Implementation of the Istanbul Convention in Italy
Shadow Report on Perpetrator Programs.

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Implementation of the Istanbul Convention: Perpetrator program’s Shadow Report

In Italy work with perpetrators has a very recent history. The first programme was set up in 2009 (CAM – Centro di Ascolto Uomini Maltrattanti) on the basis of the European’s Network of the Work with Perpetrator’s Guidelines and since then, the sector has been growing constantly. Following the ratification of the Istanbul Convention in 2013 Italy passed a new law that recognizes the need for perpetrator work and appointed the government to implement Standards for the development of perpetrator work. In 2013 the Equal Opportunity Ministry invited the most important perpetrator programs to create a National network to become a consultant to the creation of Standards. Relive (Relazioni Libere dalle Violenze) is a formalized National Network founded by 9 of most important organizations working with perpetrators. Membership has been growing and there are now 24 member organizations.

Main aims of Relive

Relive was founded as a formal network organization in 2009. The Network is an open, democratic network of Italian organizations, that have been working with perpetrators for at least 3 years, whose primary aim is to improve women’s and children’s safety from domestic violence (DV) by promoting accountable and coordinated work with perpetrators fulfilling internationally accepted quality standards and adopting a gender sensitive perspective. Relive is member of WWP-EN and wishes to set Italian guidelines in line with European standards. To reach its main goal, and in line with the Council of Europe’s Convention on preventing and combating violence against women and domestic violence (Istanbul Convention) which requires all member states to implement programmes aimed at teaching perpetrators of domestic violence to adopt nonviolent behavior in interpersonal relationships (article 16), the National network is deeply committed to fostering best practices and being engaged in the development of Standards to support the Government in the elaboration and implementation. Relive is also engaged in being instrumental in that the government implements the National Plan against violence and also the application of Law 119 passed in 2013. In this law there are indications as to preventively get abusive men into programmes that is not being applied throughout the country. Relive also is involved in developing

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guidelines to support both the development of existing programmes and the implementation of new ones. To reach this the following goals are being developed:

- fostering the knowledge of perpetrator programmes and the importance of women’s safety and men’s responsibility and accountability,
- creating guidelines and Standards to develop Perpetrator programmes
- helping “newcomers” reach baseline standard and support them through practice exchange and training,
- awareness raising about the importance of the work with perpetrators within a comprehensive and coordinated approach against domestic violence.
- Promoting collaboration and coordinate work with specialized DV support services
- Providing legal grounding for the application of Law 119/2013

Target population

The direct beneficiaries of the planned activities are: network members, “newcomers” (new organizations, who have started a programme for perpetrators), researchers, practitioners and experts on work with perpetrators and domestic violence. Indirect beneficiaries are perpetrators of domestic violence willing to change their harmful behaviors by participating in a programme. The most important indirect beneficiaries, however, will be their partners and children who are victims/survivors of domestic violence.

Violence statistics

In march 2018 Relive organized the first National Conference on perpetrator programs. In this occasion for the first time in Italy an important output of data was collected and published. The data collected information gathered by 17 organizations over the past 3 years.

Number of men in treatment.

Between 2015 and 2017, 922 men asked for help calling one of the 17 organizations for perpetrators of domestic violence and 872 of them were in treatment.
Pathway to seeking help.

In most cases the men are self-referred in a personal /relational crisis, in fact in 45% of cases men attend voluntarily. In 39% they are referred by social services.
Characteristics of perpetrators attending programs

National and international literature have not found relevant typologies relative to perpetrators. Domestic violence occurs across society, regardless of age, gender, race, sexuality, wealth and geography.

Men that attend the Italian services are generally employed (32% employed, 11% self-employed, 7% workers, 2% students) only 9% is unemployed.

In terms of education 14% have a basic university degree, 42% have a secondary school certificate, and 34% have a middle school certificate, and only 9% have a basic education (elementary school).
The age range of perpetrators that are in the programs is, in 48% of cases between 41-60 and 41% are aged between 18-40. Last but not at least 5% are minors or over 60 years.
In 68% of cases the perpetrator in treatment is also a father and 65% of these kids have experienced domestic violence, only 16% of perpetrators directly perpetrated violence against their kids.

Only 10% have alcohol addiction issues and 6% have drugs addiction issues.

80% of perpetrators have no addictions.

Only 10% of perpetrators have mental health problems. Only 46% of perpetrators grew up in a home where they suffered some form of abuse, in 38% of cases they did not.

**Nationality**

54% of perpetrators are Italian, only 14% are foreign.

Where are the perpetrator programs located geographically?

Most perpetrators organizations are located in the north and center of Italy. Number of perpetrator programs are still very few. There is not a sufficient number of programs available especially in the South of Italy.

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Review of the victims of domestic violence

In 60% of cases the violence is committed on their current partner and in 26% against their ex-partners.

Criminal record and charges

In 52% of cases charges have been pressed against the perpetrator, but they may be attending the program without a specific court order. In 12% of cases the perpetrators have been “Warned” for stalking. 24% of perpetrators are on probation and 12% have some kind of criminal record.

Types of domestic violence

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35% of perpetrators have been physically abusive, 31% have been emotionally abusive and at least 5% have been sexually abuse, 3% have had prevalently stalking behavior.

**Main characteristics of male Perpetrators treatment programs in the Relive network:**

Programs have a phyco-educational approach mostly conducted in group. Most programs have an initial phase of individual assessment to evaluate suitably for the group. Some programs (especially small ones, that have just started or have trouble increasing numbers) may use an individual format. Programs usually last from a minimum of 6 months to a year. Generally, the NGO’s provide partner contact to assure that the men’s partners are informed about the possibilities to receive support and safety planning, the PP provide information on the goals and the content of the program and about its limitation and make sure that the victims receive support. Most programs have developed different forms of collaboration with a wider system of intervention against domestic violence in fact most of them work with the public services, law enforcement, women’s support services, probation and social services.

**Additional information regarding Perpetrator programs of the Relive network.**
1) The nature of the programs is that of psycho-social treatment. The professionals that usually are working in these programs are psychologist, although a multi-disciplinary approach is recommended. For this reason, working in the Perpetrator programs and with perpetrators there are also: counsellors, social workers, psychiatrist, educators. Most of the programs are NGO’s working in collaboration with local institutions and women’s support services. For this reason, their physical location varies a lot. They may be rooms that the City Council makes available, or spaces given by the Health Care Service or often private locations in NGO’s or shared spaces with other activities of broader organizations (for example coops).

2) Programmes members of the Relive network, share a clear and comprehensive definition of violence against women based on the Istanbul convention and are also committed to the explicit principle that violence against women and children is unacceptable and that perpetrators should be made accountable for the violence. Definitions of violence include physical, psychological, emotional, economical, sexual and spiritual violence and all forms of violence are addressed in the programs, however physical violence and safety are prioritized.

3) Perpetrator programs are focused on the violent behavior and support men in taking responsibility for their violence and in changing their violent behavior. Violent behavior is seen as the physical acts of violence, but also the psychological and emotional abusive behavior as well as sexual violence. Perpetrator programs believe that men’s negative attitudes and beliefs towards women are an important aspect of the problem and these issues are addressed in the programs.

Accreditation process and quality assurance

Since 2014 Relieve has adapted the European guidelines to the National context and has asked all PP that are part of the network to adhere to them. The board has also started a process for an accreditation process that allows PP, after 3 years of affiliate membership, to apply for full membership if they meet the accreditation criteria. In December 2018 the General Assembly of Relive approved the new standards that new organizations need to meet to be Relive associates. Minimum standards of Relive are included in original language in Appendix 1.

4) In terms of length of programs Relive standards require between 40 and 60 hours of group work of 24 individual session or integrated sessions with an optimum attendance of at least 1 year.

5) Women partners and their safety and respect for their human rights are at the forefront of all stages of planning and implementing intervention. Point 1 of the standards are on partner safety with specific indications on what the program is responsible for.
6) Risk assessment and management is the second point in the Standards and require that programs:
   a) Use risk assessment tools
   b) Adopt protocols for the management or high-risk cases both in the phases of evaluation and in treatment. Specific management strategies are required of service providers working with these high-risk situations.
   c) Developing integrated strategies with law enforcement and the judicial system to ensure protection for victims in high risk situations
   d) Develop integrated protocols with women’s support service and social services to ensure victim safety
   e) Develop integrated collaboration with mental health professionals for evaluation protocols (suicide risk, high levels of depression, complex criminological situations, high levels of psychopathy)

7) The standards clearly provide information on how the Perpetrator programs should collaborate and be linked to women’s support services. How much this happens varies from program to program (see part on collaboration with Women’s support services).

8) As potential or direct victims of domestic violence the children’s safety is a clear priority that perpetrator programs promote with the men they support and in multi-agency intervention. Although the perspective of children living in an abusive relationship is a clear priority for perpetrator programs, regrettably this is not always the case with larger social agencies involved in case management.

9) Perpetrator programs are required to be able to adhere to the Relive standards to show their active collaboration in a multi-agency context. The aim is that of collaboration, creation of protocols of good practice and offering joint training and referrals.

10) In terms of monitoring, documenting and evaluating process and outcome, currently Relive is collecting a data base of information of perpetrators being supported by the programs (data contained in this paper are from that database). As for the evaluation Italy is rolling out the IMPACT toolkit part of the WWP EN (European Network of the Work with Perpetrators) European evaluation system. Since many of the programs are still in the very initial phases and all lack funding for evaluation the process of setting up an evaluation system is still in the very initial phases, although through various European funding grants (ASAP, CONSCIOUS) the knowledge and use of IMPACT is growing.

**Prevention work.**

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Most organizations also work on prevention in schools and in public initiatives, often in collaboration with local women’s support services.

**Non affiliate/members of RELIVE**

Perpetrator programs that are not Relive affiliates or members are out of the more structured monitoring process.

There have been some perpetrator programs that have been set up within the Health Care setting. The most important programme is LDV (Liberi dalla Violenza) Modena. The project started as part of an experimental project within the Public Health facility (Consultori) Modena in 2011. The staff was trained by Alternative to Violence (ATV) from Norway and was so successful that it was exported to most of the Region (Emilia Romagna). This region is at present together with Tuscany, probably the region with the greatest number of Perpetrator programs.

There have been other Public Health care structures that have set up or are in the process of setting up perpetrator programs (ASL Grosseto and ASL Gorizia for example).

Apart from these public health experiences that have been trained and are in general agreement to the Standards, but that are not in the network so do not undergo an evaluation, there are a number of smaller programs that have been set up. It’s difficult to have a clear overview of these organization, although Relive has been closely trying to monitor and try to include all programs in the affiliate procedure.

When the first public funding possibility occurred in 2017, a huge number of programs applied that did not have even the most basic training or experience on working with violence (see section on funding). Regrettably more than half the programs funded by the Equal Opportunities department do not adhere to any set of Standards and are not accountable about the kind of perpetrator programs they promote.

The situation should be under current review of the ALIVE project funded by the Department of Equal Opportunities, but the final results and how these will be applied to the current situation is far from clear.

The impression is that the Equal Opportunities Department (whose political leadership has changed over the recent elections) is still in the very initial phases and does not yet have a clear understanding of how to integrate perpetrator programs and of what needs to be done.

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In the last meetings of the Technical Committee set up based on paragraph 5.1. of the National plan all discussion and attentions were devoted to Institutions and Ministries and the experiences of NGO’s (perpetrator programs, but also the Women’s support service national network D.i.r.e and Telefono Rosa) were hardly considered.

The situation is thus at risk, since Institutions seem to be ignoring best practices lead by NGO’s like Relive (developing Standards, working towards protocols of intervention, working towards accreditation standards, developing evaluations tools and documentation) and collecting information and preparing policies without a clear understanding of the issues at stake.

**Human and Financial resources dedicated to Perpetrator programs.**

The Department for Equal Opportunities developed, under the previous government, in July 2017 a call for financing grants towards supporting perpetrator programs. The criteria for qualifying as perpetrator program were general and inadequate and regrettably many inexperienced subjects not only participated to the call, but were also selected to deliver perpetrator programs. Although Relive has offered the Equal Opportunities Department every support in supplying the relevant criteria, these suggestions were not followed. As a consequence, the number of projects presented was very high and there was the decision to lower the total amount that was given to each project. When the bid was open the projects could apply for 100.000 euros, but after the selection they were offered only 80.000 euro grant to be able to fund more grants. The total amount of resources devoted to this action was of 1.000.00,00 euros, sufficient to fund 10 projects (in the end 18 were funded, of which 10 do not have relevant previous preparation nor training on perpetrator work, no partnerships or relationships with the National network and no assurance to be working in line with the Istanbul Convention).

Apart from this National bid, that has not yet started its activities due to elections and the change in government, in some cases, local authorities are financially supporting perpetrator programs, but more often many have a volunteer basis.

The Health Care System is the regional financing Institution that has led on perpetrator programs. In some cases, setting up programs within the realm of the public structure (most centers in Emilia-Romagna – Modena, Parma, Reggio Emilia, Bologna and in some other cities Grosseto, Gorizia). Also private NGO’s have tried to tap the Health Care system requesting funding, and this has been strategic because one of the primary aims is to not reduce funding for women’s support services. In fact, most women’s support services are financed by City Councils. In some cases (CAM- Florence) Relive

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there is a welfare mix system of public Health Care collaborating and funding an NGO to carry out the service.

On the whole and for a better covering of services a serious funding planning should be set out by the government, in accordance with Regions and representatives of City Counsels (ANCI).

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Collaboration with women’s support services

Although most perpetrator programs have been set up striving to engage and collaborate with women’s support services, the extent of collaboration varies a lot in different areas of the country.

Collaboration between the National networks (Relive and D.i.r.e.) has been slow and inconclusive. D.i.r.e has not responded to requests to collaborate and meet and has clearly given indications that perpetrator programs are not one of their priorities. However, over time this attitude seems to be shifting. Over the last few years the National network D.i.r.e has started internal working groups to discuss the issue of perpetrator programs.

At the same time a quite different feed-back is coming from local collaborations between women’s support services and many perpetrator programs. In many cities the collaboration has been very good and programs have developed with the full support and collaboration of the women’s’ support service in some cases it is the women’s support service themselves that have supported the development with perpetrator programs there are many examples of good collaboration: Bologna, Ferrara, Modena, Torino, Foggia, Rimini, Firenze etc.

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Mandated, referred and self-referred programs.

In the course of the following we shall define how men can arrive to PP (mandated, referred or self-referred).

1) MANDATED: in this case there has to be a court requirement and in this case not attending the program has penal and legal sanctions.

2) REFERED: in this case perpetrators may be required to attend PP by courts of social services or other institutions. No legal or penal sanctions follow for non-attendance. There may be
provisions taken for non-attendance (for example in the case of social services, they may report negatively to the court that might then suspend parental rights)

3) SELF-REFERALS: in this case men arrive to the PP without previous contacts from any institutions or professionals. Usually there is some information provided by family members (often partner), professional (health care provider, for example G.P. or mental health professional), but the men make the decision to contact the service directly.

In Italy there is not a specific legal framework for MANDATING perpetrators to follow a perpetrator program.

There are some exceptions to this:

a) Men that are at the end of a sentence may be required by surveillance judge to be assessed by probation for a PP. In this case, probation will include the PP among the requirements for parole. They may lose parole if they don’t attend.

b) Sometimes men that are at the end of their court sentence, may be given permission to leave the jail to attend a program. Obviously in these cases failing to attend leads to sanctions.

c) Provision a-bis 282-quarter, comma 1 of Law 119/2013 allows to request that prosecutors and judges be informed about the positive outcome of attendance for the purpose of amending the measures applied -referring to lighter measure as art. 299, comma 2- (like for example from detention in jail to house arrest).

This measure is seldom applied and when it is, it is usually inappropriately applied. Lawyers may request that a perpetrator be admitted to a program when he has been arrested. However, since the man has not been attending a program, there is no possibility to inform about attendance, so sometimes perpetrator programs need to decline lawyers invitations to attest to an “intention of attendance” rather than an actual enrollment in a program. The measure does not capture at all the need to find more structured ways of mandating the perpetrators to programs.

More often the men are REFERED this may happen:

a) During a hearing at the Court of minors, parents may be required by the judge to attend a program. However, these requirements are still voluntary (meaning there are no penal sanctions for not following) so technically this kind of referral would quality as referral and not mandated.
b) By these definitions, art. 3, 5-bis, of law 119/2013 is a form of referral and not a mandate. The Head of Police while issuing a warning (Ammonimento) to the perpetrators, is obliged to inform him about the perpetrator programs. This would be a very interesting preventive measure since it applies as an administrative sanction, that only becomes penal if the crime is reiterated. Data on how often the warning is issued is disconcerting. As is shown in the graph taken from the police annual database reporting system, in 2016 only 517 warnings were issued in Italy, while 432 were issued in the first 9 months of 2017. These numbers need to take into consideration that in 2016-2017, 400 warrants were issued only in the city of Trento. This is, in fact the only best practice example that there has been in Italy that has led to the mentioned numbers. This means that in the rest of Italy about 250 warrants were issued a year and if we compare this to the number of women that have suffered violence during the course of their life (7 million) and considering the total number of charges that were pressed for domestic violence (62,818) in a 3 year period (2013-2016)- see second table - it is clear how low the number of issued warrants have been. Slightly more warnings were issued for stalking, but in that case on the basis of an older law that takes no specific provision for sending the perpetrator to perpetrator programs as it applies Law 11/2009 on crimes defined by art. 612 bis.

The systematic non-application of the warning (Ammonimento) on art. 3 of Law 119/2013 shows a systematic tendency to impunity of perpetrators, even where the sanctions are preventive and would clearly show that Institutions take a clear position in supporting victims and condemning perpetrators. The same applies (as will be illustrated further along) to restrictive measures as if partner violence does not warrant a restriction of the perpetrators personal rights and liberties, posing impunity to perpetrators above victim safety.
In the majority of cases men are **SELF REFERRED** this includes a series of different kinds of pathways to help seeking.

a) Perpetrators that are partner “mandated”, the victims often threaten to leave or press charges if the man doesn’t enroll in a program.

b) Perpetrators that are sent by social services or health care professionals. In both these cases there is usually some kind of disclosure of the issue of domestic violence and the frontline professionals propose a perpetrator program.
c) For some perpetrators it is a personal crisis that leads to seeking help. This might be brought forth by some external intervention that redefines the violence (for example the first time the neighbors ring the bell asking if everything is ok), by a use of violence that has unintended consequences (and usually more severe), the first episode of violence in which the police is called or medical help is required or children’s difficulties linked to the violence.

Self-referred perpetrators are a very wide category of men, that may have very different degrees of motivation. They are however tendentially more motived, present a lower level of risk and have less overlapping problematic issues (alcohol and drug abuse, mental health issues) than the men that are sent by probation.

**Other problematic application of legal provision.**

One of the main problems of the Italian legal situation is the lack of accountability for perpetrators. First line professionals and often persecutors and judges constantly apply the idea of conflict with equal responsibility of partners, where there is instead a situation of intimate partner violence. This supports a misogynistic system that reinforces perpetrators’ violence and leaves victims alone and blamed for the violence.

In line with this, most legal provisions that would require perpetrator accountability are either missing (for example mandatory attendance of perpetrator programs) or not applied (for example preventive warrants for the Chief of Police or eviction and barring measures).

A good example of the divide between theory and practice are eviction and barring orders. They were formally strengthened with Law 119/2013 allowing also police to administer the eviction and barring order in urgent cases. In the reality this possibility is seldom used in a sparse number of under 300 cases a year in all of Italy. As we have seen above, given the number of critical cases where charges are pressed and that arrive to the attention of judges and police, this number seems incredibly low. This again points to the deep seated idea of the entitlement of a man to stay in his house independently of the rights to safety and protection of his partner and children. It is also one of the reasons women chose not to press charges, the system clearly does not take a clear stand in favor of the victims.
Treatment for sex offenders

There are very limited programs offered for sexual offenders. Mostly these programs are offered within the criminal justice setting with programs being provided by professionals of NGO’s working in the jail system. When we discuss sexual offenders, we should divide child sexual abuse from sexual violence on women. Most inmates in the jail system are convicted for violence against minors.

Regrettably conditions for child sexual offenders in the jail systems is very negative. They are forced in isolation to protect them from other inmates, given that the internal code of the prison puts them at risk of violence from other inmates. This means that most opportunities that are offered by the jail system are not extended to them. In this climate the issues of denial and minimizations are obviously increased. There are sporadic good examples of good practice, but on the whole the situation in Italy is totally uncompliant to the Istanbul Convention.
Sexual violence against adult women is rarely prosecuted and there are no specific programs aimed at this target of population. Under this aspect again a lot of work needs to be developed so that non-stranger rape can be recognized and prosecuted.

In terms of perpetrators that are not within the jail system, most perpetrator programs also offer at least one session on sexual violence. On the whole, these interventions should be extended and improved.

One example of best practice in terms of treatment of sexual offenders (both child molesters and sexual violence against women) is that of CIPM (Centro Italiano per la Promozione della Mediazione) of Milan that is in Convention with the City council and has been offering treatment within the jail of Bollate and S. Vittore and for inmates that are released in the Milan area as on ongoing outpatient treatment once the men are released from jail. The treatment is based on a criminological approach, supported by the Good Lives model and using Circles of Support and Accountability (CoSA) model. Presently one jail in Frosinone is planning to structure treatment within the prison system (based on EU project CONSCIOUS). The prison in Florence Solliciano, has been running for over a year a programme with CAM that offers a small therapeutic group for sexual abusers.

## Conclusive considerations

In the past 5 years, since the ratification of the Istanbul Conventions much has changed in Italy regarding the development of Perpetrator Programs.

Number of Programs have increased passing from none to over 50, the legal framework has changed and there has been a legal recognition of the necessity to develop PP and some form of system of referral. Training in many regions has started to include also the possibility of recognizing and sending Perpetrators to programs, however there remains much do be done and we are only in the initial phases of rules and safeguards in structuring PP.

Most of all it is necessary that the Government works in close synergy with expertise that are able to help create Standards that can ensure:

1) PP work with a clear and comprehensive definition of violence against women and that they are committed to the explicit principle that violence against women and children is unacceptable and that perpetrators are accountable for their abusive behavior
2) PP place women and children and the respect for their safety and their human rights at the forefront of all stages of planning and implementing interventions

3) PP have structured procedures for risk assessment, continuous evaluation and risk management

4) PP have to cooperate closely with women’s support services, law enforcement agencies, the judiciary, probation services and child protection or child welfare offices.

5) Programs for sexual offenders of children and adult women should be improved and programs within the jail system should be systematically developed and implemented.

6) Prosecution and understanding of male sexual violence on women should be improved

7) Methods and activity of prosecution of all crimes related to domestic violence should be improved

8) All legal measures that increase Perpetrator accountability should be enforced (warrants, barring and restricting orders)

9) Perpetrator programs should be made compulsory

10) There should be a clear attention towards building and sustaining Standards to hold PP accountable for their work.

11) Evaluation of programs should be supported

12) Training of all front-line professionals should include information on recognizing perpetrators and motivating them to go to Perpetrator Programs or prosecute them if warranted.

13) Support funding for responsible PP
Appendix 1

Requisiti standard di riferimento per i Centri associati Relive


Per questo prende come definizione di violenza la seguente:

1. Con l’espressione “violenza nei confronti delle donne” si intende designare una violazione dei diritti umani e una forma di discriminazione contro le donne, comprendente tutti gli atti di violenza fondati sul genere che provocano o sono suscettibili di provocare danni o sofferenze di natura fisica, sessuale, psicologica o economica, comprese le minacce di compiere tali atti, la coercizione o la privazione arbitraria della libertà, sia nella vita pubblica, che nella vita privata;

2. L’espressione “violenza domestica” designa tutti gli atti di violenza fisica, sessuale, psicologica o economica che si verificano all’interno della famiglia o del nucleo familiare o tra attuali o precedenti coniugi o partner, indipendentemente dal fatto che l’autore di tali atti condivida o abbia condiviso la stessa residenza con la vittima;

3. Con il termine “genere” si si riferisce a ruoli, comportamenti, attività e attributi socialmente costruiti che una determinata società considera appropriati per donne e uomini;

4. L’espressione “violenza contro le donne basata sul genere” designa qualsiasi violenza diretta contro una donna in quanto tale, o che colpisce gli atti o i comportamenti di cui ai precedenti commi a e b;

5. Per “vittima” si intende qualsiasi persona fisica che subisce gli atti o i comportamenti di cui ai precedenti commi a e b;

Riconosce l’importanza dei programmi per autori all’interno di un approccio strutturato multidisciplinare e di rete basando le presenti Linee Guida sull’art. 16 della Convenzione di Istanbul.

Articolo 16 – Programmi di intervento di carattere preventivo e di trattamento

1. Le Parti adottano le misure legislative e di altro tipo necessarie per istituire o sostenere programmi rivolti agli autori di atti di violenza domestica, per incoraggiarli ad adottare comportamenti non violenti nelle relazioni interpersonali, al fine di prevenire nuove violenze e modificare i modelli comportamentali violenti.

2. Le Parti adottano le misure legislative o di altro tipo necessarie per istituire o sostenere programmi di trattamento per prevenire la recidiva, in particolare per i reati di natura sessuale.

3. Nell’adottare le misure di cui ai paragrafi 1 e 2, le Parti si accertano che la sicurezza, il supporto e i diritti umani delle vittime siano una priorità e che tali programmi, se del caso, siano stabiliti ed attuati in stretto coordinamento con i servizi specializzati di sostegno alle vittime.

ELENCO REQUISITI:

1. Sicurezza della vittima

E’ quindi evidente come il requisito fondante del lavoro con gli autori di violenza debba essere la protezione dalla violenza delle donne e i figli, pur mantenendo come obiettivo principale

Relive

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l’interruzione della violenza maschile. Per raggiungere tale obiettivo è fondamentale la collaborazione con i servizi di supporto alla vittima.

Strumenti per raggiungere la sicurezza della vittima possono essere:

1) Fornire informazioni generali alle donne. (Per esempio dare indicazioni sull’accesso ai servizi, informazioni generali sulla struttura e i contenuti del programma di trattamento, cercare di contenere l’uso manipolativo che l’uomo può fare del programma, valutazione del rischio, supporto alle vittime e piano di sicurezza).
2) Sostenere gli uomini in carico a rispettare e comprendere le misure restrittive a loro carico.
3) Procedure di collaborazione con servizi specializzati di supporto alle vittime
4) Personale specializzato nel lavoro con le vittime
5) Lavoro integrato di rete
6) Il contatto partner con la compagna che permette, con il suo consenso di:
   I. Fornire riferimenti per la tutela e protezione dalla violenza (servizi dedicati, centri antiviolenza)
   II. Inquadrate la situazione e impostare un’adeguata valutazione del rischio,
   III. Informarla del fatto che potrà fare lei stessa una segnalazione al centro in caso di un nuovo episodio;
   IV. Informarla dell’eventuale interruzione del percorso da parte dell’uomo;
   V. Fornire informazioni e supportarla e prepararla a un eventuale uso strumentale del progetto a suo danno
   VI. Avvisarla se gli operatori del programma di trattamento ravvisano un livello di rischio alto.

2. Valutazione del rischio.

Come parte fondamentale della sicurezza della vittima sono necessarie procedure per la valutazione del rischio in tal senso è necessario:

1. Utilizzare strumenti per la valutazione del rischio di letalità e recidiva.
3. Sviluppare protocolli per il lavoro integrato con forze dell’ordine, procure, magistratura di sorveglianza.
4. Sviluppare protocolli di collaborazione con i servizi specializzati di supporto alle vittime e servizi sociali
5. Sviluppare protocolli di collaborazione con psichiatri per situazioni ad alto rischio (per es: depressione grave e rischio suicidario, quadri criminologici complessi, alti livelli di psicopatia).

3. Competenze da sviluppare attraverso i programmi e principi per gli operatori dei Centri per autori di violenza

a) Adesione al modello ecologico con programmi per autori di violenza sviluppati per costruire competenze personali, relazionali ma anche per destrutturare modelli sociali e culturali di mascolinità tradizionale con una attenzione particolare all’intreccio dei vari livelli. (Ad esempio come il piano sociale e culturale influenza il piano di costruzione identitaria personale).
b) Sviluppare competenze per riconoscere ed interrompere ogni forma di violenza
c) Sviluppare le capacità e le credenze sull’importanza e la capacità maschile di cura e rispetto delle relazioni
d) Aumentare le capacità empatiche
e) Promuovere pratiche rispettose, modalità egualitarie di stare in coppia e nelle relazioni personali
f) Promozione di una generosità risponsabile e rispettosa del lavoro di cura anche da parte dei padri
g) Analisi critica degli stereotipi relativi ai ruoli maschili e femminili
h) Rifiuto di ogni forma di giustificazione della violenza maschile

4. Formazione degli operatori che lavorano con gli uomini

a) Formazione di base degli operatori/trici nelle professioni di aiuto
b) Natura e dinamiche della violenza ed effetti sulle vittime
c) Conoscenza della struttura organizzativa di lavoro e modello di intervento
d) Capacità dell’operatore di valutare e riconoscere le situazione di complessità per essere in grado di differenziare i percorsi trattamentali inclusa la non idoneità al trattamento (per es: riconoscimento dei disturbi di personalità, dipendenze, quadri psico-patologici, ecc.)
e) Capacità di diagnosi differenziale nei casi in cui un uomo di presenta come vittima di violenza (riconoscere chi si presenta come vittima, ma ha agito violenza e chi invece è la vittima prevalente).
f) Esperienza nel settore del lavoro individuale o di gruppo a seconda del modello
g) Capacità di fare una rilevazione della violenza
h) Competenze nel colloquio motivazionale e capacità di costruire e sostenere la motivazione al cambiamento
i) Competenze sul sistema legale sul tema della violenza ed aspetti etici e deontologici
j) Conoscenza degli strumenti di base sulla valutazione del rischio di recidiva e di letalità e capacità di valutazione e gestione delle situazioni di rischio
k) Conoscenze di base sull’abuso di sostanze e violenza
l) Conoscenze dell’impatto della violenza sui bambini e sulle donne
m) Capacità di formare relazioni rispettose con gli uomini che si rivolgono al servizio
n) Saper riconoscere la negazione e la minimizzazione e colpevolizzazione, essere capace di lavorare con i meccanismi di difesa e non colludere con gli stessi.
o) Promuovere l’assunzione di responsabilità per la propria violenza
p) Conoscere e riconoscere atteggiamenti e credenze che supportano un senso maschile di diritto sulla compagna, svalorizzazioni e altre forme di maltrattamento psicologico.
q) Riconoscere l’impatto della violenza sui bambini, individuare le forme di coinvolgimento dei bambini nella violenza e capacità di intervenire sulle modalità di educazione autoritarie e basate sulle punizioni.
r) Gli operatori dovranno avere la disponibilità a lavorare su di sé per conoscere e modificare le proprie dinamiche di violenza agita e subita. Gli operatori dovranno acquisire una attenta capacità di auto-osservazione per evitare di colludere non solo rispetto alla minimizzazione della violenza, ma anche con atteggiamenti di non riconoscimento di comportamenti dettati da senso di superiorità maschile o di privilegio.

L’esperienza di Relive indica che il numero minimo di ore di formazione per acquisire queste competenze è di circa 80 ore. La formazione dovrebbe essere erogata da enti formatori con
esperienza di lavoro consolidata sul tema della violenza maschile contro le donne e in specifico sul lavoro con gli autori di violenza.

Tutti gli operatori che lavorano con gli uomini che agiscono violenza o con le vittime devono aver svolto la formazione. Almeno il 70% dell’equipe deve avere i requisiti relativi alla formazione.

Funzione degli operatori

a) Mettere al primo posto la sicurezza delle compagne e dei figli anche utilizzando gli strumenti di prevenzione della violenza previsti dall’ordinamento nazionale e dai riferimenti internazionali come la Convenzione di Istanbul

b) Favorire la piena assunzione di responsabilità da parte dell’uomo che agisce la violenza considerandola come una scelta

d) Evitare collusioni rispetto alla negazione, alla colpevolizzazione della vittima, alla minimizzazione e alla giustificazione della violenza

e) Mettere in discussione le credenze e gli atteggiamenti discriminatori sessisti secondo logiche di genere stereotipate o legati a differenze culturali, etniche e religiose.

f) Favorire lo sviluppo di competenze relazionali e di negoziazione più adeguate secondo le life skills dell’OMS

g) Favorire il potenziamento delle capacità empatiche maschili

h) Promuovere l’assertività

i) Lavorare sistematicamente sulla rilevazione e valutazione del rischio.

l) Praticare relazioni rispettose fra gli operatori/trici e con gli uomini modellando esempi di relazioni rispettose fra uomini e donne.

5. Modello di lavoro del Centro

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Gli approcci seguiti nei centri integrano aspetti culturali, clinici e criminologici. Le modalità operative sono caratterizzati da uno stile di lavoro flessibile legato alla valutazione dell’efficacia dell’intervento, alla storia specifica di ogni centro e al contesto territoriale di lavoro.

Il focus specifico di tutti gli interventi è la violenza.

a) La metodologia di lavoro può prevedere un lavoro individuale, di gruppo o integrato. I programmi offrono tra le 40 e le 60 ore di lavoro di gruppo o 24 ore di lavoro individuale o percorsi integrati individuali e di gruppo, ma indicano come periodo di frequentazione ottimale almeno un anno.

b) E’ preferibile, un’equipe composta da uomini e da donne che permettano l’emergere nel gruppo di lavoro delle dinamiche legate all’appartenenza di genere. Questo diventa fondamentale per il lavoro in gruppo con gli uomini.

c) Sono previste riunioni periodiche di equipe.

d) A fronte di richieste di certificazioni di frequenza e relazioni sui percorsi, gli operatori si attengono ai vincoli stabiliti per legge, con particolare attenzione alla sicurezza delle vittime (donne e bambini), ad evitare l’uso strumentale delle relazioni e alla cautela.

e) L’equipe deve prevedere momenti di intervisisce e/o supervisione del lavoro.

f) Procedure per la valutazione dei processi interni (tempi di attesa, passaggi dalla valutazione al trattamento, completamento del trattamento) e per le modifiche atte a migliorare il servizio.

g) Se un centro si occupa sia di vittime che di autori è necessario strutturare il lavoro in modo che non siano gli stessi operatori a lavorare con entrambi. Ci dovrà inoltre essere una attenzione a separare gli spazi di lavoro per rendere sicuro l’accesso per le vittime in ogni occasione.

h) Le caratteristiche degli uomini autori di violenza rendono necessarie una strutturazione appropriata dei gruppi onde evitare meccanismi di collusione e di rafforzamento delle dinamiche abusive. Per questo si scoraggia l’utilizzo di gruppi di auto aiuto che rischiano di essere pericolosi oltre che inefficaci. La modalità dell’auto aiuto può essere sperimentata con molta cautela solo al termine di percorsi di uscita dalla violenza molto lunghi e solo dopo una attenta formazione dei facilitatori, per evitare meccanismi collusivi negativi.

i) Nelle situazioni di violenza non sono indicate le modalità di terapie di coppia, familiari o di mediazione familiare.

j) I centri associati Relive si impegnano a partecipare con almeno il 50% degli operatori a tutti gli incontri residenziali impegnandosi nell’attiva di formazione/autoformazione, scambio e confronto nell’ottica di una fattiva e propositiva collaborazione.

k) Gli associati e gli affiliati Relive si impegnano a favorire un clima di reciproco sostegno, rispetto, non giudizio, amicizia e affetto sia nei loro centri che nell’ambito nazionale.

l) Riflessioni, apprendimento continuo, ascolto empatico e crescita personale sono considerati elementi essenziali per espletare continuativamente un servizio con uomini che agiscono violenza e con la violenza stessa.
6. Documentazione del lavoro

1) I soci Relive si impegnano a costruire fornendo annualmente o semestralmente i dati degli utenti presi in carico in un database nazionale.

2) Ogni centro associato Relive stabilisce dei protocolli per la documentazione dei percorsi.

3) Ogni centro associato Relive si impegna ad adottare dei protocolli per la valutazione del trattamento e a comunicarne i risultati annualmente.

7. Appartenenza a un sistema coordinato ed integrato di risposta territoriale

E’ necessario per garantire una presa in carico di rete che possa attivare una risposta coordinata di comunità che i Centri per uomini autori di violenza costruiscano protocolli di intervento con accordi formali o informali con almeno tre attori della rete territoriale fra cui:

- Servizi sociali
- Servizi di salute mentale, Sert
- Servizi sanitari
- Uepe/Magistratura di sorveglianza
- Casa Circondata
- Centro antiviolenza
- Tribunale: minorenni, procura, ordinario
- Questura
- Prefettura/Procura Generale

8. Mantenimento della qualifica associativa

Tutti i centri associati Relive, inclusi i soci fondatori, si impegnano a seguire i requisiti Standard di riferimento, sottoponendosi ogni 5 anni ad un percorso di valutazione.