SUBMISSION ON DOMESTIC VIOLENCE IN AUSTRALIA

To Senate Finance and Public Administration Committees
Parliament House
Canberra ACT 2600

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This submission addresses aspects of the subject matter under review in relation to the victimisation of women and children, especially in indigenous communities:

b. the factors contributing to the present levels of domestic violence; and

e. how the Federal Government can best support, contribute to and drive the social, cultural and behavioural shifts required to eliminate violence against women and their children; and

Overview

1. Domestic violence, in both indigenous and other communities has its roots in the perpetrator's negative early childhood experiences, including parental loss, affectional neglect, instability of care, and physical and emotional abuse.
2. Violence (which includes domestic violence against women and children) is an intergenerational problem (handed down from one generation to the next) that can play out in many forms - between parent and child, between spouses and partners, between communities, or groups, and between nations – unless addressed through prevention.
3. The handing down process occurs mainly through the transmission, or passing over to a victim, of emotional and/or physical pain, and to a lesser extent, imitational learning.
4. Cultural contexts and prevailing attitudes can promote or justify violence and abuse emanating from such developmental causes, which in most cases are neither acknowledged nor addressed. These invalid justifications need to be unveiled and dismantled, and the true causes of violent behaviours discussed in the accompanying articles need to be aired and addressed.
5. As the supporting articles prepared by the submission writer show, an adult's insecurity, emanating from instability of parental care, or abuse in their early years can manifest as a preoccupations with power and control-seeking in later life in the context of domestic or other violence, or impaired life patterns. In other words, unmet needs from childhood are a primary source of personal and social problems which may manifest as domestic violence.

6. Perpetrators and potential perpetrators of violence require interventions that promote the development of insight and personal responsibility, as well as practical means and encouragement for changing undesirable coping skills.
7. All the above can be facilitated through appropriate funding for the creation and dissemination, in a variety of forms, of education and treatment resources (as outlined under Recommendations).

Recommendations

Prevention of domestic violence against women and children can be promoted by Government resources being committed to (a) improving the social, economic, political and emotional wellbeing of communities where negative childhood experiences, loss or trauma have been experienced or have a high incidence, (b) funding of educational programmes about the basic emotional/psychological needs that require to be fulfilled for babies, children and adolescents to develop into healthy and productive adults, and (c) funding of psychological programmes for both communities and individuals to address the pain from their formative experiences which underpins their emotional suffering and/or their risk to others in the community.

The ideas summarized above are informed via two articles prepared by the submission writer, and which form part of this submission:

(1) *Childhood origins of domestic and other violence* (begins on page 3) and
(2) Improving community wellbeing by modifying coping strategies for dealing with the long-term effects of negative childhood event (begins on page 12).

ARTICLE 1

Childhood origins of domestic and other violence

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Summary
One way of improving community knowledge about the causes and solutions of human problems, such as violence, is the provision of information which provides a better fit than the prevailing views. In this article it is proposed that psychological knowledge has been around for decades, which if adopted, would help in the prevention of human suffering in future generations arising from violent behaviour in domestic and other settings. A suggested remedy involves the dissemination of knowledge within the community that perpetrators of domestic and other violence require education and community support to help them recognize and address the unresolved wounds from earlier development which influence their behavioral choices that can result in the unjustified and harmful victimisation of others.

In this article, common childhood factors that have been identified as increasing an individual's likelihood of displaying aggression and violence towards others in later life are outlined. By improving community awareness of these factors, a twofold advantage is gained - (a) adult perpetrators can be directed to the internal factors that influence their behaviouaral choices that they need to address, and (b) long-term prevention can be facilitated by minimizing negative environmental events through improved parenting practices and early interventions for at risk children who would otherwise have a greater propensity of becoming adult perpetrators of violence.

Introduction
There is currently a paucity of valid information transmitted to the community which explains why adults commit violent crimes.

In this article I offer an understanding of the developmental (childhood) causes of violence and abuse for community education, and also provide suggestions for positive intervention applicable to treatment and primary prevention.

What is known about the causes of violence
Psychology and psychiatry have made advances in the past century, but only a part of the important discoveries about the factors that contribute to wellbeing and dysfunction in human beings has filtered into the consciousness of the community. For example, there is a considerable amount of research showing a link between negative childhood experiences and subsequent dysfunction. John Bowlby (1951) drew attention to maternal separation or loss in early childhood as precursors of juvenile delinquency, anxiety and depression, and explained such events with attachment theory, which evolved over subsequent decades. His observations have been replicated in a variety of studies since, and attention has been drawn to the adverse and enduring effects of various kinds of

negative childhood events (in addition to maternal separation and deprivation). We are more knowledgeable about the harmful and long-term effects of disturbed attachments (Magid & McKelvey, 1988) and of physical, emotional and sexual abuse (Cicchini, 2012). Hence professionals such as psychologists and paediatricians are more aware of the need to assist carers to facilitate emotional regulation (the soothing of emotional distress) in babies and children to promote development and future wellbeing.

Another line of psychological work (e.g., Murray, 1938, Maslow, 1968, Deci & Ryan, 2000) *has identified unmet psychological needs as the carrier of childhood pain into the future to adversely affect the lives of adults*. However this body of knowledge has not yet been integrated into the community's understanding of the factors behind the antisocial behaviour of adults, including the emotional, physical and sexual abuse of women in the community, and the sexual abuse of children.

However, the current preoccupation in our society with a return to work of mothers for economic reasons, and placing young children in institutional care settings (day care centres and early "learning" centres) is ignoring the lessons from that established knowledge base. Individualized "one on one care" of young children and a minimization of multiple carers are an imperative because the young have a number of basic psychological needs that require fulfilment, which are listed at the end of this article. The fulfilment of such needs is an onerous task requiring sensitivity and care. Making sure that children's needs are fulfilled and respected is an investment in the wellbeing of that child, and of the community in which they will subsequently interact through the lifespan.

More relevant to some indigenous families (but also found in the community as a whole) is a lack of stability and continuity of care of the young, usually in response to parental stress, conflict, involvement in crime as an offender or victim, mental illness, or substance abuse. The role played by former government policies and practices that created the Aboriginal "lost generation", and the ongoing adverse effects of those events on the quality of care of their descendants also needs to be appreciated and addressed by the provision of education, treatment, and support services to facilitate emotional healing. The psychological aspects are addressed in some detail in the second article attached to this submission**,** "Improving community wellbeing by modifying coping strategies for dealing with the long-term effects of negative childhood events"**.**

My understanding of the effects of negative childhood experiences has not come from textbooks, but from a lifetime of working with men and women in the justice system who committed crimes. When counselling offenders, I discovered that they carried intense negative feelings that emerged during our sessions. I observed a link between those reactions and their offending behaviours: those reactions energised them, and were often present immediately preceding their offending act – and those acts temporarily made them feel better. Other stresses (acute or cumulative) and intoxication had sometimes been present before they reacted. I repeatedly noticed that their offending behaviour temporarily created a more positive feeling, often at the expense of someone else (a direct or indirect victim). A final insight was that offenders had encountered negative childhood

experiences impacting on important psychological needs, and the negative feelings they manifested in later life was a carry-over of those experiences. Such childhood-acquired feelings of distress could be triggered or aroused during therapy, and were often precursors to their offending. (Those negative feelings are in fact indices of unmet childhood needs that have energising properties when aroused by current life stresses. That is, they serve to initiate actions that try to make the individual feel better).

Acting-out which relieves an individual from such pain (i.e., offending) can be habit-forming. Most vices (intoxication, addictions, compulsions) are also habit-forming through their capacity to alter the individual's negative feelings and bring about a more desirable state. But to continue to get relief the negative acts must be repeated because their soothing function is not long-lasting. Using external pacifiers for emotional upsets are poor solutions: emotional problems of childhood origins require emotional solutions, not attempted practical solutions such as acting-out, or getting intoxicated.

In studying these processes in thousands of individuals, I developed an appreciation of how negative childhood experiences are carried forward in the person's mind and personality, and how they are implicated in the destructive actions of offenders (e.g., Cicchini, 1986 a; 1986 b; 2004. A simpler exposition of the model is to be found in Cicchini, 2009). ***The key to understanding involves an appreciation that human beings have a number of basic psychological needs that must be fulfilled or respected during development, and also in adulthood, for us to be able to cope well with stresses, and to function positively and creatively in the community.*** A description of basic psychological needs, based on the work of Henry Murray (1938), and updated in terminology by the present author, can be found at the end of this article.

My observations and clinical understanding with regard to the developmental origins of physical and sexual violence, in which men are the predominant perpetrators, is summarised next.

Observed pathways to physical and sexual violence

Adult perpetrators of sexual and domestic violence are more susceptible to certain life stresses ***in adulthood*** than others, as a consequence of having experienced certain negative events ***during childhood***. Some of the relevant factors are outlined below:

A. Historical factors related to attachment disturbances and unmet dependency and security needs underpin aggressive motivations, fantasies, & responses

1. Many perpetrators manifest a fundamental vulnerability acquired in childhood, typically involving feelings of helplessness and a lack of control. This vulnerability is caused by **the frustration of dependency, attachment and/or security needs** through negative life events and the disruption of attachment bonds in infancy or early childhood.
2. The perpetrator's vulnerability is laid down in childhood as a consequence of trauma, physical, emotional or sexual abuse, and less visible events that thwart important psychological needs, particularly dependency needs – affection and care, control, security and order. Maternal separation, witnessing domestic

violence and conflict, having multiple carers, and victimisation are examples of such negative events in childhood.

3. Childhood factors that contribute to adult vulnerability to life stresses include maternal loss, maternal separation, instability of care (multiple careers, and lack of orderly routines), neglect, abuse, bullying and victimisation of any kind.

4. Childhood abuse, trauma, and the frustration of childhood needs leaves a repository of pain in the individual's mind, which can be re-aroused by subsequent life stresses and losses.

B. Learned negative behavioural coping patterns

Some individuals *("chronic reactors")* exposed to negative events previously listed learn to react in antisocial ways in childhood and adolescence. Main features include habitual expressions of impulsivity and poor relationships with others. Patterns of antisocial behaviour provide relief from tensions and pain, and become habit-forming. These people become habitual generic offenders who pursue their own needs without much consideration of the effects upon others. Violence can be part of their general lifestyle and problem-solving strategies. Imitational learning and modelling in the social environment can influence the repertoire of poor behavioural solutions which a particular individual may manifest.

Other individuals (whom we shall refer to as *"regressors")* do not have an acting-out predisposition, but may react disproportionately to life stresses in later life, when their latent vulnerabilities are re-activated by loss or stress and sometimes intoxication. They may not generally be antisocial, but display controlling characteristics within relationships to reduce anxiety about abandonment, and may react badly to loss, perceived loss or threatened loss. They often display irrational jealousy and insecurity, and cope poorly with unplanned change. Their coping style - which can impact negatively on a partner and drive her away - is an unhelpful way to try to keep a lid on their childhood-acquired anxiety and sensitivity to rejection.

A great number of men ("*insight-less blamers*") can react with disproportionate violence, including sexual assaults, when stressed, and when intense rage arising from unmet childhood dependency needs (e.g., a lack of affection, physical touch and care; attention; admiration), or power or control needs are re-aroused by relatively minor frustrations. An offender described his reaction as follows: *"Tea wasn't on the table when I'd got home. I'd had a very bad day at work and I just saw red… I remember dragging my wife upstairs by the hair and tying her on the bed. I then paraded around the house shouting and screaming, I worked myself up into a real frenzy"*. He fetched petrol, poured it on the bed and for an hour tormented her by playing with matches. *"She was petrified. I have to admit I used to enjoy seeing her like that. I need to feel in total control"*. (This case description is taken from an overseas source). In this case it seems that at the time the perpetrator has little awareness of the historical origins of his dissatisfaction, being childhood neglect – only his current frustrations. Sadly, this is a common factor in many domestic violence cases which needs to be, and can be

addressed, because the individual usually knows at some level that their distress is not commensurate with the trigger events. A skilled therapist can usually assist the person to recognise the origins of their intense feelings and their recurring nature, and help develop better skills for coping.

A sub-category of *insightless-blamers* - men who are insecure and jealous as a result of negative childhood experiences that impact on their dependency needs - may use control and anger to manipulate their partners into reducing their felt vulnerability. In other words, they externalise their internal problem of insecurity (and instead pressure their partners to reduce their discomfort) rather than taking ownership of their emotional problems. Such men are at greater risk of reacting violently in response to relationship loss, and real or imagined betrayal. Certain stressful life events re-arouse potent unconscious feelings of abandonment and helplessness or vulnerability, which can set the scene for retributive actions as a means of quelling their mental and emotional anguish of childhood origins. The common desire to displace pain by attacking bystanders is common in both animals and man, reflecting the basic hedonic principle of trying to preserve well being (surviving) by avoiding pain and seeking pleasure by reducing threats. This basic (but inappropriate) response type is indicative of a person's emotional pool arising from past distress and current stress overriding their rationality. But it still entails a behavioural choice or a preference to give rein to the motivations or urges that arise.

C. Internal assuagement- the role of fantasies

People's fantasies are often unconsciously derived solutions (wish fulfilment) that help to attenuate negative feelings of childhood origins, and can spur inappropriate, future oriented, solutions to negative feelings originally acquired from childhood experiences that impinged on important psychological needs.

D. Inad*equate self-knowledge can impair problem-recognition and problem-solving*.

Many offenders lack insight into the contribution of childhood pain to their pool of distress when they experience stress or loss in adulthood – they often attribute the cause entirely to the here and now. (They may blame others incorrectly – such as ex-partners, or the Courts). This failure in correctly analyzing the true cause (origins) of their distress contributes to poor problem-solving. Developing insight into the historical sources of one's distress (childhood disappointments, pains and tensions) is an important key to improving problem-solving, and reducing antisocial acting-out because it can pave the way to accepting personal responsibility, rather than blaming others.

E. Inappropriate attributions & justifications.

The above-listed tendencies towards negative solutions to problems that are poorly recognised and understood can be compounded by enduring negative attitudes and beliefs about women being undependable, uncaring, or negative in other ways. Such misogynistic beliefs are not necessarily acquired through exposure to negative community attitudes or models in adulthood. Their existence reflects the application of biased and distorted beliefs (generalised attributions or mental templates for explaining negative events which are unconscious, and were created at the time of experiencing

developmental trauma (usually disappointment) in childhood. These attitudes and explanations are byproducts of core beliefs created at the time of trauma to try to account for the upset experienced, and are subsequently used to account for events of a negative kind. How these attribution processes develop and operate is explained for lay-persons in my self-help book for promoting self-esteem in adults, "Let Your True Self Shine", Cicchini (2009).

F. Pre-planned violence

Not all violent offences by men can be described as crimes of passion, where there are immediate, impulsive acts. In a number of violent offences, including homicide, infanticide and suicide there exists an experience of vulnerability (helplessness and lack of control) often associated with depression and a pessimistic outlook. Those types of reactions are manifestations of vulnerability acquired in childhood.

A common mental reaction in depressed and pessimistic people is to automatically generate "problem-solving" fantasies about how to reduce their pain and helplessness. In some, violent and aggressive fantasies, or thoughts of suicide can provide a sense of increased potency and a perceived escape route, or relief, from their pain. Such visualised or contemplated scenarios are sometimes acted upon, with catastrophic consequences. The use of intoxicants and prolonged insomnia can aggravate that type of destructive problem-solving. Also, people who self-harm, kill others and/or suicide, sometimes use their "solution" to express a message to the world about how unfair they believe it is, and attempt to justify their actions as a perceived justifiable "payback". An understanding that the pain from unmet childhood needs may give rise to mental solutions involving destructive fantasies – whereby disturbed individuals telegraph their intentions in their communications or expressions to others – can be put to good use in prevention and treatment.

G. Violence arising from unmet needs for admiration and esteem

Some men and women carry a vulnerability arising during infant development as a consequence of their basic need for admiration and esteem not being fulfilled. This can arise from the carer lacking sensitivity or the ability to provide interactive inputs due to factors such as mental illness, drug abuse, absence, being preoccupied or distracted, or other factors. The long-term result can be an adult who displays what is commonly referred to as a narcissistic personality disposition – this refers to "braggarts" and other self-opinionated individuals who consciously think they are better than others. Such a person has a lack of internal pride and esteem (implicit or unconscious self-esteem), which is coped with through self-enhancement and a false sense of superficial pride. When their flimsy defenses are breached (i.e., their pride is dented), rage and aggression can ensue. The person may react in ways that humiliate a victim, or make someone else suffer in his stead. Attacks on strangers in public places for looking at the perpetrator "the wrong way" exemplifies that type of disorder. Through such actions the individual temporarily restores his sense of wellbeing. Some cases of physical violence, and some sexual assaults (rapes) are of this type, but the non-aggressive sexual abuse of children generally has different causes (Cicchini, 2012).

To reduce this type of behaviour we need to help the community learn about important psychological needs, and support carers of infants and children who may be in difficulty. We should also reduce institutionalised kinds of childcare for babies and young children because they cannot adequately fulfil the basic emotional and psychological needs that promote healthy functioning, which require one-on-one input from a committed carer. Although labour in the market place helps the economy run, the long-term costs of neglected children in terms of crime and psychological distress down the track (mental illness) should prompt a review of government polices and procedures such that the role of caring for children is supported and given greater recognition and value. (It is acknowledged that the above institutional type of child care issue is more likely to have relevance to non-indigenous families).

H. Violence from being a former victim of violence or bullying, or witnessing violence
A child who is physically bullied at school or at home can, after maturing and realising they have strength in adulthood, become a bully himself, or unconsciously seek provocation in order to avenge their childhood hurt. Some offenders include men who experienced helplessness and impotence as boys when their mother or siblings were physically assaulted. As adults they sometimes commit acts of violence on behalf of others with whom they empathise, in misguided attempts to redress the childhood injustice or cruelty they themselves witnessed.

Concluding remarks
In this article I have tried to convey a glimpse into the developmental causes of violent behaviour. Knowledge of such factors gives us the keys for both prevention and treatment of physical violence and sexual assault. Steps that need to be taken include the development of sensitivity of children's basic psychological needs, and an awareness that unmet needs have long-term negative effects. As the community develops understanding of the childhood precursors of antisocial behaviour, more at-risk men and women may come forward, reduce blaming, and accept responsibility for improving their capacity to address the inner causes of their childhood-acquired emotional upsets that can lead to harmful acts.

Table of Important Psychological Needs

ACCEPTANCE (a fundamental desire for inclusion, as opposed to isolation, rejection, bullying or being shunned)

ADMIRATION (this need is crucial during infant development, involving the display of positive affect --delight-- and interest by the carer)

AFFILIATION (or relatedness to others – to form friendships and associations) (HM)

APPROVAL/ RECOGNITION (to receive positive inputs or feedback) (HM – "Recognition")

ATTENTION (to be noticed and paid attention) (HM – "Exhibition")

AUTONOMY (the need for self-direction and freedom) (HM)

COMPETENCE (the need to feel capable and efficacious: to have mastery)

CONTROL OR POWER (the need to be able to impact on the social and physical environment – to make things happen)

ESTEEM (to be valued, generating feelings of worth) (HM – "Abasement")

NURTURANCE (desire & ability to care for others, particularly the young) (HM)

ORDER (a need for structure and predictability) (HM)

SAFETY OR SECURITY (to feel protected and safeguarded from potential threats of harm – to feel as being not at risk) (HM – "Harmavoidance")

SUCCOURANCE (need to receive affection, physical touch and care) (HM)

Key: HM = Henry Murray (1938). Murray's original label is in inverted commas, if changed in this list. The needs in the list were mostly identified by Henry Murray in his book, Explorations in Personality, published in 1938, and reprinted in 2008.

Further information on psychological needs can be obtained from the writer, M. Cicchini.
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ARTICLE 2

Improving community wellbeing by modifying coping strategies for dealing with the long-term effects of negative childhood events

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Introduction

This article conveys a distillation of psychological knowledge acquired over three decades. This information is believed to have applicability and usefulness in community psychology settings, particularly by indigenous groups. It combines developmental, motivational, and moral concepts to assist interested communities and facilitators to

(1) help identify the causes of current community problems, and
(2) offer directions for change to improve the quality of life of current and future generations.

Developmental Contributors to Wellbeing

The behaviours that adults choose to engage in are a function of feelings, needs and aspirations. People have needs in common, including avoiding pain and experiencing pleasure, to be loved, accepted and esteemed by others, to have a sense of power and personal control, to be autonomous, and for life to have meaning.

Psychologists know too well that experiences during childhood development and in utero have important consequences for the individual's wellbeing for the rest of their lives. For example, drinking and smoking by the mother can damage the child's physical and emotional growth. Just as important is the gratification of emotional and psychological needs from birth to adolescence. As Frank (1973) has stated, *"The development of the assumptive world starts as soon as the infant enters into transaction with the environment …If the family group provides a rich repertory of adaptive skills, and if his parents make him feel loved and wanted and treat him as if he is capable and good, then he comes to see himself as a well-equipped, competent, lovable person in a friendly, secure universe. The world is his oyster."* (Frank, 1973, pp. 31-32).

Sadly, when a developing children's needs for affection and physical contact, safety and security, to be admired and esteemed, and to have a sense of personal power and control are thwarted because home life is negative, unstable or dysfunctional, they incur painful experiences which are recorded in memory and which continue to influence their later behaviour and adjustment (Murray, 1938/2008; Cicchini, 2004; 2009; 2013). This is even more catastrophic when a child is violated physically or sexually. Intergenerational problems are carried forward in this fashion, be it incest or the perpetuation of child sexual abuse, physical abuse, or domestic violence. In general, the more pain children experience in childhood from the thwarting or threatening of basic psychological needs,

the more they are at risk of living lives that are damaging for them or for others - although other factors can at times mediate or mitigate the final outcome.

Community Problems Reflect the Use of Poor Coping Strategies

The problems that exist in our communities reflect the use of negative or harmful strategies by individuals who have suffered in childhood in attempts to quell their internal pains and tensions, including loss, feeling unloved, boredom and feelings of emptiness. What these strategies have in common is that they temporarily change feelings from negative to positive, but are destructive to oneself or others. It is this avoidance of pain and pursuit of pleasure *in inappropriate ways* that is conducive to harm.

Examples include:

1. A man suffering from feelings of powerless or helplessness arising from maternal separation in childhood obtains relief and a sense of potency by raping someone, dominating or assaulting a partner, or driving a stolen car.
2. A person who was neglected and deprived of the basic necessities of life such as love or food learns to fend for him or herself by stealing, and may be neglectful of their own children.
3. A man who did not receive enough physical affection in childhood and was abused sexually confuses sex with affection, and may as an adolescent or adult meet their need for physical contact by sexually abusing children.
4. A man who was shunted from pillar to post in his childhood and felt ignored becomes pathologically jealous and insecure, is controlling or domineering, and physically and/or sexually assaults his partner.
5. A man who was physically violated in his upbringing is on the lookout for provocation and discharges his aggression by fighting, particularly after getting intoxicated.
6. A person who lacked admiration and sensitive handling as a baby overreacts to what he or she thinks are slights, and restores their dented pride by attacking others after minimal provocation.
7. A person who was allowed to do as she pleased as a child, without limits or discipline lacks respect for others, the community and its laws, and acts in selfish ways that focus on his/her own gratification.
8. An affectionally deprived boy who is exposed to sexuality at an immature age, (be it through abuse by an adult, exposure to pornographic materials or sexual activity by family members, or experimentation with another child) is at increased risk of becoming sexually preoccupied and of offending sexually against siblings as a juvenile, or others in adulthood.
9. A sexually preoccupied male whose sexual needs are heightened by pornography is at increased risk of manipulating and coercing others to achieve personal sexual gratification, and for that behaviour to become addictive.
10. A man in a community where physical retribution is an accepted practice, and is surrounded by other men who assault their partners to “correct” their behaviour is confused when he lands up in prison for beating his partner. The question to be examined is whether the physical punishment of others is ever legitimate.
11. A person carrying much emotional pain from negative childhood experiences drowns their sorrow by intoxication with addictive substances, and is at greater risk of acting-out in a variety of antisocial ways

Any of the above childhood experiences can result in a person whose head is muddled, and temporarily or permanently damaged by drinking or the abuse of drugs or solvents, which in turn reduces his/her self-control and contribution to social wellbeing and order.

I have suggested that by contributing to a burden of pain, unmet childhood needs promote preoccupations with trying to fulfil that need in adulthood, or the opposite - suppress its importance (Cicchini, 2004; 2009; 2013). A stress-diathesis conceptualisation of functioning and wellbeing suggests that our predisposition to stress is enhanced when current unmet needs re-awaken those thwarted during development, and resilience flows from positive formative experiences that imbue us with feelings of confidence, esteem, and trust in a positive, nurturing world.

We humans are influenced by our past or current experiences that create emotional burdens that bias our preferences about what we feel like doing: which usually is to do something that make us feel better, instantly. However, the person that has been healthily nurtured and protected as a child grows up to be mature, is not subjected as much to those pressures to seek short-term comfort, cares about others and his community, and works to make the world a better place for future generations. But even the person who has suffered early setbacks and traumas can, by dealing positively with his or her own pain, join in that enterprise for the benefit of him/herself and others. This encouraging view needs to be spread far and wide, particularly among members of communities that are in distress.

Common but Harmful Solutions for Changing Bad Feelings

There are several recognisable strategies that people use to cope with the bad feelings they acquired in childhood, or to try to transform their pain into more pleasant experiences. What these strategies have in common is that they do not provide long-term constructive solutions to negative feelings; they serve only to temporarily suppress or hide them from awareness. Despite the momentary suppression of pain through distraction, the bad feelings recorded in memory remain as potent as ever, and can come to the surface again. So the person has to repeat the troublesome activity they use as a coping tool (or another) on an ongoing basis to feel better. Thus we can get trapped into repeating bad habits or becoming addicted to vices such as gambling, violence, substance use or victimising others.

Some common negative coping patterns or strategies include:

Strategy 1. Acting out, or reacting impulsively to upset feelings without considering the consequences. If this starts in childhood and is not arrested, it becomes a bad habit. This pattern is manifested by many repeat offenders. The acts can produce a temporary high, an adrenalin rush, or feeling of potency. The short term “buzz” reinforces the activity, so a habit develops.

Strategy 2. Using alcohol or substances to escape reality, forget one’s problems, or improve one’s feelings through intoxication. This “self-medication” activity can include inhaling petrol or solvents, smoking cannabis, taking amphetamines, heroin, or unprescribed pills, or even overdosing on prescription medications. These all change the individual’s subjective experience, and temporarily makes one feel good. If lacking in

confidence, amphetamines can temporarily boost it. Alcohol and solvents can obliterate problems from consciousness, and produce a "high". Heroin and morphine produce pleasure or numbs pain. Cannabis is experienced as a relaxant. However substances and alcohol create secondary problems of their own, these being physical and psychological addictions which motivate further destructive behaviours, in order for the individual to alleviate the pain of addiction. Some intoxicating substances (eg sniffing petrol, chronic use of alcohol) may even cause neurological damage – which can contribute to further behavioural loss of control in the future. Whilst not as visible, the regular use of certain foods containing high levels of fats and sugars to ameliorate negative feelings can be perceived as a subtype of this coping style, which can lead to health problems including obesity, diabetes, blood pressure and heart disease, and increased mortality rates.

Strategy 3. Reliance on sex, pornography, fighting, gambling or stealing to improve feelings. A preoccupation with obtaining sexual pleasure can temporarily displace many specific ailments – loneliness, boredom, feeling unloved, powerlessness. Sexual pleasure and highs derived from any other type of behaviour can and often do become habit-forming. This is moreso when the pleasure derived temporarily solves a specific problem at the feeling level. This means that people carrying pain from childhood trauma or mishaps are at greater risk of forming recurring negative habits, because their bad feelings will recur after the feeling of pleasure dissipates over time, thereby requiring another "hit". (Examples can include sexual offending by men against children, Cicchini 2112).

In some cases the above strategies may be used once in a lifetime under circumstances of stress. More often they are the order of the day – representing the person's habitual mode of solving life problems and for coping with life's stresses. In many communities the modelling of negative coping patterns is entrenched, familiar, feels normal, and therefore feels like the right thing to do – when it clearly is not.

Alternatives to the Harmful Coping Strategies Listed Above

Firstly, we need to recognise that ***a healthy solution to ease pain from childhood loss and misadventure is the grieving process which nature provides to all individuals.*** However applying this solution is not always easy because in many cases the pain is buried in the unconscious, and it has to be accessed by the conscious mind to be processed (resolved). Furthermore, there is a natural aversion to undergoing the grief process and fully feeling our pain because like other animals, we follow an automatic desire to push away distress when we feel it, rather than suffer it, which is what needs to happen to reduce the intensity of that feeling. What is required after accessing emotional pain is to feel it as fully as one is able, and for as many times as it takes, to reduce its power to affect us. (Or, to familiarise ourselves with the experience without succumbing to behavioural reactivity – of trying to find a practical solution. This relatively passive healing activity is referred to as *emotional processing* of primary feelings (e.g., Ruskan, 2000). Learning to distinguish primary feelings (e.g., hurt, loneliness, shame, feeling unloved) from secondary (e.g., anger, depression, self-pity, feeling a victim) can be helpful, because indulging or wallowing in secondary feelings will not offer any significant benefits, but can reinforce passivity and a victim role. Modelling by

community leaders, and culturally sensitive counselling that encourages the recognition and expression of emotional pain rather than behavioural reactivity, toughness and aggression is desirable - as is the practice of passive reflection, meditation, and the availability of compassionate support - to facilitate this process.

Secondly ***we need to develop strategies for positive living***, for this is the only way of preventing harm to self and/or others. We need to increase our awareness that we always have two basic choices in our lives: to use the negative ways of seeking pleasure or avoiding pain, or to use positive ways. Positive ways of achieving pleasure include caring for ourselves and others, and being loved, being occupied in meaningful activities such as gathering or producing food, building, caring for environment, teaching and learning, gardening, healing, cultural and artistic expression, and keeping healthy through sport and recreational social activity. The negative way to achieve pleasure includes the vices that we know exist in our communities: gambling, obsessive watching of pornography, acquiring sexual preoccupations and habits, smoking, abusing substances, dominating or hurting others, stealing, etc. The negative stategies provide short-term pleasure at long-term cost – be it from alcohol, drugs, sexual obsession, property crime, or violence. It is not hard for a gathering of community members to discuss and make a list of things that involve right (positive) living, and those that are wrong or harm-inducing (negative).

Suggested Community Activity: Identifying Constructive & Destructive Pursuits
The aim of this exercise is for group participants to undertake discussions to try to identify or select out from activities (such as those listed below, and other suggestions from the participants) ***those positive activities that produce contentment and wellbeing***, as opposed to ***those that might serve as distractors for stress or pain:***

Hiking; inhaling solvents; having a meal with family and friends; smoking cigarettes; jogging; having a swim; reading a non-fiction book, paper or magazine writing graffiti on a public space; smoking heroin; gardening; going to a concert or play; injecting heroin; learning to fly an aeroplane; downloading pornography from the Internet; helping a stranger; peeping; gardening; bricklaying; watching porno movies; accusing a partner of infidelity with no evidence; volunteering time or skills; setting up a "tit for tat" justice group; selling sexual favours for cigarettes… etc.

Thirdly, ***we need to prevent the spawning of future problems by providing more sensitive care for our children, and support to their carers who may be under strain.*** The support may involve valuing the role of parenting, practical help and guidance in childrearing, respite, or financial assistance. The basic reason for doing so, apart from compassion, is that stressed parents are likely to produce stressed children – and the community as a whole will be future beneficiaries of reducing parental stresses.

The next step is for a commitment to be made by governments, the community, and by as many of its constituent individuals as possible, to undertake and promote a more positive (right) way of living. These decisions need to be backed up with action: How will we reduce our drinking, drug abuse, violence and the infliction of pain onto the next generation? What steps do we need to take now and in the coming years? Such a plan will take generations to have impact, but the starting point is now.

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About the author

Mercurio Cicchini is a semi-retired clinical psychologist in private practice with 38 years' experience. His knowledge has been acquired from working in the assessment and treatment of offenders, including child sex offenders, rape offenders, violent offenders, and those that perpetrate property crime, as well as general members of the community and persons affected by adoption. His research and published writing include a survey of the reasons incarcerated offenders report for abusing drugs, an overview of the factors that are involved in the perpetuation of child sex abuse, the experience of loss in adoption, the mediation process in adoption, and the first detailed exploration of the emotional experience of birth fathers in adoption. He was Psychologist member of the Western Australian Adoption Act Legislative Review Committee, which conducted a review of the Adoption Act for the W.A. Government (2007). His recent work has been in writing materials for community and professional education for the prevention of physical, emotional & sexual abuse and the neglect of children as a way of reducing personal and community suffering, and improving wellbeing, in future generations.