

Package Tools

on Intervention Methods

for Supporting Victims of GBV and Perpetrators' Treatment



















Intervention Methods for Supporting Victims of GBV and of Perpetrators' Treatment

Compatible to DIRECTIVE 2012/29/EU for establishing minimum standards on the rights, support and protection of victims of crime

Table of Contents PART ONE 1. Introduction 1.1 The Victims' Directive 1.2 The Project 1.3 Project activities 1.4 Partners 1.5 The project approach: mapping the existing intervention methods of supporting victims of GBV and perpetrator's treatment program 2. Intervention Methods provided for support Victims of GBV 2.1 Standards introduced by the Directive 2.2 Findings from Victim Support Services 2.2.1 "Rehabilitation Program for Victims of GBV "- Association Demetra 2.2.2 "Crisis Intervention for Victims of GBV" – Salvammame..... 2.2.3 "Shelter for Victims of GBV" - Association for the Prevention and Handling of Violence in the Family (APHVF)..... 2.2.4 "Look back ... move forward" - Association for the Prevention and Handling of Violence in the family...... 3. Intervention Methods provided in Perpetrator's Treatment programs 3.1 Standards introduced by the Directive 3.2 Findings from Services..... 3.2.1"Specialize program for perpetrators" – Association Demetra..... 3.2.2 "Specialize program for perpetrators" - SOS centrum Diakonie SKP 3.2.3 "Specialize program for sex offenders" - Italian Center for the Promotion of Mediation

















PART TWO

Additional documents to the Intervention Methods

		documents s/manuals/proce	to edures	Victims	program	services
1.1.1 S 1.1.2 V 1.1.3 A		n for Children host Ettered women y book		Handling of Violen Shelter	ce in the Family	
1.2.1 (12.2 Th	Questionnaire fonce Scale of Hope		ogical Sui thor: Arc			
1.3.1 R 1.3.2. F 1.3.3 C	eception Rescu Reception Telep Collecting bos		case	vataggio		
2. tools/	Additional questionnaires	documents s/manuals/proce	to edures	Perpetrator's	Treatment	programs
2.1.1. U 2.1.2. S	PM - Italian Cen JTI activities Ca Static-99R Stable 2007		tion of ti	he Mediation		
2.2.1 S 2.2.2 T 2.2.3 N	elf – assessmen	t tests questionnaire – Ar emotions		uss and Mark Perry		······································
2.3.1 N 2.3.2 F	lanual of psych eedback ques [.]	otherapeutic worltionnaire (FQ).	k with co			















"STEP4GBV - Support, training, exchange practices for Gender-Based Violence"
Project number № 776892 - STEP4GBV



"This publication has been produced with the financial support of the Justice Programme of the European Union. The contents of this publication are the sole responsibility of the SPAVO - Association for the Prevention and Handling of Violence in the Family, CIPM - Italian Center for the Promotion of the Mediation, Demetra Association, Salvamamme, Diakonia and cannot be taken to reflect the views of the European Commission."

All rights reserved. No part of this publication may be reproduced, copied or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without permission of the copyright owners. The contents of this publication may be used for educational and other non-commercial purposes, provided that any such usage is accompanied by acknowledgement of the source.

This publication has been produced within the framework of the project "STEP4GBV-Support, training, exchange practices for Gender Based Violence" with the financial support of the Rights, Equality and Citizenship Programme of the European Union (2014-2020).















"STEP4GBV - Support, training, exchange practices for Gender-Based Violence"
Project number № 776892 - STEP4GBV



1. Introduction

1.1 The Victims' Directive

The Directive 2012/29/EU of the European Parliament and of the Council of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime, replacing Council Framework Decision 2001/220/JHA (hence the Victims' Directive), adopted in 2012, is an important pillar of the European criminal law agenda. The Victims Directive was part of a horizontal package aimed to ensure that any victim can rely on a basic level of rights, independently of nationality and place of the crime. The Directive entered into force on 14 November 2012 with a deadline for transposition in 16 November 2015. It is divided in six chapters which introduce measures to respond to the need of victims for recognition and respectful treatment; protection and support; access to justice; compensation and restoration. The Directive introduces several innovative elements in the approach to victims in particular an individualized assessment of victims' needs, a participatory approach with regard to rights and support services; a child-sensitive approach; and special attention to victims of certain crimes.

1.2 The Project

The project "STEP4GBV - Support, training, exchange practices for Gender-Based Violence" aims to upgrade the competencies of professionals via capacity building activities so as to better meet the needs of GBV victims and treat perpetrators. Another aim is to develop and test new intervention methods package tools through mutual learning and evaluating their utilized methods of supporting victims of GBV and of perpetrators' treatment. The project is in line with the aim of supporting and empowering gender-based violence victims and the enforcement of legislation supporting those victims, as well as the treatment of perpetrators of such violence. The project aims to upgrade the knowledge and skills of specialised staff that provides support to victims of GBV and treat perpetrators of such violence through capacity building activities so as to better meet the needs of these groups. Moreover, the project aims to develop training material and carry out trainings specifically front line professionals which will focus on better implementing the Directive/2012/29/EU on establishing minimum standards on the rights, support and protection of victims of crime and the Directive 2011/99/EU on the European Protection Order and Regulation 606/2013 on mutual recognition of protection measures in civil matters. Another project objective is to develop and test new intervention methods package tools, in which the

















participating organisations will gather and evaluate their currently utilized methods of supporting and empowering victims of GBV and of perpetrators' treatment. Each participating organisation will present their methods, according to their expertise; subsequently each participating country will gather the elements that they believe will work best for their beneficiaries and adapt them in their local realities. This process will help professionals acquire new intervention methods package tools that can be used for supporting the victims and treating the perpetrators according to their needs and improve the quality of the organisations' services. Moreover, this activity will help them address issues that may arise during their work with victims of GBV and treatment of perpetrators of this kind of violence so as to exchange good practices in order to overcome these issues and potential future challenges that may face.

1.3 Project activities

The activities of the project includes: Formulation of transnational workshops and material referring to existing tools used by partners will target 10 professionals (staff who provides support through therapy, shelter, helplines etc.) from partners' organizations. At the pilot phase 30 victims of GBV and perpetrators will be involved. A training curriculum on combating GBV and enforcing Directive 2012/29/EU will target 250 front line professionals (police and other civil servants) via 10 training seminars. Awareness raising activities will reach 20000 people through: 5 info days, 1 Final Conference, social media, Media Toolkit and informative material for victims aiming to changing attitudes towards combating GBV. Project activities will result in: improved quality of services provided from professionals when dealing with victims of GBV; enhanced knowledge; ensured access to justice and information provided to all victims; strengthened cooperation between all actors operating in the field (Cooperation Protocol) and good practices will be exchanged. The above will result in the overall improvement of victim support systems, in parallel of enhancing the professionals work. Finally horizontal activities aim to achieve management & coordination through 6 Bilateral Agreements, 1 PM Plan, 4 Progress Reports, 5 Partners Meetings, 1 Steering and 1 Quality Assurance Committee, 2 Official reports. Outputs of evaluation include 620 questionnaires from professionals, victims, perpetrators, 4 Evaluation Reports, 5 Focus groups. Monitoring activities will be carried to record behavioral and attitudinal change, thus the validation of proposed tools will be ensured.

1.4 Partners

➤ Association for the Prevention and Handling of Violence in the Family - The Association for the Prevention and Handling of Violence in the Family - SPAVO is the only NGO in the field of dealing with domestic violence victims in Cyprus and has been involved in numerous EU projects. It is a National Center providing Violence prevention services and operator of the 1440 Helpline for support services, while providing treatment programs, shelters for women and their children, information and education from qualified scientific personnel to those in need.

















- ➤ CIPM Italian Center for the Promotion of the Mediation CIPM was an Italian Association, funded in 1995 by a group of criminologists, sociologists, lawyers, social operators, judges; since July, 2018 it has become a social cooperative. Up to today it has 8 branches nationwide. We develop our activities in an integrated multidisciplinary perspective psychological, criminological, educational, and legal as well as a network and community one, engaging the services and professionals directly and indirectly involved. The main areas of intervention are two: Clinical-criminological interventions; Mediation and social cohesion. Each area is developed in three directions: Primary Prevention, Secondary Prevention and supporting activities, Training activities
- ➤ Salvamamme The "Salvabebè Salvamamme" non-profit association was founded in 1992 on the emotional impact caused by the great tragedies that motherhood has to unleash, up to infanticide, and has grown on a path of targeted interventions on the moments of acute crisis that they are at the origin: extreme conditions of marginalization, but also of deep depression. Since 2009 it is flanked in its activities by the ONLUS. Thanks to the specific nature of the intervention and the characterization of the service (welcoming, supportive, professional and circular), thousands of users have been supported in recent years. For this reason the projects activated by the Associations are aimed at the real requests and necessities of maternity lived in conditions of socio-economic discomfort.
- ➤ Diakonia Diaconia of the Evangelical Church of Czech Brethren is a non-profit-organization offering help and support for living a dignified and valuable life despite age, illness, disability, isolation, difficult social situations and other life crises. The services of Diaconia ECCB are based on Christian values. DECCB is one of the largest organizations in the Czech Republic providing social services in more than 130 facilities, centers and special schools and offering social, medical, educational and pastoral care. The organization offer: crisis intervention; social and psychological counselling; short term psychotherapy; long term support to prevent crisis; volunteer program (legal and pastoral counselling, corespondence with prisoners, babysitting during therapy sessions....), work with wictims in Daily Crisis Centre
- ➤ Demetra Association Bulgaria –The organisation is established in 1997 and work for: Lobbying for adoption of a national legislation for protection against domestic violence and GBV; Monitoring the law's enforcement; Design and delivery of specialized training programmes for specialists working in the field such as social workers, psychologists, prosecutors, judges, police officers; Securing institutional and legal procedure representation of the victims; Multi-party agreements with key institutions engaged in the victims rehabilitation and integration; Diverse set of multidisciplinary training curricula; Established effective interinstitutional cooperation mechanisms; State delegated and project supported services. Demetra is managing several social services for victims of GBV such us: Crises centre for children and victims of violence and trafficking, Consultative Centre for violence and crime prevention, Crises center for children victims of violence, Shelter for temporary accommodation, protection and support of victims of trafficking, Sexual Assault Referral Center.















"STEP4GBV - Support, training, exchange practices for Gender-Based Violence"
Project number № 776892 - STEP4GBV



1.5 The project approach: mapping the existing intervention methods of supporting victims of GBV and perpetrator's treatment program

The mapping was created from a data collected by the projects partners - Association for the Prevention and Handling Violence in the Family, Demetra Association, Salvamamme, CIPIM, Diakonia. Answering of 12 questions has shown the following results:

Association for the Prevention and Handling of Violence in the Family, Cyprus works mainly with victims of psychological, physical, sexual violence including rape and provides for their needs services like psychological consultations, crisis interventions, education and trainings. The target groups are not limited only to women, but men also. Victims of domestic violence who stay in the shelter have the opportunity to use free medical care at the governmental health services when they need. In order to support victims the Association has shelters, consultative center and telephone helpline. In the scope of services there are programs for perpetrators including individual appointments, where can be discussed possible plans for behavioral change. Everybody in need has the opportunity to call the free national domestic violence helpline, which is run by the Association for all ages and nationalities. An important part of the victims support is the training of lawyers and judges, which were provided in the past from the organization. SPAVO cooperates with Government, NGO, Cyprus police, Social welfare services, Ministry of Education and Culture, Ministry of Justice and Public Order, Anti-Drug Council and 70% of funding the organization receives from the government. The rest of the funds comes from European projects, donations and fundraising events.

Demetra Association provides for the victims of physical, psychological, sexual violence and harassment, any kind of exploitation and trafficking of human beings legal support, psychological and social consultations, crisis interventions, financial support, accommodation, education, trainings, assistance at finding job. The target groups who got these services were 620 victims of domestic violence 12 victims of trafficking- labor and sexual exploitation. The organization provides such free of charge services at a counseling center. The different forms of specialized services used for the victims of GBV are presented in a vast range: shelters, consultative center, telephone helpline, mobile services and support for the victims of rape and sexual violence, consultative centers with medical and forensic-medical examinations, support for the traumatized victims and legal consultancy and court protection, protection and support of children victims and/or witnesses of all forms of violence. Regarding the need of working with perpetrators Demetra Association deliver preventive programs for training and behavioral change. The programs for dealing with violent offenders are necessary for the enforcement of the measure ordered by the court under Article 5, Paragraph 1 and Paragraph 5 of the Law on

















Protection against Domestic Violence - Obligation of the perpetrator of the violence to visit specialized programs in order to provide additional and more effective protection of victims of violence. The association provides its services in different major cities in Bulgaria. According to the Law on Assistance and Financial Compensation for Victims of Crime in force from 01.01.2007 victims of trafficking or a crime can receive compensation. Regarding the parental rights and rights for visitation the association does not provide such a program or services. All through the years of its existence Demetra has worked and still has the support of its partners including State authorities such as Municipalities, Universities, Local and Foreign NGO's, Institutes, Alliances, Foundations etc. The services provided by the organization are financed from the state budget, the budget of the National Commission for Combating Trafficking in Human Beings and from the Municipality of Burgas. Demetra Association works actively on projects both as a leading organization and as a partner, which helps the process of maintaining the sustainable forms of the services.

Salvamamme supports victims of psychological, physical, sexual violence including rape providing any kind of services in the area of psychology, law, crisis intervention and social consultation. Mainly the groups, who use the services of the organization are women of the age 30- 49 and children of the age of 0-18. Women victims of violence access the services through request of protected houses, lawyers, social workers, police, by a personal contact with the operators of the Salvamamme. Consultative center, Telephone helpline, Mobile services, Legal advice/court protection are available in case of a need. Often the target groups are women victims of violence by their partners or husbands, aged between 30 and 49, of different cultural background and different nationalities, often married or cohabiting. The activities of lawyers and judges determine the rights of the parents and the rights for the visit regarding children. Legal team offers consultations, which are very important in the first hours not to commit a crime. The organization cooperates with the State Police and Ministry of Justice. Usually the financing of the services offered up to now are private funding linked to fundraising and small public Funding.

CIPM works in the area of psychological, physical and sexual violence including rape and sexual harassment delivering legal and psychological consultations as well as crisis interventions. The target groups used the services were men aged 14-85, visiting group therapy for sex offenders, domestic violence, psychological interviews and women aged 20-75 in mutual help group for victims of domestic violence. The organization works in close relation with the social services and mental health services of the Municipality of Milan for sending victims of violence to specialized services. The forms of specialized services used by CIPIM are Consultative center and Legal consultation. The organization's intervention is a tertiary prevention intervention aimed to the recidivism prevention. The main scope of services are in connection to the prevention of recidivism for male subjects authors of violent or elusive conducts independently of social and civil statuses, nationality, ethnic origin, or disabilities — in prison or territorially. In favor of victims of violent crime there are measures in the law, which allow victims to request indemnity from the perpetrator (Law 7 July 2016, n.122, directive 2004/80 / articles 11-16). The families, who need support may participate in a project, called "concordo" ("I agree") which offers mediation interventions for couples where a high level of conflict exist or in cases of domestic violence.















"STEP4GBV - Support, training, exchange practices for Gender-Based Violence"
Project number № 776892 - STEP4GBV



CIPM collaborates with different institutions and organizations for protection and rendering assistance of victims of GBV. "Virtuous circle" project with associations for the protection and support of victims, Protocol of agreement with the Police of Milano, Convention with the local public health service for the treatment of adults and juvenile authors of sexual violent behavior, domestic violence or violence in relationships are in the scope of the cooperation form. The European funds through bands

National (Ministry of Pari Opportunita') or local (Municipality of Milan), donations or financing of private foundations.

Diakonia — delivers services linked with psychological, physical and sexual violence, rape included. For the victims needs they deliver psychological and social consultations and crisis interventions. The target group covers **240** men, **210** women, most of them married, some divorced or live with partners, several with psychiatric disease. If a client is in need of a specialized social service it is encouraged to contact such a service. The organization provides accommodation in shelters, services in consultative center and telephone helpline. In order to support the process of behavioral change Diakonia provides individual, couple and group therapies as a prevention of domestic violence. The scope of services covered by the organization is mostly regional - Prague and its outskirts. The organization can help in cases when victims need some type of indemnity only with finding a specialized help. The organization does not provide the help with assisted contact with children, but try to motivate parents to focus on the good contact with their children. "Family service" is the part of Diakonia's scope of services. The organization has partners for supporting victims and children. Diakonia is a non-profit organisation and the financial support is multi-source. The financial sources emanates from governmental financial sources - the Ministry of Labour and Social Affairs, the Ministry of Interior, The Ministry of Justice, Prague City Hall.

















2. Intervention Methods provided for support victims of GBV

2.1 Standards introduced by the Directive

......

2.2 Findings from Victim Support Services

In the current tool are presented some of the intervention methods used by the partners' organizations in the project. For the victims of GBV are presented the following methods:

- "Rehabilitation Program for Victims of GBV" Association Demetra
- "Crisis Intervention for Victims of GBV" Salvammame
- "Specialize support program for victims" Italian Center for the Promotion of Mediation
- "Shelter for Victims of GBV" Association for the Prevention and Handling of Violence in the Family (APHVF)
- "Look back ... move forward" Association for the Prevention and Handling of Violence in the family

TITLE OF INTERVENTION METHOD	2.2.1 "Rehabilitation Program for Victims of GBV "
Title of Organisation / Institution (original language)	Асоциация Деметра
Title of Organisation / Institution (EN)	Association Demetra
Government / Civil society	NGO
Sector	VSS /Victim Support Service/
Theme/ specify	Supporting Victims of Domestic Violence
Supporting Victims or	
Perpetrator's treatment	
Entry point/ target group	Police offices, Court, Consultative Centre for Victims, Lawyers Target groups are victims of domestic violence
Description of intervention method	Social rehabilitation is an integrated set of social services that are provided in the short term (not less than three months) and include long-term social, psychological, legal advice, family counseling, assessment, case planning and management, mediation with institutions and social systems. The confidentiality of the personal data is guaranteed in accordance with the requirements of the Personal Data Protection Act and

















the ethical principles in the activities of the assisting professions.

1.Social Counseling and Crisis Intervention are initially implemented in the program. The Crisis Intervention performed by the social worker combines good listening, empathy, comfort and confidence, appropriate guidance. Also during the crisis intervention, clients needing follow-up assistance (legal, psychological and police protection) are identified.

Crisis Intervention's goal is to reduce the impact of the violence and accelerate the recovery of the victim's normal rhythm of life. –Crisis Intervention takes place in a secure and peaceful place;

- It is good to provide a silence that will enable the client to think and understand their feelings. Silence will make it easier to understand what is most important at the moment or to specify the thoughts and reactions. Often just to stand and listen to the client can help;

Actions if identified as high risk for the victim:

- Providing a safety place (accommodation in the Crisis Center, or relatives);
- Contact police services to assist (In cases where the victim wishes to take his or her personal belongings or children);
- -There is a need to get in touch with loved ones and acquaintances;
- Connect the victim with social services, health institutions, local and national aftercare organizations (depending on their needs).
- -For psychological interventions, refer the victim to a psychologist or psychiatrist;
- Ask the client to consult with a lawyer to clarify the possibilities for protection under the LPADV./Law for protection against DV/

2. Psychological counseling

In the psychological work with victims of domestic violence, one has to bear in mind that the personality has fallen under the influence of his partner, that is, she is literally conquered by his psyche and does not have her own mental space. In addition, in most cases this process has been operating for a long time. The psychological work with a person who has been the victim of violence in his family has the following main directions:

-To trust the client's trust - We represent, express our readiness to listen to it and help; we assure her that the information she provides will be kept secret. Only to the institutions that have

















the commitment to resolve the problem.

- listening quietly, without blaming;
- we have patience, letting the client choose to give up or not take his decision right away;
- -we encourage and congratulate each of her progress. We appreciate that she dared to seek help and a new chance for herself after many years of violence and harassment.

3. Legal counseling

Legal counseling includes clarifying the procedures for conducting LPADV cases and assisting the client in preparing and depositing the required bundle of documents. The clients of the center are issued a certificate / copy of a consumer register as part of the evidence in the case. In the process of handling the case, the clients will be able to obtain adequate guidance and advice also under the CPC.

Protection can appeal to any injured person when violence is committed by: husband or ex-husband; a person with whom he or she has been or has been in a de facto cohabitation; a person from whom have a child; ascending or descending; a person with a collateral lineage up to the fourth degree inclusive (first cousins); a person who is or has been in a kinship by marriage to a third degree (mother-in-law, father-in-law); guardian, trustee or foster parent; ascending or descending of the person with whom he / she is in a real spouse's cohabitation; a person with whom the parent is or has been in a de facto cohabitation.

Protection measures Art. 5, para

(to be ordered only by the court)

- 1. obliging the perpetrator to refrain from committing domestic violence;
- 2. Removal of the offender from the co-inhabited dwelling for the term determined by the court (3-18 months), irrespective of the ownership;
- 3. prohibition of the perpetrator approaching the injured person, the dwelling, the place of work and the social contacts and resting places of the injured person under the conditions and term set by the court (3-18 months);
- 4. temporary determination of the place of residence of the child in the injured parent or in the parent who has not committed the violence under conditions and term (3-18 months) determined by the court if this is not contrary to the interests of the child;
- 5. obliging the perpetrator of violence to attend specialized programs;

















	6. directing injured persons to recovery programs.
How do you measure effectiveness	The program includes several measuring instruments
of the method	The questionnaires are applied at the beginning and end of the
	program and can therefore take account of the progress of the
	casework:
	Risk assessment questionnaire - practitian's tool
	2. Questionnaire for Expert Psychological Surveillance of Victims
	of Violence - Author's Tool
	3. The Scale of Hopelessness BHS, Author: Aron Back
	4.PROBLEM-SOLVING INVENTORY (PSI). Author: P. Paul
	Heppner
Please specify in details any	Therapeutic Elements in Crisis Intervention
assessments or therapeutically	-Paraphrasing, understanding, interest and empathy by
elements in the intervention	repeating certain parts of the narrative. Paraphrasing also
method	allows you to get feedback about whether you have understood
	correctly, to clarify what you have misunderstood, and once
	again to show that you listen carefully - "So you say", "I
	heard you, that you say ". Paraphrasing may seem
	awkward or inconvenient, but it is actually an effective method
	of building trust;
	-Reflecting feelings - the counselor may notice that the tone or
	the tongue of the client's body express emotions such as anger,
	sorrow, or fear. You may say, "It seems that you are afraid to go
	home, is it true?" These kinds of questions will help the client to
	express their emotions and needs;
	-To give the client the opportunity to express his or her emotions
	-Transmitting strong emotions through tears or speaking will
	help the client cope with their feelings and better understand
	their specific needs for the moment. The counselor should help
	the client understand that what he feels is completely normal
	and natural and should not be bothered by his feelings;
	- Chat with the client while assessing the risk for her security.
	Do not ignore the fact that she is usually confused, alarming,
	shocked at this point, which prevents her from actually thinking
	about the situation. Help her make the best decision for herself
	to ensure her safety.
	Therapeutic elements in psychological counseling:
	When conducting psychotherapy for a person who has been
	the victim of violence in the family, it is good to go through the
	following stages:
	-Recognition of violence. This stage involves making the woman
	realize that it is violence. It is often necessary for women to be

















trained to recognize psychological violence and abusive behavior; to recognize violence for injustice and to mobilize their abilities.

-Victims who have lost awareness of where the borders are, are hardly aware that their endeavors are malicious or degrading. The question: "Do you see this normally?", It can make them think about the meaning of a certain action. It can also be added: "If you do the same, how would your partner react?"

-The naming of violence. The psychologist must take a stand and state clearly that these actions are not normal. Too often specialists are hiding behind a non-interference that resembles indifference and sometimes bordering on not giving help to a person in danger. However, when there is an inadequate judgment on the part of the client, it is imperative to indicate what is aggressive.

-These sessions should help the victim to recognize his legitimate feelings as anger, a desire for revenge, as well as shame and guilt that have so far been censored.

-Removal of guilt. Those of the clients who take all their blame for the failure of their family and the violence they are having to do about it must get rid of that feeling. Such a person must be explained that she was not opposed because she was under the influence of her partner.

Customers should be made aware that violence by their partners is caused not by their behavior but by choice by their partners. If their partners do not work on themselves and do not change themselves, they will show violence in every connection.

-Raising self-esteem. After separation, the victims realize that they have been afflicted and manipulated and often fall into an anxiety-depressive state. This requires working on their self-esteem, learning to make decisions, discovering their own abilities. You can, together with the consultant, draw up a list of your positive qualities, of your successes. We help them rediscover, see in positive light. After going this way, they start even if they look different. There is a striving to look good makeup, choose their clothes, look more vibrant, their attitude has improved. In order to shake the woman out of the victim's condition, psychological preparation is required, she has to build a beautiful image for herself.

-Let's learn to set boundaries. The next step is for the person to learn to set boundaries, not to accept the situation he does not like. To say "do not want" allows us to retake power. Too often,

















Please highlight the standards of the Directive 2012/29/EU the model practice is compatible with/responds to Please highlight the measurable impact of the intervention methods	in the presence of violence, women do not ask questions properly. They ask, "Do I love him enough to be worth it?" And they should ask, "Is it good for me to stay with him?" It is possible that you may love someone and admit that the connection is destructive. -Analysis of your own past. When a woman realizes the existence of violence and begins to set boundaries, it is possible to start discussing periods of biography and / or the earliest childhood that made her vulnerable. You may also consider what is possibly convenient in this victim's situation, which some psychologists call "the behavior of learned helplessness" or "the pleasure of feeling a victim". -Fight against dependence. The fact that addiction to violence, the everyday life you face, and the challenge to survive, is often overlooked. So when the victim is separated from the abuser, she often feels empty and willing to return to it again. Even protected, separation from the abuser requires us to continue to support the victim, to help him cope with the sense of emptiness, depression. Often for these women, it is better offending behavior than lack of any emotion. -When completing the protocol for psychological counseling, it is good to consider and note: the level of intelligence; the presence or absence of mental illnesses or conditions (presence of mental disorders in the genus); the presence of psychosomatic diseases / the likelihood of being unlocked as a result of the experienced violence /; suicide attempts or attitudes to such / suicide trials in the genus or performed; the overall background of mood; a censorship system; Attitudes towards life (with predominance of negativity and pessimism or optimism and positivism); internal potential and resource / qualities and skills that are relevant for dealing with crisis situations /; presence or lack of social support / can rely on the help and support of relatives and friends /; previous experience and used coping strategies or "the pleasure of feeling a victim".
Number Budget, sources of financing	
	I

















Reference (hyperlink), information,	
documentation or contact person	

TITLE OF INTERVENTION METHOD	2.2.2"Crisis Intervention for Victims of GBV"
Title of Organisation / Institution (original language)	I Diritti Civili nel 2000 – Salvabebè / Salvamamme
Title of Organisation / Institution (EN)	Salvamamme
Government / Civil society	NGO
Sector	VSS /Victim Support Service/
Theme/ specify	Women who leave conditions of violence and risk and
Supporting Victims or	give them the opportunity for a new re-start, through
Perpetrator's treatment	interventions in the first hours of abandonment of the house or in moments of severe criticality
Entry point/ target group	
Description of intervention method	Telephone reception (telephone lines of the Salvamamme are active from Monday to Friday at fixed times. There is a mobile number for emergencies, answered by the operators experienced in listening and welcoming women who are victims of violence. For each woman is compiled a format, pre-established by the Association, in which all the information about the woman is recorded. The forms thus compiled allow the Salvamamme to build a real observatory on the phenomenon of violence by monitoring the possible transformations over time and by observing the actual validity and concreteness of the Salvage Suitcase project. The operator allows establish with woman a communication based on the kindness and courtesy that will serve to encourage her to speak and ask for help. Information on available resources, on possible actions to protect them, on risks for themselves and their children is provided to the woman. The intervention we intend to give, in this first contact, is the response to the needs of listening and orientation towards public and private social-health services present on the national territory. The operator also makes an initial assessment of the risk. The contact with the woman can happen in different ways, also through

















the association's social channels and the requests are accepted in the same way.);

- Request registration (the request is recorded once it has been ascertained that this is a case of violence and that the woman needs support from Salvamamme, the need of the woman and of any children is analyzed well. The wearability of the woman and of the possible children is requested, in order to prepare a suitcase full of products suitable for the first hours of leaving home. The need to activate other services that are totally free in addition to the suitcase psychological counseling, legal advice, safety assistance services- is recorded.);
- Immediate contact to organize the retreat of the suitcase (an appointment is made with the woman or the services at the operative office for the collection of the rescue suitcase, adequately prepared. A suitcase of essential goods, such as clothing, linen and products for thecare and hygiene of the woman. Each suitcase is made up of sizes, depending on the season and according to specific needs);
- Interview in the office (well-conducted dialogue is the main tool to bring out situations of violence and to be able to structure a path of support, the interview is made to all women and the operators give them the suitcase in a room structured only for their reception. The interview is conducted by an operator, in total anonymity and not in the presence of other people, it will be confidential and empathic, non-judgmental and above all based on the non-re-victimization of women and respect for their times. If the woman shows up at the Salvamamme with her children it is important not to let them be present during the conversation. During the interview, the operator makes a risk assessment using the S.A.R.A - Spousal Assault Risk Assessment method to assess the situation and to prevent recidivism, to protect victims, to avoid the escalation of mistreatment that could also result in feminicides. The operator who conducts the interview has the primary objective of fostering a relationship of trust that allows the woman to tell her story, and then help her understand what is the right choice, whether she

















decides to leave, or stays in the situation. In the case in which there is not enough time to deal with the interview it is important to tell the woman and suggest other alternatives: to fix another appointment, to involve other trained operators. In any case, provide the useful numbers of the Salvamamme and of 1522 - Number of public utility of the Ministry for Equal Opportunities - if this channel has not yet been activated, as well as emergency services if emergency situations occur.)

- Activation of services combined with the suitcase on the basis of individual (every action - report if it has not already been done, activation of services, etc - is undertaken only with the consent of the woman and that you always work for his protection, for his good and possibly his children. Women are offered specific support, adequate information so that everyone can find a solution that suits their situation. If the woman does not feel in danger of life, but the operators believe the opposite, it is essential to talk about it frankly and discuss the situation and possible risks and define a safety plan with her. In particularly dangerous and serious cases for which the woman has to leave the house, perhaps even with the children, the additional services set up in the Salvage Suitcase project are activated new phone card, indispensable displacements, interventionist lawyer advice, targeted emergency psychologist counseling and emergency reception at the hotel or secret place.)
- Rescue package for children (the "Salvage Valigina", a trolley full of clothing, material for children that become essential when a woman runs away from her home with her children following. This trolley enters the perspective of attention towards childhood, in the awareness that "ignoring" the suffering of children exposes them to forms of stress and serious risks, in the short and long term, for the path of growth, even of more for the children involved often in the spiral of repeated violence.

The life of the children is also made up of "little certainties" like their toys, their personal objects, the loss of which generates pain, confusion that the little

















	ones are not able to face. For this reason, in each suitcase delivered for children, there are many toys inserted in addition to clothing.
	- Network (The network model adopted by Salvamamme to ensure an effective support network for women is integrated and interdisciplinary. Sharing and close collaboration between all the social actors involved favors a better protection of women and children victims of domestic violence. Important protocols have been implemented with the State Police, with the Rugby Gold Flames of the State Police, with the Ministry of Justice with the aim of increasing the network and implementing a plan of local, national action against violence based on the methodology and objectives of the Salvage Suitcase project.);
	- Sensation activity (The project is part of the logic of prevention and contrast to gender violence and because of this specificity allows the possibility of activate training, information, promotion and prevention in schools, in the institutional areas.)
How do you measure effectiveness of the method	Likert Scale
Please specify in details any assessments or therapeutically elements in the intervention method	Counseling, Rescue package for children and women and Network with the State Police, with Rugby Gold Flames of the State Police and with the Ministry of Justice.
Please highlight the standards of the Directive 2012/29/EU the model practice is compatible with/responds to	The model is completely compatible with the standard of directive.
Please highlight the measurable impact of the intervention methods Number	100%
Budget, sources of financing	
Reference (hyperlink), information, documentation or contact person	Dott.ssa Pacelli Katia Dott.ssa Salvatore Gabriella

















Title of Organisation / Institution (original language) Title of Organisation / Institution (EN) Title of Organisation / Institution (EN) Title of Organisation / Institution (EN) Association for the Prevention and Handling of Violence in the Family (APHVF) Government / Civil society NGO Sector Theme/ specify Supporting Women victims of Domestic Violence and their children at the shelter Perpetrator's treatment Entry point/ target group Children who are hosted at the shelter with their mothers. Children are either direct recipients of violence (psychological, physical and/or sexual) or are witnesses of incidents of violence between their parents. Description of intervention method The program aims to reinforce children's social
Title of Organisation / Institution (EN) Association for the Prevention and Handling of Violence in the Family (APHVF) Government / Civil society NGO Sector Theme/ specify Supporting women victims of Domestic Violence and their children at the shelter Perpetrator's treatment Entry point/ target group Children who are hosted at the shelter with their mothers. Children are either direct recipients of violence (psychological, physical and/or sexual) or are witnesses of incidents of violence between their parents.
in the Family (APHVF) Government / Civil society NGO Sector Victim Support Service Theme/ specify Supporting women victims of Domestic Violence and their children at the shelter Perpetrator's treatment Entry point/ target group Children who are hosted at the shelter with their mothers. Children are either direct recipients of violence (psychological, physical and/or sexual) or are witnesses of incidents of violence between their parents.
Government / Civil society Sector Victim Support Service Theme/ specify Supporting women victims of Domestic Violence and their children at the shelter Perpetrator's treatment Entry point/ target group Children who are hosted at the shelter with their mothers. Children are either direct recipients of violence (psychological, physical and/or sexual) or are witnesses of incidents of violence between their parents.
Sector Theme/ specify Supporting women victims of Domestic Violence and their children at the shelter Perpetrator's treatment Entry point/ target group Children who are hosted at the shelter with their mothers. Children are either direct recipients of violence (psychological, physical and/or sexual) or are witnesses of incidents of violence between their parents.
Theme/ specify Supporting Women victims of Domestic Violence and their children at the shelter Perpetrator's treatment Entry point/ target group Children who are hosted at the shelter with their mothers. Children are either direct recipients of violence (psychological, physical and/or sexual) or are witnesses of incidents of violence between their parents.
Supporting Victims or Perpetrator's treatment Entry point/ target group Children who are hosted at the shelter with their mothers. Children are either direct recipients of violence (psychological, physical and/or sexual) or are witnesses of incidents of violence between their parents.
Perpetrator's treatment Entry point/ target group Children who are hosted at the shelter with their mothers. Children are either direct recipients of violence (psychological, physical and/or sexual) or are witnesses of incidents of violence between their parents.
Entry point/ target group Children who are hosted at the shelter with their mothers. Children are either direct recipients of violence (psychological, physical and/or sexual) or are witnesses of incidents of violence between their parents.
mothers. Children are either direct recipients of violence (psychological, physical and/or sexual) or are witnesses of incidents of violence between their parents.
(psychological, physical and/or sexual) or are witnesses of incidents of violence between their parents.
of incidents of violence between their parents.
Description of intervention method The program aims to reinforce children's social
emotional and behavioral skills.
<u>Program objectives</u> :
- Help children to express their thoughts and
feelings
- Teach children the forms of violence
- Teach children healthy ways of ange
management Tall a land to a state of the same of the s
- Talk about guilt and bravery
- Help children share their experiences about
domestic violence
- Teach children about sexual abuse and ways to
protect their body - Teach children about alternative ways of
protection and sources of support
The program includes 10 sessions, either individually of
on a group setting (depends on children's ages and
cognitive level).
At the first session the psychologist reads the fairytale
"A safe place" and through semi-structured questions
helps children to describe how they learned that they
would go to the shelter, how they felt, what did they
think, what they saw happening between their parents
and also teach them positive ways to manage their bac
feelings. Some questions that can help the conversation

















are:

"How did you learn that you would come here?"

"How did you feel the first day you came here? What did you think?"

"What do you think about Dad?"

"What can you do when you're sad to feel better?"

Throughout the following sessions children have the opportunity to **define abuse** as any behavior that hurts either physically or emotionally, without these behaviors being excused an accident. Children are also taught to recognize all forms of violence.

Another important part of the program is **anger management**, which includes discussion of appropriate and inappropriate expressions of anger. The psychologist uses scenarios to teach children that appropriate ways do not involve abuse of self, others, pets or property.

The next two sessions include sharing their experience and discussion of the following emotions: guilt, shame, bravery. During play activities psychologist discusses with children that they are not responsible about the violence and the feelings they may have when their parents fight. Furthermore, psychologist asks children to think of incidents where they felt brave and were able to cope with difficult feelings and memories.

During this difficult procedure children share personal information and feelings, so the psychologist reminds them that they are in a safe place and that he/she is there to support them, and that they can choose to stop at any point.

Next session, refers to sexual abuse and ways of protecting one's body. The main feeling of this session is fear and children are taught that fear is an indication that something is wrong. The psychologist helps children to differentiate a good touch from a bad touch, and also to learn ways they can protect themselves.

In addition, during the last two sessions, the psychologist discusses ways of being strong, physically and emotionally, and he/she help children recall events where they felt strong and praises them for their strength. Moreover, children are taught the differences between assertiveness, aggressiveness and passivity. Finally, the program concludes with the creation of a

















	safety plan, where children work individually defining
How do you measure effectiveness of the method	specific ways to keep themselves safe. Through observation and interview with the child as well as the mother, so as to measure the change and progress. In addition, during the program the psychologist investigates if the children apply new knowledge in their daily routine.
Please specify in details any assessments or therapeutically elements in the intervention method	During the program the psychologist uses the following counseling techniques: Empathy, reflection, paraphrase, summarizing, understanding, acceptance and listening. By using these techniques, the psychologist provides an appropriate framework for the child so that she/he can safely express his/her thoughts and feelings, and a relationship of trust between the psychologist and children is formed. Moreover, the psychologist is able to clarify misunderstandings and encourages children to share more things. In a respectful manner, the psychologist ensure children that if they feel uncomfortable they can stop any activity or/and discussion. In addition, if a child does not want to share her/his experiences or feelings about violence, the psychologist respects this fact and he/she does not pressure the child to give more details. Furthermore, the psychologist uses a lot of tools like scenarios, role-play, films/videos, drawings, creations and other play activities.
Please highlight the standards of the Directive 2012/29/EU the model practice is compatible with/responds to Please highlight the measurable impact of	Chapter 1: article 1(2) Chapter 2: article 8(1,2,3,4,5), article 9 (1,2,3)
the intervention methods Number	
Budget, sources of financing	
Reference (hyperlink), information, documentation or contact person	Annita Vracha – Shelter Officer <u>a.vracha@domviolence.org.cy</u>

















TITLE OF INTERVENTION METHOD	2.2.4 "Look back move forward"
Title of Organisation / Institution (original	ΣΠΑΒΟ Σύνδεσμος για την Πρόληψη και Αντιμετώπιση
language)	της Βίας στην Οικογένεια
Title of Organisation / Institution (EN)	Association for the Prevention and Handling of
	Violence in the family
Government / Civil society	NGO
Sector	Victim support service
Theme/ specify	Supporting women Victims of Domestic Violence
Supporting Victims or	
Perpetrator's treatment	
Entry point/ target group	Women survivors of domestic violence, hosted at the shelters
Description of intervention method	The program is aiming on psychoeducation of
	participants on domestic violence, enhancement of
	relationships among participants within the shelter and
	enhancement of parenting role and parenting skills,
	acknowledgement of supportive environment and
	relationships.
	1. Enhancement of relationships between
	participants
	- Opening exercise that facilitates sharing of
	personal information
	- Establishing rules that support the workshop
	2. Psychoeducation on domestic violenceSharing stories and recognizing forms of
	domestic violence
	- Educating participants on the cycle of domestic
	violence, power and control wheel
	- 'Response cards' (therapeutic tool) where
	women can write down thoughts of guilt,
	cultivated during their abuse and replace them
	with more realistic and healthy ones.
	- Empowerment through narrative
	3. Parenting role and parenting skills
	-In couples or within the groups participants are
	called to draw or write down their perceptions
	and believes on the ideal family, ideal partner,
	ideal child. Change of perceptions in time and
	by experience. Worksheet on 'ideal', a 'must
	be' and a 'realistic' mom.

















	 Use of questionnaire, participants address the main sources of information for their parenting guidance. Conversation around other sources and their credibility. Worksheet addressing the needs of children at different ages and the changes through the years and how these needs are affected by abuse role playing and scenarios for the recognition and expression of feelings in daily life Role playing on active listening and healthy communication Relationships and supportive environment Worksheet for drawing the supportive micro and macro – environment.
How do you measure effectiveness of the method	Questionnaire filled at the beginning and ending of the workshop
Please specify in details any assessments or therapeutically elements in the intervention method	Paraphrasing, Reflection - helps the women to put in order their thoughts and validates their experience. Helps them to acknowledge their own behavior towards violence and realize that their abuse is not a result of their own behavior, but the choice of the perpetrator Recognition of abuse- it is essential for women to be able to recognize what is domestic violence and the consequences in their lives. Recognition and expression of feelings- the group is a safe place to express their feelings. Most of the women start recognizing, naming and accepting their own feelings. Silence- helps the participants to take time to reflect on their own experience and experience of others. Sharing experiences- the participants have the opportunity to break stereotypes about victims and abuse. Removes the feeling of loneliness and enhance the relationship between the participants. Role playing- permits to practice new skills in a safe environment. The feedback provided by the participants helps to encourage the change.

















	Worksheet - The worksheet completed by the participants helps to specify their goals, write down their new thoughts and behavior. The participants keep the worksheet and they can use them any time they need to refresh their memory or develop new behaviors by using them as examples.
Please highlight the standards of the Directive 2012/29/EU the model practice is compatible with/responds to Please highlight the measurable impact of the intervention methods Number	Chapter 1: article 1(2) Chapter 2: article 8(1,2,3,4,5), article 9 (1,2,3)
Budget, sources of financing	The program is now run by volunteers. The cost is very low (just copies and every day material)
Reference (hyperlink), information, documentation or contact person	Andronika P. Italou 0035722813114 a.italou@domviolence.org.cy

















3. Intervention Methods provided in Perpetrator's Treatment programs

3.1	Standards	introduced b	y the D)irective
-----	------------------	--------------	---------	-----------

3.2 Findings from the Services

In the current tool are presented some of the intervention methods used by the partners' organizations in the project. For the perpetrators of GBV are presented the following methods:

- "Specialize program for perpetrators" Association Demetra
- "Specialize program for perpetrators" SOS centrum Diakonie SKP in Prague
- "Specialize program for sex offenders" Italian Center for the Promotion of Mediation
- -"Specialize program for perpetrators" Italian Center for the Promotion of Mediation

TITLE OF INTERVENTION METHOD	3.2.1"Specialize program for perpetrators"
Title of Organisation / Institution (original	Асоциация Деметра
language)	
Title of Organisation / Institution (EN)	Association Demetra
Government / Civil society	NGO
Sector	Treatment perpetrators program
Theme/ specify	Program for effective change of values and behavior of
Supporting Victims or	people with aggressive actions
Perpetrator's treatment	
Entry point/ target group	Police offices, Court, Consultative Centre for
	Perpetrators, Lawyers
	Target groups are perpetrators of domestic violence
Description of intervention method	The proposed method is for people who have a persistently aggressive style of behaviour to the opposite sex provoked by an experience of anger. This
	aggressive behavior can be verbal, emotional and
	socially unacceptable. Of extreme importance here is
	the gender element, where in its core lies a change of
	mindset and understandings of perpetrators related
	mainly to gender differences. The main goal of the
	program is to help perpetrators to stop violence, in

















order to achieve new attitude and understanding of violence against the opposite sex as an unacceptable model of behavior, as well as to present appropriate non-violent conflict strategies. The tasks of the method:

- to create motivation for a change
- to explain the essence of the violence
- to support the awareness of self-aggressive behavior towards family members or close circle of people
- obtaining new habits for resolving conflicts and disputes without the use of aggression
- taking responsibility for socially acceptable decisions The duration of the method includes 2 individual and 24 group sessions, once a week for two hours.

The main topics in the program:

- -Legislative and legal framework Charter of Human Rights, Rights of women, Rights of children (The Universal Declaration of Human Rights 1948; The UN Convention on the Elimination of All Forms of Discrimination Against Women 1979; CEDAW General Recommendation No19; New Optional Protocol to CEDAW; The UN Declaration on the Elimination of Violence against Women 1993; Beijing Conference on Violence against Women 1995)
- -Forms of gender based violence gender stereotypes gender, gender stereotypes, androcentrism, socialization, sexist socialization
- -Facts for violent relationships and their development gender violence as a social phenomenon, as a main problem for the society health, as a disbalance of the power between men and women, circle of gender violence, forms of gender violence
- -Social context in which violence occurs
- -Alternative models of non-violent relationships circle of "Power and Control" and "Partnership"
- -New models to deal with aggressive behavior understanding the aggression, aggressive cycles, phase of escalation, phase of explosion, post explosive phase
- -Change of aggressive cycle tracking of the intensity of anger, early warning signs and signals, negative body perceptions, recognition of individual vicious circle
- -Making of a plan for control of the aggression
- -Cognitive restructuring and stop of thinking

















	-Skills for assertiveness and conflict resolution -Skills for emotional intelligence, empathy and skills to forgive
How do you measure effectiveness of the method	The method uses different assesment tests applied in the beginning and at the end of the program to measure the change and progress: -Self – assessment tests -The Aggression questionnaire – Arnold H.Buss and Mark Perry -My feelings and emotions -Violence questionnaire -Types of anger reactions -Methods of avoiding aggressive behavior – internal dialogue and conversation with yourself
Please specify in details any assessments or therapeutically elements in the intervention method	- Self – assessment tests – the tests help perpetrators to assess how they feel about themselves in the beginning of the program and at the endAggressiveness questionnaire – measuring four aspects of the aggression – physical and verbal aggression, anger, hostility. The questionnaire allows to asses not only how aggressive the person is but also how this aggressiveness is manifestedMy feelings and emotions – helps perpetrator to understand themselves better and how to express or suppress their positive and negative emotions and the results of the process. The perpetrators may share certain situations where they had destructive behavior and the impact on others
Please highlight the standards of the Directive 2012/29/EU the model practice is compatible with/responds to	,
Please highlight the measurable impact of the intervention methods Number	
Budget, sources of financing	

















Reference (hyperlink), information,	
documentation or contact person	

TITLE OF INTERVENTION METHOD	3.2.2"Specialize program for perpetrators"
Title of Organisation / Institution (original language)	SOS centrum Diakonie SKP v Praze
Title of Organisation / Institution (EN)	SOS centrum Diakonie SKP in Prague
Government / Civil society	NGO
Sector	Treatment perpetrators program
Theme/ specify	Perpetrator's treatment
Supporting Victims or	
Perpetrator's treatment	
Entry point/ target group	perpetrators
Description of intervention method	Individual, couple and group therapy
How do you measure effectiveness of the method	a)continuous evaluation by the therapist during the process Guides: • Motivation (external -> internal) • Acceptance of responsibility • Empathy • Physiological components of anger (body work) • Cognitive component (recognizing your own emotions, understanding physiological body reactions) • Behavioral change (non-violent conflict resolution) • Obtaining a insight of the issues (a therapeutic change will occur if we can see that this insight has improved) b)questionnaire: 1)DFAP (at the beginning and at the end) "Questionnaire of frequency of aggressive manifestations"; 2)DZV – "Feedback questionnaire"
Please specify in details any assessments or therapeutically elements in the intervention method	a) Group therapy: dynamically oriented psychotherapy (Irvin D. Yalom a M. Leszcz, nebo Hanna Levenson) concentrated on change of maladaptive life patterns; b) individual therapy: KBT techniques; dynamic

















	approach, Pesso-Boyden therapeutic approach Techniques of IT: scaling alternative plan (anger managment) recognizing and expressing of emotions role playing communication skills c) couple therapy: Holding: creating supporting and safe environment for sharing trables (regularity of session, the same lenght, the same attention for both partners, helping to express them) Containing: helping with expresing strong and negative affection, survive those emotions Understanding both partners emotions: "If I were you I would feel/experience" "If I were in your situation I would feel"; Offering understanding, translating: "If I understand you correctly, you suffer from?" — to help partners grasp what the partner experience, what he suffer from Circular questions: "What did you feel/thing when your partner said this/did this" — questions about the relationship, interconnection Story about the beggining of their relationship, what attracted them on the partner, why did they choose this partners searching on what connect them
Please highlight the standards of the Directive 2012/29/EU the model practice is compatible with/responds to	
Please highlight the measurable impact of the intervention methods Number	
Budget, sources of financing	Budget (2018) – 948 404,- Czech Crowns Ministry of Interior, Municipal Hall, Ministry of Justice,
Reference (hyperlink), information, documentation or contact person	https://www.nasilivevztazich.cz/en/about-us/ PhDr. Anna Stodolová; Mgr. Věra Víchová

















TITLE OF INTERVENTION METHOD	3.2.3 Specialize program for sex offenders
Title of Organisation / Institution (original language)	Centro Italiano per la Promozione della Mediazione
Title of Organisation / Institution (EN)	Italian Center for the Promotion of Mediation
Government / Civil society	NGO
Sector	
Theme/ specify	Intensified Treatment Unit for sex offenders, UTI
Supporting Victims or	Milano-Bollate Prison
Perpetrator's treatment	
Entry point/ target group	Sex offenders
Description of intervention method	A The project of implementation of the Intensified Treatment Unit (UTI) was presented first in 2005; today, it has reached its thirteenth year and it provides for a specific rehabilitating intervention operating with a logic of synthesis, combining sentence and treatment, which need to be considered complementary and not alternative to each other. The attempt is to reduce both risks of recidivism (to protect society) and individual suffering (to protect the person). The starting point is the acknowledgement of the anomalies and peculiarities characterizing sex offenders, that must be taken on, knowing that different psychopathological profiles, specific personality features and complex behaviour dynamics can be found at the basis of sex offences, following an etiological model aimed at the multi-factoriality of aggressive behaviours, and needing specific and diversified interventions. "Sex offender" is a criminological category or label that corresponds to different and variable psychological or psychopathological profiles. This method of intervention integrates into a

















criminological view, at the centre of which we find the event-offence and the possibility of recidivism, and it originates from a cognitive-behavioural theoretical reference, where sex offences are conceived as a sexualisation of aggressiveness. The aim is to use the period of detention to elaborate the committed offence and begin a process of cure that starts from the awareness of the offence and of the dynamics underlying it and from the offender's assumption of responsibility. UTI as a container of the treatment activities is therefore a physical place that, with the structured and planned progress of the treatment, can also turn into a mental space in which offenders can receive a benevolent pressure or encouragement to work on themselves and change. UTI is a section for attenuated custody, where an intensive treatment programme could be undertaken; a separate section for attenuated custody was necessary in order to obtain an environment where one could work with privacy and serenity, and where during detention a quality of life adequate to the treatment and to the specificity and difficulty of the work being carried out could be guaranteed. UTI is a place physically separated from the other sections and reserved for convicts who decided to participate in the Project, to guarantee convicts a greater sense of security, serenity and "intimacy". These are fundamental elements for a living and treatment environment where the dignity of the subject comes first. Through the formula of attenuated custody the convict obtains a sense of responsibility in regard of his behaviour and his decisions, because the low levels of surveillance leave a higher degree of discretion, selfmanagement and freedom of movement inside the section and the institute. This allows the UTI team to ratify a treatment pact with each convict. With his signature the convict commits himself to respecting the regulations of the Unit and possibly to proposing modifications or extensions to these regulations, and to starting an individual process of reflection, self-criticism and criticism of the offence he has committed.

















	Convicts are assigned to the Unit following their request to join the Project, which is aimed at adult sexual aggressors who have undergone at least a first degree sentence. At first only requests from those who demonstrated a minimum acknowledgement of their offence and of their deviant sexual problems were received; subsequently the Project was also extended to total deniers, as long as they presented requirements of treatability, on the basis of criminological, clinical and psycho-diagnostic evaluations.
How do you measure effectiveness of the method	On the side of the individual, through changes in the therapeutic compliance and motivation, and by dynamic assessment of changes in the behavior and psychological functioning. Oh the side of the system, through the analysis of
Please specify in details any assessments or therapeutically elements in the intervention method	relapses and the number of assignment requests. The treatment process lasts 9 months and is divided into modules that represent stages and evolutionary lapses that the subject must go through in the course of treatment. On the one hand they mark individual growth in regard to the aims of the project, on the other they mark the continuity of the commitment regarding the regulations and common life within the Unit. 1. Evaluation phase:
	The first step is the assessment phase, considered to be essential for the observation of the convict, in order to obtain a valid and exhaustive description of the functioning and of the personality features of the subject, and at evaluating actual treatability consequently plan personalized forms of intervention; it

















occurs during the first three months of treatment.

The tools employed for this psycho-diagnostic assessment include a projective test (The Rorschach Test), personality tests (MMPI-2 or MCMI-III), IQ test (WAIS-IV, Eta Beta, Culture Fair) and narrative anamnesis.

Although sex offenders present different personological and psychopathological profiles, in accordance with the international literature, some common aspects in all sex offenders can be outlined: i.e. relational deficits, empathy deficits, cognitive distortions, use of denial and minimization mechanisms in regard of their offence. There are other aspects where differences and individual variables can be found, i.e. the extent to which the examination of reality is compromised, the presence of traumatic events in the subject's medical history, the quality, intensity and ability to control emotions, and the subject's intellectual level.

2. Treatment:

The working methods used during the project are derived from a vision that is mainly criminological: from this point of view the intervention focuses on the eventoffence and on potential recidivism. The treatment setting is mainly group therapy; a working procedure that offers opportunities for indirect learning, confrontation and mutual support. Conductors, who avoid putting themselves on the same level as them, make dialogue between participants furthermore the role of the conductors is to allow participants to speak freely, although from time to time they try to liven up the debate; conductors facilitate the circulation of debate.

A central factor in this type of group work is the alternation between individual aspects, i.e. the single person's own aspects, and group aspects, those common to all. This alternation is natural and occurs spontaneously within the group, but the conductors

















sometimes intentionally enter the debate to refer back to something one subject told the group to stress how an individual experience can be common to other people inside the group. Or, with an opposite process, they may isolate specific aspects of a subject to point out important peculiar aspects.

The body of knowledge coming from the experience of the Canadian Pinel Institute in Montreal is introduced in the conduction of the groups as a "third party": this scientific tradition is expressly referred to in order to identify and name in a non judgmental way typical aspects emerging from working with sexual aggressors, such as for example denial and minimization strategies and risk factors in general. Thanks to the continual reference to this "third party", therapists can intensely and critically review their work, without becoming accusative and contributing to the creation of an atmosphere of trust and productive work.

Participation to groups is compulsory and is regulated by the contract, signed by subjects, which states the aims of the group, the rules and the working methods; the definition of procedures, schedules and contents constitutes the frame within which group work must be confined.

Signing the contract ratifies a sort of "alliance" between staff and convict, so that subjects cannot be passive receivers of the contents of the treatment, but must commit themselves to participating actively and positively. The group is a very powerful multiplier of maturing processes, it takes advantage of interactions between participants and is characterized by high levels of dynamism. The treatment provides for the integration of different procedures, not all of which are specifically related to sexual offences. Together they aim at preventing recidivism, also through an improvement of the person's quality of life and lifestyle.

The calendar regulating the weekly organization of the Unit is given to all convicts; concentration and

















continuity of interventions are two fundamental aspects for the success of the treatment. The therapeutic approach provides for psychological interventions aimed at obtaining evolutionary changes of personality and behaviour, structured as group meetings, together with other expressive activities.

The group activities are on the following topics:

- communication abilities (to learn most suitable and effective coping strategies and stress and anger management strategies, to improve social skills, to correct cognitive distortions)
- relapse prevention (to reduce the risk of episodes of recidivism, also by identifying deviant sexual fantasies and anticipatory factors that precede the criminal event)
- trauma and conflict (to improve empathy)
- job skills;

There are also expressive interventions as art therapy, physical activity, sex education, meditation and yoga; The unit assembly, with the Director of the UTI, takes place weekly.

The multi-professional team, where different methods and forms of knowledge coexist, works with an eye to the constant integration and the enrichment of knowhow. The Unit's team, external to the other professionals in the Institute, constantly interfaces with the latter in meetings for reflection and training, as well as when assessing individual cases. An institutional educator, assigned to the Unit, is the intermediary between the Unit and the other professionals who take care of the convicts: they are part of the prison's educational section, of the judiciary surveillance and of the offices of external penal execution.

3. Risk assessment

During the last month preceding discharge from UTI, risk assessment is carried out using two specific tools: Static 99-R for the evaluation of static risk factors, and Stable 2007 for the dynamic stable risk factors. Because these two scales are not validated for the Italian

















_	
	population, we use recidivism risk scores as internal data that, together with the observation data, allows us to have an overall framework in which we can identify both risk and protection factors for a better risk management and a better planning of the treatment intervention necessary for that single person, in order not to transform the evaluation into a mere tool of social control.
	Inmates are informed about their vulnerability to recidivism risks, and on resources that can be activated to cope with it.
Please highlight the standards of the Directive 2012/29/EU the model practice is compatible with/responds to	Since these activities are aimed to perpetrators of violent conducts, they are not covered by Directive 2012/29/EU The treatment of perpetrators and relapse prevention
	interventions are indirect tools for protecting victims.
Please highlight the measurable impact of the intervention methods Number	In thirteen years of treatment the relapse percentage is 2-3%, lower than the international estimate regarding the recurrence of treated subjects (230)
Budget, sources of financing	The annual cost of the action is overall 40.000 euros, part of which are financed by regional or municipal public bodies.
Reference (hyperlink), information, documentation or contact person	www.cipm.it Prof. Paolo Giulini













