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Articoli generali

Perpetrator rehabilitation programs in Italy: distribution, intervention models, and evaluation practices

Programmi di riabilitazione per autori di reato in Italia: distribuzione, modelli di intervento e pratiche di valutazione

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Abstract

Objective: gender-based violence is a multifaceted issue requiring interventions that address both victim protection and perpetrator behavior. This study aimed to map the presence, characteristics, and intervention approaches of Centers for Men who Commit or are at Risk of Committing Violence (CUAV) active in Italy as of May 2025. **Methods:** a descriptive cross-sectional mapping was conducted through document analysis and data collection from regional and national networks. Information on organizational structure, intervention typologies, and assessment practices was systematized and compared with data from 2022. **Results:** findings show a 36% increase in the CUAV network since 2022, with 128 centers and 190 service points, covering all Italian regions except Valle d'Aosta. Most centers operate with multidisciplinary teams, mainly composed of psychologists and psychotherapists, though only six provide language mediators. Group-based psychoeducational interventions prevail, focusing on accountability, reduction of violent behaviors, and promotion of prosocial alternatives. However, fewer than half of the centers tailor interventions to individual criminogenic needs, and treatment duration data remain largely unavailable. Risk assessment is conducted in 84 CUAV, though standardized procedures are lacking. **Conclusions:** the study highlights significant heterogeneity in theoretical frameworks, intervention models, and evaluation methods, underscoring the need for standardized, evidence-based protocols and longitudinal monitoring. It provides an updated overview of CUAV in Italy and a reference for comparison with similar international initiatives, contributing to a broader understanding of effective approaches to male perpetrators of violence.

Keywords: Intimate partner violence; risk assessment; treatment outcome; recidivism; practice guidelines.

Riassunto

Obiettivo: la violenza di genere è un fenomeno complesso che richiede interventi rivolti sia alla protezione delle vittime sia alla modifica dei comportamenti dei perpetratori. Questo studio si propone di mappare la presenza, le caratteristiche e gli approcci di intervento dei Centri per uomini autori o potenzialmente autori di violenza (CUAV) attivi in Italia a maggio 2025. **Metodi:** è stata condotta una mappatura descrittiva trasversale, attraverso l'analisi documentale e la raccolta di dati da reti regionali e nazionali. Le informazioni relative alla struttura organizzativa, alle tipologie di intervento e alle pratiche di valutazione sono state sistematizzate e confrontate con i dati del 2022. **Risultati:** i risultati mostrano un aumento del 36% della rete CUAV rispetto al 2022, con 128 centri e 190 punti di servizio, presenti in tutte le regioni italiane ad eccezione della Valle d'Aosta. La maggior parte dei centri opera con équipe multidisciplinari, composte prevalentemente da psicologi e psicoterapeuti, mentre solo sei dispongono di mediatori linguistici. Prevalgono interventi di gruppo a orientamento psicoeducativo, centrati sulla responsabilizzazione, sulla riduzione della violenza e sulla promozione di alternative prosociali. Tuttavia, meno della metà dei centri adatta gli interventi ai bisogni criminogenici individuali e i dati sulla durata dei trattamenti risultano spesso assenti. **Conclusioni:** lo studio evidenzia un'elevata eterogeneità nei modelli teorici e nelle pratiche di valutazione, sottolineando la necessità di protocolli standardizzati basati su evidenze scientifiche e di un monitoraggio longitudinale. Fornisce inoltre una panoramica aggiornata dei CUAV in Italia e un utile riferimento per il confronto con iniziative analoghe a livello internazionale.

Parole chiave: Intimate partner violence; valutazione del rischio; esito del trattamento; recidiva; linee guida per la pratica.

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Perpetrator rehabilitation programs in Italy: distribution, intervention models, and evaluation practices

Introduction

Gender-based violence is now recognized as a violation of human rights with multiple dimensions, as well as an endemic problem that hinders both individual potential and societal development (WHO, 2012; 2021). As such, it requires a comprehensive response that not only protects victims from violence but also addresses its root causes by intervening directly with those who perpetrate it.

Over the past decades, the treatment of male offenders has assumed an increasingly central role in both legal and clinical frameworks aimed at combating gender-based violence at the international level.

In Italy, following the ratification of the Istanbul Convention (2011) in 2013, a series of legislative measures were introduced to prevent and combat violence against women, culminating in the so-called Codice Rosso (Law No. 69/2019). In addition to strengthening penalties and introducing new criminal offenses[1], Italian lawmakers granted perpetrators of gender-based or child-related violence[2] the opportunity to participate in a *"psychological treatment program for rehabilitation and support […] within organizations or associations dedicated to prevention, psychological assistance, and rehabilitation of individuals convicted of such crimes"*, as a condition for eligibility for alternative measures or sentence reductions.

In 2021, moreover, an intervention protocol known ("Protocol Zeus") was established between the State Police and local social services, with the aim of enabling early intervention in cases of stalking or domestic violence. In this framework, when a violent incident is reported, the police issue an official warning (*ammonimento*) and invite the reported individual to start a rehabilitative pathway designed to foster initial self-reflection on violent behavior and to prevent its repetition or chronicity (Ranghetti et al., 2024).

A subsequent amendment to the Codice Rosso (Law No. 168/2023) further conditioned the granting of a suspended sentence on *"participation, at least on a biweekly basis, and successful completion of specific rehabilitation programs"*.

Although these measures represent a significant step forward in preventing recidivism and promoting offender rehabilitation, they also raise critical questions regarding the definition, structure, and effectiveness of such interventions.

First, there is a risk of instrumental participation, motivated by the pursuit of judicial benefits rather than by a genuine desire for change – a key element for achieving real and lasting desistance from violent behavior and for establishing a therapeutic alliance, both traditionally considered central in treatment processes (Arias et al., 2013; McKillop et al., 2022; Merzagora & Travaini, 2015; Zara & Farrington, 2016). On the other hand, initiating an intervention in the absence of established responsibility may result in a coercive and unfounded imposition, currently unsupported by sufficient scientific evidence regarding the effectiveness of interventions applied without a prior conviction (Travaini & Flutti, 2025).

While the importance of interventions aimed at reducing violent behaviors is widely acknowledged (Hollins, 1999; Babcock et al., 2004; Lösel & Schmucker, 2005), the key question remains what lawmakers mean by "specific rehabilitation programs" and which professional figures are qualified to conduct them. Jurisprudence expands this definition to include *"treatment pathways […] aimed at preventing recidivism through the re-education of the offender and the involvement of expert professionals"*[3].

The very concept of treatment varies significantly across disciplines, taking on different meanings, objectives, and operational methods in psychiatry, psychology, law, and criminology. Consequently, there exists a broad heterogeneity of theoretical models, practices, and tools employed, as well as a limited use of standardized instruments for evaluating the effectiveness of interventions targeting violent offenders (Askeland et al., 2021; Chan, 2023; Choon & Adjorlolo, 2021).

Outcome assessment is often entrusted to the subjective evaluation of practitioners, with limited consideration for objective indicators such as changes in gender attitudes or recidivism reduction (Arrigo et al., 2025).

This has given rise to a lively debate, both in academic literature and in professional practice, concerning which treatment approach is the most effective and how such effectiveness should be measured. Another major challenge

1 Such as domestic abuse (Art. 572 of the Italian Criminal Code), sexual violence (Art. 609-bis), stalking (Art. 612-bis), unlawful dissemination of sexually explicit images or videos (so-called revenge porn, Art. 612-ter), sexual acts with minors (Art. 609-quater), child prostitution (Art. 600-bis), among others.

2 From this point onward, the terms "perpetrator of violence" or "offender" will be used generically to refer to individuals responsible for acts of gender-based violence or violence against minors, both within and outside intimate relationships, as they fall under the same legal framework in the Italian context.

3 Italian Supreme Court, Criminal Section VI, Judgment No. 3934 of June 26, 2023.

lies in the lack of systematically collected and comparable data, due to the absence of standardized protocols or best practices for data collection and analysis.

In Italy, Centers for Men Perpetrators or Potential Perpetrators of Violence (hereafter CUAV or "the Centers") were established in 2009. These centers were recently defined as *"facilities whose staff implement programs aimed at the perpetrators of domestic, sexual, and gender-based violence, in order to encourage them to adopt non-violent behaviors in interpersonal relationships, modify violent behavioral patterns, and prevent recidivism"* (State-Regions Agreement, 2022). Initially autonomous and independent entities, over time they have joined together in a national network, RELIVE[4], currently comprising around 40 member centers, which is also affiliated with the Work With Perpetrators European Network (WWP EN).

At the operational level, Italy has only recently identified the minimum standards that CUAVs must guarantee in carrying out their activities, to align their practices[5] with European and international standards (WWP EN, 2020; State-Regions Agreement, 2022), and to ensure a consistent and structured response to gender-based violence.

These standards primarily concern the objectives of interventions with perpetrators, including: taking responsibility for violent behavior; critically reviewing defensive strategies (e.g., denial, minimization, victim-blaming); recognizing the harmful effects of violence on direct and indirect victims; improving impulse control and emotional regulation; acquiring new prosocial relational skills; and engaging in a critical reflection on male identity to deconstruct gender stereotypes and hostile attitudes toward women.

Further requirements address the organizational structure of the Centers: networking with other local services, wide territorial coverage, timely and safe access, a Charter of Services, and a multidisciplinary team including at least one psychologist or psychotherapist. Other requirements include free initial access, preliminary assessment, and orientation interviews, individual and/or group treatment, risk assessment, and data collection activities.

From an empirical research perspective, systematic studies on CUAVs remain limited. The most recent data collection effort dates to 2022, with the *Second National Survey on Centers for Men Perpetrators of Violence* (Demurtas & Taddei, 2023). Three years later, the present study updates and expands that dataset, comparing the results with the most recent scientific literature, with the aim of providing a representative picture of the Italian context that can be placed in dialogue with experiences from other international settings.

Considering the scenario outlined above, this study aims to map the current situation of CUAVs in Italy, investigating not only compliance with the minimum standards set out in the State-Regions Agreement (2022), but also the diversity of treatment approaches adopted and the degree to which tools and practices for assessing intervention effectiveness are implemented. It seeks to examine the heterogeneity of existing approaches used in interventions with perpetrators of violence, as identified in the literature (Gannon et al., 2019; Illescas, Sánchez-Meca & Genovés, 2001), in the absence of shared, evidence-based models, and to foster reflection on the practical and professional implications of working with perpetrators. The study also underscores the urgency of defining a flexible yet comparable intervention protocol.

While the importance of rehabilitation programs for abusive partners is undeniable (Hollins, 1999; Babcock et al., 2004; Lösel & Schmucker, 2005), treatment must also be tailored to the individual offender's needs and aimed at enhancing personal resources. Only through targeted, evidence-based interventions will it be possible to identify truly effective strategies - benefiting not only perpetrators themselves, but also the safety and well-being of potential victims.

Methods

This study aimed to map the presence and characteristics of CUAVs operating in Italy, adopting a descriptive and exploratory approach. Secondary data from the scientific literature were used as a starting point, with reference to the *Second National Survey on Centers for Men Perpetrators of Violence* (Demurtas & Taddei, 2023), and were subsequently integrated and updated through information obtained from the official websites of individual centers. To ensure the reliability and validity of the data, information from multiple sources was cross-checked and compared for consistency (e.g., regional authority websites and Local Health Authorities, LHAs). The mapping was updated to May 2025.

The areas of investigation were defined based on the minimum standards for CUAVs outlined in the State-Regions Agreement. For each center, data were collected on: geographical location (region, province, municipality); number of branches or offices; access procedures and preliminary assessment prior to intake; composition of the treatment team; type and duration of interventions provided; intervention areas; treatment objectives; and networking activities with other local services.

Collected data were compared with findings reported in the existing literature (Demurtas & Taddei, 2023; Cogno et al., 2023) and the standards indicated in the State-Regions Agreement, and subsequently analyzed descriptively to identify any discrepancies, confirmations, or updates.

4 https://www.associazionerelive.it/joomla/index.php?option=com_content&view=article&id=2&Itemid=117.

5 https://www.statoregioni.it/it/conferenza-stato-regioni/sedute-2022/seduta-del-14092022/atti/repertorio-atto-n-184csr/.

Results

Territorial distribution

The analysis of CUAVs in Italy in 2025 shows a rapid expansion of the network (+36%) over the past three years (Demurtas & Taddei, 2023)[6]. The present survey identified 128 CUAVs, which, when including secondary branches managed by the same organizations, account for a total of 190 active (or soon-to-be active by the end of the year) service points across the country.

The establishment of CUAVs in regions previously without coverage, such as Basilicata and Molise, and the strengthening of services in other regions, has ensured nationwide coverage, except for Valle d'Aosta[7]. The highest concentration of centers remains in Emilia-Romagna (n = 15), Lombardy (n = 16), Piedmont (n = 17), and Veneto (n = 11). However, there has been a notable increase in southern regions, including Calabria (from 1 to 4), Campania (from 4 to 9), and Sicily (from 3 to 8).

A graphical representation of the regional distribution of primary CUAVs (n = 128), is shown in **Figure 1**, while **Figure 2** presents the total of 190 sites, including secondary branches.

Figure 1. Regional distribution of CUAVs

Team composition

To ensure effective action, the State-Regions Agreement requires the multidisciplinary composition of the treatment team, in order to provide *"adequate responses to complex needs"*, as well as ongoing training and updates on gender-based violence[8].

A total of 71.9% of CUAVs reported meeting the requirement for multidisciplinary teams, with psychologists present in 102 centers and/or psychotherapists in 82 of the 128 CUAVs, alongside a variety of other professional figures, as shown in **Figure 3**. All team members receive specific training and periodic updates on gender-based violence and interventions with perpetrators.

Collaboration and integration of expertise is further reinforced through the establishment of networks with other local services and institutions (e.g., anti-violence centers, local authorities and LHAs, police headquarters, courts), with which 75.8% of CUAVs report active cooperation. Such networks aim to improve the quality of the services provided and, consequently, the effectiveness of the interventions.

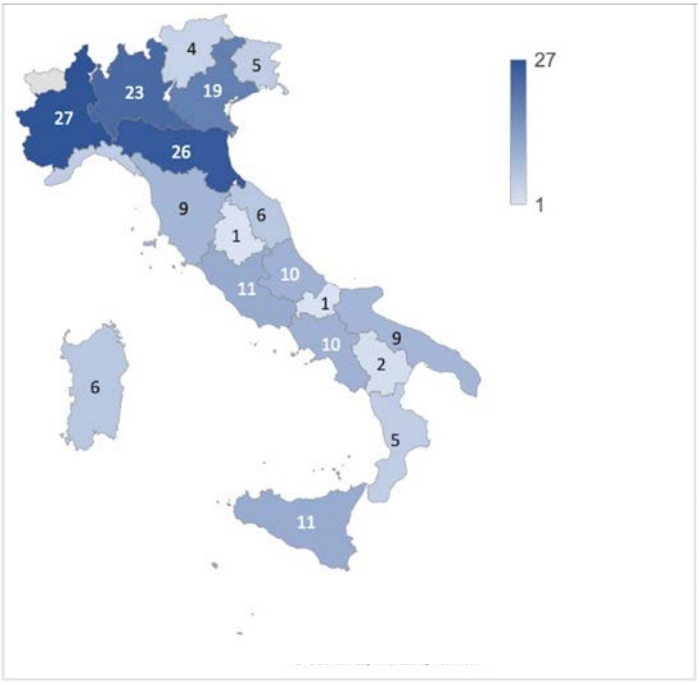

Figure 2. Regional distribution of CUAVs, including secondary branches

Access procedures and intervention stages

All CUAVs guarantee an initial telephone contact. First access can occur on a voluntary basis (87%) or through formal referral (82%), i.e., mandated by the

6 The Second National Survey on Centers for Men Perpetrators of Violence (Demurtas & Taddei, 2023) reported 94 CUAVs and, including secondary branches, a total of 141 service points in Italy. At that time, Basilicata, Molise, and Valle d'Aosta did not have any CUAVs.

7 At present, the Aosta Valley relies on services provided by the Piedmont region, but it is considering the possibility of launching the service within the region as well https://www.regione.vda.it/servsociali/violenza_di_genere/trattamento_uomini_autori_violenza/centri_uomini_autori_violenza_domestica_genere_i.aspx.

8 https://www.statoregioni.it/it/conferenza-stato-regioni/sedute-2022/seduta-del-14092022/atti/repertorio-atto-n-184csr/.

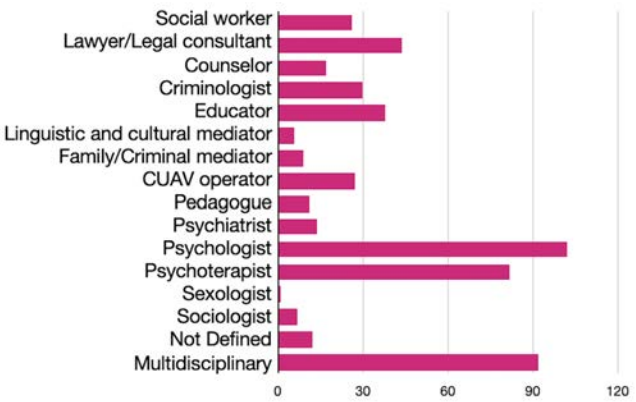

Figure 3. Team composition

court, or via informal referral from local services or upon suggestion by the individual's lawyer (66%). Additionally, 84 centers reported allowing access through all the aforementioned pathways.

In accordance with the guidelines of the State-Regions Agreement, 75% of centers provide an initial intake and orientation phase, typically consisting of 1 to 6 individual sessions. The purpose of this phase is to establish a therapeutic relationship, assess the individual's recognition of the violence and their own responsibility, and determine whether conditions exist for starting the treatment program. The conditions evaluated include quality and level of individual motivation (60.4%), substance use disorders (33.3%), psychiatric disorders (32.3%), and language barriers (25%).

In the presence of any hindering factors, CUAVs may refer the individual to appropriate local services either prior to or concurrently with the program, to ensure that the intervention can be effectively delivered.

If the evaluation is positive, the individual proceeds to treatment, which may take place individually (68.8%) or, more commonly, in group settings (83.6%). Eighty-four CUAVs reported offering both types of intervention. Nearly half of the centers (44.5%) stated that they individualize treatment according to the offender's characteristics (e.g., individual needs, risk factors), while only 23.4% reported offering differentiated groups or treatments based on the type of offense committed.

Intervention objectives and areas

Consistent with the guidelines of the State-Regions Agreement, the main objectives of CUAV interventions are to promote offenders' assumption of responsibility and to interrupt or reduce violent behavior, with a view to preventing recidivism. Other key aims include fostering recognition of the harmful nature of violence as a relational strategy and encouraging the adoption of prosocial relational alternatives. Important themes in working with perpetrators also include acknowledging the harm caused to direct and indirect victims and, to a lesser extent, fostering internal motivation (**Figure 4**).

In line with a complex, multi-level understanding of violence (Bronfenbrenner, 1979), treatment should ideally address all factors that influence violent behavior across multiple levels. The primary focus of intervention is on relational factors, with 63.3% of CUAVs reporting that their programs target the acquisition of new communication skills and conflict-management strategies. Individual factors are also addressed, including behavioral (49.2%), emotional (45.3%), and cognitive components (28.1%). Less frequently, treatment aims to modify gender stereotypes and roles, cultural definitions and tolerance of violence, and other sociocultural factors (26.6%), or to counteract strategies that justify violent acts (21.9%), such as denial, minimization, trivialization, fragmentation, and externalization of responsibility. Finally, only 7 CUAVs reported including interventions targeting static and dynamic individual risk factors, and 6 CUAVs implement programs aimed at enhancing personal resources.

Services provided

Nearly half of CUAVs report providing interventions in the form of individual and/or group psychological support. Other types of interventions include psychotherapy, self-help groups, and additional programs such as criminological treatment, communication and legal education, and socio-cultural and relational interventions. More than 16% of centers did not specify the mode of intervention delivery (**Figure 5**).

Beyond specific interventions, other services offered by CUAVs include accompaniment to

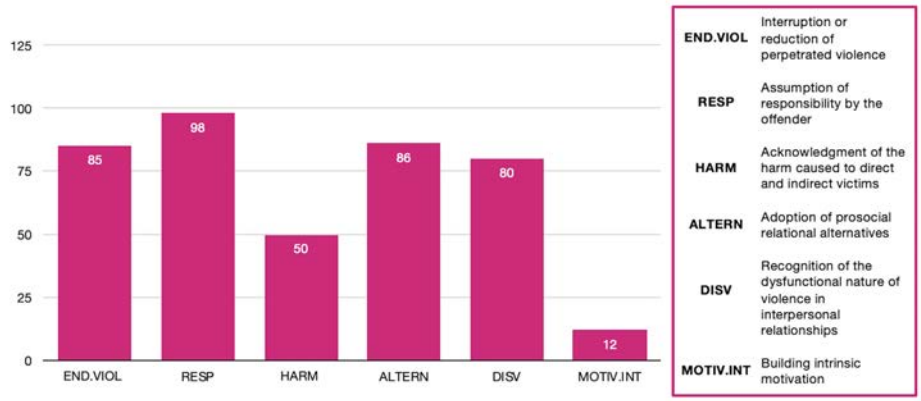

Figure 4. Intervention objectives

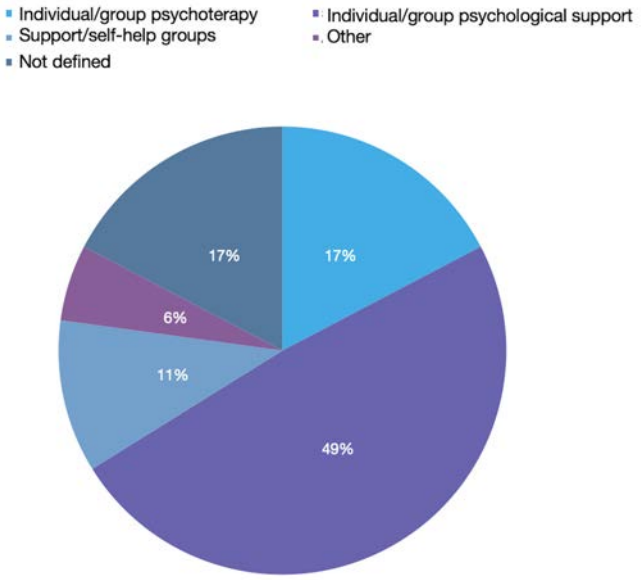

Figure 5. Services provided

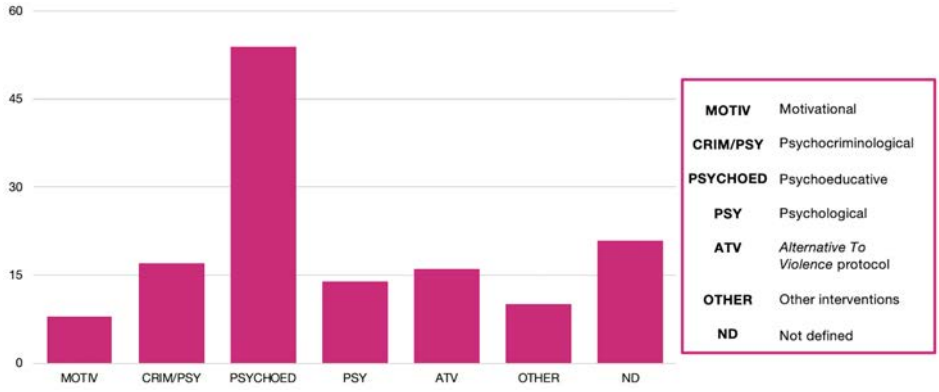

Figure 6. Intervention approaches

local services (18%), parenting support (17.2%), legal counseling (8.6%), and social support (e.g., employment guidance, housing assistance) (3.1%). Finally, only six centers provide linguistic-cultural mediation as an internal service, and two centers offer access to family mediation.

Intervention approach

Data on the interventions provided indicate that CUAVs employ a wide variety of approaches (**Figure 6**), with a clear preference for the psychoeducational model.

Although more than 20 CUAVs did not specify a treatment model, other approaches include psychological and psychocriminological interventions, as well as the Norwegian *Alternative to Violence* (ATV) protocol - an integrated and individualized approach that offers tools and strategies tailored to the offender's specific needs[9], primarily implemented in centers in Emilia-Romagna. A smaller number of CUAVs report using motivational interviewing, which is useful for enhancing treatment adherence and motivation (Murphy et al., 2012). In 27 CUAVs, different approaches are either integrated or applied alternately within the same center to individualize the intervention.

It was not possible to retrieve consistent data regarding the duration of the interventions offered by the CUAVs.

Risk assessment and treatment effectiveness

Risk assessment is conducted by at least 84 CUAVs[10]. Of these, 7.1% reported performing it without specifying the timing or methods used. Among the CUAVs that conduct risk assessments, 92.9% do so during initial intake sessions, while 40.6% monitor risk throughout the treatment or whenever circumstances arise that could increase the likelihood of violent behavior. Additionally, 36.7% of centers assess risk at the end of the program, and 40.6% conduct at least one follow-up to evaluate risk in terms of long-term treatment effectiveness. However, detailed re-evaluation timelines were available for only 17 centers, which carry out follow-ups within six months of program completion. Of these, 15 CUAVs conduct a further follow-up after 12 months, while only seven perform an additional assessment after 24 months.

Regarding the tools used for risk assessment, 50% of CUAVs did not report whether or which instruments were employed. Meanwhile, 41.4% stated that they perform criminological, psychocriminological, or psychodiagnostic assessments using standardized or internationally validated procedures, relying on "tools typical for each professional role" without further specification. Only 10 CUAVs reported using the S.A.R.A. (Kropp et al., 1995) in its full or screening version (SARA-S) (Kropp et al., 2005), a tool specifically designed to assess recidivism. Of these, one also uses MMPI-II/MCMI-III (Butcher et al., 1989; Millon & Davis, 1997) for personality assessment, SCL-90-R (Derogatis, 1977) to evaluate treatment effectiveness, and STAXI-2 (Spielberger, 1999) to assess anger management. One CUAV reported using the HKT-R (Bogaerts et al., 2018) as a tool for recidivism assessment.

9 https://atv-stiftelsen.no/english/.

10 It was not possible to obtain information on risk assessment for the remaining 44 CUAVs.

Data collection and sharing

In the present study, only 40% of the centers reported contributing to data sharing, although several regions are currently establishing data collection systems. In this regard, Emilia-Romagna and Piedmont provide notable examples of systematic data collection and analysis, having implemented a region-wide shared protocol that allows for the rapid identification of information on services provided and the preparation of a report on the work carried out by existing CUAVs (Cogno et al., 2023; Pifferi et al., 2023).

Discussion

The results of the present study show a numerical increase in the distribution of CUAVs across the Italian territory compared to the previous mapping for 2022 (Demurtas & Taddei, 2023), reflecting a positive drive toward more efficient services and a renewed awareness of gender-based violence. The new openings have altered the previous regional distribution of centers, helping to reduce territorial disparities (Cannito & Torrioni, 2023) and confirming the growing recognition of the need for a coordinated approach that ensures both victim protection and intervention with offenders.

However, while the expansion of CUAVs and the improved territorial coverage represent a positive development in terms of service provision and institutional awareness, this increase does not appear to correspond to a clear reduction in gender-based violence at the population level. National data indicate that violence against women remains a pervasive and structurally rooted phenomenon in Italy. According to ISTAT (2025), approximately 31.9% of women aged 16–75 have experienced at least one form of physical or sexual violence during their lifetime, a figure consistent with previous estimates (2014; 2021). Moreover, while overall homicide rates have declined, female victims continue to represent the majority of cases in domestic and relational contexts (ISTAT, 2023, 2025; WHO, 2018). These data suggest that, despite the increased availability of services, the overall prevalence of gender-based violence has remained substantially stable over time. In this perspective, the current expansion of services highlights even more clearly the absence of a shared, structured, and evidence-based treatment model, as well as standardized outcome evaluation procedures at the national level. Without such frameworks, it remains difficult to determine whether interventions are effective in reducing recidivism and preventing future violence.

Against this backdrop, programs for perpetrators of violence are increasingly recognized as an integral part of the fight against gender-based violence, with a focus on preventing escalation and recidivism. Italy appears to be moving in this direction through the rapid implementation of services for offenders and legislation aimed at promoting behavioral change. Furthermore, the growing use of multidisciplinary teams facilitates the integration of knowledge and allows the combination of different professional perspectives and approaches to gender-based violence in over 70% of CUAVs, while ensuring specific training and periodic updates.

The possibility of access not only through court or service referral but also on a voluntary basis in a large number of centers (89%) allows for the early identification of situations at risk of escalation and suggests greater motivation for treatment. The intervention goals for offenders seem to be sufficiently shared across centers; however, the methods through which these goals are achieved appear less clear and uniform.

A considerable variety of theoretical frameworks, intervention areas, methods, and tools emerge from the CUAVs, which is difficult to interpret as a form of individualized intervention. Less than half of the CUAVs report being able to implement interventions tailored to individual needs, contrary to what is suggested by international literature.

Although there is no consensus in the literature on which theoretical model ensures short and long-term treatment effectiveness (Arias et al., 2013; Babcock et al., 2004; 2024; Gannon et al., 2019), the most widely supported studies adopt an ecological interpretation of gender-based violence (Bronfenbrenner, 1979; Hester & Lilley, 2014) and agree that integrated approaches that address offenders' specific needs yield more significant and durable effects (Akoensi et al., 2013; Bonta & Andrews, 2024; Butters et al., 2021). This aligns with the Risk-Need-Responsivity (RNR) model (Andrews, Bonta & Hoge, 1990), according to which treatment effectiveness is proportional to the degree to which it meets three guiding principles: risk, individual needs, and responsivity (Bonta & Andrews, 2024; Butters et al., 2021; Sorge et al., 2023).

Therefore, it would be advisable to employ scientifically validated risk assessment tools and procedures that allow for the delivery of treatment proportionate to the individual's risk level of recidivism (Andrews & Bonta, 2010; Andrews, Bonta & Hoge, 1990; Sorge et al., 2023). Accurate and systematic evaluations would enable the identification of risk factors to be addressed for prognostic purposes and to manage the risk of repeated violent acts, as well as for the individualization of treatment according to personal risk levels and characteristics (Petersson & Strand, 2017; Ranghetti et al., 2024; WWP EN, 2020). However, data from the present study confirm the absence of a structured and shared national risk assessment system, possibly due to economic and organizational challenges. Additionally, risk is not static but tends to change over time, thus requiring systematic monitoring beyond the end of the intervention. Most *Intimate Partner Violence* (IPV) offenders, in fact, recidivate within 6 to 12 months, although some studies report elevated levels after at least two years (Petersson & Strand, 2017; Starfelt Sutton et al., 2023). Therefore, a follow-up at different intervals, allowing for short, medium, and long-term assessment, would be desirable (Travaini & Flutti, 2025). Systematic

monitoring—considering the type of offense and ideally conducted two years after the conclusion of treatment - would allow for the collection of meaningful information (Illescas, Sánchez-Meca & Genovés, 2001), a situation observed in only 5.5% of cases in our study.

In addition to risk, criminogenic needs - psychological and dynamic risk factors intrinsically linked to criminal behavior - must be considered in efforts to reduce recidivism (Andrews & Bonta, 2010; Andrews, Bonta & Hoge, 1990; Sorge, 2023; Yukhnenko et al., 2020). The population of gender-based violence offenders is highly heterogeneous in terms of type and severity of violence, highlighting the need for individualized criminogenic assessment (Cantos & O'Leary, 2014; Peterson & Strand, 2017). However, this study reveals a tendency toward group-based interventions for offenders, often undifferentiated by type of offense. The group format appears functional for distancing participants from the "private" contexts in which gender-based offenses often occur, emphasizing their social and collective nature (Garbarino & Giulini, 2020), and providing a safe environment in which participants can feel welcomed without judgment and engage in positive discussion on common themes (Gitterman & Knight, 2016; Roldan-Pardo et al., 2024). Group dynamics, when paired with motivational strategies and pro-therapeutic leadership styles, appear to foster self-exploration, emotional expression, and goal-oriented activities, potentially becoming key drivers of change (Bowen, 2010; Roldan-Pardo et al., 2024).

However, group interventions offer a uniform option for all participants, regardless of individual criminogenic needs (Andrews & Bonta, 2010; Easton & Crane, 2016), overlooking the "fundamental principle of psychological intervention: *one size does not fit all*" (Sousa et al., 2024, p.4189). Moreover, group interventions often adopt psychoeducational, feminist-informed approaches that focus on gender norms and stereotypes, emphasizing the role of social context and patriarchal culture in violent acts (Arrigo et al., 2024; Ekchardt et al., 2013; WWP EN Guidelines, 2018, p.5). This approach, however, provides only a partial interpretation of IPV, neglecting various other distal and proximal factors (e.g., substance abuse, personality disorders, prior trauma, emotional regulation difficulties, socioeconomic factors) that influence violent behavior and the heterogeneity of offender profiles (Butters et al., 2020; Easton & Crane, 2016).

Finally, literature emphasizes the need to tailor treatment to offenders' abilities and styles, identifying circumstances and characteristics that maximize intervention effectiveness (Andrews & Bonta, 2010; Andrews, Bonta & Hoge, 1990; Sorge, 2023). In the Italian context, barriers to treatment often include pathological dependencies and psychiatric disorders, which should ideally be addressed through specialized services. While this is conducive to creating a support network, it presents practical challenges: socially, more services increase state costs and complicate coordination between agencies (Easton & Crane, 2016); individually, participation in multiple programs can increase burdens on the offender and negatively affect engagement and motivation, raising the risk of dropout or instrumental participation (Easton & Crane, 2016).

Motivation - or its lack - is one of the greatest challenges in offender treatment. The sometimes-mandatory nature of treatment, recently formalized by Italian legislation and affecting at least some CUAV participants, raises questions about the effectiveness of interventions undertaken without the prerequisite of therapeutic alliance and willingness to follow treatment guidelines (Merzagora & Travaini, 2015; Travaini & Flutti, 2025). Motivation appears critical even among those who voluntarily access CUAVs; often entry is prompted by lawyers, other professionals, or partners, rather than arising autonomously, and may reflect instrumental motives rather than genuine willingness to change (Demurtas & Taddei, 2023; Murphy et al., 2012). According to the Intesa, "*quality and level of motivation*" are assessed during initial access interviews and, if lacking, constitute a barrier to treatment. Literature, however, identifies motivation as central to intervention, which can be co-constructed with the practitioner to enhance adherence and increase the likelihood of positive outcomes (Carbajosa et al., 2021; Murphy et al., 2012). In Italy, only a small number of CUAVs employ a motivational approach that fosters "intrinsic motivation for change by exploring and resolving ambivalence" (Millen & Rollnick, 2002, p.25) within an empathetic and collaborative relationship with an experienced practitioner (DiClemente et al., 2011).

In summary, the Italian context mirrors evidence from literature, which, despite encompassing only 0.2% of total gender-based violence treatment studies (Arrigo et al., 2024), shows heterogeneous and often contradictory results (Bonta & Andrews, 2024). An integrated, multilevel, psycho-criminological approach, capable of considering proximal and distal, psychological, and social factors leading to violence, and centered on individual offender characteristics, could yield more promising outcomes (Andrews & Bonta, 2010).

There is a universal recognition of the need for structured, evidence-based interventions to enhance treatment efficacy and promote monitoring and reduction of gender-based violence. Italy has taken initial steps in this direction: the State-Regions Intesa (2022) provides a first framework for developing a flexible protocol capable of generating comparable information on risk assessment and intervention effectiveness. It explicitly requires CUAVs to implement data collection and sharing, along with quantitative and qualitative analysis of services and their outcomes. Currently, this activity is limited, with only 37 CUAVs sharing a "Service Charter" detailing available services, and only 40% conducting data collection for statistical purposes. Minimal results are publicly accessible (Cogno et al., 2023; Pifferi et al., 2023; IMPACT Report, 2022).

The present study relied solely on information available online, without direct contact with the centers, also

aiming to assess the clarity of public-facing information. This approach represents a primary methodological limitation, potentially excluding non-public data and reducing accuracy. A national data repository could provide formal evaluation of the phenomenon in Italy and facilitate comparison with similar international datasets. Additionally, some CUAVs may lack online presence.

Finally, the absence of standardized risk and treatment efficacy assessment currently prevents comparison across centers. Despite these limitations, this study provides an updated overview of services and intervention protocols for current or potential perpetrators of gender-based violence in Italy, contributing to efforts to reduce recidivism and serving as a reference point for international comparisons.

Conclusions and Future Perspectives

The evidence gathered in the present study, despite the increase in the number of centers involved, confirms a persistent difficulty in identifying treatment data and its effectiveness across Italy. This limitation appears particularly critical when considered alongside national data indicating that the prevalence of gender-based violence has remained substantially stable over time, despite increased awareness and service availability. When available, such data appear heterogeneous in terms of techniques, methods, and instruments, and are provided in the absence of shared protocols. It is therefore essential to develop a coherent and standardized protocol, aim for a gold standard capable of defining the characteristics of treatment, identify the professional figures most suitable for its delivery, and establish standardized, evidence-based criteria for evaluating treatment effectiveness. Furthermore, it is desirable that the scientific community continues to deepen the study of the effectiveness of interventions for male perpetrators of violence, contributing to greater homogeneity and scientific rigor, enabling the collection, and sharing of comparable data, and ultimately promoting a better understanding of what works in perpetrator interventions and which factors most strongly influence violent behavior, within a multi-level prevention framework.

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