



The Other Side of the Story  
PERPETRATORS IN CHANGE

# Country Report: Italy





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## **CENTRO ASCOLTO UOMINI MALTRATTANTI**

**Firenze**

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## *The Other Side of the Story: Perpetrators in Change*



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## 1. The Centro Ascolto Uomini Maltrattanti

*Centro di Ascolto Uomini Maltrattanti Onlus (CAM)*, an association established in November 2009, is the first counselling centre in Italy dedicated to men that perpetrate violence in their intimate relationships. The centre was created building on the experiences of the anti-violence centres and was initially supported by the Artemisia anti-violence centre in Florence. The legacy of working with victims of violence has given a fundamental imprint to the establishment of the CAM's working methodology.

The Mission of the *Centro di Ascolto Uomini Maltrattanti* association, as highlighted in its Charter, is the promotion, contrast, intervention, and prevention on the issues of violence against women and minors through the implementation of change programs aimed at men who use violence in their relationships. The Association promotes these programmes to eliminate male violence against women and children, to improve the safety of victims and with the commitment to promote social change in the fields of social and health care, training, education and civil rights.

There are further motivations that support the implementation of programmes for male perpetrators according to the specific national context, namely:

- a. Considering the responsibility of the men who perpetrate violence as opposed to the women who suffer it, to contribute to the victims' safety.
- b. The victim's requests: in many cases, women do not want to leave their violent partners and request an intervention to contain the violence and make the men aware of their actions.
- c. Preventing future violence both against the current and any future partners.
- d. Improving the male perpetrators' parenting skills: violence compromises the fathers' parental function and deeply affects the children's well-being.

Working with the perpetrators does not only mean disrupting the cycle of violence, but also offering better protection to women and children who have already been victims of violence or could become victims in the future. The Centro di Ascolto per Uomini Maltrattanti is therefore a point of reference for men who want to initiate a process of change and take responsibility for their behaviours of physical, psychological, economic, or sexual abuse, and stalking.



This work is carried out on multiple fronts:

- With **male perpetrators**, offering counselling, guidance talks, individual interviews, psycho-educational groups aimed at disruption of violence, and follow-up groups that are more similar to therapy.
- With **women**, providing partners (intimate partners, wives, mothers, daughters, friends) with first assistance (through individual interviews with a female psychologist) and orientation to dedicated services available on the territory.
- On the **territory**, promoting an integrated system at a local and national level aimed at providing assistance in situations of violence; creating projects and working in a network with local, national and international institutions and associations; carrying out training courses aimed at operators and professionals, seminars focussing on specific topics, events to raise awareness with the general public, and carrying out research and publications.

In 2014, CAM expanded very rapidly with the creation of local offices in different territories. It currently has offices in Ferrara, Cremona, North Sardinia and Rome. Also in 2014, the CAM, the local health authority (ASL) of Florence and the Tuscany Regional Administration, in collaboration with the Florence City Council, developed a proposal to implement a new system of integration between public and private services, which led to an agreement with the Azienda Toscana Centro for the realization of the project “Contrasto alla violenza alle donne, accoglienza, situazioni di maltrattamento, abuso minori ed attenzione agli uomini autori di violenza anche con azioni di formazione (Contrasting violence against women, reception, situations of abuse, child abuse and attention to male perpetrators of violence also with training actions). CAM also collaborates with the “Codice Rosa” network (emergency services for female victims of violence) and is part of the pact of understanding of Province of Pistoia. Since 2019 CAM, funded by the Department for Equal Opportunities, has opened two access desks for male perpetrators in the territories of Pistoia and Montecatini in which regular meetings and talks are held with male perpetrators of violence in affective relations sent by the local Social Services, the Office for the Execution of Sentences in the Community and volunteers.

In 2012 a series of publications, TRASFORMAZIONI (transformations), was created in collaboration with the Casa Editrice Romano publishing house to further disseminate the



scientific production emerging from this work. In 2012 “Trasformare il potere” (Transforming Power) by Alessandra Pauncz was published and in 2014 “Non esiste una giustificazione” (There is no Justification) by Giacomo Grifoni. In 2015 “Da uomo a uomo. Uomini maltrattanti raccontano la violenza” (From Man to Man: Male Perpetrators explain Violence) curated by Doctor Pauncz and published by Erickson was released, and in 2016 “Dire di no alla violenza domestica. Manuale per le donne che vogliono sconfiggere il maltrattamento psicologico” (Say no to Violence. Handbook for women who want to defeat psychological abuse) published by Franco Angeli and the e-book “Piccola guida per operatrici dei servizi antiviolenza” (Short guide for anti-violence service workers) were published.

### ***1.1 The work with male perpetrators***

Working with perpetrators of violence also inevitably means working in a network of services that support and help each other in countering violence.

CAM can usually be accessed the following way:

- men who voluntarily call in and ask for help to stop using violence against their partners and children;
- men who are forced by the authorities or upon recommendation from the social services.

It is important that the men contact the service themselves (through phone calls or emails) to make a first appointment, as it is the first step towards taking responsibility.

The process consists of a first phase consisting of approximately five interviews, which allows us to assess the situation of abuse and man's motivation for change, a necessary prerequisite for a positive outcome. Within this first phase, the man gives his official consent for his current or former partner to be contacted by the centre and also gives his consent to contact the services that might be necessary at that moment or in the future. At the end of the assessment, if it is positive, the man can start working with the group (figure 1).



**Modello di intervento CAM (fig. 1)**



**Fig 1. Modello di intervento del CAM**

**Fig 1. CAM's Intervention Protocol**

From the very beginning, the man's commitment to access the service should mean that no violence is used, however, if violence is repeated, we request it is communicated to the operators so they can help him work through what happened. In most cases, physical violence ceases immediately, while recognizing and stopping psychological violence takes a longer and more strenuous effort. Appendix 1 contains some data on the effectiveness of treatment elaborated through the IMPACT European protocol. The centres usually do not take charge of situations of clear psychiatric distress, active and untreated alcoholism and drug addiction, and lack of responsibility for acts of violence and/or lack of motivation.



Men who voluntarily access the service can often be driven by other motivations that are not directly connected to the acknowledgement that they have a problem with violence. Events such as a recent separation, being abandoned by their partners, a serious violent episode where they feel they have crossed the line, the intervention of law enforcement, or their children feeling uneasy, can often lead men to a crisis and ask for help. Operators should try to encourage a transition from an external to an internal motivation, so that men can face not only the consequences of their violent behaviour, but the violence itself. In such situations it is important that the men who ask for help receive assistance very quickly. That does not, however, exclude men who are already more aware of the violence they perpetrate.

The assistance process starts with a round of interviews (usually three to five) with the men to assess the situation. During the interviews the following areas are explored and assessed, also through the use of a checklist:

- Personal data and any relevant information regarding the current situation with the woman or women involved;
- Whether other services have been involved and whether there have been any other specific requests in the past regarding a violent behaviour;
- How they were referred to CAM;
- Hopes and beliefs about the possible duration of the relationship with the partner, if this is still ongoing;
- Recognizing and managing strong emotions;
- Awareness of the violent behaviour and its effects on the partner and on themselves;
- Awareness of the partner's and children's fear and how it affects the relationship;
- Whether there are other mental or psychiatric disorders and whether/how they are being treated;
- Addiction to any substance;
- Identifying different forms of violence against women (psychological, economic, physical, sexual, stalking);
- Witnessed violence;
- Defence mechanisms (minimization, denial, partner blaming);
- Blaming the violence on women;
- Whether there has been an intervention by law enforcement, the person has been reported or has been in prison.

If the interviews have a positive outcome the men are usually included in a psycho-educational change group. Given the variety of users who have come to CAM over the years (some of



them had a history of abuse of minors or did not have a strong motivation), different groups were created such as *absolute deniers* and sexual offenders.

### *1.1.1 The work done in prisons*

The work done in penal institutions also plays a particularly important role in the process with male perpetrators. Talks and groups are carried out continuously in order to guide and support inmates on issues concerning gender, gender relations, affectivity and masculinity, and reflection on their own anger and aggression management behaviours in interpersonal and inter-family relationships (domestic, gender-related, witnessed violence). The ultimate purpose of the interventions carried out within prisons is to promote awareness of the responsibility involved in abusive behaviours (physical, psychological, economic, sexual, and stalking) so that a stable change is possible and there is no relapse. Some processes started inside the prisons are continued at CAM when the men are on parole.

## **1.2 The work with female partners**

The reason why female partners are contacted is to inform them about the treatment the men are undergoing, the local services and support available for women (anti-violence centres) and obtain more direct information about the abuse situation. The partners are contacted multiple times during and at the end of the process to get feedback. If the man drops out, i.e., by disappearing or through mutual agreement with the centre, the woman is contacted and warned, and the same is done in case operators think the man is at risk of repeating his violent behaviour.

## **1.3 The work within the network**

To ensure the women's and children's safety, the Centre promotes its programmes for men perpetrators of violence on the territory through local, national, and European collaboration networks.

### *1.3.1 The local network*



Working with male perpetrators of violence and ensuring safety for women and children, means working in strong networks of collaboration with the local territory. To this end, since its inception, CAM has maintained a collaboration with the Artemisia anti-violence centre in Florence to intervene and assist with situations of violence. Over the years further collaborations and Protocols of Understanding have been stricken signed with: Ufficio di Esecuzione Penale Esterna (UEPE, Office for the Execution of Sentences in the Community), Florence City Council, Central Tuscany Health authority, Codice Rosa, penal institutions, just to name a few. The constant connection with the rest of supporting services allows for an effective monitoring of the situations of violence (especially the riskiest ones) and a strengthening of the network thanks to the continuous exchange of information and training on the services.

### *1.3.2 The national and European network*

To improve the effectiveness of the processes with male perpetrators, CAM is also part of the national RELIVE (Relazioni Libere dalle Violenze, violence-free relationships) and the European WWP EN (Work With Perpetrators) network. The RELIVE national network was founded in 2014 with nine of the first centres working with programs for male perpetrators of violence in affective relationships. The Centro Ascolto Uomini Maltrattanti of Florence is one of the founding members of RELIVE and its President Alessandra Pauncz is now President of RELIVE. RELIVE unites a network all associations and institutions that deal with programmes for male perpetrators of violence. All entities that want to be part of RELIVE are requested to have minimum quality standards, including demonstrating that they have operated in the field for at least two consecutive years. RELIVE's main objectives are: exchanging experiences, extending training opportunities, improving the effectiveness of the programmes for male perpetrators, ensuring quality standards and safety in the work with the victims. The network promotes opportunities for exchange between associations and partner entities through conferences and residential workshops, in order to maintain a high-quality standard in the interventions on male perpetrators of violence.

CAM is also part of Work with Perpetrators, (WWP) a European network that unites all programmes aimed at perpetrators and aims at improving the coordination amongst the major European centres to exchange good practices and identify more effective intervention strategies. The ultimate goal is to ensure maximum safety for women and children. The quality



standards of the European network are also connected to the need to find tools for assessing the effectiveness of programmes for male perpetrators of violence. To this end, the IMPACT Protocol was created a few years ago to assess the effectiveness of the programmes. Assessing the effectiveness of the programmes also means being able to spread the word about programmes for male perpetrators of violence outside the organizations in order to avoid relapse and ensure safety for women and children. The Centro Ascolto Uomini Maltrattanti is a member of the European network and the President of the centre is also the European Director of the network. This ensures a continuous exchange of methodologies and good practices for the intervention with male violence perpetrators. About two years ago the centre has also been included in the IMPACT Protocol for the evaluation of its programmes.

### ***1.5 Training activities***

Since 2012 the centre offers regular training opportunities both in Florence and in the rest of Italy. Several seven-module training programmes have been already run in Florence, Rome, Genoa, Treviso, Cremona, and other cities in Italy. Regular training and talks on awareness raising and focus on special topics for social and health operators, educators, and the general public.

### ***1.6 Planning activities***

The Centre also carries out awareness-raising activities through the numerous projects promoted by the Florence City Council and the Province of Florence, organizing and participating in conferences and seminars, awareness-raising initiatives in schools, communities for young people on probation, and activities aimed both at migrants and citizens, to name a few. Over the years, several local, national, and European projects have been developed with a focus on primary, secondary and tertiary prevention of gender-related violence and the promotion of affective relations with greater gender equality and equal rights for men and women.

Below is a list of projects that CAM has carried out over the years:

- Project **“Uomini violenti e cambiamento sociale: un’ipotesi di lavoro con i**



**maltrattanti**” (*Violent men and social change: a hypothesis of work with perpetrators*) carried out in 2008 and funded through the CESVOT innovation tender. The aim of this project was to start tackling the sense of validation to commit violence felt by many perpetrators. An awareness-raising campaign aimed at the perpetrators was run together with counselling opportunities for those who realise they have a problem in order to collect and assess their request for help.

- Project "**Scuola di vita. Costruire tempi nuovi**" (*School of life. Building new times*), carried out in 2013 with fund from the Province of Florence, in partnership with the Nosotras Association. The project carried out training in schools aimed at promoting a fair distribution of family responsibilities between men and women, in accordance with the regional law on gender citizenship, paying particular attention to the intergenerational conflict between immigrant parents and second-generation children, and the most critical intercultural aspects.
- Project "**Uno, nessuno, centomila stereotipi di genere**" (*One, nobody, one hundred thousand gender stereotypes*) carried out in 2016-2017 and funded by Città Metropolitana di Firenze, in partnership with the association "Tessere e Culture", the Pontassieve city council and the Maltoni School of Pontassieve. This project was carried out with middle school students in Pontassieve and set itself the following objectives: questioning and developing a critical reflection on issues such as domestic violence and abuse (DVA), consent in affective relationships, homophobia and gender cyberbullying and non-violent strategies of conflict resolution. The workshops were conducted with the creative methodology of the *theatre of the oppressed*, where the students took the role of audience and staged the topics proposed and chosen.
- Project "**Giovani e cultura. Percorsi di contrasto alla violenza di genere per l'integrazione sociale di minori a rischio e migranti**" (*Youth and Culture. Projects to combat gender-based violence for social integration of minors at risk and migrants*), carried out in 2018 and funded by the *eight per thousand* tax from Waldensian Church in partnership with the cooperatives of the Florence area. The project was addressed to minors at risk (relational, social, etc.), unaccompanied foreign minors, youths with addiction problems, youths with difficulties (relational, social, etc.), minors on probation, migrants, and asylum seekers.
- Projects carried out in penal institutions such as: "**Carcere, violenza e società – Percorsi di trasformazione**" (*Prison, violence and society: processes of transformation*), carried out in 2016-2017 and funded by the *eight per thousand* from the Waldensian Church; "**Carcere, violenza e società – percorsi di trasformazione.**



**Nuova edizione**” (*Prison, violence and society: processes of transformation. New edition*), carried out in 2017-2018 and funded by the *eight per thousand* tax from the Waldensian Church; project **“Percorsi di lavoro in carcere sulla violenza”** (*Working in prison against violence*), carried out in 2018 and funded by the Cassa di Risparmio di Firenze foundation; **“Programmi CAM di prevenzione della recidiva per i Sexual Offenders detenuti a Sollicciano”** (*CAM programs for the prevention of relapse for sexual offenders from the Sollicciano prison*), carried out in 2019 and funded by the Cassa di Risparmio di Firenze foundation.

- Project **“ALBE”** (*Sunrises*), presented by Artemisia in partnership with CAM following a ministry tender. Carried out in 2018 it was used to reflect on the collaboration between the two associations, in order to identify common methodologies to assess risks and discuss the most common cases ensuring safety and privacy.
- **“Fiocco Bianco”** (*White bow*) campaign. CAM helped to extend the **effort of the campaign that men can carry out themselves** to say no to violence against women to the whole Italian territory.
- A TV commercial was addressing men was shot in collaboration with Unicoop and UnipolSai. In 2017 CAM, in collaboration with Unicoop Firenze, promoted **“The first national campaign on fatherhood and promotion of paternal care”**. *‘Not by chance, not a game, dad by choice: an all-round dad, at home, at the supermarket, at the park and whenever he is needed’*, this was the message of the first national awareness-raising campaign on the topic of the fathers’ presence and responsibility, titled *“Io ci sono”* (*I am here*) and promoted by CAM Florence (Centro di ascolto uomini maltrattanti) and from the network of associations Il Giardino dei padri Florence, in collaboration with Unicoop Firenze.
- Project **“Community for Change: interventi di prevenzione primaria, secondaria e terziaria”** (*Community for Change: primary, secondary, and tertiary prevention interventions*) funded by the Tuscany Regional Administration through the welfare tender *“Social contributions to the third sector”*. Their main objective is to prevent and counter the phenomenon of violence in affective relationships, discrimination and intolerance against women and children through activities carried out in various communities in Tuscany.
- Project **“Rete e violenza: un progetto pilota di cooperazione tra Centro Antiviolenza e Centro per uomini autori di violenza”** (*Network and Violence: a pilot project for cooperation between the Anti-Violence Centre and Center for Men Violence*), funded with the *eight per thousand* funds of the Waldensian Church, in



partnership with the Artemisia Anti-violence Center of Florence. This project originated from the need, manifested over many years, to establish a collaboration between the anti-violence centres and the counselling centres for male perpetrators (Centri di Ascolto per Uomini Maltrattanti, CAMs), and its main objective is to identify a model of collaboration and pilot experimentation for contacting partners, which so far had been done by the CAMs.

- **Project “GAP. Generazione alla Pari: Percorsi di prevenzione e contrasto alla violenza con gli adolescenti”** (*GAP. Au-pair generation. Projects to prevent and contrast violence with teenagers*), funded by the Marchi Foundation in partnership with schools, cooperatives, and associations of areas of Florence, Agliana, and Pistoia. The project aims at primary and secondary prevention of violence in affective relationships amongst teenagers (*Teen Dating Violence*) and is specifically addressed to junior high students and teenagers at risk of social exclusion who are part of two cooperatives in the Florence area.
- Project **“Giovani per Giovani”** (*Youths for youths*), funded by Cesvot in partnership with the Cispv delegation from Florence and the Faculty of Psychology of the University of Florence, (non-formalized partnership). The project is aimed at combating discrimination and stereotypes related to gender roles that lay the foundations for male violence against women. Preventing gender-based violence means combating its cultural roots and causes, which in turn requires a lot of attention dedicated to new generations, not only as recipients of interventions, but also involving them in the designing, scheduling, and realizing phases.
- Project **“Lavorare sulla violenza nel contesto carcerario”** (*Working on violence in prison*), funded by the Foundation Ente Cassa di Risparmio di Pistoia and Pescia. After the four-year experience with the inmates of the Sollicciano penal institution, detained for violence and abuse on women and minors, the need for a similar project also arose in the Santa Caterina penal institution in the Pistoia area.
- Project **“CAM-biamenti maschili”** (*CAM, male changes*), in progress in 2018-2020, funded by the Department for Equal Opportunities. It was carried out in partnership with four CAM associations (CAM Ferrara, CAM Rome, CAM North Sardinia and CAM Cremona) and led by CAM Florence. The project aims at extending the important and innovative experimentation experience carried out over the last 10 years by CAM with the aim of disseminating and replicating it, pursuing the following general objectives: discourage violent behaviours; prevent relapse; increase the safety of women and children; contribute to the disruption of intergenerational transmission of violence.



On a national level, ever since its creation CAM sought to promote a different vision of gender-based violence based on communication in order to make male violence more recognizable also to men who are directly and indirectly involved in it. We started with brochures, foldables and posters directly addressed to men to create a connection and make violence more recognisable. The materials described common behaviours that happen during couple conflicts such as pushing, breaking objects, slapping, etc. This led many men to reflect on their behaviours, questioning themselves and asking for help.

- In 2019, the second Campaign of the European WWP EN network for work with male perpetrators of domestic violence, “Responsible Together”, was launched. During 16 days of activism against gender-based violence, 12 organizations from Albania, Bulgaria, Bosnia and Herzegovina, Croatia, Cyprus, Czech Republic, Italy and Spain created printed materials and video messages on the topic of consent in sexual relations, with the objective of educating the general public on incorrect beliefs about sexual violence in relationships, combat prejudice around those who have suffered sexual violence in relationships and shift attention from women, who are usually considered responsible for their own safety, to men, who should be able to guarantee safe and consensual sexual relationships.
- **Il Giardino dei Padri (*The Fathers’ Garden*)**. Forum on paternity and care initiated by a group of men and women from different organizations: CAM (Centro Ascolto Maltrattanti Florence), Maschile Plurale, Parteciparte, Cerchio degli Uomini, WhiteDove, Cambiamento Maschile. The network was created to contribute to cultural and regulatory change in sharing parental care and paternity practices.

### 1.5.1 European Projects

- **ENGAGE**. Project carried out in 2017-2019 and funded by the European Commission through the Justice tender. CAM and the Florence City Council are partnering with the WWP-EN European network, Conexus in Barcelona, Psytel in France in the European Commission-funded project ENGAGE. The project focusses on the needs of frontline professionals in the local services to identify violence, assist male perpetrators of violence and define how to refer them to specific services like CAM. Several focus groups were carried out with the objective of structuring training materials, guidelines,



and training interventions to improve the chances for better referrals to perpetrators programmes. The project created a roadmap to guide front-line operators in detecting violence and referring men to specialised centres. Training materials were also created and put at each centre's disposal to be used autonomously in their territories.

- **IMPACT.** At the beginning of 2017 CAM adopted a protocol proposed by the WWP, in collaboration with the University of Bristol and the Centre for Gender and Violence Research, and directed by one of the leading European experts in the assessment of treatments for perpetrators, Professor Marianne Hester. As a result of the voluntary interest shown, the CAM of Florence, which is the Italian focus point for Europe, became part of the experimentation of the IMPACT protocol for the evaluation of treatments, thus getting free access to the protocol and to an independent evaluation by WWP and the University of Bristol. IMPACT is a WWP project that started in 2011, supported by the Daphne III project, with the objective of raising the quality of the programmes for perpetrators all over Europe. The strategy is based on the development of tools and methodologies to monitor the progress of the programmes and evaluate the results in the different European countries that have joined the project. The partners who have joined the IMPACT project and contributed to the construction and validation of the programme tools include some of the most important centres for perpetrators in Europe and worldwide, such as: Dissens in Berlin, Conexus in Barcelona, Respect in London, Wave in Vienna, just to name a few. There are currently no questionnaires and methodologies in Italy to evaluate the programs aimed at male perpetrators of violence. The tool and methodology proposed by IMPACT are therefore filling a knowledge gap and are providing unexplored opportunities. Assessing treatments allows to monitor them and implement actions with the objective of establishing good practices and promoting a reflection on the programmes and most effective features to stop violence and initiate a real change with the men who join the programmes. The objective assessment of the programmes for perpetrators will also allow CAM operators to adjust and improve their services based on its output. This will ensure a common language and data that can be compared amongst similar programmes carried out in other countries of the European WWP network.
- **FOMEN.** Funded by the European Commission through the Justice tender. It is a two-year project that spans from September 2019 until August 2021. The project focuses on innovative approaches to prevent gender-based violence with migrant men. Its main objectives are to define the impact of gender in the refugee crisis in Europe; develop prevention services with a gender perspective; improve existing services; raise



awareness on the fact that migration can challenge the current knowledge about gender violence; improve the health and well-being of victims through increased awareness in emotion management and in the creation of social relations, preventing violence; preventing violence through a gender perspective; improving integration and collaboration between the areas of migration and intercultural education. The project team, with associations in six European countries (Croatia, Austria, Germany, Spain and Greece), will develop quality standards for gender-related violence prevention programmes based on the work that will be carried out with refugees and migrants.

### ***1.7 The biggest obstacles the association faces in preventing violence***

Since 2009, CAM has promoted major changes on both a local and national level regarding the work carried out with perpetrators of violence in affective relationships and awareness-raising activities aimed at the general public. In spite of that, a clear hostility can still be felt against the programmes dedicated to male perpetrators, which in turn is perpetuating the stereotype of men who are not open to change and ultimately causing a lack of interest from the society and politics to invest in such programmes. The regulatory changes introduced by the Istanbul Convention, the harsher sentences for gender-related violence crimes and the “Codice Rosso” (red code) law, have surely led to a certain degree of change in the mentality on these topics, but there is still a lot of work to be done on the importance of promoting programmes and intervention policies to combat and prevent gender-related violence.

This obviously has an influence on the public economic resources that are invested in such programmes. CAM is continuously committed to the search for economic resources to support its activities, which are extremely important to free society from violence against women. Over the years the association has witnessed a progressively higher number of requests by male perpetrators to participate in the programmes (both voluntary and mandated), which, however, has not been accompanied by an equal degree of economic support, leading to considerable difficulties for operators to continue their work in the field. Moreover, new forms of violence seem to have started spreading such as violence against elderly parents, both by men and women, violence by teenagers against their peers and parents, and violence within same-sex



couples. Unfortunately, though, due to a lack of funds and trained personnel, it becomes difficult to create change groups for these specific users.

The association is also promoting a conversation on a political level to get more legal recognition for the programmes as both as alternative measures to prison and as inside the penal institutions as instruments to help the inmates in their path to self-improvement. This is why the work carried out within prisons is aimed at transforming the legal system from punitive to reparative or focused on repairing the relationship between victim and perpetrators through different processes and tools from the ones standardized in legal proceedings.

## **Gender-related violence in Italy**

### **2.1 Data**

ISTAT data of 2014 reports that 31.5% of 16-70 year-olds (6.788 million) have suffered some form of physical or sexual violence during their lives: 20.2% (4.353 million) suffered physical violence, 21% (4.520 million) sexual assault, 5.4% (1.157 million) the most severe forms of sexual violence such as rape (652,000) and attempted rape (746,000). 13,6% of women (2.8 million) have suffered physical or sexual violence from their partner or former partner, more specifically, 5.2% (855,000) from their current partner and 18.9% (2.44 million) from their former partner.

More specifically, women suffer threats (12.3%), are pushed or jerked (11.5%), slapped, kicked, punched or bitten (7.3%). Sometimes they are injured with objects (6.1%). More severe forms such as attempted strangulation, burn, suffocation, threat with or use of weapons are less frequent. Among women who have suffered sexual violence, the most widespread are physical harassment, that is, being touched or hugged or kissed against their own will (15.6%), non-consensual sexual intercourse experienced as violence (4.7%), rape (3%) and attempted rape (3.5%).

The most serious forms of violence are perpetrated by partners, relatives, or friends. 62.7% of rapes were committed by partners, 3.6% by relatives and 9.4% by friends. Physical violence (such as slaps, kicks, punches and bites) is mostly perpetrated by current or former partners. In addition to physical or sexual violence, women are also subject to psychological and



economic violence by their (former) partners, i.e., humiliation, belittlement, control, and intimidation, as well as economic deprivation.

In 2014, 26.4% of women had suffered psychological and economic violence from the current partner and 46.1% from a previous partner. In 2014, the most serious psychological violence (threats, being locked at home or being followed) were reported by 1.2% of women (200,000) who were in a relationship, while 50,000 women (0.3%) reported that their children suffered threats or retaliation. 3.4% of women who are separated from their partners report exploitation and threats against their children, while 13.5% report more serious psychological violence. A significant percentage of women also suffered persecutory acts (stalking). An estimated 21.5% of women between the ages of 16 and 70 (equal to 2.151 million) have experienced persecutory behaviour by a former partner. 15.3% of women have suffered persecutory acts more than once in their lives. In 2014, only in the 12 months before the interview, we can count 147,000 victims of stalking from their former partners, which correspond 1.5% (11.4% in the case of women who have separated from their partners in the last 12 months).

## ***2.2 The economic costs of domestic violence and abuse***

16 billion Euros are invested in Europe every year for women between 15 and 49 years old who have suffered violence. According to the World Health Organisation (WHO), violence against women represents “a health problem of enormous global proportions.”

This data emerges from the CCM project funded by the Italian Ministry of Health "REVAMP (Repellere Vulnera Ad Mulierem et Puerum) - Controllo e risposta alla violenza su persone vulnerabili: la donna e il bambino, modelli d'intervento nelle reti ospedaliere e nei servizi socio-sanitari in una prospettiva europea" (Control and response to violence towards vulnerable people: women and children, intervention models in hospital networks and social and health services in a European perspective), coordinated by the SINIACA-IDB surveillance network from the Galliera Hospital in Genoa, which collects data on violence as part of the European Injury Database (IDB).

The consequences of violence on women's health can have different levels of severity, including fatal outcomes such as femicide or termination of pregnancy, or very disabling as consequences of trauma (burn, poisoning, or intoxication), and psychological with health problems that include Post Traumatic Stress Disorder (PTSD), depression, substance abuse



and self-harming or suicidal behaviours, eating and sexual disorders. According to the data regarding the access to emergency room services in Piedmont, Tuscany, Abruzzo, and Sardinia, in 2013-2014 an average of 139,000 women out of 100,000 residents accessed the ER services for violence-related reasons, 72% of whom aged 15-49.

In the follow-up project study with women who had been victim of serious violence (continued violence, sexual abuse with penetration, non-superficial trauma, etc.), 67.5% of adult women who were victims of domestic or sexual violence were suffering from post-traumatic stress disorder three months after being discharged from the hospital. This was five times more than the corresponding control group of women who had not been victims of violence. This data is very close to the prevalence of PTSD observed in direct victims of major disasters, including terrorist attacks.

According to the data from the Ministry of Health referring to the 2014 WHO report on violence against women, 42% of women who suffer violence from their partner report injuries as a consequence of the violence. Violence perpetrated by a partner and sexual violence can lead to unwanted pregnancies, induced abortions, gynaecological problems, and sexually transmitted infections, including HIV. A survey carried out in 2013 revealed that women who had suffered physical or sexual abuse had 1.5 more chances of getting sexually transmitted infections (such as HIV in some regions) compared to women who had not suffered violence from their partner. They also had double chances of having an abortion. Suffering violence during pregnancy also increases the likelihood of miscarriage, stillborn baby, preterm birth, and insufficient weight of the baby at birth. These forms of violence can lead to depression, post-traumatic stress disorder, sleep problems, eating disorders, emotional stress, and suicide attempts. The same survey revealed that women who had suffered violence from their partner had almost double chances of developing depression or alcohol-related problems. The percentage was even greater for women who had suffered violence from people other than their partner. Other health consequences can also include headaches, back pain, abdominal pain, fibromyalgia, gastrointestinal disorders, limited mobility and general poor health.

### ***2.3 The impact of violence on children***

There are currently no clear statistics on the violence suffered and witnessed by minors. The survey on the prevalence of children mistreatment in Italy, run for the first time by CISMAI,



and *Terre des Hommes* in 2013 based on data from 2011, showed that children that were at risk of or had experienced abuse were frequently in contact with multiple services and each one of them could have been a resource to detect the mistreatment and intervene. According to estimates, 91 million of minors are abused in Italy. The total estimate of minor victims of abuse, regardless of the reason why they access the services, is 91,272. The estimated total of those who access the services is 57,740. 33,532 minors (more than 30% of those who access the centres) are taken in because of abuse, even if the reason for access was not always specified as abuse.

Witnessed violence is also worth paying attention to, as it is reported as the second most extended kind of violence: approximately 1 out of 5 children is a witness of violence within the family.

Those who grow up in violent family environments may be suffering from a range of behavioural and emotional disorders, which may also be associated with the tendency to commit or suffer violence later in life. Violence against the partner has also been associated with higher rates of neonatal and infant mortality and morbidity (e.g., diarrheal diseases and malnutrition).

### **2.3 Women and Anti-Violence Centres**

The ISTAT data referring to women who contacted anti-violence centres in 2017 are presented in reference to the absolute numbers on a national level, according to their geographical distribution and the average number of women for each centre (156, calculated based on the 49,021 centres that have shared the information). The number of women who have contacted the centres is higher in Central Italy (218 per centre)<sup>1</sup>;

- 32,632 women are involved in a programme to escape violence and assisted by anti-violence centres (104% on average). On average, the anti-violence centres in the North of Italy host more than double the number of women (143) compared to the South (59);
- In 2017, 21.618 women first started their process to escape violence (75% on average). This figure is higher in the centres located in the North (100), while

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<sup>1</sup> 2017 ISTAT data



the average number (43) of women accessing the centres of the South and Islands for the first time is low;

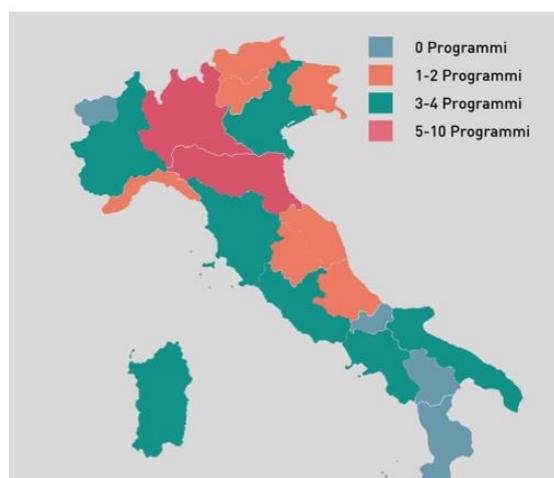
- Among women who used the services of an anti-violence centre, 10,488 (37% on average) were referred to them by other specialised or generic services present in the area. The number of women who were referred to anti-violence centres in the North (50) was higher than in the South (22), meaning that there is a better integration in the North.
- 8,711 foreign women participated in an anti-violence programme, an average of 30 per centre in the whole country (44% in the North, 36% in the Centre and 10% in the South).

## **2.4 Men and programmes for perpetrators of violence**

The data on male perpetrators of violence presented in this paragraph are drawn from the second report “*I programmi per autori di violenza, quadro di sintesi dei risultati della rilevazione*” (Programmes for violence perpetrators: recap of the survey), carried out through the project ViVa - *Monitoraggio, Valutazione e Analisi degli interventi di prevenzione e contrasto alla violenza contro le donne* (Monitoring, Evaluation and Analysis of interventions to prevent and combat violence against women) as part of a collaboration agreement between IRPPS-CNR and the Department for Equal Opportunities of the

Presidency of the Council of Ministers.

The data processed refers to men who accessed perpetrators programmes. According to the survey, there were 59 programmes in Italy on December 31<sup>st</sup> 2017 and they were distributed as follows (Fig. 2.4).





*Fig. 2.4 Regional distribution of programmes for perpetrators. Year 2017<sup>2</sup>*

Defining the traits of the perpetrators who join the programmes is not always easy. The second ViVa project report illustrates how difficult it is for the centres to detect the socio-demographic traits of the men who access the centres. According to the data collected in the survey, 46 programmes were carried out in 2017, with 1,199 contacts (26.1 per programme on average) and 1,214 participating in the programmes (26.4 per programme on average). During the year, the programme took charge of 573 men (14.3 on average), while 339 men finished or abandoned the treatment (8.5 per programme on average)<sup>3</sup>.

As for the access modes: 485 men accessed voluntarily (11 per programme on average), while 678 were referred by other services. Table 2.4.1 shows the following data<sup>4</sup>:

Volunteer	485
Social services	193
Judicial authority	137
professionals	122
Office for external criminal enforcement	90
Anti-violence centres	44
Services for minors	37
Police Forces	32
Other Treatment Program	20

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<sup>2</sup> Fonte IRPPS-CNR

<sup>3</sup>ViVa report

<sup>4</sup>ViVa report



Commissioner	3
Mode not indicated	51

*Tab. 2.4.1 Access modes of perpetrators programs*

Regarding the socio-demographic traits of the men who access the centres:

- a) The qualification refers to 558 men (46% of the total) and shows that 44.8% have a low level of schooling (junior high degree), 42.8% a medium level (high school degree) and 12.4% high (bachelor's degree or higher degree). On average, a higher number have steady employment and minor children (Table 2.4.2).
- b) Socio-economic traits

A high percentage of men have steady employment and children. 353 men are married or in a steady relationship, while 293 men are separated/divorced or undergoing a separation. There are 140 foreign men. 60 men suffer from pathological addictions; 44 men are assisted by mental health care services and 77 are inmates in penal institutions referring to the centres.

Employed full time	499
Fathers with children / and minors	454
Married	353
Separated / divorced or in the process of separation	293
Foreigners	140
Suffering from pathological addictions	60
in charge of mental health services	44
Detainees in prisons	77

*Table. 2.4.2 Socio-demographic access dates*

## **2.5 Male perpetrators who are being counselled through the Tuscany regional administration programmes**

According to the latest reports from the Tuscany Regional Administration on the distribution of violence throughout the region and the number of men have accessed the change programmes organized by the centres, from June 1 2016 to June 30 2019 (Table, 2.5), 297



men did at least the first in-person interview at the centres for male perpetrators, with a notable increase in the last 12 months analysed.<sup>5</sup>

<b>%</b>	<b>Previous Years</b>	<b>2018- 2019</b>	<b>Total</b>
Centro Ascolto Uomini Maltrattanti (CAM) Firenze	95	70	165
P.U.R Progetto Uomini Responsabili-Carrara	4	8	12
Associazione Spazio Libero- Sportello Ascolto Uomini Maltrattanti	10	-	10
Nuovo Maschile. Uomini liberi dalla violenza-Pisa	28	22	50
Associazione LUI-Livorno	31	13	44
Spazio Ascolto Uomini Maltrattanti (SAM)-Grosseto	2	14	16
<b>Total</b>	<b>170</b>	<b>127</b>	<b>297</b>

*Table 2.5 Men have accessed to the Centre for perpetrators from 1st June 2016 to 30th July 2019 (Percentages).*

The percentage of foreign men who got in touch with the centres went from 21.4% to 27.8%, meaning that the percentage of Italian men decreased from 78.6% to 72.2%.

As for how men arrive at the centres, the data shows that a large percentage are referred to the centres by other public services: social services, a court, the office for the execution of sentences in the community, which confirms that the programmes for perpetrators are more and more important and used by other institutions, as promoted by the Istanbul convention guidelines. This is also confirmed by the fact that more and more centres are created with the support of public initiatives.

In the last twelve months, it is also apparent that more and more men who are perpetrators of any form of gender-based violence or sexual assault against minors continue the programmes

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Eleventh Report of the Tuscany Regional Administration<sup>5</sup>



they started in prison also during their probation time. Over the years, CAM has activated several projects in collaboration with the penal institutions in Solicciano, Solliccianino and Pistoia.

Table 2.5.1 shows the data on the men who were referred to centres for male perpetrators:

	Previous Years	2018-2019
<b>Referral by prison</b>	5.0	24.4
<b>Referral by Social Services</b>	13.0	21,3
<b>Spontaneous initiative</b>	24.0	17,3
<b>Referral by Private Psychologists Professionals,</b>	13.0	12.6
<b>Dispatch to Court / UEPE</b>	22.0	7.1
<b>At the urging of the partner / former partner</b>	7.0	5.5
<b>At the urging of another family member and / or friends</b>	6.0	4.7
<b>Other</b>	7.0	3.1
<b>Dispatch of law enforcement agencies</b>	3.0	2.4
<b>Referral anti-violence centre</b>	0.0	1.6
<b>Referral another centre for perpetrators</b>	1.0	0.0

Table. 2.5.1 Men who were referred to centres for male perpetrators

As for the traits of the men who start a project in one of the perpetrators centres in Tuscany, the data is very similar to that of women who contact those centres: it is men between 30 and 59 years old (with a majority of 40-49) with different levels of education (according to the available information, 47 out of 81 men hold at least a high school degree). Overall, 72% of men have children, with a significant difference between Italians and foreigners (60% vs.



83%). In more than half of the cases their children are underage. More than half of the men have an underage child.<sup>6</sup>

Most of the men who contacted the centres have a violent past: 44 out of 66 men say they were victims of violence in their childhood, either directly or as witnesses. 27 of these suffered both forms of abuse (direct and assisted violence). In most cases the violence took place within the family: in 17 cases the perpetrator was the father, in 10 cases the mother, in 7 cases both, and in 5 cases grandparents or other relatives.

The men that received assistance the centres for perpetrators commit violence especially against the woman they live with (54.9%) and the violence often extends to their children (12 out of 14 cases of violence towards their children or the mother of their children) or to their relatives or acquaintances (2 cases) (Fig. 2.5.2).

<b>Spouse</b>	<b>35.5</b>
<b>Cohabitant partner</b>	19.4
<b>Son / daughter</b>	11.3
<b>Former spouse</b>	9.7
<b>Non-cohabiting partner</b>	9.7
<b>Unknown / a</b>	7.3
<b>Former partner not living together</b>	6.5
<b>Former cohabiting partner</b>	6.5
<b>Other / an acquaintance</b>	3.2
<b>Other relative (s)</b>	2.4
<b>Mother</b>	2.4
<b>Father</b>	0.8

*Fig.2.5.2 Men that received assistance the centre for mode of love relation with victim*

Most of the men (65% of Italian and 85% of foreign) who accessed a centre for male perpetrators in Tuscany had been reported. As shown in Fig. 2.5.3, a large number of legal proceedings are still ongoing, while in 7 cases the report was not followed by any court proceedings.



	Number
<b>Men who have received complaints or reports</b>	86
<b>Legal proceedings ongoing</b>	69
<b>Judicial proceedings concluded</b>	9
<b>No judicial proceedings initiated</b>	7
<b>Not detected</b>	1
<b>The man has not undergone neither complaints nor denunciations</b>	36
<b>Not detected</b>	5

Fig. 2.5.3 Men who received legal consequences

Approximately 3 out of 4 men (74.4%) are also in charge of other services; this data does not seem to be influenced by their nationality, although there is a difference between Italian and foreign men when it comes to the kind of service. Most of the foreign men are assisted by social services (42.9%), while more Italian men (7.8%) are being treated by private professionals (psychologists, psychotherapists) compared to foreign men (2.9%). 13.3% of foreigners are in charge of mental health services (compared to 5.7% of Italians) (Fig. 2.5.4).

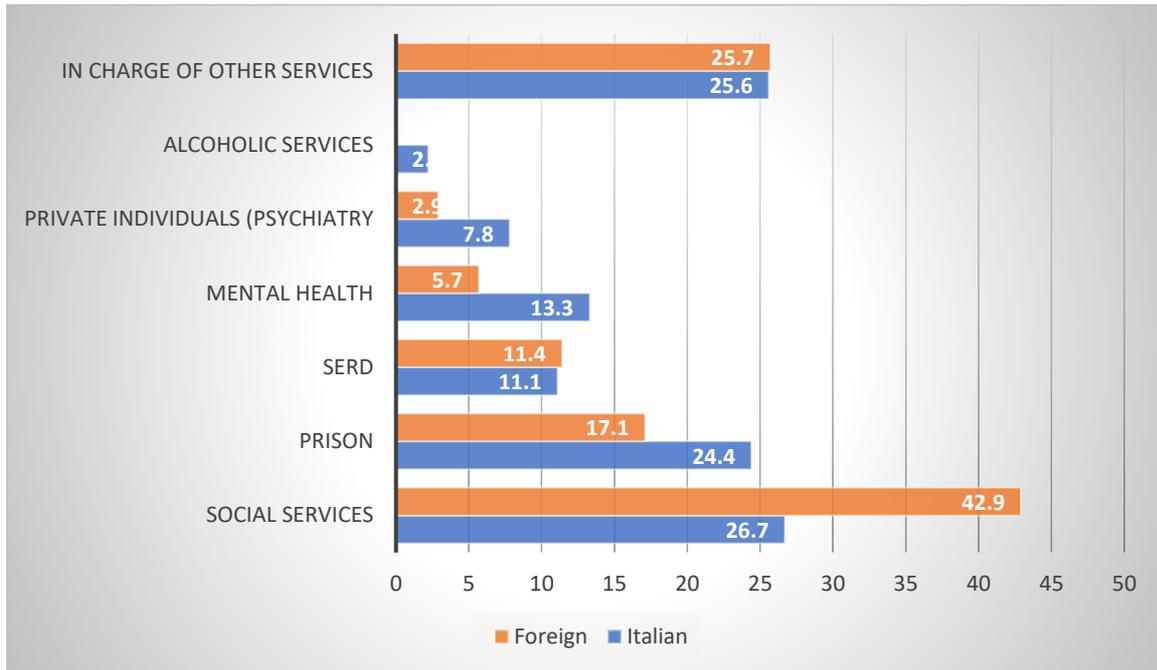


Fig. 2.5.4 Men in charge of other services

The final section of the individual assessment form for men assisted by one of the six centres in Tuscany reveals the status and outcome of the program at the end of the monitoring period (June 30, 2019): more than half of the men who contacted a centre for perpetrators in the last 12 months are still being assisted at the centre, while 16% have finished their programme (Fig. 2.5.5). The number of men who have interrupted the programme is lower compared to the previous year. If we compare this data to that about referrals, we can see that the men who interrupt their programmes are the ones who accessed it voluntarily or upon recommendation of their friends or relatives.

It is therefore clear that there is a need for a more complex work on the motivations of the men who voluntarily join the programmes: they are very precious users since they have already started their own process of self-awareness on the dangerousness of their violent behaviours.

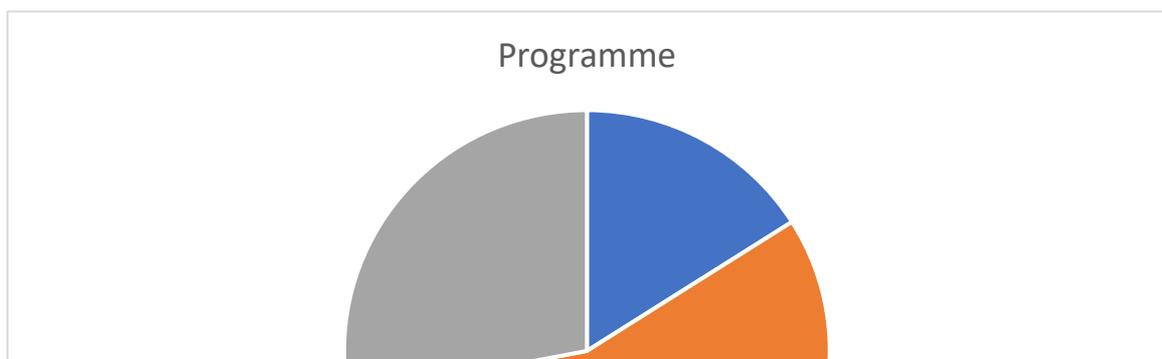




Fig. 2.5.5 The programmes for men

### ***2.6 The male perpetrators who are taken in charge by the Centro Ascolto Uomini Maltrattanti***

In 2019 130 new men accessed the Centro Ascolto Uomini Maltrattanti in Florence.

Specifically:

- 43 men who had interviews or group talks in prison;
- 28 men called from other areas in Italy and were referred to other local centres for perpetrators;
- 56 men who had at least one interview and started the group programme.

On top of the new participants, in 2019 CAM had about 50 men from previous years.

When we analyse the different features, we can see that:

- 18 men joined spontaneously, after having read about it on the internet or on posters;
- 6 joined upon their (ex) partner's request;
- 1 joined upon other family members' or friends' request;
- 27 men were referred by social services;
- 1 was sent by law enforcement authorities;
- 12 mandate by a court or Office for the Execution of Sentences in the Community;
- 2 referred by an anti-violence centre;
- 9 referred by private professionals (lawyers/psychologists)



- 43 men detained in local penal institutions
- 11 men have replied “Other”

As for nationalities:

- 98 are Italian,
- 15 are from the European Union
- 17 come from countries outside the EU

As for age:

- 18-29 years old: 6 men;
- 30-39 years old: 34 men;
- 40-49 years old: 45 men;
- 50-59 years old: 19 men;
- 60-69 years old: 14 men;
- Over 60 years old: 8 men;
- Men who did not answer: 4 men;

Most men claim they have a junior high school or high school degree. Most men work full-time or part-time; 16 are unemployed and 7 pensioners. The men who are in prison are not included in this case. In most cases the violence is acted against the current life partner (71% of men); former partner (17%); 11% against children (often underage) or strangers; 5% is against parents (mainly mothers). Violence perpetrated by men is in most cases physical (89%) and psychological (81%); 14% also say they have perpetrated economic violence, 13% sexual assault and 12% stalking. Most of them (100) have minor children.

A remarkably interesting detail is that approximately 100 of the men say they have been reported for their violent behaviour. 88 men claim to have a court case in progress, 14 men to have had one in the past. Only in one case the centre reported one of the men to the law enforcement authorities. Most of the men are assisted by the social services (approximately 40 men), while 15 of them are assisted by services for addiction to alcohol and substances, and 9 by mental health services.

## ***2.7 Evaluation of the effectiveness of perpetrators programmes***



Project “*CAM-biamenti maschili*”, funded by the Department for Equal Opportunities, allows the use of the IMPACT protocol to evaluate the effectiveness of treatment. Assessing treatments allows to monitor them and implement actions with the objective of establishing good practices and promoting a reflection on the programmes and most effective features to stop violence and initiate a real change with the men who join the programmes. The IMPACT protocol requires men who access the service and their female partners who have suffered the violence to take at least four questionnaires. The assessment refers to both the perpetrated and repeated violence and the perception of safety by the victim. The same questionnaire is repeated over time to evaluate whether there have been any changes in perception for the man or his partner. If more than one person has suffered violence, they all must take the IMPACT questionnaire.

The programmes carried out by CAM and their methodology have been assessed by the University of Bristol based on the following IMPACT criteria:

- Change in behaviour: the repetition and relapse into violent behaviours, changes in the type of abusive behaviour, reduction of risk of victimization -Change in attitude: the change in attitudes towards women, the change in attitudes concerning the use of violence (against women or in general)
- -Psychological changes: the improvement of psychological symptoms generally related with the risk of relapse
- -Changes in other risk factors: improvement of other risk factors associated with relapse (e.g., mental health problems, use/abuse of substances, quality of life)
- -Motivation and engagement with the project: motivation, retention rate during the treatment, expectations, and engagement shown
- -Information on more general aspects such as satisfaction levels and personal assessment of the experience.



It was decided to specifically evaluate the psycho-educational group, as it features replicable and measurable sessions over a period of six months. During the psycho-educational group programme, the men and their (ex) partners had to take 3 IMPACT questionnaires. The first group that was evaluated consists of 18 men. In April 2019, a first report was prepared which highlighted interesting results on the effectiveness of the program and the type of men accessing the centre. Specifically:

- Most men are aged 31-40 and have a full-time job
- At the beginning of the programme most men still have a relationship with their partner; towards the end we see how some of them have interrupted the relationship or are separating
- Partners consider the following as obstacles for change in violent men: emotional difficulties, relational traits, and attitudes (feelings of frustration, jealousy, insecurity, inability to manage anger, culture) and in some cases drug or alcohol use
- Most men get to the centre voluntarily
- At the end of the programme with the psycho-educational group, physical violence stops in all analysed cases, while psychological violence decreases only slightly (as reported by partners)
- Between the beginning and the end of the project, men show better awareness of the impact of their violent behaviour on their partners.

The report is currently being updated and edited.

	<b>Users (EX-) Partners</b>	
Participants at the start of the Programme (T1)	18	18
Participants at the end (T2)	11	10



Table 2.7. Users and Partners

The psycho-educational group was analysed, with approximately 24 weekly sessions of approximately two hours each (Table 2.7). The sessions are led by one male and one female facilitator. The reason why it was decided to analyse this type of treatment is the structured character of the sessions, which allows to make a comparison from a reliable and valid statistical point of view, compared to more unstructured kinds of groups. The men and their (ex) partners were asked to take the protocol questionnaire three times over six months (which is the duration of the psycho-educational group programme): at the beginning (T1), halfway through it (T2) and at the end (T3).

The participants' responses that were analysed for this report refer to 18 users and 18 (ex) partners for the T1 period, 11 users and 10 (ex) partners for the T3 period. There are two main reasons why the number of users and partners who answered the questionnaire at the beginning of the programme is different than the one at the end: 1) three participants dropped out of the programme (without taking the T3 questionnaire) and 2) 6 men were finishing the programme.

### *2.7.1 Main results of the assessment*

At first, female partners state there is more violence than what the men claim, but at the end of the programme their declarations match: it is possible that men are not ready or prepared to talk about violence, but the programme prepares them to do it.

At the end of the programme, both men and women report that violent behaviours, both physical and emotional, have diminished. There is also a reduction in frequency and intensity (i.e., *how often it happens*) of the abusing behaviours and both the men and (ex) partners agree on that. These results are statistically significant.

What emerges regarding sexual violence is unclear, probably because the former partner who spoke about sexual assault at the start of the programme did not take the questionnaire at the end. The sexual behaviour does not decrease in terms of number or intensity according to men, while it is significant according to women. Anyway, the number of negative sexual behaviours reported was small. See Appendix 1 with the results of the effectiveness assessment. More data will be added in 2020 to have a broader spectrum of cases for a more



trustworthy and scientifically sound assessment. The updated report should be ready by early 2021. This report includes the main results of the intervention at the Centro di Ascolto Uomini Maltrattanti in Florence, as measured through the Impact Outcome Monitoring Toolkit. It is the first assessment on the treatment of male violence perpetrators carried out in Italy.

## **Responses to Domestic Violence in Italy: the regulatory framework of reference**

### ***3.1 The regulatory framework***

Violence against women and femicide are still alarming phenomena in Italy and there is a lot of work to be done, however, there has been progress on the regulatory front. Until 1975 it was officially sanctioned in Italy that the husband could use means of correction and discipline against his wife, and the honour killings and forced weddings were only abolished in 1982<sup>7</sup>. With the creation of anti-violence centres and hospitality homes, the “victim” becomes a plausible “subject” that can deal with the situation and protect her children.

The new regulations that introduced significant changes were:

- 1) 1993 United Nations Declaration on the Elimination of Violence Against Women;
- 2) Council of Europe Recommendation 5, 2005;
- 3) European Parliament resolution 4/4/11 on priorities and setting a new framework for combating violence against women;
- 4) Istanbul Convention, 2011;
- 5) Law no. 119, 15 October 2013;
- 6) National strategic plan against male violence on women (2017-2020);
- 7) Law no. 69, 19 July 2019, called “Codice Rosso” (code red).

The various regulations on the fight of violence against women have been the consequence of powerful conversations on a legislative level and the application of the Istanbul Convention,

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<sup>7</sup>Through a forced wedding a rapist could avoid criminal charges by marrying the victim.



an international, legally binding tool to contrast and fight domestic violence. The convention states that public policies should play a role in the prevention, protection and support for victims of domestic violence, including witnessed violence suffered by minors, as well as on the subject of rehabilitation of perpetrators.

After the ratification of the Istanbul Convention on October 2013, the Italian parliament approved the law no. 119 (Conversion in law with changes of the decree-law no. 93, 14 August 2013, containing urgent safety provisions to contrast gender-based violence, as well as important substantial and procedural changes on the aggravating circumstances of crimes in affective relations).

To complete the regulation, the Minister of Equal Opportunities was requested to formulate and adopt a “*Special action plan against gender-based and sexual violence*” brought about in 2015 and lasting two years.

In 2017 another “*National strategic plan against male violence on women (2017-2020)*” was brought about. The operational plan contains cross-disciplinary interventions for the prevention and support of female victims of violence and their minor children, as well as to ensure their protection, improve the effectiveness of legal proceedings and strengthen the ability to prosecute and punish perpetrated violence. It also contains interventions for men who perpetrate violence in affective relations. All the identified actions are consistent with the provisions of the Istanbul Convention. Within the Strategic Plan, we identify two of the main *Axis of Intervention*, which is useful to outline an overview of the interventions that are carried out in Italy to prevent domestic violence and support and protect the victims.

#### **a. Prevention of domestic violence and support of the victims**

It aims at preventing male violence against women and raising awareness about the phenomenon. The specific objectives and actions to this end are:

- i. Raising public awareness on the phenomenon of male violence against women, its causes and consequences* through communication campaigns and drafting guidelines to implement information campaigns that can be carried out by individual administrations, with particular attention to women with disabilities who are victims of violence. This action also includes awareness campaigns aimed at working women and migrant women who are victims of domestic violence.



- ii. *To raise awareness and increase the knowledge of teachers at various educational institutions in the field of male violence against women and witnessed violence; increase their ability to detect the phenomenon and collaborate with local anti-violence networks.* The action includes promoting numerous projects within schools aimed at raising awareness amongst students and engaging them in prevention programmes against bullying and cyberbullying. The topic of gender-based violence is introduced in university curricula for health sciences and in regional training for general practitioners; the EU funded project “Connecting generations”, that includes the production of multimedia content and awareness-raising campaigns focussing on contrasting bullying originated from gender-based discrimination, is extended by the EU Commission; the creation and promotion of awareness-raising campaigns against hate speech, with the objective of reducing, checking, reporting and fighting negative and discriminatory actions and language amongst the youngest generations.
- iii. *Promoting training activities for operators in the public sector and private social sector, in order to identify and support actions aimed at female victims of male violence and their children* through: the creation of guidelines for operators with the objective of identifying and preventing situations of risk and vulnerability, including women with disabilities who could be victims of violence; training of local police operators and social services on topics related to gender-based violence; setting in motion experimental projects to train operators of juvenile justice services (USSM), offices for the execution of sentences in the community (UEPE), and the administration for the execution of sentences in prison; carrying out training activities for law enforcement officials who get in contact with female victims and those involved in the (pre-) identification of foreign women and asylum seekers to improve operational integration and networking; setting in motion experimental projects to train navy operators; starting a refresher project for gender advisors to train consultants on the topic of gender perspective who could be deployed in military operations and, more in general, in the organization of defence, with the objective of contrasting sexist attitudes; a survey to the personal of the defense administration aimed at identifying the perception of discriminations, gender role-related stereotypes, sexism and male violence against women. Lastly, the drafting of guidelines for the members of the local commissions to ensure international protection, to identify women who have survived gender-based violence amongst refugees and asylum seekers, and referral mechanisms; carrying out training for interpreters, administration officers, members of the local commissions on gender-related and sexual violence amongst refugees.



- iv. *Establishment of treatment programmes for perpetrators of abuse against women.* In concordance with the Istanbul Convention, preventative and treatment interventions are implemented for (potential) male perpetrators of violence in affective relations, in order to prevent relapse and encourage non-violent behaviours in personal relationships; the creation of a national protocol for the treatment of perpetrators of gender-based or sexual violence; identifying the most efficient models of in-prison treatment and training of the operators involved in the interventions; analysing, defining and experimenting intervention models for minors who commit sexual crimes; developing interventions of awareness-raising and supervision for social workers of juvenile justice services (USSM).

#### **b. Protection and support of the victims**

The second pillar of intervention included in the strategic national plan against male violence on women (2017-2020) refers to the protection and support of the victims through:

- i. Providing assistance, or strengthening the support to women victims of violence and their children through the consistent enhancement of the local service network, anti-violence centres and assistance services for women victims of violence through:
- Mapping and assessment of general and specialized services and services dedicated perpetrators of violence (DPO-CNR - ISTAT).
  - Implementation of projects to support female inmates who have suffered violence; personalized programmes of vocational guidance and job placement, as well as specific outreach actions for penal institutions on the topic of violence.
  - Implementation of innovative projects to support and protect women victims of (economic) violence, to obtain an analysis of the impact of the phenomenon of economic violence and how it influences the woman's choice to remain in their condition as a victim when they are economically dependent on their perpetrators, particularly when they have children.
- ii. *Programmes of empowerment for work, economic, financial and living autonomy*, i.e. the promotion and support of an experimental project on the issue of indebtedness of women victims of violence, programmes to promote (economic) autonomy; awareness-raising activities, information and training on harassment in the workplace.



- iii. *Continuation of the free national anti-violence phone service (1522), with the objective of offering continuous assistance and useful indications to undertake a process to escape violence, as well as information on public and private services available on the whole national territory, while respecting confidentiality and anonymity.*
- iv. *Protect and support child who are victims and/or witnesses of violence within their family and the orphans of femicides.*
- v. *Protection programmes from victims of violence within hospitals and health centres. Promoting and monitoring the programmes for female victims of violence to support them in the emergency rooms; activating local anti-violence networks through cross-institutional protocols (article 24 of LEA, Essential Assistance Levels).*
- vi. *Monitoring of the regional centres of the Ministry of Health on the topic of FGM, to guide the provision of health services and improve knowledge of the phenomenon, through a collection of data on prevalence and the risk estimates for children and girls.*

### **3.2 Regulatory aspects law no. 69 2019, “Code Red”**

During the current government term, the Italian parliament continued to adopt measures to counter violence against women, passing the law no. 69 2019 (Code Red), aimed at strengthening the procedural protections for victims of violent crime, and especially sexual and domestic violence. This law has three main objectives: prevention of crimes, protection of the victims and punishment for offenders. The law introduces four new crimes:

- The disfigurement of a person’s physical appearance through permanent damage to the face is punished with 8 to 14 years in jail. When such a crime ends up in murder, the offender is sentenced to life imprisonment.
- *Revenge porn*, or the unlawful dissemination of sexually explicit images or videos without the consent of the persons represented (article 612-3 of the Penal Code, after the crime of *stalking*). He is punished with 1 to 6 years in jail and 5,000 to 15,000 euros fine. The penalty also applies to those who receive and disseminate the image. The sentence is increased if the offence is committed within an emotional relationship, even after it ends.
- The crime of forced marriage (article 558-2 of the Penal Code) punished with 1 to 5 years of jail. The offence is aggravated if minors are involved, even if it is committed abroad by, or against an Italian citizen or a foreigner resident in Italy;



- The offence of violation of the order of removal from the family home and restraining orders towards the victim (article 387-2), punished with 6 months to 3 years jail.

The “Code red” law provides for a more severe punishment for abuse against family members and intimate partners (article 572 of the Penal Code) when committed in the presence of or against a minor, a pregnant woman or a disabled person, or when weapons are used. Moreover, children who witness the abuse are always considered victims of the crime. Restriction orders are a further tool to prevent violence and support the victims. Other crimes for which stricter punishment is provided for are persecutory acts (art. 612-2 of the Penal Code); sexual violence (articles 609-2 of the Penal Code and following) also against minors (articles 609-4 of the Penal Code) with an increased penalty (up to one third) for acts with children under 14 years of age in exchange for money or other forms of reward, even if just promised. Another important addition introduced by the law is the possibility of offering the perpetrators of gender-based violence a psychological treatment, i.e., the participation in programmes for perpetrators to support them in their rehabilitation, which can be part of the assessment necessary to obtain more lenient sentences.

### ***3.3 Interventions with male perpetrators in the national and international legal system***

The Italian legal system concerning the interventions to stop violence against women and children, the 119 law from 2013, and, more specifically, the plan mentioned in article 5, consider the interventions aimed at male perpetrators of domestic and gender-based violence as key for the measures and actions to take to lower the risk of relapse (*“it immediately informs the perpetrator regarding the available services in the area for the intervention with male perpetrators of domestic and gender-based violence, including family counselling centres, mental health services, addiction services, as defined by the plan from article 5”*). In particular, Article 5 (g) provides for the promotion, development and activation at a national level of actions of rehabilitation and support for perpetrators of violence in affective relations, based on consolidated methodologies and in line with specific guidelines, in order to facilitate their recovery and avoid relapse. This regulation is based on the provisions from the 1993 UN Declaration on the Elimination of Violence Against Women, the 2005 Recommendation 5 from the Council of Europe, the 2011 European Parliament Resolution on priorities and set a new



framework for combating violence against women, point 24 of the Istanbul Convention, article 16, points 1, 2, 3.

The Istanbul Convention highlights how the rehabilitation of perpetrators is a key tool in any initiative or action against gender-based violence. Rehabilitation must be preceded by a careful risk assessment: an important stage of any intervention aimed at perpetrators of violence, given that the objective of the intervention on the perpetrator is to prevent their future behaviour to avoid relapse.

As pointed out by the guidelines, the interventions aimed at getting male perpetrators to take responsibility for the violence they have used and acknowledge its negative value can be carried out as formalized collaborations between the centres for male perpetrators and the centres for women, through conventions or protocols that provide the procedures to define and share the contents and the assessment on the effectiveness of the measures to be taken. Lastly, the recent law no. 69, 19 July 2019, named "Code red" offers the men who have been proven guilty of gender-based and domestic violence the possibility to receive a psychological treatment aiming at rehabilitation and support, which can be part of the assessment necessary to obtain more lenient sentences, as described in the previous paragraph.

## **Programmes for perpetrators in Italy**

The following chapter contains a list of all the centres in Italy that offer programmes for male perpetrators of violence and that are part of Relive Network. The chapter will also describe the needs and best practices for working with male perpetrators of violence.

- Centro di Ascolto Uomini Maltrattanti CAM, Firenze
- Centro di Ascolto Uomini Maltrattanti CAM, Ferrara
- White Dove Evoluzione del Maschile Onlus, Genova
- Centro SAVID Stop alla violenza domestica - Insegnamento di criminologia, Università degli Studi di Milano
- Fondazione Famiglia Materna, Rovereto
- C.I.P.M Centro Italiano per la Promozione della Mediazione, Milano
- C.I.P.M Centro Italiano per la Promozione della Mediazione, Emilia
- Forum Lou Salomè – Progetto Uomini - non più violenti - si diventa, Milano
- Il Cerchio degli uomini, Torino



- Interpares
- S.U.M-Gruppo R
- C.I.P.M Liguria aps
- Centro Alfid
- Centro Ascolto uomini Maltrattanti Nord Sardegna
- Cambiamento Maschile
- Centro Ares
- Nuovo Maschile Uomini Liberi dalla Violenza
- Centro di Ascolto Uomini Maltrattanti CAM, Roma
- M.UO.VITI Mai più violenti, Ravenna
- CTM Centro Trattamento Forlì
- Uomini oltre la Violenza, Foggia
- Istrice APS, Sacile (Pn)
- Paviol, Biella
- Dorian Gray, Varese
- Centro Ascolto, Cura e Sostegno per uomini maltrattanti, Bagheria (PA)

#### ***4.2 Working with male perpetrators in Italy: Analysis of needs***

The programmes for perpetrators started to see a rapid development in Italy in 2009, when the Centro di Ascolto Uomini Maltrattanti in Florence was founded, which was the first centre to provide assistance to male perpetrators of violence in Italy. While it surely is an important achievement, we still find that many areas are not covered by any kind of service, or other areas where the services are carried out on a voluntary basis, with inevitable shortcomings and difficulties. In the meantime, the number of forced intakes due to the new laws is increasing exponentially and there is still a steady number of men joining the programmes on a voluntary basis.

The high number of men accessing the service is worth noticing since the centres have often had to start new treatment activities or waiting lists. The increase in men made it possible to reflect on the needs of the individuals who, even if they had been referred to the centres for the same reason - violent behaviour, could present specific traits that had to be taken into account when choosing the right treatment. Group activities have always proved to be an excellent treatment tool, and today it is possible to work with groups that have relatively



different or more specific goals using different clinical modes. However, a more specific treatment based on the personological traits of the user and/or according to the nature of the crime or violent behaviour is always desirable. Differentiating treatment also paves the way to the possibility of starting an individual programme, in case the group activities are not enough.

Migration patterns should also be considered, as today a large number of users are foreigners, with the possibility of introducing different programmes for each nationality and the involvement of cultural mediators trained on the issues of gender violence, in order to facilitate the work of the centres.

It is necessary to train operators who work with male perpetrators of violence and avoid having untrained personnel, or at least have some trained operators in the teams. The services should collaborate as closely as possible and share information on the users' specific cases, treatments, and objectives to meet. The institutions should work in a network with constant communication and knowledge sharing.

In Italy and in many other European countries, the debates and events organised to raise awareness and challenge male dominance and power dynamics are too often based on ideology and conflict between genders, while their objective should rather be to soothe the debate and promote a reflection and a space for those who want to express their ideas.

The weakest spot is still the work with male perpetrators in prisons: the penal institutions focus too much on punishment and repression and are often lacking a culture of care and re-education, not to mention the practical difficulties they face in terms of resources. According to our experience, men are more inclined to ask for help if they knew it could be consistent and guaranteed and it is worth trying to intervene also in situations of lower motivation.

The needs for the work with perpetrators are:

- Increased treatment services
- Stable and adequate financial resources
- Possibility to differentiate treatments for men
- Increased attention and training on foreign users
- Qualified and trained personnel
- Implementation of a local network of services
- Awareness-raising events open to dialogue, confrontation, and conflict management



- Greater political support to the work in prisons

### ***4.3 Best practices for working with male perpetrators***

The main objectives of the programmes for male perpetrators are to put an end to the violence, getting the men to take responsibility, and finding alternatives to violence to avoid relapse. Programmes for perpetrators of violence must therefore prioritize the safety of the partners and children. To achieve these goals, it is crucial to:

- a. enhance the men's awareness of the topics related to masculinity, its patriarchal imprint, and its connection with violence.
- b. reflect on relational patterns and parenting.

The entities and services implementing programmes for perpetrators of violence take responsibility not only for the men they treat, but for any person involved in the acts of violence. The work with male perpetrators of violence must be part of a wider process of cultural and political change to overcome gender stereotypes, men-women hierarchies that lead to discrimination and gender-based violence, as well as any other form of violence and discrimination. To this end, numerous protocols for collaboration with the support services for women and children and with local intervention systems have been defined. Equally important is the collaboration and creation of networks with other services, agencies, professional bodies, and professionals, such as the justice system, law enforcement, social services, health care services and child protection services, public and private operators who intercept domestic violence.

#### ***4.3.1 Theoretical Vision***

The programmes for perpetrators are based in three main intervention pillars for treatment: cultural, clinical, criminological. The intervention should remain focussed on violence, based on the assumption that violence in relations is unacceptable and that those committing violence are responsible for it. The operators of perpetrators programmes, while accepting the men's discomfort, should avoid excusing, justifying, minimizing, or sympathizing with these behaviours and reject all attempts at making women responsible. Each perpetrator programme also includes an explicit theoretical vision that includes, but is not limited to, the following aspects:



- a. Gender theory: promotion of a feminist perspective and recognition of the existence of a power imbalance in gender dynamics and roles, with consequences at an individual, social, cultural, professional, religious, and political level.
- b. Definition of domestic violence as per the Istanbul Convention;
- c. Origins of violence: scientific literature has shown that the causes of violence do not depend on a single factor, but is derived from an intricate web of individual, relational, social, and cultural factors. For this reason, it is necessary to develop an integrated theoretical model, which considers all these aspects in an interconnected way.
  - a) Theory of change: the programmes for men who have acted violently are based on the belief that people can change and that, in most cases, the violence is a learned behaviour that can be changed.

To properly address the complexity of the use of violence by men against their partners, the interventions focus on the most significant features of the different factors involved in this phenomenon, organized in the following ecological model:

- *Socio-cultural factors*: gender social context, unequal power relations between men and women in our societies, gender socialization and male and female stereotypes, violence as a conflict resolution mode in the cultural context of reference, the definitions of violence within different cultures, the penalties established by law and society for the use of domestic violence, etc.
- *Relational factors*: power relationships based on expectations and gender stereotypes within the couple, conflict resolution and communication modes, etc.
- *Individual factors* that can be divided into the following categories:
  - *Cognitive factors*: beliefs about relationships and gender roles, expectations about relationships such as romantic love and the dream of a perfect, symbiotic fusion, the idea that men have the right to be tended to by their female partners, and the men's idea of their own masculinity and virility.
  - *Emotional factors*: management or identification, vision and expression, in a gender perspective, feelings of anger, frustration, failure, shame, jealousy, fear, etc., and the relational basics of the experiences that cause these feelings (attachment styles, sense of identity, expectations, etc.),



- *Behavioural factors*: violent and domineering behaviours related to the sense of “being entitled because they belong to a gender” versus ability to establish relationships based on respect and equality, the ability to communicate and resolve conflicts, stress and anger management, how to recognise and manage emotions, etc.

#### 4.3.2 *Basic principles for working with male perpetrators of violence*

- 1. Contact with partners and support:** All programmes for male perpetrators of violence must ensure that their partners are informed about the objectives and content of the programmes and their limitations, in order not underestimate the possibility of further violent episodes. Women need to be made aware that participating in the programmes could be their partners’ way of further manipulating and controlling them. Women must be made aware of the possibility of receiving support for themselves and of the existence of programmes for their personal safety.
- 2. Child protection policy** Children living in contexts where violent behaviour is carried out always directly or indirectly suffer from the violence, they also witness due to the impairment of their parents’ skills. For this reason, children support is one of the priorities of the programmes, both in the direct work with men, and in the integration with other intervention systems and cooperation with other formal and non-formal institutions.
- 3. Approaches and attitudes for working with male perpetrators** Motivation for change assumes that the person is in a condition to be able to change. Violence is considered as a choice of those who perpetrate and therefore it is necessary for them to take responsibility for it and for its consequences. Domestic violence and abuse is not seen as a disease, but rather as a complex interweaving of social, cultural, psychological, and relational factors. It is essential that operators treat male perpetrators of violence respectfully and without questioning their value as people.

#### 4.3.3 *Contents of the intervention:*

- One of the first goals of the work is to help perpetrators of violence recognize that they have chosen to use violence.
- Any form of denial, justification, apology or blaming other people or circumstances is challenged and deconstructed.



- Analysing violent behaviours, reconstructing concrete actions, thoughts, and feelings, allowing perpetrators to recognize their active role in the use of violence.
- Exploring the impact and the consequences of violence on partners and minors, encouraging the men's empathy, assumption of responsibility and motivation to change.
- Facilitators must ensure that the women and children who are the victims of the perpetrators of violence are not harmed by the programme's interventions.
- Facilitators should be able to recognise that in some cases (such as alcohol abuse, substance use, and mental disorders) the treatment should be carried out in collaboration with other specific services.

#### *4.3.4 Risk assessment*

Given the dynamic nature of the risk factors of violence, it is necessary that all treatment programmes for perpetrators are submitted to continuous assessment. The risk assessment is carried out and documented both at the beginning of the programme and at any other time when the behaviour of the perpetrator of violent behaviour or the situation indicate the possibility of a change in risk levels.

#### *4.3.5 Personnel Qualifications*

In order to guarantee a quality treatment for male perpetrators of violence, operators, besides receiving a specific training and having worked in the field for at least five years, should, either:

be personally invested in the promotion of free and gender-equal relationships and have thoroughly reflected on their own tendencies to act in a violent or domineering way, or;

have received a specific training on gender-based violence, on the meaning of identity, role, power dynamics and the stereotypes and roles implied and accepted in the relations between genders, or;

have been trained on the treatment and specific programmes for perpetrators of violence, or;

have arranged a continuous supervision of their work

Each operator responds to the code of ethics corresponding to their own discipline and field of responsibility they were trained for.



#### *4.3.6 Quality assessments, documentation, and evaluation.*

It is necessary to start a process to document and assess the work done and to identify the assessment and quality criteria for the services; outcome and process indicators should be recognized as a core part of each programme. The assessment and documentation should be based on the best practices and results obtained on a national, European and, whenever possible, international level. The treatment programmes should have the following features:

- minimum duration 6 months
- multidisciplinary work team with operators of both genders and contact with the partner
- group sessions run by a male and a female operator if possible
- individual sessions
- scheduled supervision
- continuous documentation of work
- analysis of documentation
- internal and external assessment of the programme results

## **The impact of the COVID-19 pandemic emergency on domestic violence**

### ***5.1 The data on domestic violence during the COVID-19 health care emergency***

We are currently facing what the WHO has described as a “double pandemic” involving the COVID-19 outbreak and the pre-existing global pandemic of violence against women. The restrictions applied through the lockdown to curb the pandemic have increased the risks for the victims (women and children), allowing the male perpetrators more space to control, degrade, threaten and act other violent behaviours (Williamson et al., 2020). Since the start of the COVID-19 pandemic, the WHO and several other organizations have documented a global increase in the reports and severity of domestic violence incidents. According to ISTAT surveys, during the lockdown in Italy (from March 1 to April 16) the number of calls increased by 73% compared to the same period in 2019. 2,013 victims asked for help (+59%). 45.3% of



the victims who called 1522 fear for their safety or life, and 72.8% do not report the crime (less than the previous year) because it happened within their family. In 93.4% of cases, the violence takes place at home; 97% of the victims are women of different age brackets. In 64,1% of cases witnessed violence is also reported: 56% of the requests for help come from victims with children and 33,7% from victims with minor children. 64,1% of victims with children (722 people) reports that minors have witnessed the violence and/or that minors were the victims of the violence. Moreover, according to the ISTAT surveys, the regions with more calls were Tuscany, Piedmont, Emilia Romagna, and Sardinia. These regions constitute the area where the project is carried out. The number of calls from men (both voluntary and forced by anti-violence centres) were double as high compared to the same period of 2019.

## ***5.2 The impact of the health care emergency in the programmes for perpetrators promoted by CAM***

COVID-19 has altered everyone's habits and naturally had significant consequences also in the work with male perpetrators of violence. Confinement, stress, fear of getting sick, economic difficulties have brought about or magnified a lot of tensions, which created the perfect breeding ground for conflict and violence to arise. As for the clinical work carried out by CAM, we witnessed a sudden and abrupt interruption due to the lockdown and started intense team meeting sessions that led to the following:

- Phone services working hours were extended.
- Contact with men already in the programme was resumed through phone calls.
- Phone or virtual calls were scheduled with the men to check on their experience with lockdown and their current situation at home;
- Female partners were contacted prioritizing the ones that share a home with a perpetrator.
- In some case a separate phone number was activated by the operators for men who were already part of the programme, so that their situation could be dealt with more swiftly, especially in the most vulnerable cases.<sup>8</sup>

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<sup>8</sup>A direct phone line with the operators proved to be especially useful to free up the call centres and put the operators in direct contact with the users and vice versa. The objective was not to make the operators available 24/7. In fact the men were told that the response might not be immediate, the



- Greater attention with the possibility of individual online support for men considered at risk of committing violence again.
- Recreating the groups online.
- Biweekly online autogenic training sessions for men.
- Operators could not access prisons.

The weekly 30-40-minute autogenic training sessions open to men from all groups were quite useful. The goal was to try to offer moments of relaxation and contact as well as keep busy with useful activities. In a few cases it was not possible to re-establish contact with the men, in general, their response to resuming the programme was positive. The online mode posed some challenges:

- Some men experienced difficulties with the use of online platforms and/or did not have a good internet connection.
- Some men lost their motivation and dropped out of the programme;
- Some men did not have adequate private space at home.

The transition to the online led to a few logistical difficulties and a slightly lower quality of the work carried out: not being physically together did not allow for information to be shared in the same way and could not provide the same group “atmosphere”. However, it was still a good resource man resorted to face the emergency and a way to contain their violent behaviours. The one-on-one sessions were still good: we did not find any significant differences or challenges that could hinder the work compared to in-person sessions, even though our work is based on personal relations and is better done in person. The online and in-person one-on-one sessions are remarkably similar.

### *5.2.1 Data from the COVID-19 emergency period*

The data collected by CAM during and after the lockdown showed a higher number of calls and people starting the programmes compared to 2019. Below is the list of calls we received at CAM:

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operator might not be able to respond at a given moment, but they were contacted within hours and a lot of practical information could be shared via message.



- In March 2020 we received 6 calls/emails from men, while in March 2019 we received 8 calls;
- In April 2020 we received 5 calls/emails from men, while in April 2019 we received 7 calls;
- In May 2020 we received 14 calls/emails from men, while in May 2019 we received 6 calls;
- Between June and July, we received over 30 calls while we had received 17 between June and July 2019.

These data show us that, as soon as it was possible to access the local services again, many men sought the help of the CAM services. In the first phase of lockdown, we had a drop in access numbers, perhaps due to the difficulty of accessing the services. In May, June, July, August, the number of men requesting help more than doubled compared to the previous year. Some of the men who had finished the programme the previous year, contacted CAM again, as they were worried about the lockdown stress. Another element that emerged during the lockdown period was that more men called in to report they had been victims of violence. It must be noted that many male perpetrators see themselves as victims and this must be taken into account. In fact, the percentage of men who report that has never been higher.

## The Research

Amongst the actions that CAM is currently carrying out within the EU funded project “*The Other Side of the Story: Perpetrators in Change*” (OSSPC), a two-year project started in May 2020 that will end in April 2022, is the following research. The project is carried out by European partners: *The Association for the Prevention and Handling of Violence in the Family* - APHVF, Cyprus as coordinator and its partners; *University of Bournemouth* (BU) - UK; *Centro di Ascolto Uomini Maltrattanti Onlus- CAM*, Florence - Italy; *The Union of Women Associations* - UWAH, Greece; *European Knowledge Spot*, Greece and  *Direcția de Asistență Socială și Medicală*, DASM, Cluj-Napoca, Romania. The aim of the project is to prevent further domestic violence and change violent behavioural patterns, increasing the frontline operator’s ability to detect violence, direct men towards non-abusive behaviour in their interpersonal relationships, and to understand the impact of domestic violence on themselves, their family and community. The OSSPC Project focuses on programmes aimed at perpetrators of domestic violence and abuse (DVA), considering them integral to the strategies deployed to prevent violence against women. Despite the change programmes aimed at men are crucial to the safety of victims and



to the domestic violence prevention system, as stated by article 16 of the Istanbul Convention, they often received little attention.

The following research is part of the first actions carried out within the project to set up the training methodologies for professionals based on the participants' needs, and to promote the strategies of organizations and institutions operating in DVA, with the objective to create an efficient and coordinated primary prevention network. For this purpose, reports on regional strategies will be provided, round tables will be carried out with important stakeholders in order to encourage integrated responses amongst associations and bodies dealing with prevention of DVA in different roles, and collaboration protocols between these entities were started.

The research on the analysis of needs, attitudes and opinions towards violence prevention services involved service workers, women victims of DVA and perpetrators of DVA. CAM carried out 5 focus groups with service professionals, 5 interviews with the male perpetrators attending the programmes and 8 online questionnaires for women victims of violence.

## ***6.1 Analysis of needs: methods and sample***

The analysis of needs allowed to provide a general overview on the needs and attitudes of professionals and service operators about the programmes for perpetrators, on the opinions and expectations of male perpetrators about the programmes and the attitude of women victims of violence about the different services for the prevention of gender-based violence and support of the victims.

### ***6.1.1 Ethics Procedure***

Prior to any fieldwork being carried out the fieldwork methods and associated documents (see appendices) went through the rigorous BU' ethics procedures. The fieldwork protocol in the UK was repeated in the data collection processes in the partner countries (Greece, Cyprus, Italy, and Romania) and which will be reported on in more detail as a collective in *the OSSPC Time to Change Report* (Forthcoming).

The following data collection methods were conducted:

- Interviews with perpetrator of DVA



- Focus groups with professionals working in the field of DVA
- Online survey with survivors of DVA

We used both qualitative and quantitative methodologies:

- focus groups with 42 professionals belonging to the following entities: UEPE (Office for the Execution of Sentences in the Community), *Misericordia* (local association of volunteers), *Social services office for minors*, *Unità Funzionale Salute Mentale*, *Centro antiviolenza* and *Codice Rosa of Siena*.
- interviews with 5 volunteers from the change groups.
- Online questionnaires filled out by 10 women.

#### *6.1.2 The Focus groups*

The 5 Focus groups involved a total of 42 professionals (social workers, psychologists, psychiatrists, nurses, lawyers). The main objectives of the focus groups were to explore educational needs concerning gender-related violence, attitudes towards perpetrators programmes and which challenges they face as a service when they get in contact with perpetrators or victims. To achieve these objectives, situations of violence in affective relations were presented and commented.

#### *6.1.3 The interviews*

Five men were interviewed to know more about their attitude towards the programmes they had joined at CAM and the process of taking responsibility and change they had undertaken. Two of the men are part of the psycho-educational group and three of them are part of the therapy group. The interviews included the following questions:

#### *6.1.4 The questionnaires*

The questionnaires were distributed online. Some of the women victims from the anti-violence centres and partners of the men who are part of CAM programmes were involved in the creation of questionnaires.

### **6.2 Findings of the qualitative and quantitative research**



### 6.2.1 Focus group

The results from the focus groups were analysed to understand the main topics reported by the participants. Here is a summary of the main topics:

#### I. Service responses and programmes

Different kinds of services were involved in the focus group, which led to a variety of answers on violence and intervention modes. The UEPE is usually responsible for those who execute their sentences outside the prisons. Social workers are particularly important as they work together with police, psychologists and criminologists to determine the alternative measures for the men to serve their sentences in the community. In this phase the man is usually referred to a centre for perpetrators. The *Misericordia* usually intervenes in emergency situations where the violence has just taken place. When they get to the place (usually a private home), they offer assistance and call the police. They also recommend that the woman calls the anti-violence centre and, in case minors are involved the social services.

Women usually reach out to anti-violence centres voluntarily through one of the services such as Codice Rosa, a special emergency room programme dedicated to women, children and discriminated people who have been victims of violence. Another service offered by the anti-violence centre of Siena, one of the entities involved in the research, is the *Progetto Tratta* (Project trade), which aims at detecting women who are victims of trade. The anti-violence centre works in close connection with the social services. When a woman arrives at their centre she is assisted by a multidisciplinary team. As for male perpetrators, they are often referred to a local mental health service, although they know it might not be enough, mainly since there is no counselling centre for male perpetrators in the area.

At the social service office for minors, they tell us that the only thing they can do is recommend that the boys contact the centre for perpetrators, but the referral process is often very difficult since the subjects are usually very aggressive.

The psychiatrists from one of the mental centres in Florence do not talk about referrals but rather report a general difficulty in detecting violence.

#### II. The challenges for men to access the centre according to the services



The greatest barrier that prevents men from accessing the programmes promoted by the centres is the “perpetrator” (maltrattante) label in its name (Centro Ascolto Uomini Maltrattanti). When the services and legal counsellors suggest the centres to a man, they often omit that part of the name and present it as a “counselling centre for men”. According to them, the “perpetrator” label creates distance and stigmatization, although it could encourage them to take more responsibility and be clearer about the reason why they are referred to the service.

A further challenge is undoubtedly the dominant cultural notion of patriarchy that makes it difficult for men to ask for help, as they think they have everything under control and they “*can stop whenever they want to*”, or they fail to recognize the violence and tend to justify it or blame it on the woman.

Furthermore, the general message of the perpetrator being a “monster” does not help the men to take responsibility, but rather fosters a sort of helplessness that makes it impossible to promote a different social message.

Socio-economic issues represent another important challenge: the economic crisis and the loss of jobs are definitely a risk factor. Finally, Siena does not have a centre for perpetrators in its territory.

### **III. Good practices and motivational factors for the perpetrators’ involvement**

The services maintain that, to be able to motivate perpetrators to start a programme it is necessary to recognize the pain they feel when they cause harm to their families and their sense of helplessness in not being able to stop using violence. Although they consider it essential not to justify the violence, they believe that it is necessary to approach men in a non-judgmental way, but rather to connect to the pain that they feel and help them see the referral to the Centres for perpetrators as a hope for them to be able escape violence and relapses.

Another way of motivating them that has proven to be quite successful, is bringing up their responsibility as fathers, telling them that their behaviour could lead them to lose their children. It is also important to offer psychological support to men when they access the services and, after reinforcing their motivation on the benefits of non-violence, talk to them about the possibility of joining a programme on violence.

According to the service for women, reporting men is a good deterrent, a way to make them suddenly aware and a tool to protect women, with the objective of stopping the violent behaviours and, especially, *the harm they were doing*. Being reported should be understood



not as a terrible punishment, but more as an opportunity. The most critical moments for women are pregnancy and childbirth, which according to them should receive specific support. The social services for minors deserve special attention since they deal with young people who usually deny the violence. They consider it necessary to encourage a reflection on responsibility and leverage their fragility and fears. Practising empathy, supporting their sense of helplessness, and welcoming their fears for the future, are some of the good practices to support young people who have perpetrated violence. Other good strategies recommended by the services for minors are not to judge them and not being directive. Lastly, it is important to correctly describe how the centres for perpetrators work to eliminate misleading thoughts that do not mirror reality and encourage the assumption of responsibility.

#### **IV. The needs of the services**

The service workers need to be trained on topics concerning violence. They also need tools to detect violence and close collaborations with the centres for perpetrators. A psychiatrist who participated in the focus group mentioned one case in which they had guessed that a woman who had contacted the mental health service because of depression was actually a victim of violence, but they chose not to look further into what the woman reported as “tensions” with her partner, thinking they did not have the appropriate knowledge to deal with the situation and make the correct referrals.

Therefore, we recognise the importance of being specifically trained on the indicators of violence and to work on the personal experience that service operators have with violence, because *violence is scary*, as one of the participants of the focus group mentions. If operators are specifically trained, it could be easier for them to let their feelings surface.

The operators and individuals who need the most training are those who work in high-conflict situations such as family mediators, who, according to the UEPE operators, often do not consider such situations as violence. There is also the need for more centres, as some areas are not covered, and for stronger collaborations and synergies between centres for perpetrators, services for victims and social services. The social services for minors would like to have more tools to work on violence with minors, such as using the theatre of the oppressed methodology. Their service operators also need more tools to be able to talk about violence without minimising it and avoiding judgement. They should be able to find a balance between considering the perpetrator as the sole responsible for violence and understanding their experiences. Further needs concern the ability to promote working groups on violence



against parents by minors/young adults and also to create working groups on women's aggression, a which is becoming more and more relevant for the service.

## **V. Types of male perpetrators**

Men often access the services because of issues that are not related to abuse and violence such as, for example, addictions to substances or gambling, depressive symptomatology, or difficulties in keeping a steady job. Some of the participants in the focus group acknowledge that, in many cases, the men who perpetrate violence show truly clear behaviours, such as the tone of voice, stiff movements or not letting their partner speak, that might be indicators of violent behaviours within the family.

As for young perpetrators, it is acknowledged that their ways of interacting are often aggressive and followed by a denial of the acts of violence. Despite the little awareness shown by young perpetrators, given their young age, it is considered highly likely that their behaviour can change in the future.

## **VI. Types of victims**

According to the data collected, women often access the services when they show clear signs of depression. Women often struggle to recognize violence in men as they seem to always be trying to excuse and repair the violence committed by men during infamous "honeymoon", which is a phase of the cycle of violence. One of our participants said that women often ask for a cure for their partners' behaviours or ask for a medicine to stop the violence. However, using violence is not a disease and there is no cure except for a process of self-awareness, as it was highlighted in the focus group.

## **VII. Other cases of gender-based violence**

The operators of the social services for minors told us that they are more and more frequently receiving young women who show aggressive behaviours, but that it is not possible to make referrals to programmes for perpetrators as the ones existing nowadays are for men only. The service workers mainly report episodes of jealousy, especially towards boys, and stalking. Finally, the dynamics within homosexual couples should also receive attention.



## VIII. Attitudes towards perpetrators

Although the work done with victims is necessary and extremely important, the services recognise that the work carried out with the male perpetrators is key to preventing and combating violence.

### 6.2.2 The interviews

The five men we interviewed accessed the programme voluntarily and are currently all included in the programs that the CAM offers. Two out of three say that the programmes are not well advertised, and it might be useful to circulate them in medical offices or on social networks such as Instagram, billboards on the street, etc. In none of the cases, law enforcement officers were involved in their history of violence.

As for their personal experience joining the centre, they talked about being afraid and insecure at the beginning and '*feeling out of place*'. One in five talk about a positive experience from the start. For example one shared that *having become slowly aware of his own behaviours and of his alcohol and drug problem that made him numb, he started to really appreciate the conversations with the operators and the other participants in the group.*

All participants agreed on the fact that the process of *becoming aware of their violent behaviours* is difficult. Most of them did not associate their behaviour with violence and did not think about the consequences. Thanks to the programme, they gradually realized that their behaviour was violent and had significant consequences on their loved ones for example one respondent said:

*"I became aware of my aggressive behaviour when I saw its consequences on my loved ones and realised that I was pushing people away, especially women",.*

Another one of them told us that he knew he exhibited violent behaviours but was using defence mechanisms such as minimizing and blaming others so that he did not have to feel the pain of taking responsibility. Only after reflecting on the effects on the victim and cultivating



empathy did he start *'feeling ashamed'*. The participants recognize that the process they started definitely helped them recognize the violence.

Participants' thought that: Group work and, especially, the conversations with other men, sharing experiences with them without being afraid; watching the film "Take my eyes", which makes you witness some of the dynamics, the escalation of the controlling behaviours, seeing the fragility of others, having a place to talk and feel safe to share, not feeling judged by anyone and being able to talk of previous trauma were the most useful elements for the process of change and to stop violence. Most of them have suffered violence and abuse during their childhood.

As to the question about what they would like to change in the programmes, they mentioned that the high number of participants to the groups did not allow for much time to share, and that some of the men do not speak Italian very well and take longer time. In general, men acknowledged the importance of the programmes and the substantial help they had received to give up violence.

### 6.2.3 *The questionnaires*

The questionnaires explored the attitudes of female victims towards violence prevention services in their area. In general, most of them seemed to consider that there is insufficient awareness in the community about the problems of DVA. Only 2 out of 8 (25%) women knew where to find help to deal with the violence they had suffered. However, 62.5% of them were still able to find help when they needed it. Three participants requested the intervention of the law enforcement system, although they thought that the response, they received was not useful or effective for their safety, since the men were not deemed responsible for the violence. Women see violence as the main reason why the relationship did not go well but there is also a disagreement over the possibility of remaining in the relationship if the abuse had stopped. Most women believed that their partner had been offered help with abusive behaviour, however, they acknowledged that to be helped, perpetrators must take responsibility for their violent behaviour. There were quite different results regarding the actual help they received and how effective it was. Two of the women decided to ask for help after 15 years of abuse, while the other 6 had suffered from 1 to 5 years of abuse. The most effective help they received



was psychological support, not feeling guilty for the violence they had suffered, realising what was actually happening to them and, in one case, a restraining order for her husband. Among the things they would change about the help received by the men, they mentioned the process of minimisation of the violent behaviours, that the service saw them as victims and that they do not take responsibility for the violent behaviours



## Recommendations

This report aimed at giving an overview of DVA and gender-based violence in Italy in the last few years, exploring what was done in terms of prevention and support. We focussed a lot on the work done by the centres for perpetrators: Why is this so important in combating violence? The origin of violence are the men who perpetrate it; therefore we find it necessary to spread the word about the important work they carry out. Furthermore, we believe that male responsibility should be at the heart of the work done in the community. This is why the work done with men is only partly individual and mainly carried out in the community, to encourage society to focus on male responsibility in the context of domestic and gender-based violence. Laws and regulations have been passed with the same objective and the public is more and more open to the conversation about working with perpetrators, although there are still a lot of social stereotypes about the fact that violence only happens in a minority of isolated cases. However, the statistics show something else. In Italy, about 30% of women suffered a form of violence and the majority of these were perpetrated by partners or former partners. Not to mention the tip of the iceberg, that is, the number of femicides committed by men every year. The data shows that people are still very much influenced by patriarchy.

To work to overcome rampant inequalities means to extend awareness-raising interventions and involve a larger proportion of population. The data that emerged from research conducted within the EU funded project “The other side of the story: perpetrators in change” (OSSPC), highlights how essential it is to work in a network with professionals from different services that are trained on gender-based violence. The services are clearly in need of that. There is still a lot of work to be done in terms of knowledge on how to detect the indicators of violence, the experience of operators facing situations of abuse, and the effective referral of men to specific centres.

The testimonies of men in interviews have highlighted how, though difficult, the possibility of being able to start a process and take responsibility of their own behaviours to interrupt violence is real.

Female victims of violence acknowledged and demanded that it is not only possible, but necessary to intervene with men and they can be an active part of the solution to the problem.



For this reason, it is necessary to include the professionals in this field in the political debate, as they represent the needs of the people of their area. Political decisions should be made with the help of collaboration protocols that represent the needs of the territories to contrast and combat domestic and gender-based violence.



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# IMPACT Report

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Centro di ascolto uomini maltrattanti



# Appendix 1: Impact Report

## *Descriptive Comparison - Content*

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**Descriptive Comparison - Impact Outcome Monitoring Toolkit**

Report by  
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## **Summary Main Results**

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Two main programme outcomes can be highlighted:

- 1) Clients' and (ex-) partners' views converged more at the end of the programme, this applies to: their relationship status, the hopes for the relationship, the presence and intensity of the abusive behaviour, the number of police call-outs, and the (ex-) partner feelings of fear).
- 2) There was a statistically significant decrease in the number and intensity of the men's emotional and physical abusive behaviours.

Other related outcomes are less pronounced:

- First, the (ex-) partners' personal well-being and their safety has improved. However, it is important to remark that anxiety and fear were still present at the end of the programme.
- Second, the situation regarding the children improved but their anger towards their parents still seems to be present at the end of the programme.
- Third, the changes made by the clients at the end of the programme, stated by both client and (ex-) partner), converged with regard to the interruption of the abusive/violent behaviour. However, it is important to emphasize that a few (ex-) partners stated that the situation had not changed or that it had even become worse. Therefore, even if the physical abusive behaviour had stopped, the remaining emotional and sexual (according to the client) abusive behaviours could continue to influence the (ex-) partners' safety, and wellbeing.

Finally, we have observed some results that need further data and further exploration before making firm conclusions regarding their meaning:

- First, the impact of the abusive behaviour. Whereas there was a significant decrease, the question for the clients should reflect awareness of the impact (and thus it should have increased at the end of the programme); thus, it might be that this question was misunderstood. One clear outcome is the decrease in impacts detected by the (ex-) partners at the end of the programme.
- Second, the clients' given reasons for the violent behaviour cannot be directly related to their sense of responsibility. Despite this, it can be confirmed that there was an increase of the reasons focused on "control" and on "external" reasons (i.e. not personal reasons).

## ***Descriptive comparison at beginning and end for Centro di ascolto uomini maltrattanti***

This report reviews the main results of the intervention by for Centro di Ascolto uomini Maltrattanti (CAM) as measured via the Impact Outcome Monitoring Toolkit during the period from 1 February 2016 to 30 August 2018.

*Table 1. Clients and Partners from 1 February 2016 to 30 August 2018*

	Clients	(ex) Partners
Participants at the start of the programme (T1)	18	18
Participants that completed (T3)	11	10

The participants analysed for this report are the 18 clients for the period T1, and the 11 clients for the period T3, and the 18 (ex-) partners for the period T1, and the 10 (ex-) partners for the period T3.

There are two main reasons why the number of clients and partners that answered the questionnaire at the beginning of the programme is different than the ones that did so at the end of it: (a) one reason is that three participants (1 client and 2 (ex-) partners) dropped out of the programme (without completing the T3 questionnaire) and (b) the other reason is that 12 participants (6 clients and 6 (ex-) partners) had not yet completed the treatment.

In this Descriptive Report statistical comparison of clients and partners' answers has been undertaken, and results can easily be interpreted as the participants in each group are related to each other (i.e. the clients and partners that answered the questionnaires have or have had a relationship). Moreover, statistical analysis to compare beginning and end of the programme within the clients and the partners group has also been undertaken. However, these results should be read with caution because the number of participants that answered the questionnaire at the beginning of the programme was different from the number of participants that answered it at the end of it. Therefore, although some trends can be seen when comparing beginning and end of the programme, results must be treated with prudence.

### **Main outcomes**

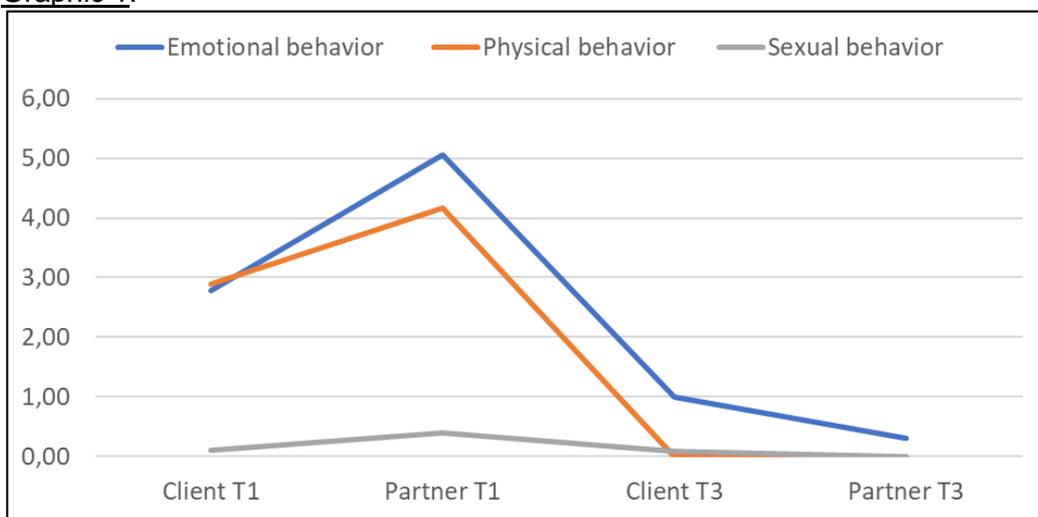
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## The men's violent and abusive behaviour

At the beginning, the partners stated that there was more violence compared to the amount of violence stated by the men, but at the end of the programme their views converged; it is likely that the men were not prepared to talk about violence at the beginning, and that the programme has enabled them to do so. At the end of the programme, the frequency of the men's emotional and physical abusive behaviours decreased according to both the clients and the (ex-) partners (see Graphic 6). Similarly, according to both the clients and the (ex-) partners, the men's emotional and physical abusive behaviours reduced their intensity (i.e. how often they happen) (see Graphic 7). The decrease of the number and intensity of physical abusive behaviours referred by clients and (ex-) partners is statistically significant, for the (ex-) partners the decrease of the emotional abusive behaviours (number and intensity) is also significant (see Appendix 2, Tables 16 and 17). Clients' and (ex-) partners' views about the presence and intensity of the abusive behaviour converged more at the end of the programme (statistically significant).

The findings for sexual violence were not as clear, possibly because the (ex-) partners that suffered sexual abusive behaviours at the beginning of the programme did not answer the questionnaire at the end. The abusive sexual behaviours did not decrease in number or intensity according to the clients, whereas they did decrease according to the (ex-) partners. In any case the number of negative sexual behaviours reported was small.

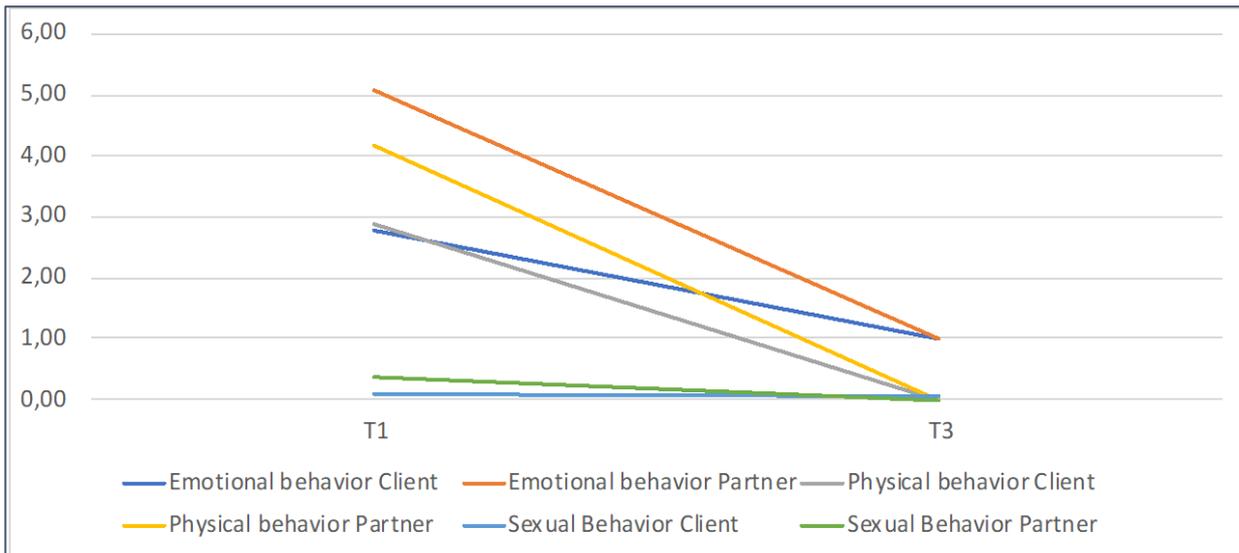
Graphic 1.



Clients' and (ex-) Partners' average number of types of behaviours for each abusive behaviour

Note: the forms of behaviours reported for each client were summed (e.g. if a client reported he insulted his partner and he isolated her, this was counted as two types of emotional behaviours). The total number of emotional behaviours for each client was counted and an average was calculated. This was done also for the physical, and sexual behaviours (See Table 16 Appendix 2).

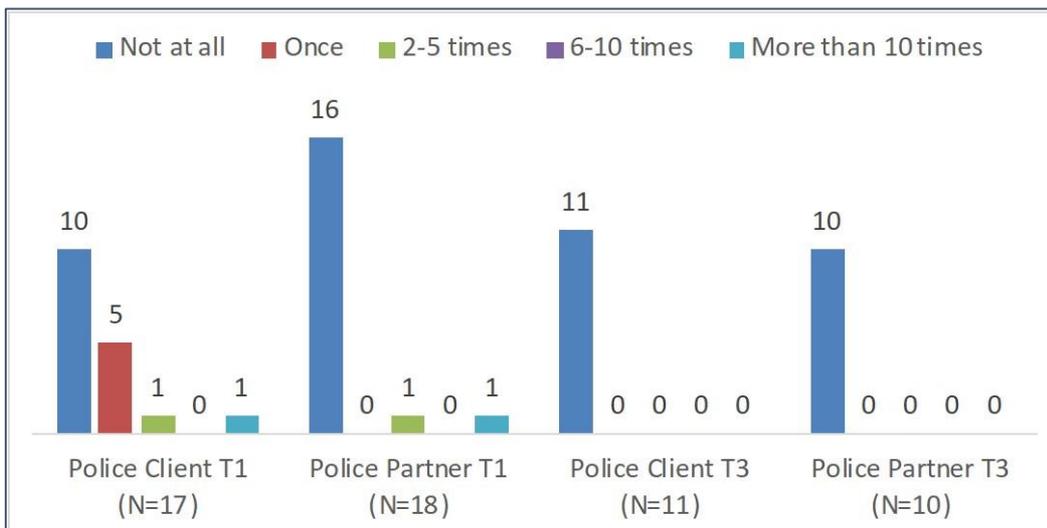
Graphic 2. Clients' and (ex-) Partners' average intensity of the abusive behaviours



Note: the numbers from the Likert Scale were summed (answers to this question varied from “0” Never to “3” Often). Then, an average was calculated for all of the clients (See Table 17 Appendix 2).

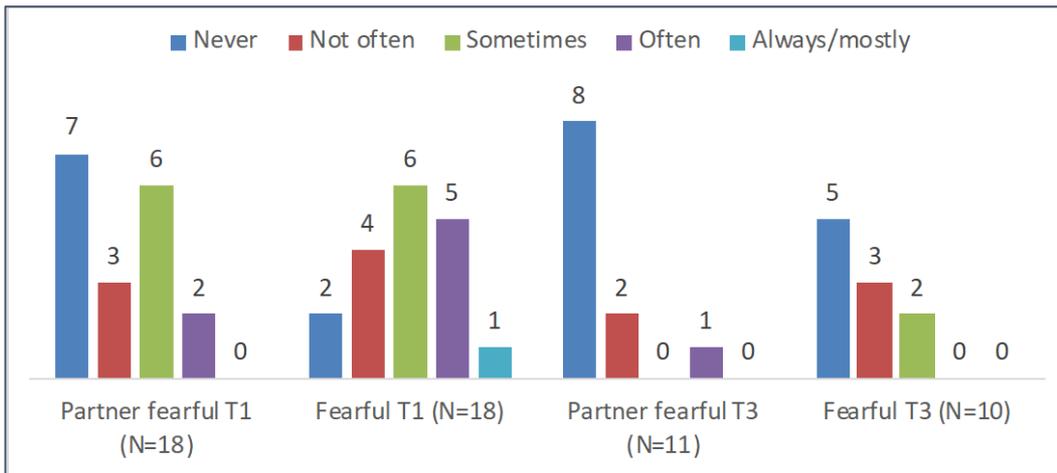
### Safety

At the beginning of the programme half of the clients stated there was not any police call-out, whereas more than 80% of the (ex-) partners stated that there were police call outs. By the end of the programme, all participants (clients and ex- partners) said there was not "at all" any police call-outs. The number of police call-outs either for the clients or for (ex-) partners was not found to be statistically different. Client and (ex-) partners views on the number of police call-outs converged at the end of the programme (see Appendix 2, Table 28).



Graphic 3

Clients' and (ex-) partners' police call-outs compared T1 and T3



**Graphic 4**

Clients' and (ex-) partners' punctuation on partner's fear compared T1 and T3

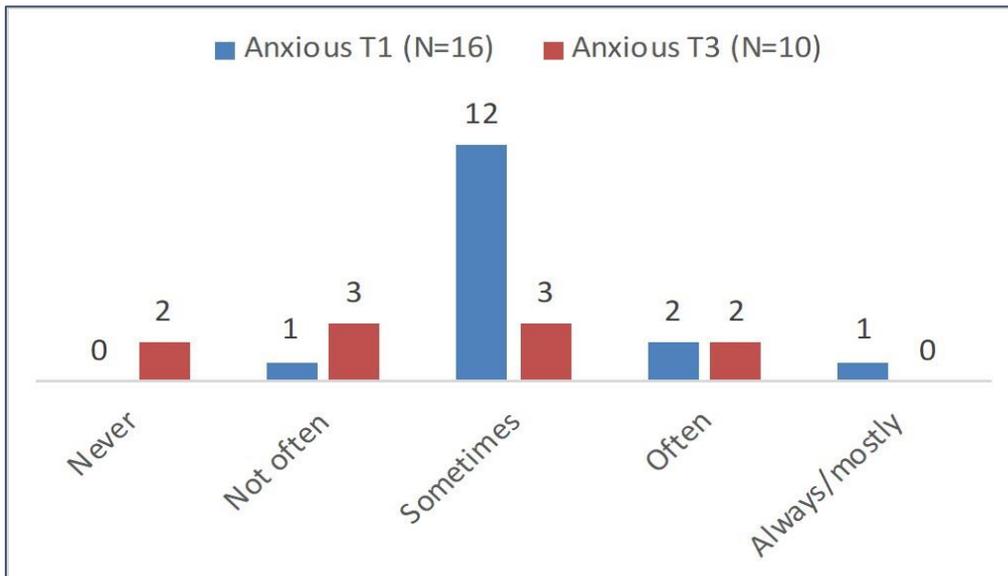
Note: The numbers were calculated by counting the number of clients that marked each answer; results and punctuations per each answer can be found in Appendix 1 Table 19, 20, 21 & 22.

A higher number of partners were "never" afraid by the end of the programme than they had been at the beginning. Despite this, still half of the (ex-) partners had experienced fear at some point, and around one third of the clients stated their (ex-) partners were afraid. Slight statistically significant decrease was found regarding the partner's feelings of fear according to the client but not to the (ex-) partner. Their views converged more at the end of the programme (see Appendix 2, Table 29).

### ***Personal wellbeing***

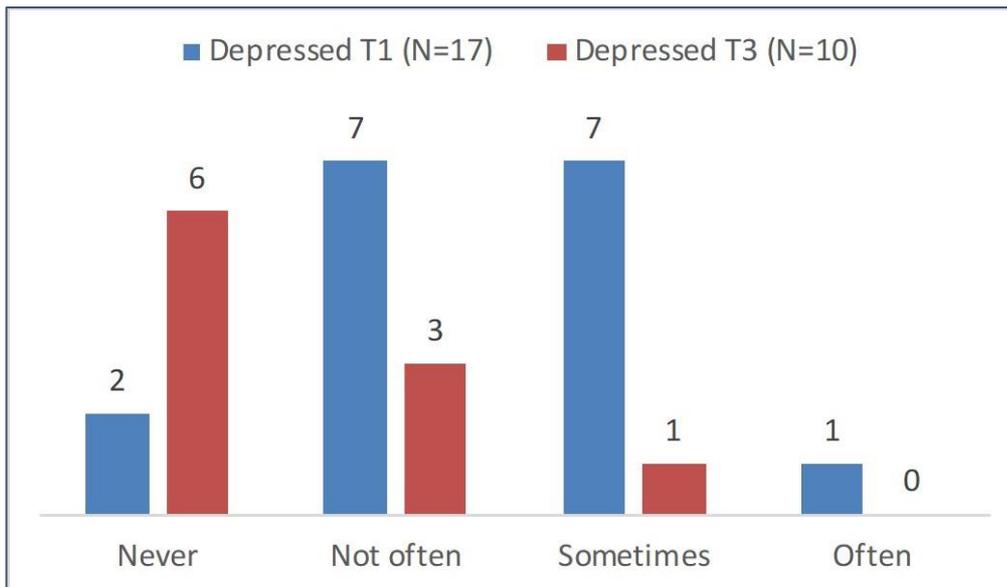
On average, the (ex-) partners' reported that their well-being improved by the end of the programme. Despite this, just 20% "never" felt anxious by the end of the programme. The (ex-) partners seem to feel more anxious than depressed both at the beginning and at the end of the programme.

Graphic 5. (Ex-) partners' feelings of anxiety compared T1 and T3



Note: The numbers were calculated by counting the number of (ex-) partners that marked each answer; results and punctuations per each answer can be found in Appendix 2 Table 23.

**Graphic 6.** (Ex-) partners' feelings of depression compared T1 and T3

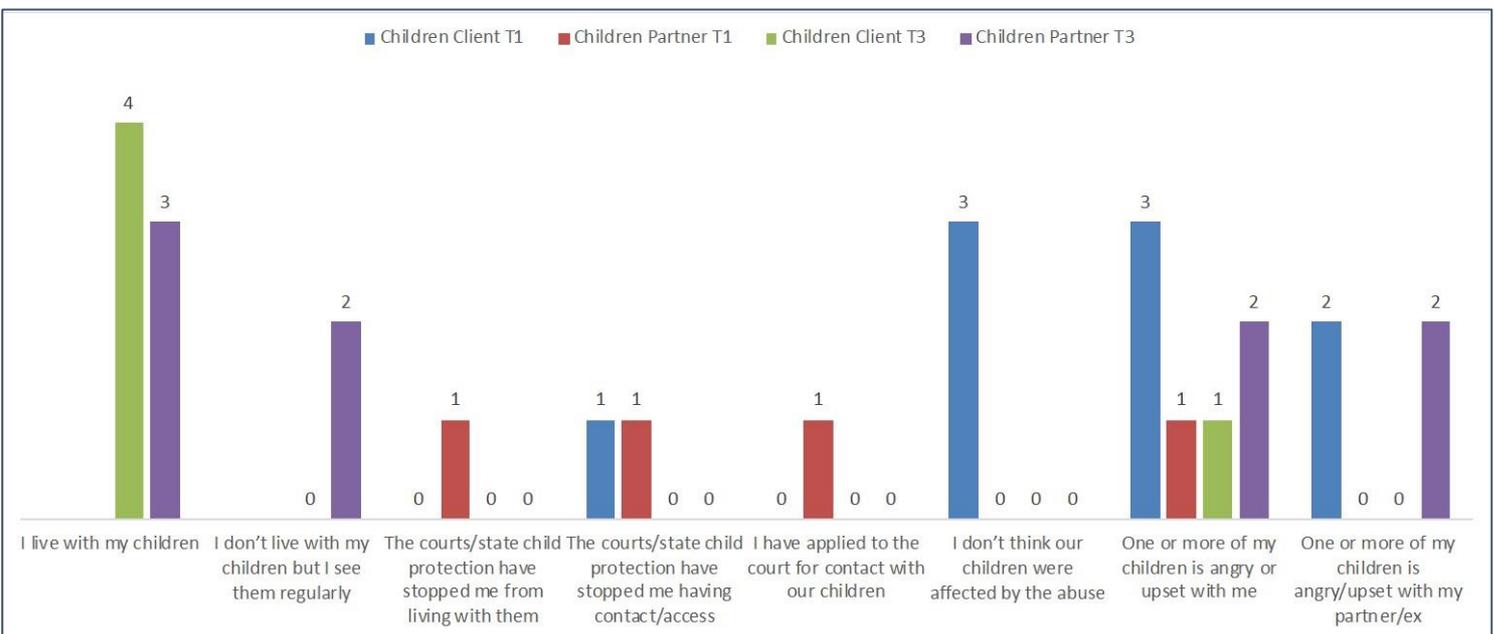


Note: The numbers were calculated by counting the number of (ex-) partners that marked each answer. The item "always/mostly" did not receive any answer. Results and punctuations per each answer can be found in Appendix 2 Table 24.

## Children

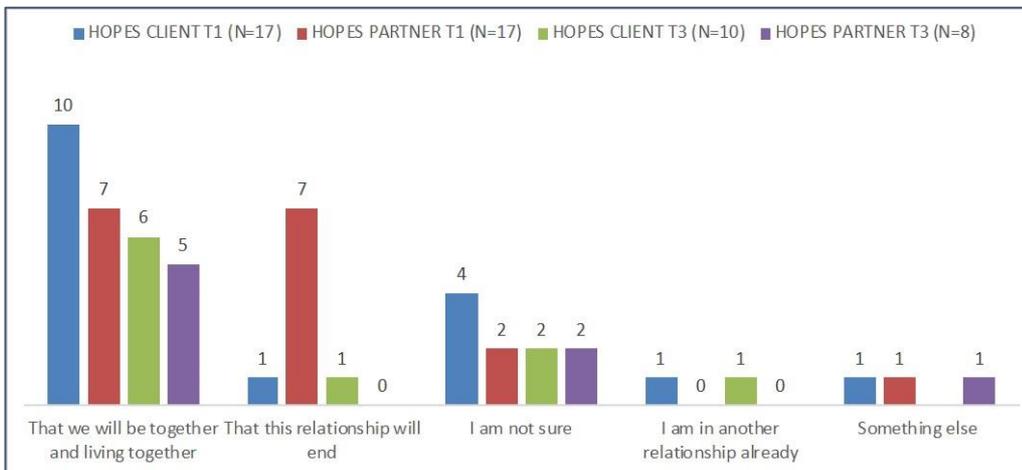
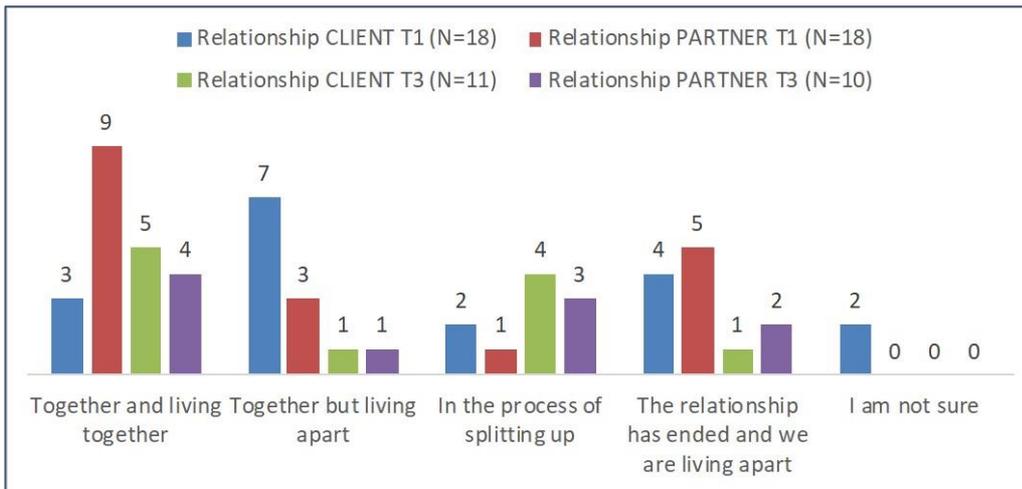
The children situation with regard to children, seemed to improve as there were fewer institutions involved to take care for them over time. The number of clients that reported that their children were not affected by the abuse decreased, suggesting that they are more aware of the impact of their behaviour by the end of the programme. Despite this, in terms of the children’s emotional state, there seems to be a greater number that were angry with their mothers at the end of the programme, and a similar number of children remained angry with their fathers (according to the (ex-) partners).

**Graphic 7.** Children situation referred by clients and (ex-) Partners, compared T1, and T3



Note: The numbers were calculated by counting the number of clients that marked each answer. The three first questions for the client and (ex-) partner were just asked in the T3 questionnaires. Exact results and punctuations per each answer can be found in Appendix 2 Table 23. The items “My ex-partner won’t let me see the children/I have refused to allow him contact with our children”, “My children have been removed and are being looked after by foster parents”, “One or more of my children is registered with the state child protection” did not receive any answer.

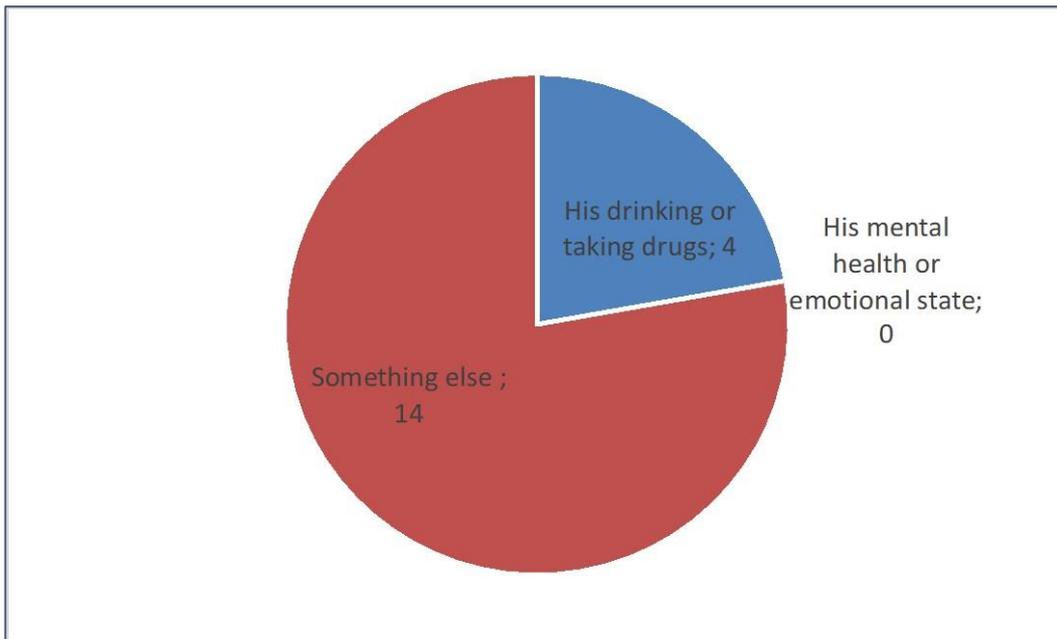
### ***Relationship status and hopes for the relationship***



Note: The numbers were calculated by counting the number of clients and (ex-) partners that reported each answer. Results and punctuations per each answer can be found in Appendix 1 Table 5, 7, 8 & 10. Around half of the clients and (ex-) partners stated that they were together both at the beginning and by the end of the programme. However, at the beginning of the programme, most of the clients said that they were living apart whereas according to the partners they were living together. At the end of the programme, the number of clients and (ex-) partners that were in the process of splitting up increased. Overall, clients and (ex-) partners' views on their relationship status converged more than at the beginning.

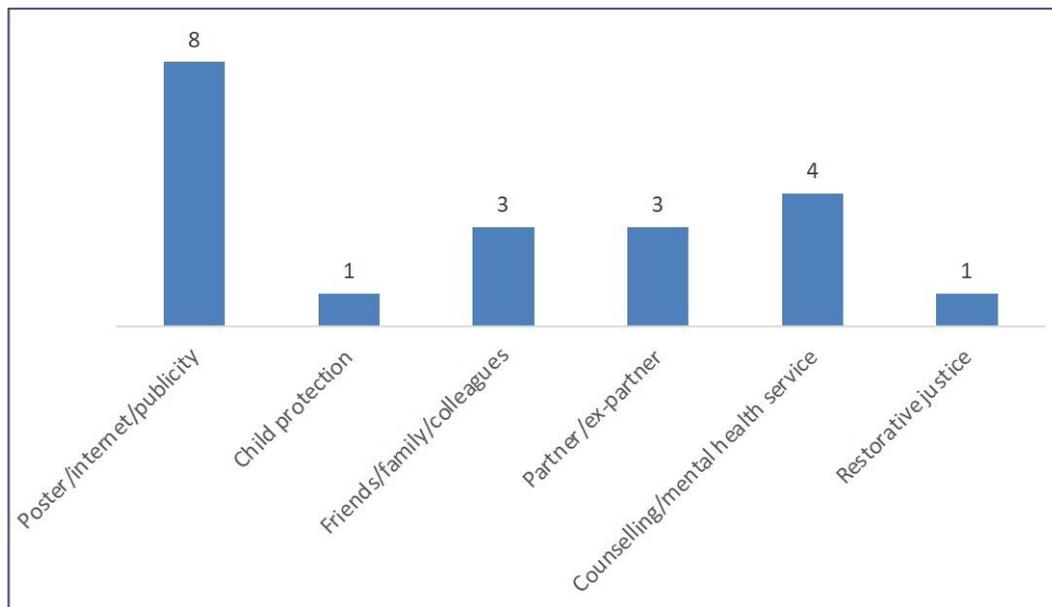
The hopes for the relationship were in line with their relationship status as around half of the clients and (ex-) partners hoped to be together both at the beginning and at the end of the programme. There were fewer (ex-) partners that wished to end the relationship; this could be influenced by the fact that those that wished this at the beginning (T1) did not answer the T3 questionnaire. Around 20% of the clients and (ex-) partners were not sure about their hopes. At the end of the programme, the clients and (ex-) partners' hopes converged more than at the beginning.

Graphic 10. (Ex-) Partners' reported obstacles for his change T1



Note: The numbers were calculated by counting the number of (ex-) partners that reported each answer.

According to the (ex-) partners, the main obstacles for clients change of their behaviour were: drinking or taking drugs. Most of the "something else" answers were related to feelings/emotions, attitudes, and relational characteristics ((ex-) partners mentioned aspects such as frustration, jealousy, insecurity, inability to deal with anger, low affectivity, relationship with his parents, etc.).

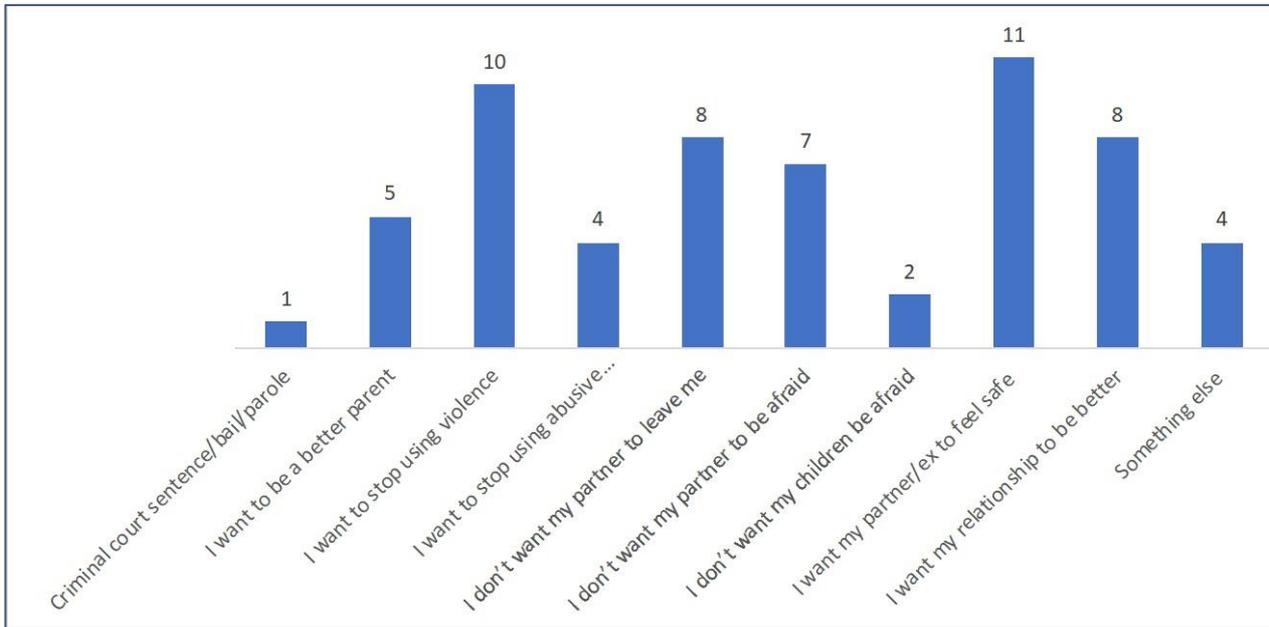


**Graphic11.**

Clients' referral route to programme

Note: The numbers were calculated by counting the number of clients that reported each referral. The items: "police", "criminal courts", "probation", "civil courts (injunction)", "civil courts (custody/access)", "addiction service", "health – doctor/hospital etc.", "helpline", "relationship counselling service", "religious place" & "somewhere else" did not receive any answer

**Graphic 12.** Clients' reasons for attending the programme



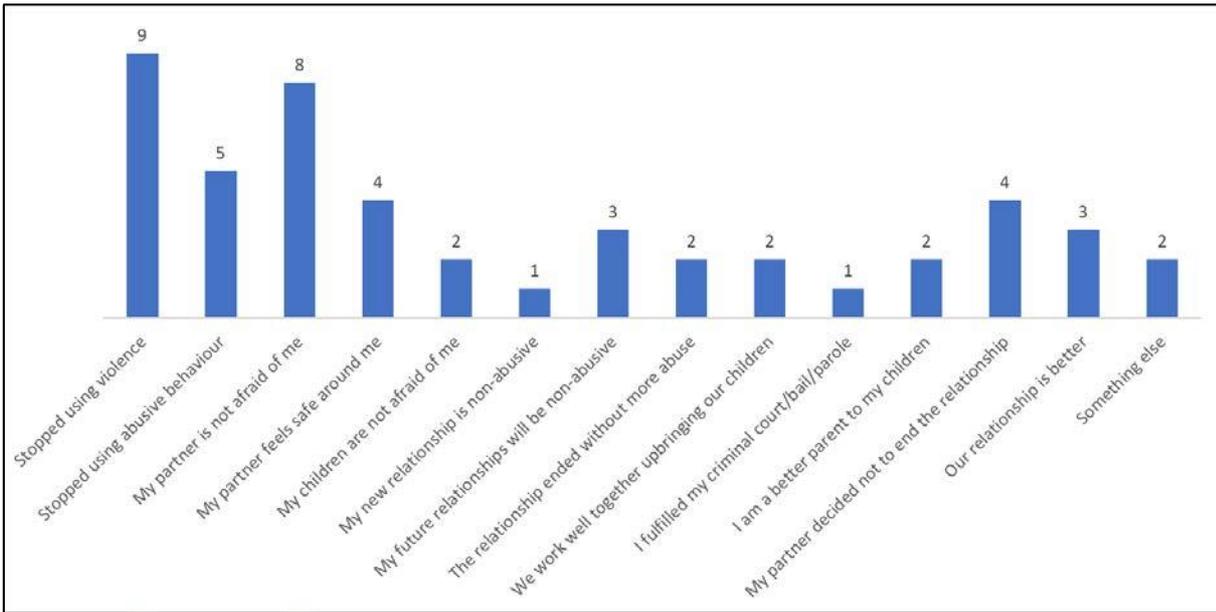
Note: The numbers were calculated by counting the number of clients that reported each referral. The items: "Family court", "Child protection services", and "I don't want to go back to prison" did not receive any answer.

Most of the clients refer to personal or relational reasons for attending the programme, signposted and/or because of family/friends.

### **Changes**

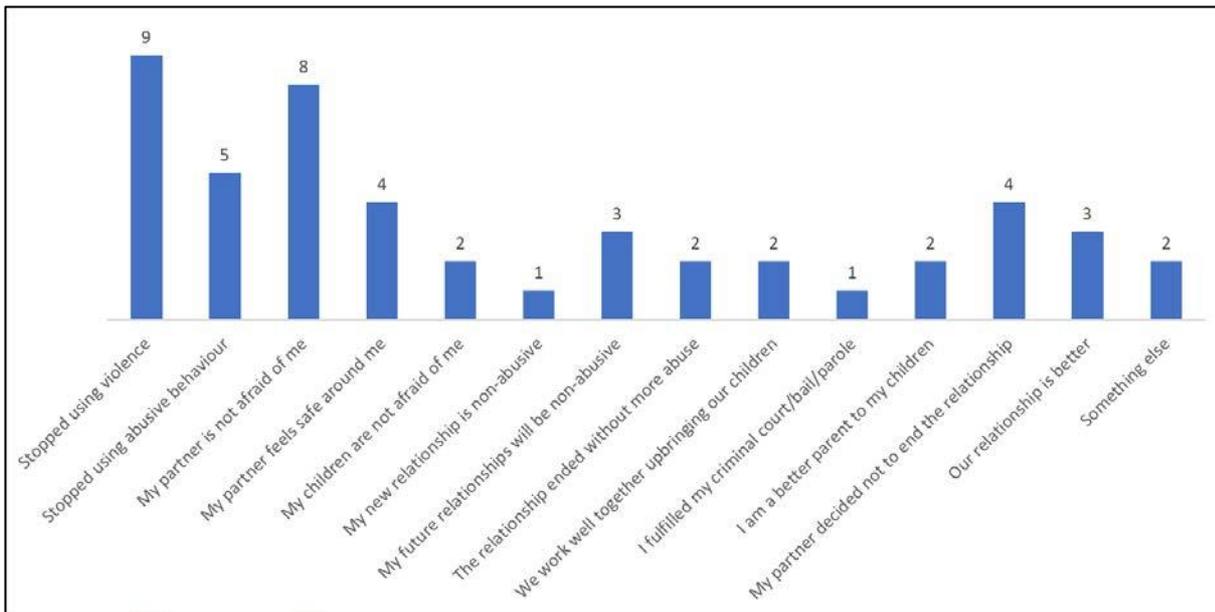
Clients' main changes are in line with their main reasons for attending the programme: to stop using violence and/or abusive behaviour, continuing with the relationship and improving (ex-) partners' safety. According to the (ex-) partners, clients' main changes were mainly related to the interruption of the violence/abusive behaviour. Despite this, still some (ex-) partners reported that the situation had not changed for them and their children or that it was even worse.

**Graphic 13.** Clients' most commonly reported changes since program T3



Note: The numbers were calculated by counting the number of clients that marked each answer. The items: “Nothing has changed”, “I am allowed to have contact with my children”, & “I haven’t gone back to prison again” did not receive any answer.

**Graphic 14.** (Ex-) Partners’ most commonly reported clients’ changes since program T3



Note: The numbers were calculated by counting the number of (ex-) partners that marked each answer. The items: “Nothing has changed and he is still using violence”, “My children are no longer afraid of him”, “We can work well together on the upbringing of our children”, “I feel safe around him” & “His parenting is worse” did not receive any answer.

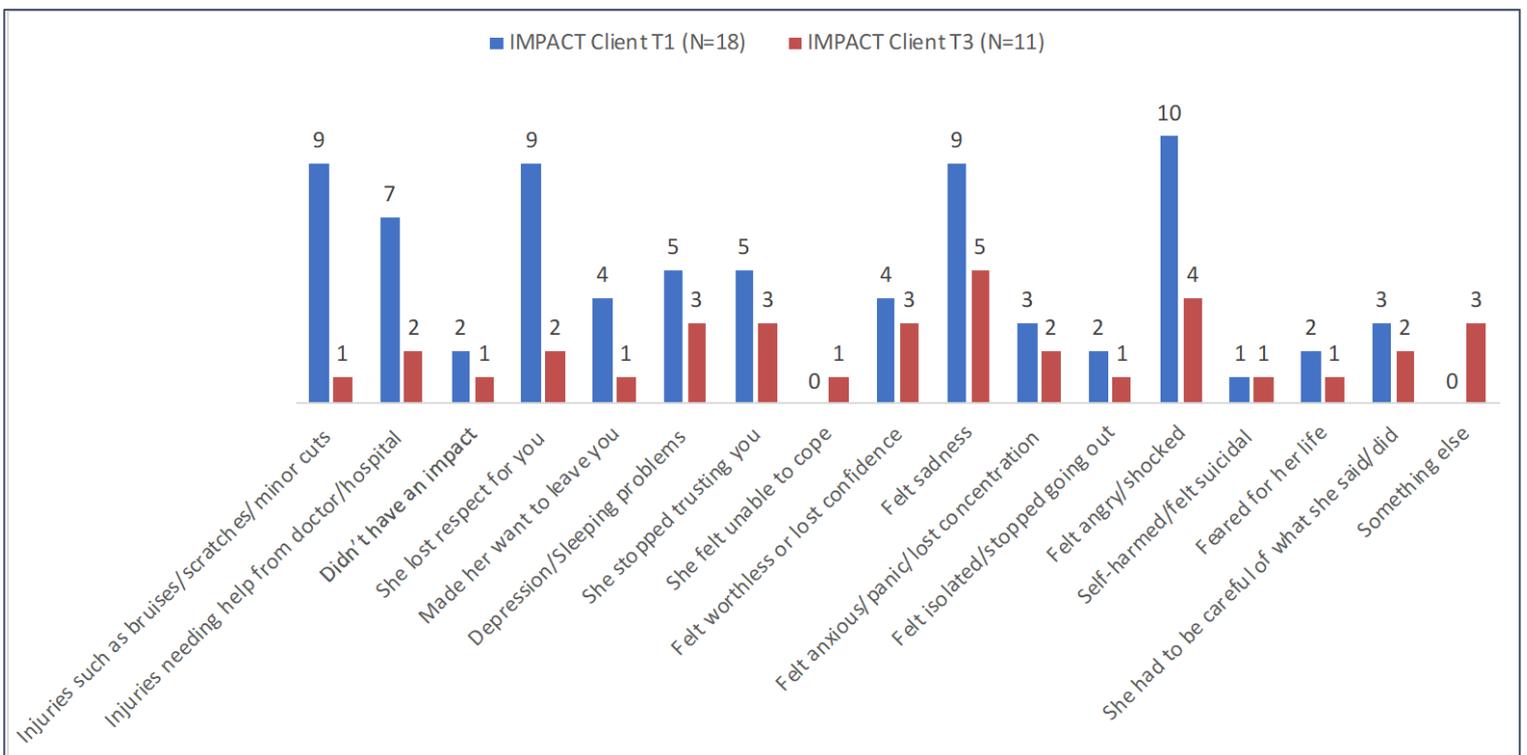
**Other relevant data: further exploration needed**

*Impact of abusive behaviour*

The clients and (ex-) partners reported a statistically significant decrease over time in on the number of behaviors that had an impact on the (ex-) partners. The number of impacts detected between client and partner (beginning and end of the programme) was similar (see Appendix 2, Table 20). A higher number of clients increased their awareness of the impact of their violent behaviour regarding the partner’s feelings and well-being, whereas physical impacts and the loss of respect decreased.

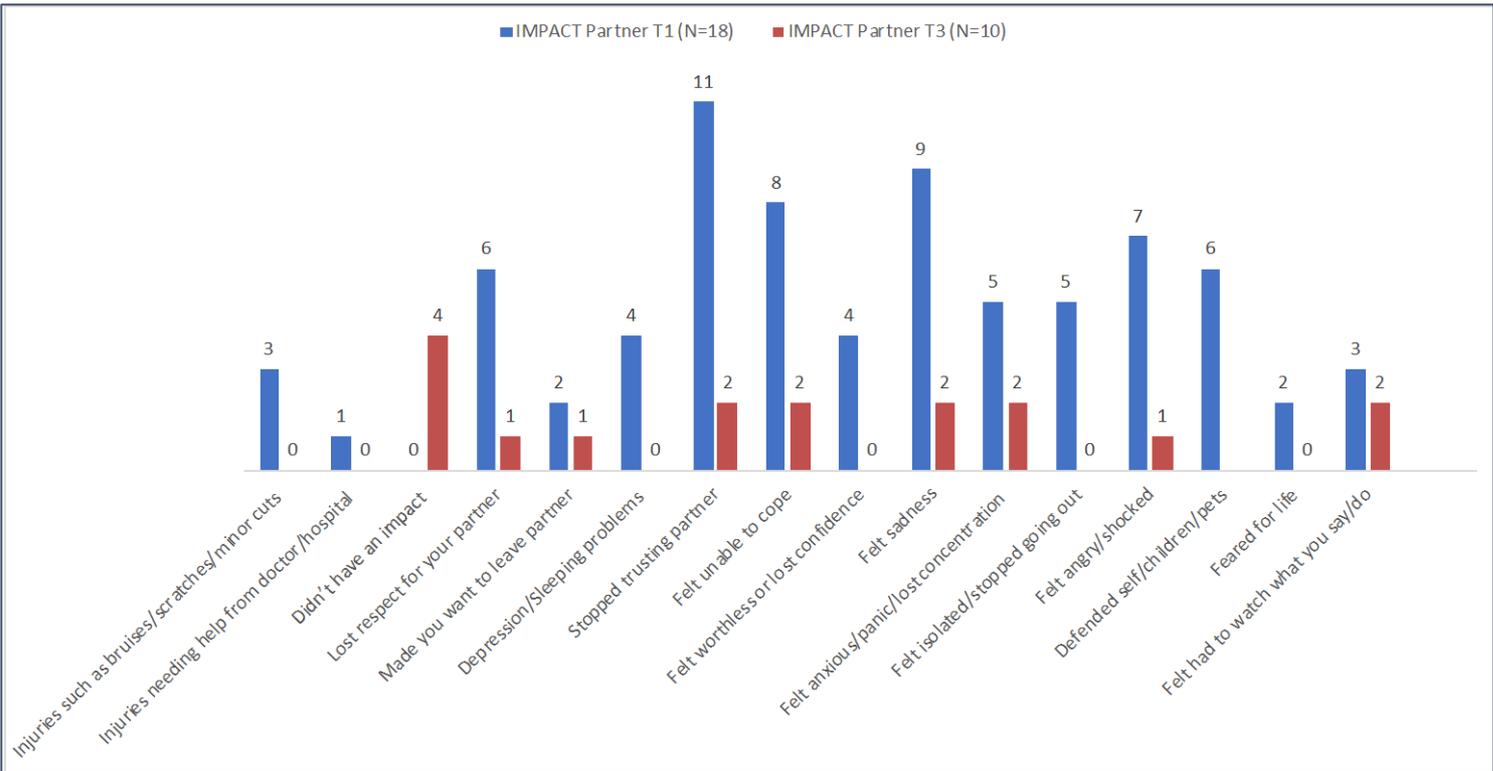
(Ex-) partners reported that impacts decreased notably by the end of the programme, and the remaining impactes were related to their feelings and well-being and the loss of trust (similarly to the clients’ statements).

**Graphic 15.** Clients’ most commonly reported impact compared T1 and T3



Note: The numbers were calculated by summing the number of impacts on each answer reported for all clients.

**Graphic 16.** (Ex-) Partners’ most commonly reported impact compared T1 and T3

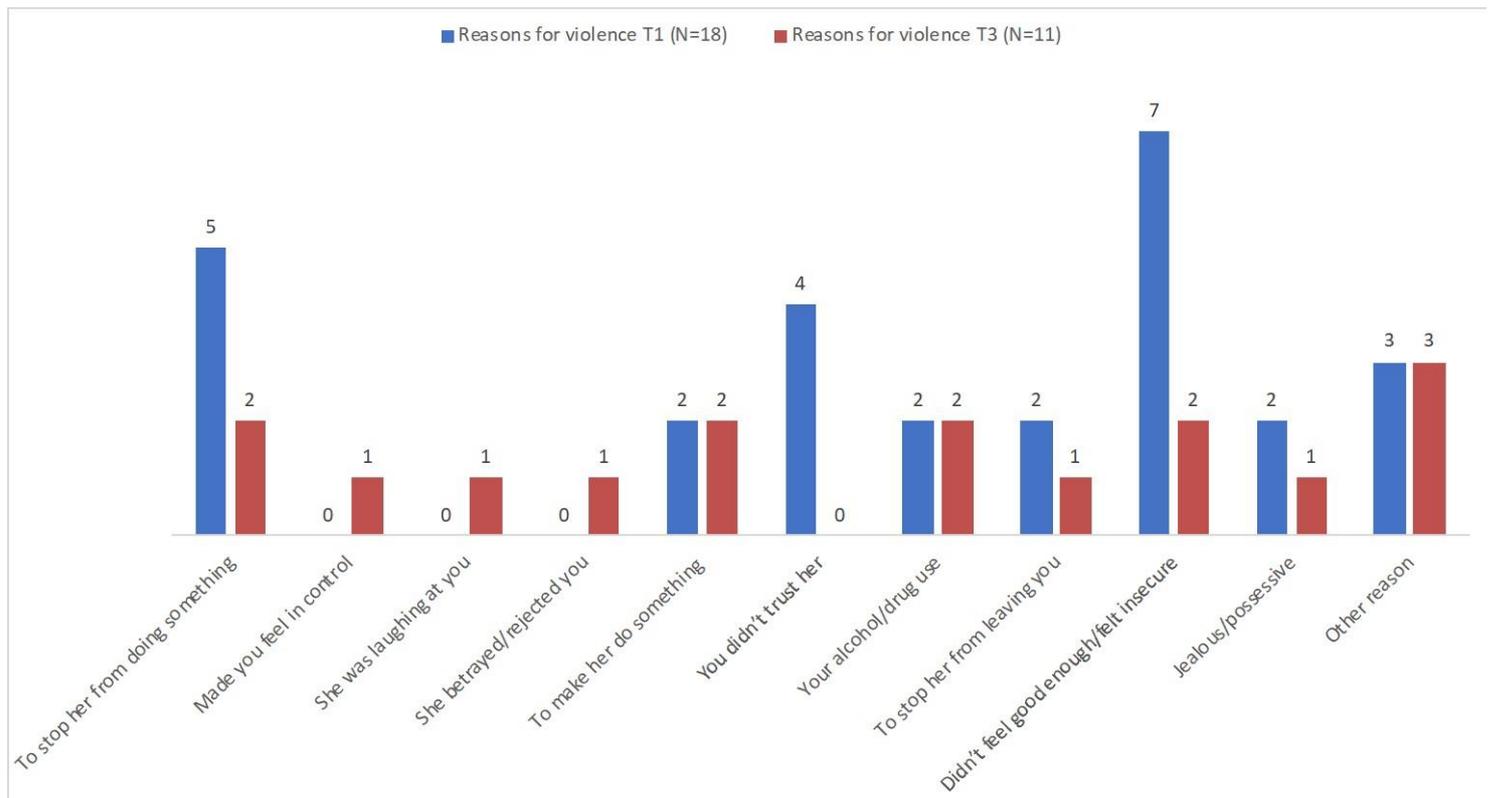


Note: The numbers were calculated by summing the number of impacts on each answer reported for all clients. Worried partner might leave and Defended self/children/pets (not asked in T3). The items: "Self-harmed/felt suicidal", "Worried partner might leave" & "Something else" did not receive any answer.

### *Reasons given for violent behaviour*

The main reasons given by the clients regarding their violent behavior, both at the beginning and end of the programme, were: to stop her from leaving you/doing something, alcohol/drug use, jealousy/ possessiveness. Reasons related to insecurity and the lack of trust decreased at the end of the programme whereas the reasons more focused on her (control, she laughed at you, she betrayed/ rejected you) increased towards the end of the programme. It appeared that by the end of the programme the programme enabled the clients to identify issues of control and power as one of the main reasons for using violence, and has helped them to focus on how their behaviours made them feel in control. Despite this, the reasons that focus on external reasons increased towards the end of the programme such as because "she was laughing at him", "she betrayed him", the "alcohol and drug use". Finally, it seems that clients were more capable of feeling secure towards the end of the programme and thus, they appear to have been able to reduce their use of violence. Non-statistically significant differences were found on the number of reasons given for violent behaviour at the beginning and end of programme, as well as on reasons that refer to control (answers 1, 2, 5 and 8), alcohol/drug (answer 7) and other (answers 3, 4, 6, 9, and 10) (see Appendix 2, Tables 22 & 23).

**Graphic 17. Reasons for violence compared T1 and T3**



Note: The numbers were calculated by summing the number of reasons on each answer reported for all clients.

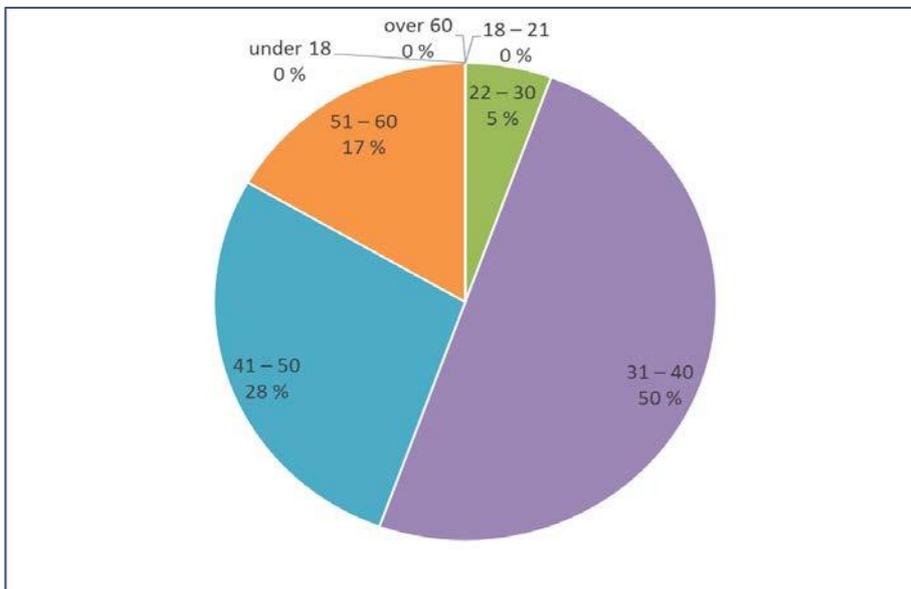
# Appendix 1

## Biographical information

Table 1. Participants' age

	T1
under 18	0
18 – 21	0
22 – 30	1
31 – 40	9
41 – 50	5
51 – 60	3
over 60	1
Not answered	0

Graphic 1. Clients' age T1



Note: The numbers were calculated by counting the number of clients that reported each answer.

Table 2. Participants' employment status

	T1 (N=17)	T3 (N=11)
Full time employment	12	4

Part time employment	2	1
Combining part-time employment with caring for children/family	2	1
Unemployed	1	2
Unemployed and caring for children/family	0	2
Full time caring for children/family	0	1
In education or training	12	4
Retired	2	1
Unable to work because of sickness	2	1
Something else	0	1*

\*Something else = Full time and he takes care of his family

*Table 3. Participants' employment status re-codified*

	T1 (N=17)	T3 (N=11)
Full-time*	12	4
Part-time**	4	2
Unemployed***	1	4
Sickness leave/retirement****	0	0
Something else	0	1

\*Full-time employment (Table 2)

\*\*Part time employment and Combining part-time employment with caring for children/family (Table 2)

\*\*\*Unemployed, Unemployed and caring for children/family, and Full time caring for children/family (Table 2)

\*\*\*\*Retired, and Unable to work because of sickness (Table 2)

*Table 4. Participants' income status*

	T1 (N=16)	T3 (N=11)
Struggling to pay for the essentials (home, bills, food, child support, travel to work)	5	3

Managing to pay for essentials but nothing left over	3	5
Managing to buy the occasional treat or save sometimes	3	2
Managing regular treats and saving or holiday	2	1
Comfortably managing – don't have to worry	3	0
High income	0	0

*Table 5. Participants' relationship status (clients)*

	Relationship T1 (N=18)	Relationship T3 (N=11)
Together and living together	3	5
Together but living apart	7	1
In the process of splitting up	2	4
The relationship has ended and we are living apart	4	1
I am not sure	2	0
Something else	0	0
Not answered	0	0

*Table 6. Participants' relationship status re-codified (clients)*

	Relationship T1 (N=18)	Relationship T3 (N=11)
Together*	10	6
Not together**	6	5

\*Together and living together, and Together but living apart (Table 5)

\*\*In the process of splitting up, and The relationship has ended and we are living apart (Table 5)

*Table 7. Participants' hopes for the relationship (clients)*

	Hopes T1 (N=17)	Hopes T3 (N=10)
That we will be together and living together	10	6
That this relationship will end	1	1
I am not sure	4	2
I am in another relationship already	1	1

Something else	1*
----------------	----

\* Something else = Collaborate for children.

**Table 8. Participants' relationship status (partners)**

	Relationship T1 (N=18)	Relationship T3 (N=10)
Together and living together	9	4
Together but living apart	3	1
In the process of splitting up	1	3
The relationship has ended and we are living apart	5	2
I am not sure	0	0
Something else	0	0
Not answered	0	0

**Table 9. Participants' relationship status re-codified (partners)**

	Relationship T1 (N=18)	Relationship T3 (N=10)
Together*	12	5
Not together**	6	5

\*Together and living together, and Together but living apart (Table 5)

\*\*In the process of splitting up, and The relationship has ended and we are living apart (Table 5)

**Table 10. Participants' hopes for the relationship (partners)**

	Hopes T1 (N=17)	Hopes T3 (N=8)
That we will be together and living together	7	5
That this relationship will end	7	0
I am not sure	2	2
I am in another relationship already	0	0
Something else	1*	1**

\* Something else = she is fine like that.

\*\* Something else = That everyone should make their own life

**Table 11. Participants' obstacles for change (partners)**

	Most reported obstacles T1 (N=18)
His drinking or taking drugs	4

His mental health or emotional state	0
Something else	14*

\* Something else = Frustration; Jealousy; Attitudes; his mother; His behaviour; His attitude; his psychiatric problems; For me it's impossible that he will change; Culture; his inability to deal with anger; relationship with his parents; his low affectivity; His insecurity; His attitude

***Other important biographical information (attitudes)***

*Table 12. Referral route to programme*

	Most commonly reported referral route to program T1 (N=18)
Poster/internet/other publicity	8
Police	0
Child protection	1
Criminal courts	0
Probation	0
Civil courts (injunction)	0
Civil courts (custody/access)	0
Addiction service	0
Health – doctor/hospital etc.	0
Helpline	0
Friends/family/colleagues	3
Partner/ex-partner	3
Counselling/mental health service	4
Relationship counselling service	0
Restorative justice	1
Religious place	0
Somewhere else	0

*Table 13. Reason for attending the programme*

	Most commonly reported reasons for attending the program T1 (N=18)
--	--------------------------------------------------------------------

Criminal court sentence/bail/parole	1
Family court	0
Child protection services	0
I don't want to go back to prison	0
I want to be a better parent	5
I want to stop using violence	10
I want to stop using abusive behaviour	4
I don't want my partner to leave me	8
I don't want my partner to be afraid	7
I don't want my children be afraid	2
I want my partner/ex to feel safe	11
I want my relationship to be better	8
Something else	4*

\* Something else = I want resolve to be feel good me and other people; I want to have better relationship with women; support; to understand myself better

## Appendix 2 – Main programme outcomes

### *Presence, Impact, and Reasons of the Violent Behaviour*

#### *Presence Violent Behaviour Client and Partner*

Table 14. Number of clients that reported each type of DVA (clients)

	T1 (N=18)	T3 (N=11)
Emotional behaviour	16	5
Physical behaviour	16	0
Sexual behaviour	2	1

Table 15. Number of partners that reported clients using each type of DVA (partners)

	T1 (N=18)	T3 (N=10)
Emotional behaviour	17	2
Physical behaviour	15	0
Sexual behaviour	4	0

Table 16. Clients' and (ex-) Partners' average number of types of abusive behaviours reported across emotional, physical, and sexual behaviours

	CLIENT		PARTNER	
	T1 (N=18)	T3 (N=11)	T1 (N=18)	T3 (N=10)
Emotional behaviour	2,78 (SD = 2,04)	1 (SD = 1,41)	5,06 (SD = 3,02)*	0,30 (SD = 0,67)*
Physical behaviour*	2,89 (SD = 2,14)	0 (SD = 0)	4,17 (SD = 2,43)	0 (SD = 0)
Sexual behaviour	0,1 (SD = 0,3)	0,09 (SD = 0,3)	0,39 (SD = 0,98)	0 (SD = 0)

\*p < .05, \*\*p < 0.1

Note: the numbers in Table 2 were calculated by summing the forms of Behaviours reported for each client. For example, if a client reported he insulted his partner and he isolated his partner, this was counted as two types of emotional behaviours. Then, the total number of emotional Behaviours for each client was counted. Last, an average was calculated for all of the clients. This process was followed for the emotional, physical, and sexual Behaviours across all time points. The scale that considers Behaviours within the last 12 months was used from the T1 questionnaire.

Table 17. Clients' and (ex-) Partners' average intensity of the abusive behaviours

	CLIENT PRE (N=41)	CLIENT POST (N=41)	PARTNER PRE (N=41)	PARTNER POST (N=41)
Emotional behaviour average	1.36 (SD = 0.38)	1.12 (SD = 0.18)	1.87 (SD = 0.55)*	1.03 (SD = 0.07)*
Physical behaviour average*	1.24 (SD = 0.19)	1 (SD = 0)	1.64 (SD = 0.51)	1 (SD = 0)
Sexual behaviour average	1.02 (SD = 0.05)	1.01 (SD = 0.04)	1.08 (SD = 0.17)	1 (SD = 0)

\*p < .05, \*\*p < 0.1

Note: the numbers in Table 3 were calculated by summing the numbers from the Likert Scale (this answer allowed intensity of the Behaviour to be referred, therefore answers varied from "0" Never to "3" Often). Then, an average was calculated for all of the clients. Further, the number of zeros were summed. This was done because the objective of this calculation was to explore if the number of clients that never used any of these Behaviours increased at the end of the programme.

### *Impact Violent Behaviour Client and Partner*

Table 18. Impact of Violent Behaviour (clients)

	IMPACT T1 (N =18)	IMPACT T3 (N =11)
Injuries such as bruises/scratches/minor cuts	9	1
Injuries needing help from doctor/hospital	7	2
Didn't have an impact	2	1
She lost respect for you	9	2
Made her want to leave you	4	1
Depression/Sleeping problems	5	3
She stopped trusting you	5	3
She felt unable to cope	0	1
Felt worthless or lost confidence	4	3
Felt sadness	9	5
Felt anxious/panic/lost concentration	3	2
Felt isolated/stopped going out	2	1
Felt angry/shocked	10	4
Self-harmed/felt suicidal	1	1
Feared for her life	2	1

She had to be careful of what she said/did	3	2
Something else	0	3*

\* Something else = In the past; No relationship; I PRESUM IT, AS I DO NOT CONTACT WITH HER

**Table 19. Impact of Violent Behaviour (partners)**

	IMPACT T1 (N=18)	IMPACT T3 (N=10)
Injuries such as bruises/scratches/minor cuts	3	0
Injuries needing help from doctor/hospital	1	0
Didn't have an impact	0	4
Lost respect for your partner	6	1
Made you want to leave partner	2	1
Depression/Sleeping problems	4	0
Stopped trusting partner	11	2
Felt unable to cope	8	2
Felt worthless or lost confidence	4	0
Felt sadness	9	2
Felt anxious/panic/lost concentration	5	2
Felt isolated/stopped going out	5	0
Felt angry/shocked	7	1
Self-harmed/felt suicidal	0	0
Worried partner might leave	0	
Defended self/children/pets	6	
Feared for life	2	0
Felt had to watch what you say/do	3	2
Something else	0	0

**Table 20. Clients' and (ex-) Partners' average number of impacts**

	T1 (N=18)	T3 (N=18)
Client*	4.05 (SD = 2,44)	1.78 (SD = 3,17)
Partner*	4.22 (SD = 2,53)	0.72 (SD = 1,49)

\*p < .05, \*\*p < 0.1

Note: the numbers in Table 4 were calculated by summing the number of impacts reported by each client. The third answer of the client has been taken out ("didn't have an impact"). This was done because the objective of this calculation was to explore if participants were capable to detect a higher variety of impacts on the victim. Last, an average was calculated for all of the clients.

## Reasons of the Violent Behaviour

Table 21. Reasons for violence

	Reasons for violence T1 (N=18)	Reasons for violence T3 (N=11)
To stop her from doing something	5	2
Made you feel in control	0	1
She was laughing at you	0	1
She betrayed/rejected you	0	1
To make her do something	2	2
You didn't trust her	4	0
Your alcohol/drug use	2	2
To stop her from leaving you	2	1
Didn't feel good enough/felt insecure	7	2
Jealous/possessive	2	1
Other reason	3*	3**

\* Something else = because she neglected the house; reaction to arguments; Because I thought I was right about my anger

\*\* Something else = I didn't feel respect; Because she didn't let me explain and she became insistent; no relationship

Table 22. Average number of reasons for violence

	T1 (N=18)	T3 (N=18)
Average	1,33 (SD = 1,28)	0,72 (SD = 1,07)

\*p < .05, \*\*p < 0.1

Note: the numbers in Table 5 were calculated by summing the number of reasons for violence reported by each client. Last, an average was calculated for all of the clients.

Table 23. Average number of reasons for violence divided as "control", "alcohol/drug", and "others"

	T1 (N=18)	T3 (N=11)
Control	0,50 (SD = 0,71)	0,54 (SD = 0,52)
Alcohol/drug	0,11 (SD = 0,32)	0,18 (SD = 0,40)
Others	0,72 (SD = 0,96)	0,45 (SD = 0,69)

\*p < .05, \*\*p < 0.1

Note: the numbers in Table 2 were calculated by summing the number of reasons for violence reported for each client in each group of reasons: "control", "alcohol/drug", and "others". Last, an average was calculated for group reasons.

## Safety

Table 24. Police call-outs (clients)

	Police T1 (N=17)	Police T3 (N=11)
Not at all	10	11
Once	5	0
2-5 times	1	0
6-10 times	0	0
More than 10 times	1	0

Table 25. Partner's fear (clients)

	Partner fear T1 (N=18)	Partner fear T3 (N=11)
Never	7	8
Not often	3	2
Sometimes	6	0
Often	2	1
Always/mostly	0	0

Table 26. Police call-outs (partners)

	Police T1 (N=18)	Police T3 (N=10)
Not at all	16	10
Once	0	0
2-5 times	1	0
6-10 times	0	0
More than 10 times	1	0

Table 27. Fear (partners)

	Fearful T1 (N=18)	Fearful T3 (N=10)
Never	2	5
Not often	4	3
Sometimes	6	2
Often	5	0
Always/mostly	1	0

**Table 28. Clients' and (ex-) Partners' average police call-outs**

Client	Partner			
	T1 (N=17)	T3 (N=11)	T1 (N=18)	T3 (N=10)
Average*	1,65 (SD = 1,06)	1 (SD = 0)	1,33 (SD = 1,03)	1 (SD = 0)

\*p < .05, \*\*p < 0.1

Note: the numbers in Table 6 were calculated by summing the number of police call-outs reported by each client. Then, an average was calculated for all of the clients. Further, the number of zeros were summed. This was done because the objective of this calculation was to explore if the number of clients that did not called the police increased at the end of the programme.

**Table 29. Average partner's fear stated by clients and (ex-) partners**

Client	Partner			
	T1 (N=17)	T3 (N=11)	T1 (N=18)	T3 (N=10)
Average*	2,17 (SD = 1,1)	1,45 (SD = 0,93)	2,94 (SD = 1,11)	1,70 (SD = 0,82)

\*p < .05, \*\*p < 0.1

Note: the numbers in Table 7 were calculated by summing the number of partner's fear reported by each client. Then, an average was calculated for all of the clients. Further, the number of zeros were summed. This was done because the objective of this calculation was to explore if the number of clients that referred that their partner never felt fear increased at the end of the programme.

**Table 30. (Ex-) partners' feelings of depression**

	Anxious	
	T1 (N=16)	T3 (N=10)
Never	0	2
Not often	1	3
Sometimes	12	3
Often	2	2
Always/mostly	1	0

**Table 31. (Ex-) partners' feelings of depression**

	Depressed	
	T1 (N=17)	T3 (N=10)
Never	2	6
Not often	7	3
Sometimes	7	1
Often	1	0
Always/mostly	0	0

**Children situation**

*Table 32. Children situation (clients)*

Children T1 (N=9)	Children T3 (N=5)	
I live with my children		4
I don't live with my children but I see them regularly		0
My ex-partner won't let me see the children		0
The courts/state child protection have stopped me from living with them	0	0
The courts/state child protection have stopped me having contact/access	1	0
I have applied to the court for contact with our children	0	0
My children have been removed and are being looked after by foster parents	0	0
I don't think our children were affected by the abuse	3	0
One or more of my children is angry or upset with me	3	1
One or more of my children is angry/upset with my partner/ex	2	0
One or more of my children is registered with the state child protection	0	0

Table 33. Children situation (partners)

	Children T1 (N=4)	Children T3 (N=9)
My partner lives with me and our children		3
My partner/ex-partner doesn't live with me but has regular contact with our children		2
I have refused to allow him contact with our children		0
The courts or state child protection have told my partner/ex he can't live with our children		0

The courts or state child protection have stopped him having contact/access	1	0
He has applied to the court for contact with our children	1	0
My children have been removed and are being looked after by foster parents	0	0
My partner doesn't think our children were affected by the abuse	0	0
One or more of my children is angry or upset with my partner/ex-partner	1	2
One or more of my children is angry or upset with me because of what's happened	0	2
One or more of my children is registered with the state child protection	0	0

### **Changes**

*Table 34. Participants' stated changes due to the program (clients)*

	Most commonly reported changes since
program T3 (N=11)	
Stopped using violence	9
Stopped using abusive behaviour	5
My partner is not afraid of me	8
My partner/ex feels safe around me	4
My children are not afraid of me	2
My new relationship is non-abusive	1
My future relationships will be non-abusive	3
The relationship ended without any more abuse	2
We work well together upbringing our children	2
Nothing has changed	0
I fulfilled my criminal court/bail/parole	1
I am allowed to have contact with my children	0
I haven't gone back to prison again	0
I am a better parent to my children	2
My partner decided not to end the relationship	4

Our relationship is better	3
Something else	2*

\* Something else = My attitude is better; Positive dialogue

*Table 35. Participants' stated changes due to the program (partners)*

	Most commonly reported changes since program T3 (N=10)
Nothing has changed and he is still using violence	0
Nothing has changed and he is still abusive	1
Things have generally got worse between us	1
He stopped using violence	5
He stopped using abusive behaviour	5
My children are no longer afraid of him	0
My children are still afraid of him	1
We have ended or can end the relationship amicably	1
We can work well together on the upbringing of our children	0
I feel safe around him	0
I feel less safe around him than before	1
His parenting is improved	1
His parenting is just the same	1
His parenting is worse	0
Something else	1*

\* Something else = The relationship is improved, but he still uses an abusive behaviour.

## Appendix 3 - Open final questions

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### *Clients*

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**Final thoughts: What do you think you need to change to be non-abusive in intimate relationships?**

**T1**

1: to understand why in some occasion I feel annoying; 2: Understand myself; 3: Help for myself; 4: I don't need of nothing; 5: I would want more tranquility; 6: Learning to think before acting; 7: cointain anger and have more force in decisions; 8: Respect; 9: Change myself; 9: psychological support; 10: Be more empatic; 11: I assume responsibility of my actions; 12: learn to know myself and manage my emotions; 13: that the relationship ends or I buy more of my space.

**Final thoughts: Is there anything else you want to tell us?**

**T1**

1: I would get quieter verbal reactions about my family; 2: My partner also has violent beahviour; 3: My partner also has violent beahviour; 4: I need help; 5: I need to talk with men who have done worse than me; 6: understand better how to behave in the face of unpleasant situations; 7: I'm tired

**T3**

1: I hope that what I've learned with your help doesn't led me to be violent; 2: I want be more determined and stand firm on my decision. Be more empathetic; 3: stay close to the family; 4: Nothing. I have learned the lesson; 5: I understood where I was wrong. I am sure that if she had been less aggressive, any events would not have happened; 6: I understood the importance of mutual listening and understanding of the needs of the other; 7: disengaging from my family of origin and maturing in relationships with others; 8: I believe that your help is no longer needed. everything proceeds calmly; 9: self esteem, less frustration, safe work, more hope, more self efficacy; 10: grow, mature, go beyond frustrations, be aware, recognize what is in my exclusive power; 11: to continue to have concentration and use the tools learned

**Final thoughts: What do you think we might need to change about the programme?**

**T3**

1: the group is very useful, above all the relationship with other men; 2: CAM experience has been very useful in raising awareness of aggressive attitudes; 3: Thank you; 4: Thank you; 5: It helped

me to reflect; Thank you. I'm fine; 6: I decided to interrupt the programme because I do not believe that the dysfunctionality of my relationship depends on my Behaviour; 7: Thank you!; 8: Thank you; 9: the psychoeducational group was useful to me; 10: you're an extremely useful in a sistem that first breaks you then it asks you why you broke. Self awarness and power; 11: You can't go back and start again but you can start today and re-write a new ending. It would be appropriate to throw a seed in this sense; 12: thank you; 13: good work

## ***Partners***

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### **Final thoughts: Final thoughts: Is there anything else you want to tell us??**

#### **T1**

1: She tells her husband has an aggressive Behaviour toward her children. She tries to bring back the balance.

#### **T3**

1: She says that her husband needs to continue the individual course, but he is now better off. There are still episodes of verbal violence, but not so much to attack others, but to himself; 2: Thank You; 3: The relationship with her and the child is better.

### **Final thoughts: Do you have suggestions to us about the programme and what we are doing with your partner/ex-partner?**

#### **T3**

1: I still don't feel secure.