>c) the life history, the most meaningful events of the development, the traumatic events, the 7 substances of consumption and the eventual psychiatric pathologies, the attachment style, the inner operative models</p> | In the casa Cicronariale 26 meetings were held in total.            |
| <b>Sensibilizations</b>         | -Objective of the Treatment Program; - the group rules; importance and   |   |
| <b>Module</b>                   | <p>the privacy and of not-pleading; giving a name to the group and being</p> <p>Able to identify in it; group exercises; being able to work in respect of anyone'</p> <p>times;</p>  | <b>6 meetings</b>   |

## Module Becoming

|  |   |                    |
|--|---|--------------------|
| <b>Awareness</b>                           | - Introduction to emotional and rational chain (A-B-C-); - ability of recognizing the antecedents and its consequences; - the importance of the cognitive perception on the activation of the behavioural chain – the mechanisms of defence, the minimization and the negation; the cognitive distortions, the bodily techniques (mindfulness);<br><br>- Group activities (the colour of feelings, the human face expresses a feeling, being able to find and recognize them), being able to apply the model in the different situations of life: | <b>8 meetings</b>  |
| <b>Social Skill training</b>               | -social skills (what they are and how they can help us)- the communication and communicative styles- conflict management skill- role plays  | <b>4 meetings;</b> |
| <b>Module Assumption of Responsibility</b> | - The capacity of capturing the emotions in me and in the others- the empathy (being able to put oneself into someone's shoes) – the chain of crime (being capable of describe it under the cognitive, familiar and emotional aspects)<br><br>- Group sharing- the letter to the parents (victims of the crime)   | <b>8 meetings</b>  |
| <b>Module of Integration</b>               | - the carried path; perception of changes and expectations; the future vision;<br><br>The capacity of sharing fragilities and of managing them; the plan of life bettering;   | <b>8 meetings</b>  |

## 4. Final Reflections

The perpetrators of violent crimes have ever lived isolated, rejected and stigmatized by the society, even the penitentiary one, as they have been defined as “infamous”. Maybe in this kind of society they have been well entered the fame of “monsters” an individual to keep away from the mentally sane society as farthest as possible as a perpetrator of despicable actions. CONSCIOUS Project, as from one hand, puts on its centre those treatments aimed to the re-education and the re-insertion in the social tissue, it fosters the attribution of a more dignity to any individual /detained both intramural and extramural of the Penitentiary, on the other hand, it may be considered the occasion of enabling changes and transformations in the broadest range of the Institutions and not custodial one,

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*The research leading to this publication has received funding from the Rights, Equality and Citizenship Programme of the European Union (2014-2020) under the agreement n. 810588. This publication reflects only the author's view and the European Commission is not responsible for any use that may be made of the information it contains.*