

The **Italian Centre for the Promotion of Mediation** (Centro Italiano per la Promozione della Mediazione CIPM) was established as an association on March 1995 in Milan by a group of criminologists, sociologists, social operators and judges. In this way it represents the first organized experience on National ground to devalgue mediation techniques. From this moment on this Centre improved a direct experience of work and professional training mainly characterized by:

- a) peculiarity and irreducibility of criminology, as a discipline based on the specific object of violent and damaging behaviour
- b) the need of a strong integration, in the field of mediation, between different professions and competences: psychological, criminological-clinical, psychiatric, psycho-social.
- c) strong awareness of the etiological and treatmental complexity concerning damaging behaviour.
- d) an adequate planning of the treatment on a clinical approach, in particular for impulsive damaging behaviour.
- e) The need to build mediation paths through an integration of disciplines and an exact definition of the damaging potentiality.

More specifically, this experience aims to following concrete action organisation's objectives and usual activities:

1. promote an activity and a culture of mediation, based on the concept of exchange and of comparison, whose purpose is to spread a real tradition of structural management of conflicts. To reach this aim CIPM is interested in the arrangement of the suitable structural, operative and instructive condition aimed at distributing the real culture of a peaceful conflict management.
2. carry out procedures and paths of action in the field of familiar, penal, and social mediation. These situations are especially complicated because usually there is a bond between the two involved parties (familiar, neighbourhood or working bond) that come ahead of the conflict, and that may continue in the future. For this reason CIPM developed, during a decennial activity as an association, an interdisciplinary culture of intervention., through integration of different professions (psychologists, lawyers, criminologists, psychiatrists, educators, social operators).
3. promote and implement the use of mediation in the penal field, between the offender (in penal execution) and the victim, through the promotion of a culture of intervention in the penal field, through the promotion of restoring prospectives and the definition of a path of acting that is able to evaluate exactly the conditions of practicability of the intervention. The

intervention should be focused on the usefulness for the victim of a further powerful instrument into the difficult process of trauma elaboration.

4. promote and implement the use of mediation between the offender and the victim in the field of penal adult justice, of justice of peace, and, where the law prescribed it, in the field of specific crimes before the trial.
5. promote and implement the use of mediation in the field of penal juvenile justice, through the planning of individual paths, integrated by a clinical and diagnostic observation when necessary.
6. implement structured paths of restoration.
7. spread intercultural mediation and group confrontation between people of different culture and nationality, foreigners and aliens. Our society is shifting towards interculturality, therefore, it is useful and fundamental to offer and to plan the development of an instrument able to increment the dialogue between people, in order to reach a stronger integration.
8. support disadvantaged people or those in difficulty in the process of social integration, in the dialogue with the Institutions and territorial realities, or in the search for an employment. This can be carried out also through home visits, counselling, orientation courses, individualized socio-educative projects, legal advice and mediation groups.
9. develop an activity of clinical intervention, research and training about themes linked to the object of the association, such as sociopathies, sexual behaviour disorders and sexual preference disorders, paraphilias, recidive conduct marked by a high level of damaging risk, toxicomanias, post traumatic stress disorders, complete with the elaboration of specific therapeutic paths, both individual and in group, in particular focused on the social defence.
10. carry out clinical interventions (individual and in group), with a detailed anamnestic evaluation and a precise test diagnosis.
11. manage educational clinical interventions and emotions workshops. Strategies aimed to identify the antecedent of the relapse into recidive behaviour, coping strategies after the relapse and strategies for the implementation of social skills. In particular, for those subjects who are in recidivism risk, techniques of relapse prevention (Marlat & Gordon, 1985) are used in order to help the person to avoid those situations that could lead to the repetition of the violent act, and also to help him find alternative ways and solutions.
12. carry out therapeutic interventions for the victims of the crimes, first of all with phone calls, to offer both an initial support and some useful specific information. It is also important to use therapeutic techniques specifically planned for trauma treatment. EMDR Technique (Eyes Movement Desensitization and Reprocessing) is used mainly for the treatment of

traumatic events and psychological disorders linked to the traumatic situations (such as child abandonment, victimization, neglect, sexual abuse...)

13. conduct well constructed interventions purposely projected for victims of stalking and for victims of crimes linked to the conflicts within families. In these cases the interventions have to be strictly linked to the concrete situation and to the real necessities of the victims. The aim of the intervention is to support the person from the first moment of their awareness of being victimized, with legal advice, with the help of social operators, and through the direct contact with the offender, with the victim's safety as a priority. These interventions are quite fundamental also in the following steps, where there are no real dangers and the victim has to deal with the deep consequences of the -more or less long- period of victimization. These consequences are almost relevant from a clinical point of view.
14. answer to the increasing demand of those people who are affected by a disease or by a sufferance not always treatable with the current medical public strategies. This important answer comes from the creation of centres and paths projected for the treatment of personality disorders, toxycomanias, eating disorders, deviant behaviour, panic attacks, depression, through the creation of a flexible, dynamic, poly-functional service. This service can lay out the means to face those marginal situations that usually can't find an adequate answer anywhere else.
15. manage day, night and residential centres, recreational and socialization centres with the aim to offer a reference for those people who need a constant support in their individual path which goes beyond single meetings with the professional. They need interventions in different areas of their social everyday life. These centres are also engaged in a strong sensitization, discussion and updated activity focused on specific themes. These places are strategic, for example, to help the victim of sexual abuse or domestic violence. In fact the everyday commitment of the patients in these centres not only encourages the spread of a sensitive social awareness on this kind of themes, but also helps the victims to go beyond the passivity naturally linked to the victim's role and increases the perception of control upon the events. In this way it also represents an act of prevention in case of future re-victimization.
16. participate in State competitions and carry on the necessary actions for the acquisition and endowment of services for both public and private users.
17. coordinate and promote training and specialization courses, working sessions for interneers for the obtainment of socio-educative, psychological and criminological qualifications, also through funds of the European Community and National Public Bodies. The aim is to create

new professional workers with the necessary skills to apply, also in Italy, some important interventions already in use abroad.

18. join initiatives and take part in common meetings of discussion and congresses focused on all the problems concerning the object of the Association. To organize seminars, conventions, meetings, regarding the themes of mediation and all the linked activities. Most important is the direct connection with international Centres which have been working in this field for a long time. Fundamental is also the research activity and the follow up studies to evaluate the interventions, thus receiving a continuous feedback from the users. The adaptation of International techniques to the Italian context is based on this kind of activity. This allows a careful and dynamic reflection upon the interventions and a constant improvement through the examination of the work as it progresses.
19. organize formation paths and educational courses for students and teachers in schools, aimed to the sensitization towards mediation, and the acquisition of basic techniques to face the everyday conflictual or painful situations. Cases of bullying can be tackled in an integrate perspective, by planning mediation meetings between the victim and the bully (and possibly their families).
20. promote a sensitization, formation and supervision for the teachers who are close observers of the situations and therefore, first surveyors of problematic situations.
21. lead an important research and elaboration activity through the production of documents and scientific writings addressed to the public and the commissioning authorities, aimed to offer specific and updated information focused on the different areas linked to the object of the Association.