

SUBMISSION TO: South Australian Royal Commission into Domestic, Family and Sexual Violence

By

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The contents of the present submission are intended to provide a knowledge-based analysis and offer suggestions for effective long-term solutions to address and reduce family, domestic and sexual violence.

I strongly endorse the following statement: **“Preventing and responding to domestic, family and sexual violence is a shared responsibility.”**

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**SECTION A: INTRODUCTION**

The Royal Commission states - *“The overarching focus for the Commission is to examine existing policies, legislation, administrative arrangements, system structure and funding levers in South Australia so that we can develop recommendations about what needs to change.*

*Recommendations will be directed at designing a domestic, family and sexual violence system to better meet the needs of those who interact with it, and which is capable of delivering the generational change required to bring an end to domestic, family and sexual violence”.*

For the above priorities to be put into practice there first needs to be a recognition and acknowledgement that hitherto the framework for understanding the causes, and measures required to address this serious community problem, has been based on feminist politics and not scientific knowledge. This is evident from Federal plans (e.g., *National Plan to End Violence against Women and Children 2022–2032* (National Plan), and State strategies, as for example in Western Australia (described below).

The worldwide predominant framework for understanding domestic and family violence is exemplified in Western Australia's "*Path to Safety. Western Australia's strategy to reduce family and domestic violence 2020-2030*". (Government of Western Australia, Department of Communities).

The WA document states,

*"Gender inequality is a driver of violence because it perpetuates a society underpinned by values that place women as unequal to men. Such ideas are reflected in all areas of daily life, including political and economic structures, social and workplace contexts, and personal and family relationships and practices. When women are perceived as less important or less valued than men, disrespectful and abusive ideas and behaviours toward women become normalised and tolerated."*<sup>53</sup> (page 43)

Reference:

53. World Health Organisation. Changing cultural and social norms that support violence, Briefings on violence prevention: the evidence. Geneva: **World Health Organisation**, 2012.

In a similar vein, "A primary factor underpinning this violence is adherence to rigid gender roles and identities and inequalities of power and resources between men and women".

Reference:

Full technical report. Findings from 2013 National Community Attitudes towards Violence Against Women Survey (NCAS) (p186). Kim Webster, Darren Pennay, Rebecca Bricknall and Kristin Diemer, Michael Flood, Anastasia Powell, Violeta Politoff and Andrew Ward.

Again, "All governments have committed to ending gender-based violence in Australia in one generation through the *National Plan to End Violence against Women and Children 2022–2032* (National Plan) ... To reach our goals we need sustained, collective action across society, where everyone plays a role in increasing understanding and awareness of gender inequality and the gendered drivers of violence". Reference: First Action Plan 2023–2027 National Plan to End Violence against Women and Children 2022-2032.

It is noted that the above hypotheses do not draw from, and are at odds with, the established and voluminous psychological database about developmental (childhood) causes of most personal and social problems - including various manifestations of mental illness and crime. Furthermore, this worldwide theory that the primary driver of domestic violence is gender inequality originated from a 2012 World Health Organization report which cited the presence of negative attitudes and harmful behaviours towards women in a number of Third World countries. To my knowledge this error of generalization has not been corrected or updated for modern cultures.

An academic article on domestic and family violence by Wagers & Radatz (2020) noted that notwithstanding the success of feminist action bringing the problem of domestic and family violence into the spotlight, there are significant ongoing concerns:

- (a) the incidence has not been decreasing over time;
- (b) the problem is not, as previously promulgated, strictly a gender based issue whereby females are victimised by males through patriarchal attitudes, as a great number of males are victimised by females;
- (c) in both instances the motives can vary and may include "revenge, stress, jealousy, an expression of anger or other feelings they cannot clearly communicate, and to get their partner's attention" (p. 206);

(d) the underlying causal factors in both cases often relate to perpetrators having "histories of early childhood victimization and are in need of more than a simple psychoeducational group programme" (p. 214); and

(e) the management of the issue can be unhelpful in that, "By focusing on and prioritising the criminal justice system, a pervasive culture exist whereby one person is a victim deserving of sympathy and support and the other a criminal who is the villain deserving of only retribution and punishment. This approach and philosophy is problematic, as the purpose of criminal justice system is to punish, not to evoke a person to take responsibility, which is imperative to rehabilitating a person and changing their behavior" (Wagers & Radatz, 2020, p. 214).

Reference:

Wagers, S., & Radatz, D.L. (2020). *Emerging Treatment Models and Programs in Intimate Partner Violence Treatment: An Introduction*", **Partner Abuse**, 2020, 11(3), 202-227.

## **SECTION B: EVIDENCE REGARDING THE IMPORTANCE OF DEVELOPMENTAL FACTORS**

1. An example of relevant knowledge about developmental origins of adult problems is demonstrated in a review of the **child abuse** literature nearly 20 years ago, in which a number of negative outcomes associated with *emotional abuse* in childhood were documented. These effects include *cognitive and educational outcomes; social and behavioural outcomes; physical and health outcomes; and interpersonal and mental-health difficulties*.

In regard to the latter - **interpersonal and mental-health difficulties** - Iwaniec et al., (2006) state:

*“Several studies have reported that a history of emotional abuse in childhood is strongly predictive of mental-health problems, particularly low mood, hopelessness and low self-esteem (e.g. Kaufman 1991; Toth et al. 1992; Kelly et al. 1997; Brown et al. 1999). Emotional abuse in the form of parental criticism and verbal hostility appears to be particularly significant in the developmental of adjustment difficulties. Parent–child relationships characterized by a chronic pattern of negative interaction communicate that the child is of little value. Children and young people appear to internalize the critical voice of the abusive caregiver, which lays the foundation for low self-esteem and mood disorders in adulthood.*

*Children and young people who have experienced emotional abuse lose confidence in their carers' availability and responsiveness, and may subsequently adopt insecure attachment styles as a strategy to cope with their emotional and relationship needs. A child's cognitive and emotional capacity is often insufficiently developed to cope with contradictory models of the carer and the self that are generated by a parent who is a source of both protection and harm (Tomison & Tucci 1997). The child comes to believe that the carer, and by extension other adults, are lovable but also rejecting and untrustworthy. Relationships with others are subsequently considered as both a source of pleasure and of emotional pain (Doyle 2001). Experiencing such paradoxical and unpredictable parenting renders the child less confident, inhibits capacity for emotional expression and undermines children's capacity to manage their emotions, address stressful situations and understand their environment (O'Hagan 1995).*

*Emotional abuse also places children at considerable risk in terms of their ability to develop positive relationships with others. The abused individual is believed to be more likely to select relationships and social situations which replicate and confirm the abusive experience (Bowlby 1973). By engaging in maladaptive relationships, opportunities to challenge a negative view of self and view of others as hurtful are limited. **Adults with a childhood history of psychological maltreatment are frequently observed to present limited capacity to empathize with others, difficulties in relationships with peers and partners, and inadequate and often inappropriate parenting skills (Briggs & Hawkins 1996). These subsequent difficulties appear to perpetuate the cycle of risk and maladaptive outcomes for the victim of emotional***

**abuse**". (pp. 76-77, emphasis in bold added) Reference: Iwaniec, D., Larkin, E., & Higgins, S. (2006). Research Review: Risk and resilience in cases of emotional abuse. *Child and Family Social Work*, 11, 73-82.

2. The relationship between childhood trauma or neglect and the manifestation of dominance in perpetrators is demonstrated in research by Gilbar, Taft, & Dekel, (2020). The study, published in the *Journal of Family Psychology* states: *"The results indicated an indirect association between physical neglect in childhood and psychological, physical IPV severity, via PTSD and dominance. The results suggest a more integrated way of conceptualizing trauma, PTSD, and power and control issues for the perpetration of IPV. In addition, they emphasize the need to develop trauma-informed interventions that focus on dominance alongside other important trauma-relevant core themes that increase risk for IPV"* (p.1) Reference: Gilbar, O., Taft, C., & Dekel, R. (2020, April 30). Male intimate Partner Violence: Examining the Roles of Childhood Trauma, PTSD Symptoms, and Dominance. *Journal of Family Psychology*, online publication <http://dx.doi.org/10.1037/fam0000669>

In **Appendix 2** (below) I offer a more in-depth explanation of the developmental origins of excessive dominance and control-seeking in adults, based on observations and findings from Developmental and Clinical Psychology.

3. (a) The presence of mental health issues in perpetrators of femicide is apparent in a recently published Australian study, an extract from which is in **Appendix 1**.

(b) Another recent review of NSW data concludes that, "Over 80% of relative/kin domestic violence-context homicide offenders had a history of experiencing mental health issues": [Domestic Violence Death Review Team report 2021-2023](#)

4. The importance of children's upbringing is emphasised in an article by Rohner, Khaleque & Cournoyer (2005). They state, *"Nearly 2000 studies in the United States and cross culturally confirm the widely held belief that children everywhere need acceptance (love) from parents and other attachment figures. Evidence has shown that when this need is not met, children worldwide – regardless of variations in culture, gender, age, or ethnicity – tend to report a specific form of psychological maladjustment. Additionally, individuals who perceive themselves to be rejected appear to be more disposed than accepted persons to develop behavior problems, depression or depressed affect, substance abuse, and other mental health-related issues."* (p. 299). Those adverse effects are not just transient outcomes in childhood - they produce enduring lifelong impairment in adjustment and functioning. Reference: Rohner, R.P., Khaleque, A., & Cournoyer, D.E. (2005). Parental acceptance-rejection: Theory, methods, cross-cultural evidence, and implications. *Ethos*, 33, 299-334.

5. It is noted that mistrust is recognised as a factor associated with domestic and family violence: *"Mistrust of others appears to be implicated in both perpetrating and experiencing intimate partner violence, suggesting enhancing capacity to trust is an important therapeutic focus"*. (Pilkington et al., 2021, p.2).

Reference: Pilkington, P.D., Holt, R.A., Noonan, C., May, T., & Younan, R. (2021). Early Maladaptive Schemas and Intimate Partner Violence Victimization and Perpetration: A Systematic Review and Meta-analysis. *Clinical Psychology & Psychotherapy* · January 2021. DOI: 10.1002/cpp.2558

Implications for therapy are not the only insight offered by the findings noted by Pilkington et al. **In light of the evidence that trust or its absence is established in response to childhood care practices associated with attachment needs from infancy onwards, this is a significant issue that needs to be addressed via prevention through improved childcare practices and community education** – which I am advocating in this Submission.

6. The following extract is part of a document I have prepared on the influence of childhood events on subsequent functioning:

“An important development in the understanding of childhood experiences has been a recognition of their effects upon cognitive functioning through the acquisition of belief systems. In parallel with the cognitive revolution’s focus on the operation of current cognitions in psychopathology, psychotherapists drew attention to early experiences as shaping the individual’s system of beliefs about himself and the world. Jerome Frank (1975) suggested that, *“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,1975, pp. 31-32).

Likewise, Linthorst (1973) stated: *“The infant's world is first biological and gradually social-biological in nature. A child's well-being, physical and emotional, is dependent totally upon the responses of other people, especially his parents. And it is during this period of life that the most basic assumptions about the nature of one's existence are formed. Thus man's view of reality tends to continue to be governed by this "fleshly" perspective of his early years. For his early assumptions about himself and life live on, potently, as a secret inner mythology that determines his stance in life. He may consciously adopt totally different ideas, but, as anyone who has undergone psychotherapy has discovered, his life behavior is actually related to these secret inner perspectives to which the only clue, at first, may be his feeling-reactions”* (Linthorst, 1973, pp. 359-360).

A developmental view of psychopathology and wellbeing stemming from childhood-acquired belief systems requires an examination of parental factors, and also peer influences, the wider social context, and negative life events encountered by the developing individual (Rutter, 2002). In his theory of depression, Beck (1967) pointed to adverse childhood events such as parental loss, peer rejection, bullying and criticism as possible causal factors in setting up the cognitive triad of negative views of the past, of the self and the future which manifest in depressed adults. Similarly, Bowlby (1980) suggested that in the case of depression, adverse childhood experiences including maternal loss and unfulfilled expectations from carers promoted the creation of mental representations (schemas or internal models) of the self and others that carried forward in time and interacted with life stresses to produce the symptoms and neurobiological changes associated with that disorder.

Modern research in the cognitive behavior therapy field confirms the above views. Ingram (2001) introduced a special edition of the *Journal of Cognitive Therapy and Research*, in which he served as Editor, with an overview. Ingram’s article is titled, “Developing Perspectives on the Cognitive Developmental Origins of Depression: Back is the Future”. He states, “As shown by the research reported in this issue, (...) there is little doubt that parenting is an important influence on the creation of vulnerability to depression” (Ingram, 2001, p. 499). Furthermore, “the future of depression research, even for adult depression, lies in a very real sense in moving backward in time to try to understand the childhood and adolescent experiences of those individuals who will become, and currently are, depressed” (Ingram, 2001, p. 498).

Investigations of the childhood antecedents of vulnerability to depression (and other disorders) in adolescents and adults has been ongoing (e.g., Abramson & Alloy, 2006; Hankin, Oppenheimer, Jenness, Barrocas, Shapero, Goldband, 2009; Phillips, Hammen, Brennan, Najman & Bor, 2005). Thus Abramson and Alloy (2006, p. 96), reporting on the

Temple-Wisconsin Cognitive Vulnerability to Depression Project, and previous work, concluded that the most salient contributors to vulnerability was not the modeling of negative attribution styles by parents, but that, *“emotional criticisms and rejection from significant others, such as parents, teachers, and peers, may provide a psychological environment that promotes the development of depressogenic cognitions whether it is expressed indirectly through provision of negative inferential feedback or lack of affection or directly through explicitly abusive language. (...) Negative emotional feedback, ranging from lack of warmth and negative inferential communications to psychological abuse, may be particularly virulent in promoting cognitive vulnerability to depression”*. (...)

Self-Determination Theory (e.g., Ryan & Deci, 2000; Deci & Ryan, 2000) makes a contribution to the understanding of psychopathology and the experience of wellbeing through the lifespan by affirming that humans have innate core psychological needs for autonomy, competence, and relatedness, and that pathology and wellbeing spring from the frustration and gratification, respectively, of those needs in childhood. Thus, Deci and Ryan (2000, pp. 248-249) suggest that, *“Controlling, chaotic, punishing, and neglecting parenting and teaching environments make autonomous regulation and need satisfaction less possible and result in costs such as inner conflict, alienation, anxiety, depression, and somatization, as well as accommodations in the form of controlling regulatory processes and compensatory goals”*. Clinical observations among practitioners, and various research investigations (some of which are cited below) support this view.

For example, studies with children have shown that physically harsh discipline is linked to various developmental outcomes such as externalising and internalising behaviors (Keily, Lofthouse, Bates, Dodge & Pettit, 2003). Raine (2002) considers that the relationship between physical child abuse and violence is well-established, citing research conducted in the 1980's and 1990's. Reckdenwald, Mancini & Beauregard (2013) cite additional studies indicating that abuse in childhood is associated with delinquency, general adult offending, intimate partner violence, sexual offending, and child abuse, as well as increasing risk for antisocial behavior in general, and drug and alcohol use. Edwards, Holden, Felitti & Anda (2003) found that the mental health level of a large sample of adults was inversely related to reports of emotional abuse in childhood as well as exposure to various kinds of maltreatment, which had often co-occurred. Amount of parental interest was found to be associated with level of self-esteem in a sample of boys by Coopersmith (1968). Draisy, Halldorsson, Cooper, & Creswell (2019) report that anxious children with separation anxiety were more likely than children with other forms of anxiety to live with a single parent, and experience more parent arguments and more negative life events.

In the case of adolescents, Plomin, Manke and Pike (1996) found that global self-esteem was related to the participants' perceptions of their parents' positive and negative parenting practices. Within a family, the sibling with the higher self-esteem reported more positive and less negative parenting. Peer rejection or acceptance is also a variable in the development of childhood aggression, and its absence. Borderline personality disorder in adults has been linked with childhood trauma, as well as problems in tolerating separation and loss, with *“rigid tightness of the parental marital bond to the exclusion of the attention, support or protection of the children”* (Mayne, 1981, p. 142). Low levels of retrospectively reported parental care in childhood was observed in large non-clinical adult sample in the etiology of symptoms of both borderline features and depression (Field, Francis, & Carr, 2015). An association has also been reported between indices of antisocial personality disorder in adults and self-reported high exposure to negative childhood events including maltreatment, teasing and lower maternal & paternal care (Krastins, Francis, Field & Carr, 2014).

**In the field of domestic violence, Dutton (1999) suggested that the childhoods of adult batterers (domestic violence perpetrators) involve such significant traumas that the batterer's functioning can be usefully construed from a trauma perspective. Dutton and colleagues have drawn attention to developmental precursors in the manifestation of a so-called "abusive personality" in perpetrators of domestic violence, these being the witnessing of physical abuse, victimisation by shaming in the family of origin, and the concomitant process of insecure attachment (Dutton, 1999)<sup>1</sup>. Similarly, Jukes (1999) pointed to developmental privations involving the primary carer in men who engage in domestic violence. (Emphasis added).** When protective childhood factors are examined, it has been found that friendship (acceptance) in kindergarten and first grade serves as a buffer against victimisation by peers several years later (Schwartz, McFayden-Ketchum, Dodge, Pettit, and Bates, 1999).

Rutter (2002) considers that family disorganisation and discord are associated with antisocial behavior. He reports the well-known findings that in adults, stresses involving the threat of future danger tend to be associated with anxiety, whereas those involving the feeling of psychological loss seem to predispose to depression. Parental depression is also a risk factor for the development of dysfunctional conditions in offspring.

In overview, Rutter's (2002) analysis of the nature/nurture research literature reveals that there are psychological risks during development associated with the following - "(1) *persistent discord and conflict – particularly when it involves scapegoating or other forms of focused negativity directed toward an individual child, (2) a lack of individualised personal caregiving (as is usually the case with an institutional upbringing), (3) a lack of reciprocal conversation and play, and (4) a negative social ethos or social group that fosters maladaptive behavior of one kind or another. The risk and protective factors involve not only the immediate family, but also the peer group (Rutter, Giller, and Hagell, 1998), the school (Maughan, 1994; Mortimore, 1995, 1998) and the broader social community (Leventhal & Brooksgunn, 2000)*" (Rutter, 2002, p. 8). Rutter adds that poverty is important as a distal risk factor through its adverse effects on family functioning. Harsh parental punishment and stressful life events in general contribute to the risk of internalising or externalising behaviors in children (Keiley, Lofthouse, Bates, Dodge, & Pettit, 2003).

In its report, "*The importance of caregiver-child interactions for the survival and healthy development of young children*", the World Health Organization (2004) brings together a variety of information including theory and research which highlights the role of the quality of early experiences in affecting human development and functioning.

The above findings, collectively, were foreshadowed in the pioneering work of Murray and colleagues (Murray, 1938), in which a number of important events in childhood, referred to as Press, were described" (as well a description of important psychological needs which shaped adult personality when neglected)".

References cited above available upon request

*It is surely time for the oversight and neglect of psychological evidence to be rectified for the future benefit of the Australian community.*

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<sup>1</sup> Professor Dutton has recently offered to present a series of Webinars from Canada to Australia on the subject of domestic and family violence to provide up-to-date specialised information that can facilitate prevention and treatment.

## **SECTION C: RESPONSES TO QUESTIONS POSED BY THE SA ROYAL COMMISSION**

### ***Q 1. What causes domestic, family and sexual violence?***

Adverse childhood experiences including abuse, trauma, neglect and deprivation. These same factors are the causes of all other types of internal personal disturbances (such as anxiety and depression) and social and community problems involving various kinds of crime in adults. A factor that can increase risk of violence in perpetrators are a history of brain injury or substance use, by increasing emotionality and/or impairing impulse control.

### ***Q 2. What works, or will work, to prevent domestic, family and sexual violence?***

(a) Improving the quality of care experienced during childhood development in order to reduce the factors listed above.

(b) Community education about the fundamental psychological needs children require to promote wellbeing and reduce psychological harm. (Table 1, below)

(c) Support and assistance to parents or carers who have financial and personal difficulties.

(d) Abolishing Government policies that encourage or reward parents to place young children in institutional types of childcare, and instead provide alternative supports that facilitate one-on-one personalised childcare as a more beneficial alternative.

(e) Correcting misinformation being fed to the public that domestic, family and sexual violence arise from gender inequality and the disrespect of women. Whilst there is no disputing the fact that the status of women has not been elevated and valued as it should be in many quarters of society, the hypothesis that inequality is the primary driver of domestic and family violence is unsubstantiated political hearsay. For example, the causal factors in the sexual abuse of children by adults is not power dynamics as suggested by feminist perspectives, but other factors that are clearly articulated in my 2023 publication (Cicchini, M. "*Causal factors in the sexual abuse of children by adults: A Psychological Summary*". (The document in PDF form can be downloaded from [www.PreventingChildSexualAbuse.org](http://www.PreventingChildSexualAbuse.org))

### ***Q 3. What existing initiatives are directed at addressing the attitudes and systems that drive domestic, family and sexual violence? Are they effective?***

The "Stop it at the Start" and "Respect" community education programmes are well-meaning but ineffective and are not consistent with the knowledge base in the psychological sciences, particularly the established data in developmental, clinical and forensic psychology.

The prevalent worldwide view upon which current Australian programmes appear to be based is the questionable hypothesis that the primary driver of domestic violence is gender inequality. Whilst I applaud government-sponsored community education campaigns such as those aimed to reducing violence towards women and children, I am both disappointed and troubled by the content and justification of the "Respect" and "Stop it at the Start" campaigns, as explained below.

As a professional with an interest in understanding the causes of personal and social problems as a Clinical Psychologist over 4 decades, I have been dismayed and disappointed that the extensive data base on childhood development (beginning with attachment) that shows a relationship between early adverse events involving care of the young and subsequent human problems in later life has not been applied. The slogan regarding disrespect is catchy, but is predominantly a superficial and unhelpful red herring.

Prevention efforts need to focus on improving childcare through the fulfilment of important childhood needs, such as acceptance, approval, admiration, competence, autonomy, attention, succourance (affection & physical touch) recognition, safety/security, power & control. These needs, which were mostly identified by Murray (1938) are defined in Table 1, below. Such needs are unlikely to be fulfilled adequately in babies and toddlers in institutional forms of childcare.

The extensive psychological data base needs to be drawn from to inform the community about how to produce a healthier generation by providing information about the important needs of babies, children and adolescents, and interventions that improve the quality of childcare practices by advising parents to first and foremost prioritise the needs of their children in their lifestyle choices.

It is imperative to engage experienced and knowledgeable psychologists to draw from and apply the extensive knowledge base from developmental, clinical and forensic psychology to guide future community education initiatives to promote the prevention of violence.

Table 1. List of Psychological Needs\*

<b>ACCEPTANCE:</b> A fundamental desire for inclusion, as opposed to isolation, rejection, bullying or being shunned. [Derived from clinical observation. See also Rohner, Khaleque & Cournoyer (2005). <u>Reference:</u> Rohner, R.P., Khaleque, A., & Cournoyer, D.E. (2005). Parental acceptance-rejection: Theory, methods, cross-cultural evidence, and implications. <i>Ethos</i> , 33, 299-334].
<b>ADMIRATION:</b> Being the focus of positive emotion - delight and interest - by the carer. (HM – “ <i>Infavoidance</i> ”)
<b>AFFILIATION:</b> Relatedness to others: to form friendships and associations. (HM)
<b>APPROVAL:</b> Need to receive endorsement and support, to not be criticised, blamed, shamed, punished or made to feel chastised or disapproved of. (HM - “ <i>Blameavoidance</i> ”)
<b>ATTENTION:</b> To be noticed and paid attention. (HM – “ <i>Exhibition</i> ”)
<b>AUTONOMY:</b> The need for self-direction and freedom. (HM)
<b>COMPETENCE:</b> The need to feel capable and efficacious: to have mastery. (HM – “ <i>Achievement</i> ”)
<b>CONTROL OR POWER:</b> The need to be able to impact on the social and physical environment - to make things happen. (HM - “ <i>Dominance</i> ” )
<b>ESTEEM:</b> To be valued, generating feelings of worth. (HM – “ <i>Abasement</i> ”)
<b>NURTURANCE:</b> Desire to care for others, particularly the young. (HM)
<b>ORDER:</b> A need for environmental contingencies to provide structure and predictability. (HM)
<b>RECOGNITION:</b> To receive praise, be viewed or held in a positive light, extolled, seen as example worthy of praise and admiration. (HM - “ <i>Recognition</i> ”)
<b>SAFETY OR SECURITY:</b> To feel protected and safeguarded from potential threats of harm - to feel as being not at risk. (HM – “ <i>Harmavoidance</i> ”)

**STIMULATION:** To have opportunities to gain mental, physical and emotional stimulation, & novelty. (HM – “*Change*”; “*Play*”. Roth & Hammelstein – e.g., 2012, refer to the need for stimulation or sensation seeking)

**SUCCOURANCE:** The need to receive affection, physical touch and care. (HM)

**UNDERSTANDING:** The need for meaning, to make sense of events and people. (HM – “*Cognizance*”; “*Intracception*”)

**Key:** HM = Psychological need identified by Henry Murray (1938/2008). Where the label of a need has been modernised, Murray’s original label is in quotation marks and italics.

**Reference:** Murray, H.A. (1938/2008). *Explorations in personality*. New York: Oxford University Press.

\* From Cicchini, M. (2023). Aetiology of core beliefs, wellbeing and psychopathology: A psychological needs model. (Unpublished manuscript)

## SECTION D: INFORMATION ABOUT OFFENDING BY ADULTS

This Section contains educational information on why adults offend.

### **(a) Historic (childhood) contributors to adult motivational states**

In the process of undertaking in-depth psychological assessment of adult offenders for the WA justice system I observed that **the arousal of internal emotions/feelings from childhood trauma or neglect impacting on psychological needs were primary contributors to the motivation of offending acts in adults**. Such processes occurred when current (adult life) events or stressors associated with the childhood privation or threat triggered negative feelings (upsets) which give rise to fantasies, impulses or desires to engage in acts that serve to reduce the felt distress. (An example is in Appendix 3, below).

A developmental explanation I formulated<sup>2</sup> to account for those observations is that needs requiring gratification motivate infants and children to react or vocalise, which attracts the attention of carers, and the provision of the required inputs. Inputs can involve the provision of resources (needs) the individual requires, or the prompt removal of threats. Upon fulfilment, the negative feeling denoting that particular need abates (is transformed into a more pleasant feeling state), and a new need emerges in awareness at a future point in time, in a cyclical fashion. The prompt and reliable satisfaction of needs by the carer environment facilitates the development of affective-cognitive schemas involving trust in the external world, a positive self-image, and the perception of a benign world, which facilitate personal growth and wellbeing through the lifespan, as well as a capacity for resilience.

On the other hand, if a child’s expressed need is repeatedly ignored or traumatically frustrated (or if a threat or noxious event is not removed) different internal processes ensue: a cataclysmic adaptation can occur in the individual. That event involves (a) the recording in memory of the intensified negative feeling<sup>3</sup>; together with (b) the generation of an assumption or causal attribution of the perceived cause. This response to trauma or need-frustration can occur prior to, or after, the development of language, with some adults experiencing internal threats and disturbances they cannot verbalise or label). Two basic

<sup>2</sup> Presented to professionals at national and international Conferences from 2009 onwards, and for laypersons in Cicchini (2009) Chapter 2.

<sup>3</sup> The re-activation of these augmented negative feelings occurred during therapy in a number of adult offenders whilst conducting a particular exercise. An example is in **Appendix 3**.

attributional perspectives are likely to form: one whereby an afflicted child attributes the cause of their distress to external factors; or the cause attributed to internal ones (oneself). These primal attributional perspectives (mental filters) emanating from childhood adversity form the basis of the person's enduring external or internal locus of control, or pessimistic or optimistic explanatory style. Negative and rigid perceptual filters regarding the perceived cause of negative events are at the root of most psychological problems involving both internal emotional suffering (i.e., a vulnerability to anxiety or depression), and the behavioural manifestations that produce social problems such as domestic and family violence and various other forms of antisocial behaviour. (See Gilbar, Taft & Dekel, 2000 for an analysis of relationships between childhood trauma and dominance in domestic violence).

Accompanying the adaptations outlined above (the acquisition of affectively-based attributions) are what J.E. Young terms "Early Maladaptive Schemas" which denote particular consequences in an individual's enduring mental constructs and habits arising from unmet needs (Young, Klosko, & Weishaar, 2003).

### **(b) Why do adult offenders commit acts that harm others?**

By Mercurio Cicchini, Clinical Psychologist

*This summary was compiled after decades of specialised work conducting Psychological Pre-Sentence Reports for the WA justice system - as a kind of "black box" investigator of human tragedy.*

- People who hurt others in adulthood have invariably been hurt in childhood, though neglect, abuse, ignorance and insensitivity, or misadventure.
- A basic recurring process prior to an offence is that current life stresses activate, or bring to the surface, deeper pain from childhood, which sits in memory. (A stress/diathesis process, explained below).
- In the lead-up to the offence, there is usually a loss, crisis, stress, threat, or negative experience which produces a state of dysphoria (negative feelings, which could include anger, depression, tension, helplessness, or anxiety, etc.)
- When distressed before offending, most offenders have difficulty separating the past and the present in their pool of upset: they typically lack insight, and usually attribute their feelings to recent events, not the past.
- This lack of insight (understanding or self-awareness) contributes to bad problem-solving, or a failure to recognise they have a deeper-seated emotional problem that needs attention.
- ***Offending acts can be prevented by an increase in understanding that bad feelings can contribute to bad decisions and bad actions.*** (Alcohol and drug use can make such bad decisions more likely by reducing self-control).
- ***Members of the community need to recognise that emotional problems of childhood origins require emotional solutions by healing internally, not practical ones.***
- Most offending acts, as well as the abuse of drugs and alcohol, and gambling addictions serve to temporarily improve feelings of wellbeing by reducing pain, and offering a more positive feeling state, but the consequences are destructive in the longer term.
- Some offending behaviours become habitual because they provide short-term relief, by way of reducing feelings of helplessness, or induce pleasure, or excitement, which are inappropriate ways of escaping from distress. Such acting-out can start in childhood or adolescence and can manifest as antisocial personality dispositions.
- In the case where violence is involved, deep pain of powerlessness and helplessness is present. These vulnerabilities mostly stem from maternal separation and loss in infancy or childhood, which may be due to a variety of factors, many of which no one can be blamed for. Individuals with such histories can learn controlling behaviours or violent behaviours in childhood or adolescence that reduce feelings of helplessness and insecurity. Such activities improve felt potency and the feeling of being

able to have control or make things happen – that is, reduce or avert the experience of feelings of vulnerability and felt powerlessness.

- Pain and vulnerability of childhood origins influence the experience of thoughts and fantasies which give the appearance of being a solution to the felt distress – including, in extreme cases, thoughts of self-harm or suicide, or violence towards others.
- Such processes are often automatic and unconscious, stemming from the fact that hedonic processes (the biological survival principle of animals and humans deploying pain-avoidance as a means of reducing threats) apply in relation to biological as well as psychological needs throughout the lifespan.
- ***Offending can be prevented by a shared understanding in the community that emotional upsets mostly require internal emotional solutions, not practical ones.***
- People who are reactive (impulsive), and feel they have to fix things instantly are at greater risk of attempting to solve upsets through acts that harm others.
- All addictive behaviours (sex, gambling, substance abuse, smoking, stealing, fraud, aggression, etc.) can become psychologically habit-forming if they displace negative feelings arising from the frustration of psychological needs with more positive ones which serve either to increase or decrease arousal in a way that feels rewarding.
- With support and guidance, people who suffer emotionally can learn to handle upset feelings better and resolve their troubles in wholesome ways. A problem that is shared is often relieved; emotional pain does not last forever, and there are experts (Clinical Psychologists) who can help to develop coping skills and tolerance.
- Offending can follow from acting on power-inducing fantasies that are often automatic reactions to pain and upset, as the ideas and thoughts of acting on such possibilities can make the person feel more potent and less vulnerable. However, giving in to such impulses or desires does not solve the underlying emotional problem - it only creates pain for others and oneself. It is important to remember that emotional upsets require emotional solutions (healing), not practical ones (acting out, revenge, or selfish behaviour, all of which involve externalisation of responsibility – wrongly blaming others).
- The probability of an upset person acting-out their fantasies (losing self-control) is enhanced by intoxication with alcohol or drugs, cumulative or severe stresses, indulging in certain types of pornography, and insomnia.
- Such urges can be reduced by staying sober, learning to put up with or tolerate emotional pain, sharing burdens with others, and getting professional help from a specialist Psychologist who understands the link between childhood events and current behaviour, and is knowledgeable about the motivational role of intense emotion (upsets).
- The hurts that people experience in childhood and which they carry forward into adulthood ***are the result of negative experiences impinging on important psychological needs*** – like attachment needs, affection and nurturance, safety and security, attention, approval, esteem, autonomy, and control/power. These are often the result of parental ignorance of the needs of children, and sometimes neglect or abuse, including victimization and even events like separation from a child and carer arising from life events which is nobody's fault – like illness in either the child or primary carer.
- The majority of people who react to the upsets produced by childhood trauma and unmet childhood needs typically recognise that their suffering is extreme, but attribute (blame) their upsets to current events only, and do not understand that their historical pains are the primary source of their disturbance. This is where community education can play a vital role in the prevention of family violence.

## **SECTION E: RECOMMENDATIONS FOR COMMUNITY INTERVENTIONS**

1. A programme of community education on the issues summarised below should be devised and implemented:

**(a) Programme development and policy review for preventative purposes**

- Training programmes for professionals should be encouraged to develop understanding of basic psychological needs during childhood development to promote preventative and treatment interventions.
- Government policies and objectives pertaining to family-work balance should be reviewed with the best interest of children in mind. Such an analysis needs to be informed by an understanding of the psychological needs of developing children, rather than an exclusive emphasis on economic or materialistic values. The individualised care of children should have a higher value and priority than is currently the case.
- Effort and resources should be applied in the gathering and distribution of basic information and guidance to parents and members of the community about the needs of children from gestation to adolescence, because the fulfilment of needs creates pathways for individual and community wellbeing, and their neglect shapes the pathway for future suffering in individuals and the community with which they interact.

**(b) Community information: Developing an understanding of the influence of upset feelings on poor problem-solving.**

- Upset feelings are a common precursor to bad decisions that lead to trouble.
- Upset feelings may be due to current stresses, setbacks or losses - but are often magnified by a pool of distress related to thwarted or unmet childhood needs.
- Bad decisions often involve reacting to fantasies or thoughts that change our outlook, or which hold the promise of making us feel better in the short term.
- A number of activities that people commonly use to cope with or dampen upset feelings and stress are self-defeating or destructive to self or others in the longer term.
- Many of these negative activities can be referred to as being “vices” that can become addictive or compulsive, but do not provide a positive or healing function.
- Internal emotional problems require emotional solutions, not practical ones (such as are promised by vices).
- It is helpful to recognise when we feel stressed or upset, and in response engage in positive problem-solving which addresses (heals) the upset feeling.
- Being able to separate past hurts from those due to current events is important.
- By recognising the upsets arising from unmet childhood needs by becoming aware of our negative feelings, preferences and fantasies we can choose to deal with that emotionally (internally), rather than through action, which in many instances is an over-reaction.
- Intoxicants diminish the capacity to exercise rational thought and self-control, and should be avoided as a means of coping with stress.
- Psychological counselling is available to help with understanding and learning to cope more positively with emotional issues, and to overcome bad habits or vices.
- Seeking help is a sign of strength and of an acceptance of personal responsibility which can help in gaining more control and direction over one’s future.

2. It is recommended that the ideas expressed above be presented to the community in a variety of modalities to counter existing stereotypical views that do not encourage the development of personal responsibility and positive coping skills in vulnerable individuals.

## SUMMARY

*\* An extensive psychological data base exists which shows that emotional, behavioural and personality disturbances and vulnerabilities in adults that contribute to emotional and*

*behavioural problems, personality problems, and alcohol and drug abuse - and relationship conflicts - originate from childhood adversity such as neglect, abuse and trauma.*

*\* Interventions to promote primary prevention have to include educational campaigns targeting parents and carers that improve childcare practices and reduce the incidence of inimical childhood events that contribute to adult psychopathology.*

*\* Not only is community education about the basic psychological needs of children required to improve childcare practices and early interventions for affected children, but government policies which promote institutional forms of childcare for perceived economic advantages in order to have more people in the workforce need to be reviewed and wound back.*

Personal Anecdote 1: The writer went to the local train station to travel. On that day a bus-replacement was operating, which required train passengers to walk a short distance to board the bus. As I walked in the direction of the bus I observed a woman who was expressing distress vocally, “I can’t stand it when things are changed!” I spoke with this person and said, “I am a psychologist. I know that when people are upset by changes in routines it often points to the person having had a disruption in childhood, possibly involving a primary carer”. She replied, “You’re good. My mother buggered off when I was 4”.

Personal Anecdote 2:

A newspaper recently displayed a special advertising feature for agencies promoting their childcare and “Early Learning” services. One advertisement caught my attention. It indicated that the agency catered for a range of ages, from infants 6 weeks old. Surely the institutional rearing of babies as young as that ought to be banned! One of my clients worked as a carer in such an institution in the past. She lamented, “There were two of us (carers), and 7 babies. We only had four hands ...”

See also studies of psychological stress of children in childcare. (E.g., Associate Professor Margaret Sims, Dr Andrew Guilfoyle and Professor Trevor Parry, *Children’s well-being in child care*. Families Matter, **9th Australian Institute of Family Studies Conference**, Melbourne, 9-11 February 2005).

Relevant resources:

(1) For psychologically based information on the contribution of childhood-acquired external locus of control to antisocial behaviour and internalised problems the reader is referred to the special series of articles in **Frontiers in Psychology**, such as *Early Home-Life Antecedents of Children’s Locus of Control* by Stephen Nowicki, Steven Gregory, Yasmin Iles-Caven, Genette Ellis and Jean Golding.

**Front. Psychol.**, 01 November 2018; Sec. Developmental Psychology

Volume 9 - 2018 | <https://doi.org/10.3389/fpsyg.2018.02032>

This article is part of the Research Topic **Locus of Control: Antecedents, Consequences and Interventions Using Rotter’s Definition** [View all 14 articles](#)

(2) Understanding how childhood experiences shape future functioning is an area of special study by the Harvard University Centre on the Developing Child. The Centre provides resources and is a repository of knowledge on developmental factors that can facilitate healthy growth and functioning in children. An example is, *"Building the Brain’s ‘Air Traffic Control System’ : How Early Experiences Shape the Development of Executive Function"*. Working Paper 11. National Forum on Early Childhood Policy and Programs, & National Scientific Council on the Developing Child. Center on the Developing Child, Harvard University. [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu)

(3) The role of mistrust is a factor associated with domestic and family violence: “*Mistrust of others appears to be implicated in both perpetrating and experiencing intimate partner violence, suggesting enhancing capacity to trust is an important therapeutic focus*”. (Pilkington et al., 2021, p.2).

Reference: Pilkington, P.D., Holt, R.A., Noonan, C., May, T., & Younan, R. (2021). Early Maladaptive Schemas and Intimate Partner Violence Victimization and Perpetration: A Systematic Review and Meta-analysis. *Clinical Psychology & Psychotherapy*. January 2021. DOI: 10.1002/cpp.2558

Implications for therapy are not the only insights offered by the findings noted by Pilkington et al. In light of the evidence that trust or its absence is established in response to childhood care practices associated with attachment needs from infancy onwards, this is a significant issue that needs to be addressed via prevention through **improved childcare practices and community education** – which I am advocating in this Submission.

Additional brief articles by Mercurio Cicchini available upon request include:

- “The psychological underpinnings of offending: Motivational Issues in Offending Behaviour”.
- “How Childhood Experiences Influence the Lives of Adults: A developmental psychological needs perspective of wellbeing and psychopathology (1986-2022)”. PDF of a Powerpoint Presentation.
- Extract (Chapter 1) from “*How Childhood Experiences Influence the Lives of Adults: And other secrets every adult should know*”. (Cicchini, M. Unpublished book manuscript).

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## APPENDICES

### Appendix 1.

**Extract from: "Securing women's lives: examining system interactions and perpetrator risk in intimate femicide sentencing judgments over a decade in Australia".**

Fitz-Gibbon, K., Walklate, S., Maher, J., McCulloch, J. & McGowan, J. (2024). Monash University and University of Liverpool. DOI: 10.26180/25855543. (pp. 22-23 only).

*"Research in Australia and internationally has identified a connection between intimate partner homicide (IPH) and mental health issues (Boxall et al., 2022; Chang et al., 2011; Kivisto & Watson, 2015; Murphy, Liddell & Bugeja, 2016; Oram et al., 2013; Pottinger, Bailey & Passard, 2019). Murphy et al. (2016), for example, found that the most common service contact for perpetrators related to mental health issues. (...)*

*Our [Australian Courts Sentencing judgements] analysis also reveals opportunities to enhance perpetrator risk identification, assessment and management at a range of different points of the wider service system. This is particularly so, given the presence of recorded histories of alcohol, drug and mental health illness among the offender sample. Acknowledging that this information would not necessarily have been noted by the judge at sentencing in all cases, our analysis found that:*

- *In 53% of intimate femicide sentencing judgments, it was cited that the perpetrator had a history of alcohol misuse/abuse (n=124).*
- *In 41% of intimate femicide sentencing judgments, it was cited that the perpetrator had a history of drug misuse/abuse (n=96).*
- *In 46% of intimate femicide sentencing judgments, it was cited that the perpetrator had a history of mental health illness (n=108).*

*While service involvement beyond the criminal legal system is less likely to be deemed relevant at sentencing for a homicide offence, it is notable that among 25 per cent of sentenced offenders, there was no cited history of engagement with counselling, mental health or drug and alcohol services (n=59). This absence likely indicates that femicide prevention strategies will need to extend well beyond accountability that can be achieved through such services. This observation is not to undermine the importance of whole of system responses which keep people who use violence in view. Previous research by Boxall et al., (2022) in Australia has emphasised the importance of opportunities for intervention where a domestic violence offender is in contact with medical services, including alcohol and drug use programs. This research lends further weight to these findings, emphasising that an offender's engagement with intervention points beyond the criminal justice system demonstrate the importance of whole-of-systems approaches to early intervention and prevention, particularly given the histories mentioned above."*

## **Appendix 2.**

### **A Psychological evidence-based approach for understanding and reducing the problem of coercive control**

Mercurio Cicchini, Clinical Psychologist

*This Appendix presents a psychological explanation of the developmental causes of dominance and excessive control, which is a recurring feature observed in domestic and family violence.*

#### **2.1 Background**

It is not surprising that given the extent of tragic deaths and injuries, both physical and psychological, occurring in Australia that a major concern has been on how to safeguard members of the community who are currently at risk of violence, often by intimate partners. Resources have been allocated for that particular purpose of safeguarding women and children who may be at risk now or in the future. But alas, my impression is that little or no attention or resources have been allocated to trying to understand the causes of domestic and family violence, and from that root cause analysis relevant interventions identified and put in place for the wellbeing and protection of future generations. That task is extremely long-term. Prevention of domestic violence and other societal problems require a concerted and focused long-term effort over several generations. Without starting that long-term process there will be little or no progress – as is currently the case.

#### **2.2 Developmental causes of personal and social problems**

The truth that needs to be shared and accepted is that most social problems that costs the community, be they in the form of internal personal suffering such as anxiety, depression, self-harm and suicide - or acts in which others are victimised through crime - have two basic contributors: (a) *an emotional vulnerability carried internally which is the result of childhood adversity impinging on, or thwarting, basic psychological needs in infancy, childhood or adolescence which are recorded in memory in what psychologists term affective-cognitive schemas*; and (b) *the arousal of the sensitivities inherent in such schemas by current (adult life) stresses, disappointments, or losses – which create a motivational propensity*. In some cases issues such as brain injury and substance use also contribute to vulnerability by enhancing emotionality and/or impairing impulse control.

The effects of childhood adversity, both during an individual's lifetime, and from one generation to the next are driven by mental structures called schemas. Schemas generally have two basic ingredients – a record in memory of pain or distress which can have motivational potential, and an associated attribution or causal explanation of the perceived cause, as understood by the young individual at the time it is generated. These attributions or conclusions are referred to core beliefs in cognitive behaviour therapy. (Other components in memory after trauma or need-frustration can include bodily sensations and/or imagery).

The triggering or arousal of schemas, which are often latent until activated, produce unconscious motivational processes involving the hedonic or pleasure principle of generating fantasies, and ideas and desires geared towards attenuating or transforming the associated distress into a more favourable feeling state: turning pain into pleasure or reducing pain. (As summarised above in Section D (b), "Why do adult offenders commit acts that harm others?") )

### 2.3 Through the lifespan psychological wellbeing arises from the gratification of psychological needs, and psychological disturbances from need-frustration and trauma

From birth onwards human beings have a number of fundamental psychological needs that have to be gratified or fulfilled (and not frustrated) to promote growth, wellbeing and flourishing. (Refer to list of needs, Table 1 Section C– based on the work of Henry Murray and colleagues -Murray 1938/2008). Furthermore, W.M. Krogman is quoted by Allan (1989) as stating that, “man [the human] has absolutely the most protracted period of infancy, childhood and juvenility of all life forms ... Nearly 30% of his entire lifespan is devoted to growing“. Evidence has been accumulating over many decades that that long period of dependency presents significant risks for the creation of vulnerability (as in Personal Anecdote 1, above), disturbances and dysfunction, as well as opportunities for flourishing.

To elaborate on the above, below is an extract from a biographical article, “*By his own hand: A modern commentary on the loss of WA engineering genius C.Y. O’Connor*”. (Cicchini, 2016).

*"Apart from infants needing proximity to, and dependable responsivity from the carer when in need to feel safe and secure, babies, children and adolescents also require input of a caring nature for admiration, attention, approval, and physical touch (collectively known as dependency needs). Several of these needs can be adversely affected by environmental changes, such as a change in primary carer, or separation from siblings or peers with whom they have bonded.*

*A common experience to a disruption in continuity of care during childhood is a sense of loss, grief, and disappointment, which can be re-activated subsequently at any point through the lifespan. Such a re-activation by relevant life stresses may underpin a recurring disposition for depression and/or anxiety. Mary Ainsworth (in Bowlby & Ainsworth, 1965, Chapter 3) points out that, “**the effects of early separation can be hidden and not emerge until later in life, perhaps when some repeated experience of loss reactivates the processes that were set in train by the early loss**” (p. 217).*

*My impression is that it is not generally known that unexpected separation from carers **in later childhood, and not just infancy** can produce a potential for the individual to carry enduring feelings of helplessness or powerlessness – which are normally dormant, but can arise in response to stress. (I originally detected these vulnerabilities in adult offenders within the justice system, but such issues are also commonplace among other members of the community who share similar developmental histories involving environmental change and separation in childhood<sup>1</sup>). Thus many adult psychological problems can be understood as deriving from extreme emotional upsets arising from childhood events of a stressful kind, particularly if they were not appropriately soothed, and defused, by relevant carer inputs.*

*As the child’s personality forms in response to such internal perturbations, personality habits and dispositions are developed that try to reduce the re-experience of the trauma or distress. Such adaptations following parental separation or loss can include meticulousness in the planning and control of events, the pursuit of stability, and the avoidance of environmental change. Some occupational choices and preferences in later life (such as tasks exercising order and control) can reflect those adjustments or adaptations. Normally these adaptations keep the*

*individual on a stable, even keel, but unplanned environmental events, and/or interpersonal losses can bring about a dramatic loss of stability and felt wellbeing. This occurs through a coming to the surface - a triggering - of childhood pain and mental sets (beliefs) by current events of a negative kind (stresses) during the lifespan.*

*Essentially, disturbances in child-carer bonds – but more specifically an upset in the need for order, stability and control, and a disrupted dependability on the social environment to provide favourable inputs – are recorded in memory, in association with intense feelings of powerlessness. These inner processes are often latent, and therefore not readily visible to observers. In many cases they are not fully understood by the affected individual. In other words, a vulnerable or sensitive person’s potential to suffer intense pain in response to future stresses may be hidden until it strikes, seemingly without warning. The sufferer may experience tensions and strong upsets, but usually does not understand the origins of such feelings, or why these feelings are so intensely disturbing. It is hoped that through increased community awareness and understanding, affected individuals, and those around them, will know more about such emotional processes, and be better positioned to deal positively with them”.*

#### **2.4. Coercive control**

In the APS InPsych article, **“The invisible cage: Psychology's role in the criminalisation of coercive control”** by Dr Lisa J. Warren, the final sentence states: *“Psychologists have a central role in removing the cloaks and skilfully addressing the underlying personal deficits that some men suffer from that compels them to dominate”.*

The need to exercise power or control over events is a basic psychological need from infancy and is ongoing through the lifespan. The need to exercise **excessive** control (dominance) over events or others that a person is dependent on in adulthood is an unconscious coping style (or behavioural defense mechanism) in individuals who, as infants or young children, experienced anxiety (which was felt as life-threatening) when disruptions occurred that interfered with, or shattered their basic trust on the reliability or availability of the carers they are dependent upon for their survival and security needs.

**Excessive control-seeking is an unconsciously formulated coping strategy of trying to forestall the re-experience of helplessness or powerlessness generated via a fractured, deficient or hostile support-system during early development.**

As a consequence of broken trust, trauma or a lack of reliability within the carer environment an internal vulnerability is retained into adulthood by way of personality attributes and actions (such as control-seeking and dominance) that attenuate or try to minimise a recurrence of the historic distress. **Furthermore, the childhood distress recorded in memory - which typically the person does not recognise or identify as historic - can be aroused or triggered in response to abandonment, perceived abandonment or deprivation in adulthood, such as in association with a relationship break-up, or separation from an offspring.** (In the latter case the affected parent can unconsciously over-identify with and magnify the anticipated loss experience in their child due to their own unresolved and unrecognised internalised suffering).

Quite simply, a lack of awareness (insight) results in an affected adult’s impaired capacity to separate the distress arising from frustration or disappointment involving here-and-now adult events from the combined pool of distress that mostly originates from their experience of

childhood adversity that resides in memory, and is elicited or brought into play by a current stressor or disappointment.

In many adult perpetrators of domestic violence their distress tends to be incorrectly attributed solely to current external factors – that is, others are blamed. The reason why blaming occurs is that the attributions (or explanatory style) created in early life was one of feeling threatened or unsupported by the external (carer) environment. (That is, past causal impressions are automatically projected onto later events of an adverse kind).

Relevant psychological processes that can be identified include whether the person has an internal or external locus of control (with the latter being more conducive to blaming or externalising responsibility), and the presence of enduring, often unconscious external attributions for negative events. (See articles regarding locus of control research listed above under the heading “Relevant Resources”). Research has also identified optimistic and pessimistic categories of explanatory styles which operate like rigid (biased) and enduring mental filters through the lifespan.

In regard to attributions, **therapeutic work with adults over several decades revealed that the attributions (explanations) that are automatically invoked to explain past or present adverse events, or predict future ones, are in fact primitive ones generated in response to childhood adversity when a particular psychological need was thwarted or a significant threat experienced. In most cases, the verbal expression (cognitive wording) of the attribution typically can point to the particular psychological need that was originally impacted upon.** (This understanding is my original contribution to psychological knowledge). Table 2 offers a rough guide suggesting how the verbalisations of adults can be analysed in relation to specific psychological need-domains.

Table 2. Sample cognitions (verbal statements) in particular need-domains

SAMPLE COGNITION	PSYCHOLOGICAL NEED
“Nobody has the right to tell anyone else what to do”	Autonomy
“Nobody cares”	Succourance
“I want everyone to like me”	Acceptance
“I feel unrecognised for my achievements”	Recognition
“I’m a klutz: I can never do things right”	Competence
“I have to be the life of the party – in the spotlight”	Attention
“I want to be admired for my special talents – not just be someone lost in the crowd”	Admiration
“It’s either my way, or the highway”	Control/Power
“I always feel inferior”; “I’m not good enough”	Esteem
“Whatever I do to please is never good enough”	Approval
“I can’t stand my routines being disrupted”	Order
“I’m not a people person: I prefer my own company”	Affiliation

“I can’t stand the idea of having to look after others”	Nurturance
“Boredom is a frequent problem for me”	Stimulation
“I get obsessed trying to figure things out”	Understanding
“I feel unsafe”	Safety/Security

## 2.5 Enlightened approaches to crime prevention

With regard to crime in general, historians and well-informed professionals know that punishment (i.e., criminalisation) is generally ineffective in reducing the behavioural manifestations of emotionally-driven conduct of adults (and is equally useless to remedy addictions and habits). Deterrent effects require rational and not emotionally-driven decision-making. As emotions arising from trauma or unmet needs are the drivers or energisers, the principle of deterrence requiring logical consequential thinking is mostly irrelevant and ineffectual. (See article on punishment by Justice Steytler, 2008, from Western Australia. See also Cicchini, 2023a).

Although people’s behaviours are influenced by internal, sometimes unconscious processes, that does not mean they have no responsibility: on the contrary in adulthood we are all responsible for managing our internal emotional states. Psychologists can play a major role in educating people about these internalised processes and assist in helping clients improve their coping skills - which involves recognising, tolerating and healing internal pain without resorting to action. (In the psychological literature this process is referred to as “emotional processing”).

For the reasons outlined above most forward-thinking professionals with a deep knowledge of the causes of both internalised psychological disturbances (such as anxiety and depression as pioneered via Bowlby<sup>4</sup> and other attachment theorists), and social problems such as crime where affected individuals transfer their internal problems onto others (victims in their family or community) - strongly advocate a preventative community health approach. Inherent in that approach is the education of professionals and the general community that as we sow we reap: meaning that unless we prioritise the welfare of babies and children by helping parents and carers recognise and fulfil children's psychological needs, the cycle of inter-generational trauma producing problems of depression, anxiety and violence will continue unabated. That means that primary prevention through community education about the needs of children and helping carers to understand the needs of the young are paramount to reduce harms and improve community wellbeing. Secondary prevention can focus on education that helps adults to gain insight into the dual components in psychological stress experiences (historic and current); provide assistance to develop awareness of their attributional style involving external blame, and facilitate a recognition of the need to heal historic pain through emotional processing and grief work.

An example of an educational approach to explaining the root causes of and strategies for addressing the serious problem of the sexual abuse of children by adults is offered in the West Australian resource [www.PreventingChildSexualAbuse.org](http://www.PreventingChildSexualAbuse.org)

<sup>4</sup> Bowlby, 1969; 1973; 1980. Also see Brazelton & Greenspan (2000) for a more recent guide.

The above example is a very small scale local project involving minimal funding, and no marketing. A need exists for ***national Government funded and marketed educational resources based on psychological knowledge*** to (a) *inform and offer guidance to parents and carers*; as well as (b) *adults whose childhood histories contribute to the personality dispositions and vulnerabilities indicated*; together with (c) *information about the availability of psychological treatment facilities and support options (points for referral) to help them heal.*<sup>5</sup>

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<sup>5</sup> Specific content suggestions for community education are presented in **Section C** of the present submission.

### **Appendix 3. Example of a childhood-acquired augmented negative feeling state**

*This case shows the activation of an augmented negative feeling state stemming from thwarted autonomy needs.*

*A young man consulted me in prison. He manifested an anti-authoritarian disposition which I attribute to a frustrated need for autonomy arising from excessive parental intrusion during childhood. In therapy he stated, "I won't listen to anybody - I have a tendency to forget things very quickly ... I don't want people to tell me what to do".*

*He was asked to close his eyes and repeat the phrase, "don't tell me what to do" out loud, and to attend to his internal processes (thoughts and feelings). After a couple of repetitions, the client spontaneously changed the phrase to "don't tell me why". On repetition of this phrase he appeared distressed. He reported feelings of "getting wild, getting hot in the head". He also reported "butterflies" in the stomach and "going dizzy". He seemed shocked by the intensity of these reactions which I view as an augmented negative feeling state arising from childhood need-frustration.*

*This 23 year-old man was in prison and had 8 convictions for drunk driving, 23 convictions for driving under suspension, and three life suspensions. His last conviction came about after drinking in a hotel for some time. The publican advised him to leave his car in the hotel car park because of his alcohol intake. The publican's advice made him "wild" (activated the negative feeling state). He began to ram the hotel fence with his car repeatedly until he knocked it down. Then he drove off and around the streets until apprehended by police.*

## **About the submission writer**

Mercurio Cicchini

### **Professional background**

Mercurio Cicchini is a Registered Clinical Psychologist, first working as a Psychologist in Fremantle Prison (Western Australia) in 1973. Educated at the University of Western Australia and the West Australian Institute of Technology (now Curtin University), I have been operating as a private practitioner since 1987. Prior to that I was a Clinical Psychologist for the Department of Corrective Services, working with adult offenders in the WA prison system for 10 years (1977-1987). In private practice, I work with members of the community and I also specialised (1987-2014) in conducting psychological assessments on generalist, violent and sexual offenders for Court sentencing purposes for the Department of Corrective Services as an external contractor.

I also provided treatment and education to parties affected by adoption at the Adoption Research and Counselling Service for several years. There I conducted the world's first psychological study of the effects of historical adoptions on birth fathers. From about 2008 I have been focusing on the dissemination of psychological knowledge to professionals and members of the public about the developmental causes of psychological (mental health) issues such as anxiety and depression, and various manifestations of crime.

Although primarily a clinician, I have published work in the area of adoptions, self-esteem, substance use reasons indicated by prisoners, and the prevention of child sexual abuse. After conversion to eBook format my self-help book for adults on self-esteem, "Let your True Self Shine" (2009) subsequently received bronze awards in the categories of Mental Health and Self-Help in an international book competition held in the USA.

I have presented at National and International professional Conferences on a number of psychological topics, including adoptions, psychological losses arising from physical injury, a developmental psychological needs model of wellbeing, psychopathology and crime, and the causes and prevention of child sexual abuse. The dissemination of my work in the latter field in W.A. stimulated the formation of a national Child Sexual Abuse Issues and Psychology Interest Group within the Australian Psychological Society in 2013, which is ongoing. Over the past year I have been involved in the process of setting up a Domestic and Family Violence Prevention and Psychology Interest Group in the same organization and I am currently the Group's inaugural Convener.

Now semi-retired, my area of special interest is in conveying to professionals, the public and Government bodies an understanding of how childhood experiences influence the lives of adults – more specifically the importance of respecting and fulfilling children's psychological needs to promote psychological growth and wellbeing, and reduce the incidence of mental health problems and crime through the lifespan.