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

The treatment of sex offenders at the Cassino prison

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Abstract

Unlike many other countries, which have developed treatment programs aimed at preventing recidivism in subjects who are perpetrators of sexual offenses, in Italy, despite the country's formal adhesion to the Lanzarote Convention which solicits its implementation, this is far to happen in Italy; the Italian legislation, however, has tightened the penalties for sexual abusers by introducing law 69/2019, known as the "Red Code" published in the Official Gazette no. 173/2019 and effective since 09/08/2019. 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 sexual abusers.

The project, funded by the European Community, for 2019-2020, coordinated by the UOC ASL Frosinone - Department of Mental Health and Addiction Diseases, has allowed the activation of the treatment within the Cassino Prison (Fr), which already works by concrete actions in the field of treatment measures and where the sexual abusers (or sex offenders) are imprisoned in a protected section.

In this difficult and poorly prepared context for the specific intervention on sexual offenders, it was

decided to use a type of treatment inspired by the Good Lives Model, which restores the importance it deserves to the therapeutic alliance between users and operators and concentrates the focus on the objectives to be achieved as well as on the risks to be avoided.

This work illustrates how the Conscious project has been reinterpreted in terms of clinical-health treatment and how this program has been adapted to the intramural context of the Cassino (Fr) prison by addressing the various challenges of a health treatment of this type towards a user, not only "protected" but "dormient" and excluded from interventions to prevent recidivism and improve the quality of life, not only inside the prison but also outside, after the end of detention. The Conscious Project represents an example of an intersystemic network model, which is unique in Italy, has highlighted the possibility of replicability in other contexts as well.

Keyword: Sexual crime, psychopathology, treatment, prevention of relapse, victim

1. Introduction

Crimes of a sexual nature represent, in the collective imagination, the most reprehensible and dangerous human action for civil society because it undermines its very foundations, namely the protection of the weakest; these elements are exacerbated if the victims are minors and therefore even more defenceless and when sometimes the penalties do not correspond to what the act emotionally recalls in each of us. An Istat survey recently photographed the phenomenon, whose data were published in 2018, and the estimates talked about 8 million 816 thousand (43.6%) women between 14 and 65 years of age who have suffered from some form of sexual harassment during their life and about 3 million 118 thousand women (15.4%) have suffered from it in the past three years. About 1 million 173 thousand women between the ages of 15 and 65 have been subjected to sexual blackmail in the workplace during their working life. Despite of an increase in communication campaigns and interventions to protect victims, there is a vulnerability that recalls stratified and rigid social stereotypes, and which concern the possibility of treatment of perpetrators of sexual violence in order to guarantee greater protection to victims, avoiding revictimization. Anyway, who are the sex offenders? What about their personality structure and how do they read and relate to the outside world?

In this article we want to describe how the implementation of a European project, which has seen a public health company as its main implementer, has allowed an approach to a hitherto unexplored

area for operators and a challenge and an opportunity for growth as well as experimentation of a very rare public therapeutic offer of its kind.

2. Sex offenders

Taking up an article by Carabellese et al. (2012) we use a phrase from Kröber, 2009 that always seems relevant to us: *"The real characteristic of the sex offender is first and foremost one: non-uniformity" (Kröber, 2009). "Contrary to what might commonly be thought about it, in fact, sex offenders do not constitute a homogeneous typology of individuals. Their modus operandi is different, the type of sexual behaviour they carry out, the motivations underlying the crime, the age at which they commit their first - and sometimes only - sexual assault. Furthermore, the victim is different in terms of age, sex, type of relationship (intrafamilial or not) with the abuser" (Carabellese et al, 2012)*

The studies carried out on the so-called paraphilic conduits (Fornari 1999, Holmes 2002) also highlight how the etiopathogenesis is extremely complex and cannot be traced back to solely external, environmental and social factors, or only solely intrapsychic ones; the different positions, on the one hand the psychological one, and on the other the juridical criminological one, complicate the theoretical, clinical and treatment approach to such behaviours.

These two positions, starting from different assumptions, often determine very diversified approaches and intervention experiences which in Italy, besides being point-like, hardly dialogue.

This element, risen back to the scrutiny of experience, highlights the need, in approaching this field, to maintain a non-reductionist vision in the approach to the issue of tractability and it also represents a guide for operators who in hypothesizing a treatment with sex offenders, are faced with defined classification criteria.

The Conscious experience also represents the synthesis and integration between the two positions previously exposed, highlighting the need for a public body, such as a health company, to deal with an aspect of individual and collective health that has so far been poorly identified because it is mainly declined. in the emotional and governance aspects of the system through actions of direct support to the victims.

2. Clinic and Nosography: some questions

The attempt to classify and distinguish sexual behaviours that deviate from what can be defined as "normal" in the social representations of the term leads us to highlight how the classification systems are hardly able to exhaust such an articulated complexity of acts, so much so that it is often difficult to carry out a diagnosis according to the criteria of frequency, intensity and duration; sexual abuse, for example, is not among of those pathologies included in the DSM5 unlike paedophilia; the consequence is that the behaviours of sex offenders cannot be classified as clinic except in the chapter of Paraphilic Disorders with a strong limitation in relation to the variety of behaviours found in clinical reality.

Specifically, with regard to Paedophilia, DSM 5 lists it among paraphilic disorders and describes its characteristics such as fantasies, sexual impulses, or recurrent and intensely sexually arousing behaviours, which involve sexual activity with one or more prepubertal children (aged up to 13 years or under).

These aspects must produce clinically significant distress or impairment in the social, occupational or other significant area for the subject who must be at least 16 years old and at least 5 years older than the child who is the subject of the fantasies, impulses and acts.

As well illustrated in the text *"Throw away the key?"* edited by Giulini and Xella (2011); *"There are many studies and many reflections that pose problems with respect to the criteria defined as follows:... it is not clear what the recurring term that applies to fantasies, impulses and behaviours means; it is not clear whether whoever abuses a minor once is a paedophile or not ... also the criterion of clinically significant distress is problematic, especially in relation to the dimension of denial: if there is no awareness of guilt and the conduct is based on ego it is not clear whether the subjects should be considered paedophiles or not, whether or not they should be considered suffering from psychiatric disorder two other critical elements are:*

From a clinical point of view, the complexity is not less as most of the perpetrators of sexual offenders have personality disorders or traits of them among which the most frequent are antisocial disorder, narcissistic disorder and borderline personality disorder; what we want to highlight are the recurring characteristics that these clinical pictures have in common, namely the inability to empathize and decode their own emotions and those of others, impulsivity, instability as the recurring characteristic in actions and relationships, a deficit generalized in social skills and metacognition; we also do not

forget how very often in the life and development history of sex offenders we find conditions of abandonment, neglect, sexual abuse and violence,

3. The Italian regulatory framework

From a jurisdictional point of view, the element indicating the cultural change in our country is represented by law 66/96 which modifies the concept of sexual offense from crimes against public morality to crimes against the person. The serious damage caused to the victims of these crimes is therefore acknowledged and the penalties increased. With the law 296/98, extraterritoriality is introduced, i.e., the possibility of punishing the perpetrators of crimes against minors committed abroad (the so-called 'Sex tourism') and the exploitation of minors for the purpose of producing child pornography - crime literally 'exploded' with the spread of the Internet.

For this same reason, with Law 38/2006 the CNCPO (National Centre for the Contrast to Online Child Pornography) was created, a department of the Postal Police with the task of identifying, even using undercover agents, producers and users of child pornography and, - unfortunately very rarely - to identify victimized children.

The same law prohibits those convicted of sexual offenses against minors from any occupation that puts them in contact with children.

Finally, the so-called "Red Code" (Law 69/2019) further exacerbates the penalties for sexual offenses (the penalty goes from a minimum of 5 to a maximum of 10 to a minimum of 6 and a maximum of 12) those against children under 14, in which case it is increased by a third. The crime of revenge porn is also introduced, i.e., the diffusion of images with sexual content without the consent of the interested party.

Unlike what happens in other countries, however, a corresponding attention to the prevention of these crimes does not correspond to this intention of increasing protection for victims, a prevention that passes, in addition to a desirable cultural change, from an action on the perpetrators which cannot and must not be limited to pure and simple imprisonment. First of all, because the Italian Constitution (Article 27) prescribes that the penalty is not an end in itself but aims at the "re-education of the condemned", secondly, because people detained for sexual offenses live in prison (as we will see more beyond) in a state of "penitentiary hibernation" (Giulini, Vassalli, Di Mauro 2003), made up of isolation and inactivity, which colludes with their basic relational difficulties and accentuates them. Finally, these are inmates who will one day come out:

There are actually, in the Italian legislation, some hints on the possibility of treatment for these offenders: already in the law 296/98 a *"recovery of those responsible for these crimes"* is

hypothesized, with the provision of a Fund obtained from the proceeds of the sanctioned activities, reserved in the first instance to the victims and in a residual way to the treatment of offenders who "make a specific request". Law 262/2012 (which incorporates the Lanzarote Convention for the protection of minors against sexual exploitation and abuse of 25/10/2007) also provides that the offenders of these crimes can undergo psychological treatment for recovery purposes. and support, and that participation in this treatment is assessed pursuant to article 4-bis, paragraph 1-quinquies, of this law for the purpose of granting benefits.

And finally, the "Red Code" indicates that for the sexual abusers and gender-based violence offenders, *"the conditional suspension of the sentence is in any case subject to participation in specific recovery programs at organizations or associations that deal with prevention, psychological assistance and recovery of persons convicted of the same crimes "*.

Unfortunately, in the face of these even minimal openings, the practice is very different: the implementation of recovery programs is compromised by the lack of funds earmarked for the purpose and the lack of trained personnel for this task. The treatment of sex offenders, as we will see below, has a marked effect of reducing recidivism (which is at least halved) and therefore of protecting society, but must be provided according to guidelines now clearly established and validated by research at the international.

5. The treatment experiences

The idea that sexual deviance could be the object of treatment was born in the 1970s in the United States and Canada, at the beginning on a clearly behaviourist basis: if all human behaviour is the result of learning, it is possible to 'correct' deviant sexual interest through a re-conditioning of impulses. For example, by associating the deviant sexual stimulus (visual or auditory) with unpleasant stimuli, such as a pungent or disgusting smell.

In reality, unfortunately, things are not that simple because, as we said above, sex offenders are a heterogeneous group, and a 'one size fits all' treatment cannot give the desired results. Research over the last thirty years has therefore focused on identifying the characteristics that make a treatment effective, where "effective" stands above all for "able to maximize the effect on the risk of recurrence without expenditure of resources". As also happens in Europe, public opinion (and politics, which often follows its mood) do not easily accept that a government institution uses resources in the treatment of subjects universally perceived as perverse and incurable if there is no reasonable probability that these treatments achieve the purpose for which they were born.

Research on the effectiveness of such treatments developed very soon. Andrews and Bonta had already stated in 1990 (Andrews, Bonta and Hoge, 1990) the Risk-Need-Responsivity (RNR) principle which will be re-elaborated in subsequent research and studies (Bonta 1996; Andrews, Bonta, 2003, 2007). According to this principle, relapse prevention programs, to be effective, must be differentiated on the basis of:

- Risk: each offender must receive treatment proportional to the personal risk of committing a crime again;
- Needs: criminogenic factors, or needs, must be clearly identified and treatment must be targeted on them;
- Responsiveness: the possibility of learning from treatment must be maximized through the use of structured programs, of a cognitive-behavioural type, which have proved to be the most effective, commensurate with the motivation, skills and resources of the subjects.

In other words, the RNR principle recommends using the available resources in the best way, addressing them above all to people at high risk of relapse, focusing on the personal factors that determine this risk, using treatment strategies of proven efficacy and taking into account individual differences.

Here a widespread myth must be dispelled: that is the idea that sex offenders have a very high probability of returning to commit the same crime. In fact, the recidivism rate of these offenders is significantly lower than that of common criminals. Studies carried out in countries where there is control of the sexual offenders even after release from prison tell us that the average recidivism rate is 17/18%.

Why, then, is the social perception of recidivism for these crimes is so high? (60 to 80%, according to some research); because the cases which came to the attention of public opinion are the most serious one and because they are greatly “echoed” once again, we must remember that sex offenders are not all the same, and that it is essential, for effective prevention, to identify who is really a risk.

For the RNR principle to make sense, we must therefore be clear:

- What are the factors actually linked to the relapse.
- To what extent does an individual exhibit such factors.

Since then, nationally disseminated programs in various countries have a cognitive-behavioural imprint and aim at reducing pro-crime beliefs (cognitive distortions), improving social adaptation, recognizing one's responsibility, controlling impulsivity, and deviant tendencies. Research tells us that such programs cut the risk of recurrence in half.

Over time, a very technical and standardized approach, essentially aimed at preventing relapse, has been accompanied by an increasing attention to personal motivation for change and the therapeutic relationship. The idea, well known in general psychology, is affirmed that aiming for a positive goal, to obtain something you care about, is much more motivating and engaging, even for the purposes of a working alliance, than aiming to avoid something. The focus of treatment must therefore include the achievement of positive personal goals, which in themselves are also protective factors against relapse because they allow for a better life. Ward's Good Lives Model (Ward and Beech, 2006; Ward and Gannon 2005, Ward et al., 2013) introduces this important change, which has now been implemented in most treatment programs. It goes without saying that greater attention to the person implies attention to the relationship: hence the importance of motivated operators with good interpersonal skills and who can take advantage of continuous training to conduct the treatment (Marshall et al. 1999, 2006).

In Italy, the only treatment interventions to date have been carried out by associations of the private social sector, not connected to each other. Among these, the CIPM (Italian Centre for the Promotion of the Mediation) is the only one to have a network spread over the Italian territory and to implement programs, which, despite the differences in context, have many points in common between them. The CIPM programs are inspired by international guidelines and for this reason they have become, as we will see later, the reference point of Conscious.

Collaboration with the institutions is the core approach of this network- 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) by creating a real "treatment field", that is a set of places, people, institutions and intervention programs which, all together, constitute the treatment environment (Giulini and Scotti, 2014) and the reference point to turn to in critical situations.

6. The Conscious Project

The European project Conscious, co-financed by the Rights, Equality and Citizenship Program of the European Union (2014-2020), conducted by the Department of Mental Health and Addiction Diseases

of the ASL Frosinone, in partnership with the Guarantor of Prisoners of Lazio, 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, aims to combat gender-based violence by intervening to reduce the risk of recidivism of violence perpetrators. Conscious is supported, as well as by the Cassino and Frosinone Prison, by the Provveditorato del Lazio, Abruzzo and Molise (PRAP) of the Penitentiary Administration Department, by the Supervisory Court of Rome, by the External Criminal Enforcement Office of Frosinone (UEPE) and the Frosinone Board of Lawyers Association. The Network is open to the participation of any public and private actor involved in the topic. 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 perpetrators of gender-based violence; 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 psychological 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 due, instead to the perpetrators of violence. From the first impression to give up the project arises: 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 that the criminal behaviour is not reoccurred again; on the contrary, prison freezes emotions and thoughts in a suspended place and time that risks exploding into further violent acts. If health protection includes preventive interventions, including the prevention of gender-based violence, then it means that the health system has to take care of the offenders as well in terms of preventing recidivism and consequently, further damages to victims' health and the collective group in a broader extension.

6.1 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 treatment for 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. It is a network that embraces all parts of the system: Penitentiary Administration (through individual institutes, central administration and the probation system), and the justice system (with lawyers and the judiciary) but also the community as a whole with the network of associations and non-profit organizations. The theoretical framework and the treatment model were learned from CIPM Milano which boasts decades of experience in this field. 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. Central administration and probation system), and the justice system (with lawyers and the judiciary) but also the community as a whole with the network of associations and non-profit organizations. The theoretical framework and the treatment model were learned from CIPM Milano which boasts decades of experience in this field.

The specific objectives can be summarized:

- Prevention of recidivism of sex offenders 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).

6.2. Conscious's experience in the Sex Offender section of the Cassino prison

Before the start of the Conscious project, at the Cassino Prison the sex offender inmate was primarily engaged in the search for legal benefits that would allow him to quickly regain his freedom, or,

possibly, to serve the residual sentence through alternative forms to detention. His main activities could concern drug therapy, schooling, some creative activities (theatre, poetry, artistic metalworking, etc ...), meetings with the Treatment Area and the Health Area and with other figures who come into contact occasionally and detailed with the detainee, such as Caritas, UEPE, Cultural Mediation Desk, Prisoner Rights Desk, Prison Guarantor Desk.

The Conscious Project approach shifts the attentional focus of the sex offender prisoner. 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. In particular, the approach used in the Conscious project draws inspiration from the PETRAAS program, conceived in Québec by the working group headed by André McKibben and the Rocher-Percé Penitentiary Institute (McKibben, 2011), translated and adapted to the Italian context by Carla Maria Xella for the CIPM

Its main points can be summarized as follows:

- Sex offenders 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.

- These include individual risk factors, but also personal goals ranging to form the idea that each of them has of a good, satisfying and happy life. Also these goals are no different from those of other human beings. The main objectives, or primary goods, are: Life (home, livelihood, health, well-being), Relationships, Knowledge, Independence and personal choices, Competence (feeling capable of what you do), Community (feeling part of a group), Mental serenity, Happiness and pleasure, Spirituality (giving meaning to your life) and Creativity).

What is different, and unacceptable, are the means they have used to reach them.

At the time of presentation of the project, 54 candidates were contacted in the “Protected” Sections of the CC of Cassino (Fr) who received an initial 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 group meetings 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, being negatively classified, 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 moment of the project was the assessment of the personal (and personological) profile of each participant for the identification and assessment of risk factors; it is the phase in which a tutor operator (in our experience, a psychologist) administers a semi-structured interview, aimed at identifying criminogenic factors, the STABLE 2007, and, when possible, compiles an actuarial tool, the Static 99R, on the basis of the criminal file of the subject. These reagents were re-administered at the end of the treatment (test-retest) to evaluate the change.

In this paper we do not speak simply of crime but more appropriately of damage; this is because both the project focuses on the person, and because the ultimate goal is the search for suitable solutions so that the punishment does not turn out to be an end (or an end in itself) but represents the opportunity for a new beginning in a wider vision of restorative justice. In this way, group work shifted the attentional focus of the participants from the guilt-centre dimension to damage dimension, radically changing the way they perceive, and perceive oneself, with respect to the crime and the victim.

All this was possible also because the group conceived the possibility of a different life, through the exercise and development of adequate social skills and the experimentation of new meaningful relationships, those with the operators, ready to transmit confidence in the possibility of alternatives with the thinkability of real future actions in their daily lives outside of prison. However, there were moments of emotional decompensation in the group linked to the unexpected transfer of some users being treated at other institutions, on the one hand, and subsequently to the sudden suspension of group activities due to COVID-19, on the other.

Throughout the lockdown, the project operators have undertaken to "keep" the treatment in place through individual tutoring and psychological support interviews, (in compliance with the anti COVID rules provided for by the DPCM 04/03/2020), preventing users from they felt abandoned especially in such a delicate moment as the one in which they were writing the letter that the victim would write to them (exercise of empathy). But it was precisely the emergence of these emotional experiences that made the awareness of how intense the bonds within the group had become stronger, precious for people who too often have experienced relationships that are mostly dysfunctional, ambivalent and devoid of empathic connotations in their lives. From these elements we started to rework the sense of loss, expectation, the fact of really and wholly putting his skin in the game, by focusing the

importance on building up social relationships that must be “connected” as a prevention and a correct reading of the potential damage.

Thanks to the work carried out through this project, the prison begins to be perceived no longer (not only) as a place of punishment / detention, but as a place of treatment, growth and transformation that intends to foster changes in social interest, because it puts quality of life and the safety of the community, in which the prisoner will be an integral part and inserted in new (and renewed) social relationships.

7. Concluding reflections

Sex offender inmates have always lived isolated, rejected and stigmatized by society, including prison, which defines them as “infamous”. Perhaps even the institutions have unconsciously colluded with this "monster culture," an individual to be kept as far away as possible from the "healthy" society because he is the perpetrator of despicable actions. These discriminatory attitudes have generated social and environmental deprivation towards the sexual offenders and a difficulty in accessing any legal benefits which, despite the fact that art. 4 / bis envisaged for this type of offense, remain unheard (because ignored), and / or badly received, as if in the explicit stubbornness expressed by the penal code there is an implicit and prevailing stubbornness of the moral code of those who, for various reasons, supervise them and have to do with them.

The Conscious Project, by placing the integration of treatment activities and re-education and social reintegration paths at the centre of its objectives, fosters the attribution of greater dignity to the individual / prisoner both inside and outside the prison. Furthermore, if on the one hand the Conscious project promotes growth and change in the prisoner, on the other it is configured as an opportunity to activate changes and transformations in the wider space of the institutions, not just prisoners. In fact, if on the one hand the innovative scope aims to guarantee specialized treatments for the perpetrators of gender violence and sex offenders, on the other it lays the foundations for creating a system, a network, stable over time and lasting beyond the detention itself.

Bibliography

- America Psychiatric Association, "Diagnostic and Statistical Manual of Mental Disorder (5th ed.)". Arlington, VA: American Psychiatric Publishing, 2013. Italian edition: “Diagnostic and Statistical Manual of Mental Disorders”. Milan: Raffaello Cortina, 2014.

- Andrews, DA, Bonta, J., Hoge, R. D, "Classification for effective rehabilitation: Rediscovering psychology", In *Criminal Justice and Behavior*, 17, 19-52, 1990.
- Andrews, DA, Bonta, J., "The psychology of criminal conduct (3rd ed.)", Cincinnati, OH: Anderson. 2003.
- Andrews D and Bonta, J., "Risk-need-responsivity model for offender assessment and rehabilitation. In *Rehabilitation* ", 6. 2007
- Bonta, J., "Risk-needs assessment and treatment". In AT Harland (Ed.), "Choosing correctional options that work: Defining the demand and evaluating the supply" (pp. 18-32). Thousand Oaks, CA: Sage., 1996.
- Carabellese F., Rocca G., Candelli C., La Tegola D., Birkoff JM, "The management of sex offenders between psychopathology and the risk of relapse. Treatment perspectives ", *Italian Review of Criminology* 2,130-142, 2012
- Giulini P. and Scotti A., "The field of treatment of the sexual offender between therapeutic injunction and benevolent control". *Italian Journal of Forensic Medicine*, XXXV (4), 1863-1883, 2013.
- Giulini, P., Vassalli, A., & Di Mauro, S., "A hibernating prisoner: the perpetrator of a sexual offense between the protection of rights and perspectives of social defense", In U. Gatti & B. Gualco (Eds.), *Prison and territory* (Giuffrè, pp. 429–460). Milan, 2003.
- Giulini and Xella, "Throw away the key? the challenge of treatment for sex offenders ", Raffaello Cortina, Milan, 2011
- Marshall, WL, Anderson, D. and Fernandez, Y. "The cognitive-behavioral treatment of sexual offenders", Tr.it Centro Scientifico Editore, Turin, 2001.
- Marshall, WL, Marshall, LE, Serran, GA, & Fernandez, YM, "Treating Sexual Offenders: An Integrated Approach. Routledge, New York-London, 2006
- Ruggiero G., Basile S., Scardaccione G., Fontanella L., "The prison condition, the treatment and the professional relationship with the inmate author of sexual offenses. An experiential vision ", *Journal of Criminology, Victimology and Security* XIII. 1, 70-91, 2019
- Ward, T., & Beech, A., "An integrated theory of sexual offending. Aggression and Violent Behavior, "11 (1), 44–63. <http://doi.org/10.1016/j.avb.2005.05.002>, 2006
- Ward, T., & Gannon, TA, "Rehabilitation, etiology, and self-regulation: The comprehensive good lives model of treatment for sexual offenders. Aggression and Violent Behavior, "11 (1), 77–94. 2006.
- Willis, GM, Prescott, DS, & Yates, PM, "The Good Lives Model (GLM) in Theory and Practice. Sexual Abuse in Australia and New Zealand ", 5 (1), 3-9, 2013.

- Willis, GM, Prescott, DS, & Yates, PM, "Application of an Integrated Good Lives Approach to Sexual Offender Treatment", In LE Marshall & R. Mann (Eds.), "Treatment of Sexual Offenders" (Wiley-Blackwell) . West Sussex, UK. 2015
- Xella, CM, "The Assessment of the Risk of Recidivism for the Authors of Sexual Crimes", Italian Journal of Legal Medicine, XXXV (4-2013), 1885-1903, 2014.
- Xella, CM, "The application du Good Lives Model en détention" in Dieu E. (edited by) Les innovations criminologiques, and L'Harmattan, 2016
- Yates, PM, Prescott, D. and Ward, T., "Applying the Good Lives and Self-Regulation Models to Sex Offender Treatment: A Practical Guide for Clinicians", Brandon, Vermont: The Safer Society, 2010.
- Yates, PM and Prescott, D., "Building a better Life. A Good Lives and Self-Regulation", Workbook, Brandon, Vermont: The Safer Society, 2010.

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