RESOCJALIZACJA POLSKA
21/2021
POLISH JOURNAL
OF SOCIAL REHABILITATION
ISSN 2081-3767 e-ISSN 2392-2656
T H E T H E S I S
DOI 10.22432/pjsr.2021.21.03

Beata Pastwa-Wojciechowska, Joanna Główczewska
University of Gdańsk [beata.pastwa-wojciechowska@ug.edu.pl
joanna.glowczewska@ug.edu.pl]

Possibilities of therapeutic actions towards domestic violence perpetrators in conditions of prison isolation

Abstract: The purpose of this paper is to present the possibilities of taking therapeutic actions in the conditions of prison isolation towards persons who commit acts of domestic violence. Clinical practice and research reports indicate the validity of expanding rehabilitation and correctional programs to include deeper therapeutic work with inmates. The conditions of prison isolation make it somewhat difficult to establish a therapeutic relationship, but on the other hand, building contact between the inmate and the therapist can serve as a form of relationship-building training based on mutual respect and trust.
The paper presents the possibilities of working with a person who used to commit acts of domestic violence, in particular in a romantic relationship (IPV – Intimate Partner Violence) using behavioral-cognitive and systemic approaches.
Deeper analysis of possibilities of using therapeutic actions indicates the validity of combining both techniques. On the one hand, patients are equipped with tools and techniques allowing them to change their behavior, on the other hand, creating space to work within the broader family context.
The article also features an attempt to analyze the possibilities of working with a couple who experience domestic violence, either in the conditions of prison isolation or after leaving the penitentiary.
The considerations presented below widen the understanding of prison isolation conditions as a possibility to build a new reality and change behavior even when serving a prison sentence.
Key words: intimate partner violence (IPV), domestic violence, (psycho)therapy, prison isolation.

Introduction

Persons committing acts of domestic violence pose a challenge to the justice system, as evidenced by the new legislation in this area, such as the recently adopted anti-violence law. All legal solutions aim to develop tools to combat domestic violence more effectively on the one hand, and to protect victims' rights on the other. This raises the question of whether an element related to the consideration of a more holistic view of rehabilitation and prevention of violent behavior was lost in this type of work with the focus being placed on risk management instead. The answer to this question can partly be found in the conclusions of an audit carried out by the Supreme Audit Office, which concluded that the Minister of Justice should build a comprehensive and coherent system of support for the social readaptation of convicts. Above all, it is important to develop and implement a strategic framework that defines, i.a., the objectives of readaptation processes and criteria for their evaluation, tools for readaptation, as well as the institutions carrying out such work and the relationship between them. An equally important task is a comprehensive analysis of the effectiveness of conducted penitentiary interventions, including readaptation programs.

In a number of countries imprisonment, according to statistics, has become a panacea to combat all forms of behavior related to the violation of legal norms, including domestic violence (Byrne et al. 2015). Thus, it should be considered which of the available solutions are supported by a reliable analysis of the effectiveness and efficiency of the proposed solutions. Unfortunately, scientific analysis of the matter at hand indicates significant deficits in this area (Marczak 2009, Rotti et al. 2017). Despite the growing interest in covering people committing acts of intimate partner violence (IPV) with interventions, the literature indicates that the effectiveness of these interventions is low. Research shows that programs based on the Duluth model have limited potential to reduce repeated domestic violence offenses (Arias et al. 2013, Cannon et al. 2016).

An extreme form of protection for victims of domestic violence is the isolation of offenders in penitentiaries, a time that is of significance for both the perpetrator and their victims, as each party can decide on how to proceed. In other words, the offender has the option to take advantage of the aid offered to allow them to change previous behavioral patterns, or can refuse to use such an opportunity. Refusal is most often interpreted as a lack of motivation or willingness to confront the problem or is due to objective conditions resulting from the possibility of undergoing therapy in prison. Prisoners serving short-term sentences may not have the opportunity to undergo therapy or participate in the program due to the short duration of their sentence and at the same time the length of time they have to wait to participate in these specialized forms of treatment.

The highlighted issues lead to another question of whether and to what extent prison isolation is an effective solution to the problem of violence in the system, i.e., the family in which the offender and their victim(s) lived. This problem is of significance because some offenders will leave the previous stage of their lives behind them and not return to their families, building new relationships, but some families will remain in a relationship with the offender. The motivation for such decisions is varied and complex, but it is nevertheless worth considering how families who found themselves in such a situation can be supported and what skills, knowledge and competencies they should be equipped with. Therefore, a period of imprisonment of a domestic violence offender can be or is a time when all parties have the opportunity to face the consequences of the situation and make important decisions. However, they need to acquire both new, effective skills that allow them to perform their role in the relationship correctly, but also, what is much less emphasized, the ability to use them in the relationship. The Polish Prison Service implements a number of programs in this area, the most frequently mentioned being: an educational and correctional program based on the Duluth model, the "Partner" educational and correctional program, Aggression Replacement Training and other correctional and educational programs. These programs focus on the offender, and any work with the couple is moved to a later stage, after the offender has been released from prison.

This paper will discuss a very little explored topic, both scientifically and in terms of applications, concerning the possibility of working with couples while the offender is still in prison. Despite the ever-expanding knowledge of the negative consequences of domestic violence, we still lack reliable and empirically validated information on the impact of romantic relationships or their breakup on readiness to change in offenders, including those committing acts of domestic violence. This paper presents discussions existing in the literature on the subject and solutions proposed on their basis concerning the possibility of using the explored subject matter in work with violent people remaining in penitentiary institutions.

Domestic violence – the meanders of complicated romantic relationships

Domestic violence is a social phenomenon very often considered on the grounds of numerous scientific disciplines. The focus here is on the type of violence that occurs between two adults in a romantic relationship, i.e., intimate partner violence or IPV. From this point of view, violence is defined as a series of coherent behaviors of intentional nature, aimed at subordinating the victim to the abuser and eliminating the victims independent thinking and behavior. The inaction under the influence of the abuser's affect, their behavior to enslave a loved one is deliberate and planned are of significance here (Ganley and Schechter 1996). The

actions described indicate strongly entrenched patterns of behavior in a person who commits acts of violence against a loved one. Dobrzyńska-Mesterhazy (1996) also points out that despite the different terminology and definitions of intimate partner violence, there are common elements in them. First and foremost, violence is associated with a relationship with a loved one, and in that relationship there is an unequal distribution of physical and psychological strength. Power and strength are used against the weaker person, and both people treat each other in an objectified manner. The victim's fear is what binds the relationship together, the abuser's manipulation of this emotion results in complete control over their victim. In this context, violence is an action that is based on the deliberate use of a loved one's emotions for personal gain, which in turn harms the well-being and life of the victim.

No matter what term is used to describe the aggressive behavior of one person towards another, violence is a violation of basic human rights, it destroys the sense of dignity, respect, trust in other people (Badura-Madej, Dobrzyńska-Masterhazy 2000; Frączek 2002; Krahe 2005). A. Frączek (2002) emphasizes that psychologists focus primarily on the act of interpersonal aggression, as an action carried out by an individual against other people, the consequence of which may be damage, loss of social values and suffering. The author points out that the act of aggression can have different etiologies and functions, ranging from reducing negative emotional tension, to obtaining positive stimulation, to satisfying needs and accomplishing life goals (Konopka, Frączek 2013). Therefore, A. Frączek (2002; Konopka, Frączek 2013) introduces the concept of interpersonal aggression readiness. Frączek defines it as a constellation of psychological processes and structures underlying and regulating aggressive behavior, distinguishing three basic categories or mechanisms of readiness for aggression, i.e., emotogen-impulsive, habitual-cognitive, and personality-immanent. The mechanism referred to as emotogen-impulsive readiness involves the ease of responding with anger to noxious stimuli and frustration while lacking adequate emotional control. On the other hand, habitual-cognitive readiness, in which the intrapsychic structures regulating aggressive behavior are specific habits, scripts and patterns of behavior and tasks inherent in the individual's social role, has a different character. Personality-immanent mechanisms, on the other hand, have been defined as persistent aggressive behavior being an immanent human need. K. Konopka and A. Frączek (2013) also pay attention to the issue of gender, arguing that it determines different forms of manifestation of aggressive behavior, nevertheless, these behaviors should be treated as complementary, not alternative. Moreover, according to the above-mentioned authors, it is the psychological gender and not the biological one that has a greater explanatory power for aggressive behavior because it is one of the important regulators of human functioning.

The existing research broadly covers the mechanisms of violence, its determinants, consequences and presents the characteristics of people experiencing

and using domestic violence. An aspect that scholars and practitioners particularly focus on is the process of change as well as resistance to it. Change entails fear of change itself, i.e., how it will affect the way we function, but it may also give rise to fear of therapy or other interventions. Resistance in therapy or any other kind of interactions are often seen as a factor that hinders therapeutic work, and much less often as a diagnostic factor showing fears and concerns of the convicted person, or the patient more broadly. It is important to remember that any symptom or unfavorable pattern of behavior brings benefits to the individual in addition to suffering, which is a sustaining factor. In other words, each symptom is a defense or a form of coping for the person. The literature on the subject, as well as the experience of professionals, presents a number of effective methods of working with people committing acts of domestic violence (Marczak 2009; Murphy et al. 2017; Roti et al. 2017). Crisis intervention is also very important in the therapeutic management of violent situations, as it is the first step in the actions taken. Therapeutic actions, on the other hand, depend both on the specific functioning of the person, the context of the place where the therapy is carried out, and the skills of the people providing professional help.

Analyzing the manner of therapeutic work with violent people in close relationships or, more broadly, within families, the multitude of aspects differentiating these people should be emphasized. Dorota Dyjakon (2014) notes that research related to the characteristics of people committing acts of domestic violence can be divided into those that focus on personality traits, life history, psychoactive substance use, and traumatic events that have occurred during their lives. The characteristics of violent persons were also categorized into three areas, i.e.: 1) cognitive related to knowledge and world view, identification of violence with "masculinity" and domination, beliefs and stereotypes about women, 2) emotional related to feeling emotions and self-perception, low emotional intelligence, lack of empathy and self-reflection, i.e., awareness and ability to recognize different emotional states, 3) behavioral which is expressed through learned behaviors in which violence is an effective means to achieve the desired results (Cunha, Gonçalves 2013; Dyjakon 2014). From the perspective of therapeutic actions, an important area of research concerns family messages and relationships that provide a platform for personal problems predisposing individuals to violence. Past events that an individual has experienced within the family can significantly contribute to the application of acquired, often negative patterns in close romantic relationships in adulthood (Dyjakon 2014; Chrząstowski 2014). In the therapeutic process with a violent person, those interventions that aim to change behavior seem to be particularly important, as well as those that lead to changes in the larger context, i.e., the family system. When considering work with perpetrators of domestic violence, it seems important to analyze particular therapeutic actions, as well as to present the possibility of co-occurrence of techniques from different therapeutic approaches as complementary.

Why is it important to seek (psycho)therapy while the offender is serving prison sentence?

It has already been emphasized, the process of re-socialization includes both educational and therapeutic activities aimed at improving the functioning of a person through the acquisition of skills that allow them to satisfy their own needs in a socially approved manner and to perform social roles in an appropriate manner, in accordance with the applicable norms. This poses a number of challenges in working with people serving prison sentences. It is crucial to determine the person's problem because understanding the reasons for the behavior and the benefits the individual derives from it will determine the manner of working with them or intervention. According to the cognitive-behavioral approach, this will help to change the patterns of thinking and experienced emotions that lead the individual to use maladaptive coping strategies (Popiel, Praglowska 2008).

Robert Martinson's (1974) meta-analysis of offender rehabilitation programs revealed their flaws, while the contemporary picture of rehabilitation as well as the programs and methods it uses has been supported by objectively conducted analyses of research findings (Chereji et al. 2012; Novo et al. 2012). It has been found that the best methods of psychological impact are behavioral, cognitive, and cognitive-behavioral therapies, which have been found to be most effective in improving the functioning of convicted individuals (Redondo et al. 2002; Novo et al. 2012). These forms of therapy are considered effective intervention models (e.g., cognitive skill formation, anger management, problem-solving skills) that focus on achieving specific goals, i.e., developing the abuser's cognitive skills and competencies to achieve the primary goal of preventing repeating the offense (recidivism). These therapies also focus on following a program of well-defined sessions and assigned time frames. In the Polish conditions of prison isolation, some elements of cognitive-behavioral therapy are used rather than precisely designed programs for specific disorders or groups of patients. It is worth noting that there are profiled treatment programs for incarcerated people with a history of violent acts that include varying numbers of sessions, i.e., 13, 26, and 52 sessions (Potter-Efron 2015).

With respect to cognitive behavioral therapy, it is emphasized that this approach offers a more flexible framework for treatment and intervention goals such as skill acquisition (e.g., self-regulation, conflict management), relationship improvement, cognitive restructuring, the importance of the therapeutic covenant, substance abuse, psychopathology, or posttraumatic stress or trauma (Dutton 2007; Lawson et al. 2012). Considering the broad spectrum of these CBT, certain essential elements of these interventions are emphasized, i.e.: 1) motivation for change including goals focused on: a) building the therapeutic covenant

and reducing resistance to proposed actions (e.g., "I wouldn't hit her if she just shut up"), b) increasing the strength of the therapeutic covenant and working on the language of commitment (e.g., "This relationship is important enough to me to make a change"), or c) beginning to formulate meaningful goals (e.g., taking control of anger, healthy self-care, and growing frustration tolerance), 2) supporting and encouraging lifestyle stability, safety, and group cohesion, i.e.: a) working on intimate partner violence/domestic violence and feelings of self-harm, b) identifying/resolving difficult life circumstances, c) analyzing current coping strategies and learning adaptive coping skills, d) being responsible for one's own behavior, or e) developing group cohesion and support for group members (family), 3) improving relationship skills and awareness of the impact of interactions on functioning by: a) developing adaptive relationship beliefs and expectations, b) developing communication and collaborative problem solving skills, c) improving parenting skills, and d) increasing knowledge of one's own functioning in relationships and tolerance for differences, 4) relapse prevention, i.e., analyzing a) psychological trauma/complex post-traumatic stress disorder, b) contacts within a relationship, c) family functioning, d) substance abuse that could increase the risk of violence. Motivation to change is an important issue that is emphasized when working with violent individuals. It is indicated that in trying to change, emphasis should be placed on high levels of empathy and cooperation, which is consistent with findings from other research on relational factors such as therapeutic covenant, styles of attachment, and interpersonal styles (Burke et al. 2003; Murphy & Eckhardt 2005; Lawson et al. 2012). However, most IPV programs use a directive approach that assumes clients are ready and willing to engage in actions aimed at change. Furthermore, some techniques rely on confrontational methods with little attention to empathy and collaboration, often hindering effective treatment (Lawson et al. 2012).

The rehabilitation process should take into account the need to tailor rehabilitation programs to the needs and deficits of the given individual and offenders of particular types of crime. That is, the target of rehabilitation is not the criminal behavior itself, but rather the psychosocial variables that moderate that behavior (e.g., skills, abilities). It is worth noting here that in both rehabilitation and diagnostic work there is an excessive focus on behavioral indicators, which also translates into the application of therapeutic interventions or treatment. Thus, the identification of certain behaviors does not necessarily translate into actions aimed at acquiring by convicts the skills related to the control of their own behavior and the recognition of the mechanisms that reinforce inappropriate forms of behavior. Moreover, when analyzing the forms of psychological assistance provided to persons convicted of domestic violence, i.e., a crime under Art. 207 of the Polish Penal Code, serving a sentence of imprisonment, it should be noted that they are aimed primarily, if not exclusively, at the offender. However, this raises the question as to whether we want to improve, change relationship

functioning skills or include the family system in the designed interventions. If so, to what extent is this possible in the conditions of prison isolation? And finally, is there a planned in-prison therapy for people convicted for violent acts or rather correctional-educational interventions? Therapeutic work with people with a history of violent acts should include:

a) Reinforcement of motivation to enter therapy (motivation to change rather than gain benefits e.g., shortening of prison sentence)
b) Reinforcement of motivation to accept responsibility for one's violent acts and to stop committing them (not declarative but actual motivation).
c) Increasing awareness related to the emotions that lead to violence, thereby learning to recognize the signals of increasing hostility and anger toward the partner for the opportunity to use self-effective interventions to stop the growth of negative emotions.
d) Make perpetrators aware that the fact of them using violence is their choice and that in many situations they do not engage in violent behavior, which means that they know other forms of behavior and can use them in situations where they have previously been violent toward others.

However, it is worth realizing that the phenomenon of domestic violence is a complex diagnostic problem that translates into the adjustment of adequate, and thus effective and efficient therapeutic actions. A number of scientists and researchers of the phenomenon of violence believe that most acts of violence are committed under the influence of alcohol (Mellibruda 2002; Lipowska-Teutsch 1998; Bińczycka 2003; Szpringer et al. 2005). Confirmation of these assumptions can be found in the data from the *Raport o rozpoznanych zjawiskach patologii społecznej, przestępczości i demoralizacji nieletnich* (trans. *Report on recognized phenomena of social pathology, crime and demoralization of minors*)[1] published in 2002, which indicates that 81.08% of all offenders are persons acting under the influence of alcohol. Nikodemska (2001), referring to data from a research project carried out in addiction rehabilitation centers, describes the relationship between the use of violence against loved ones and the stages of alcoholism. She reports that before starting to drink, about 20% of the respondents (out of 400) admitted to committing acts of psychological violence, almost 10% – physical violence, and about 2% – sexual violence. During the period of heavy drinking about 70% of the respondents used emotional violence, 1 in 10 patients admitted to committing acts of sexual violence against his wife or partner, as many as 38% committed acts of physical violence frequently. The use of violence decreases after completing addiction rehabilitation treatment. In addition, the aforementioned author also points out the very significant fact that more than half of the offenders were victims of domestic violence – most often physical and emotional – by their

[1] *Raport o rozpoznanych zjawiskach patologii społecznej, przestępczości i demoralizacji nieletnich w 2001 r.,* 2002, Warsaw: Biuro Służby Prewencyjnej Komendy Głównej Policji; 2002.

fathers and mothers during childhood. It is also stressed that one of the most frequent causes of domestic violence is one or both parents abusing alcohol (Kocur, Rzeźniczak 2002; Tucholska 2002). Other factors that may influence the tendency to aggressive behavior within families suffering from a breakdown of ties are poor financial conditions, reduced intellectual capacity or emotional disorders (Dymowska 1997). Another reason for committing acts of violence is also the offenders' difficulty in expressing and experiencing deep feelings and thus resolving conflicts peacefully (Dyjakon 2014). Much attention has also been paid to personality traits of people exhibiting violent behavior, which include emotional immaturity, impulsiveness, egocentrism, antisocial tendencies, low sense of self-worth, low self-esteem, poor sense of security, lack of empathy and emotional warmth, personality rigidity, and inability to compromise (Rode 2010; Dyjakon 2014). Clinical studies allowed to identify psychopathological mechanisms coupled with aggression. These include: dependence, ambivalence and intimacy problems in relationships, suspiciousness and jealousy, lack of life satisfaction, inability to feel happiness in intimate relationships, aggressiveness, impulsiveness, tendency to rape, use of defense mechanisms, i.e., denial, projection, mood instability, isolation. Of particular concern are attitudes and behaviors described as dissocial, asocial and antisocial (Vaselle-Augenstein Erlich 1992).

Therefore, learning about the factors associated with interpersonal or domestic violence has provided insight into the underlying mechanisms. Therefore, if a person committing acts of violence tries to rid themselves of negative emotions, then, paradoxically, they experience them much more intensely and, in addition, events that were previously neutral become much more stimulating (e.g., if we are irritated by the behavior of a person because they are talking too loudly, we try to ignore it, which, paradoxically, makes the noise far more irritating for us and, ultimately, can lead us to burst out in anger even for the most trivial of reasons). Research has shown that when we suppress thoughts that are accompanied by specific emotions, those emotions in effect reinforce the unwanted thoughts, and suppression strategies begin to reinforce both the thoughts and the accompanying emotions (Smith, Hayes 2019). In other words, behavioral tendencies, or simply behaviors, can be programmed so that the mere thought of them sets off a chain of bodily (physiological sensations) and mental events predisposing us to behave in a particular manner. Thus, the work on behavior change and equipping the person committing acts of domestic violence with adaptive behavioral strategies is part of behavioral-cognitive psychotherapy, which can form the basis for further therapeutic interventions, e.g., within the family system. Equipping the convicted person with tools and techniques for dealing with maladaptive habits, or changing these habits, could be the first stage of the process, while at subsequent stages, after the prison sentence has been served, individual therapy could be expanded to include couples therapy, following the systemic approach.

From changing habits and thinking to changing relationships

Cognitive-behavioral therapy (CBT) is based on the common theoretical basis of both concepts, i.e., the assumption that learning processes determine behavior (behavioral therapy), acquisition and consolidation of beliefs and way of seeing the world (cognitive therapy), (Popiel, Prągłowska 2008). According to the assumptions of behavioral therapy, an individual learns maladaptive behaviors from own experiences and observations. In other words, behavior is understood as derived from the interplay between reinforcers and specific responses to specific stimulus situations. Therefore, this approach assumes that learning processes and their rules can be used to modify or eliminate undesirable behaviors. It is worth emphasizing that in working with patients it is important not only to identify and focus on undesirable behaviors but also on deficits in the area of desired behaviors. The main methods of therapy include suppression and inhibition of dysfunctional behaviors using positive and negative reinforcement in accordance with the models of classical or instrumental conditioning, as well as modeling of desired behaviors, assuming a process of learning through observation (Popiel, Prągłowska 2008). From the point of view of behavioral therapy, what is important is not the reason for the behavior, i.e., why a person behaves in a particular manner, but its objective, i.e., the purpose of the behavior, which makes it possible to learn about the mechanisms that reinforce it despite, for example, negative consequences for the subject.

In cognitive therapy, on the other hand, behavior and emotions are manifestations of cognitive processes, such as perception or thinking. In other words, based on behavior alone, the world views of a person cannot be clearly identified (Prągłowska, Popiel 2008). E motion, on the other hand, is an attempt to respond to what is happening to the individual both externally and internally. Thus, in the process of responding, what is important is not only the information previously processed, but also the updating of the information that will help reduce the cognitive dissonance that may have been created in response to the new situation. Therefore, the same person may behave differently in similar situations because even small differences between them will cause them to be given completely different meanings and evoke different emotional states. Hence, this approach also assumes that patients are experts who have access to knowledge about themselves which they can share with the therapist (Popiel, Prągłowska 2008).

The cognitive-behavioral approach emphasizes the need to consider a person's behaviors, feelings, and thoughts when analyzing their functioning. The personality system is formed by these three elements, and a change in one of them results

in a change in the other two. This principle has been referred to as the Albert Ellis's ABC model (Curwen et al. 2006). This is a model for understanding a patient's problem, where A is the activating event, B is the beliefs, and C is the consequences, which include physical symptoms, emotions, and behaviors. According to this model, an activating event is a pretext for the activation of thoughts that reflect a person's reinforced beliefs about themselves, other people, the world, and the rules that govern it. For example, the remark "you don't have to yell at me" (A) directed at person committing acts of domestic violence triggers the following thoughts: "I have to defend myself", "I won't get hurt again" (B), which can result in increased tension and nervousness, or even aggression directed at another person (C). This type of behavior will become a problem [...] when it is based on firmly held beliefs about oneself, others, and one's own future that have been activated in a number of difficult situations. The use of this therapeutic approach in working with violent people is a separate issue. The approach to working with people committing acts of domestic violence established in Cognitive Behavioral Therapy (CBT) emphasizes anger and stress management, relationship skill development, and distorted beliefs leading to acceptance of relationship violence (Murphy & Eckhardt 2005). Furthermore, unlike the popular Duluth model, it recognizes patriarchy as one of many factors found in intimate partner violence or, more broadly, in domestic violence. It also takes into account the existence and coexistence of multiple causes of violent relationships, i.e., the aforementioned patriarchy, the importance of psychopathology, alcohol and substance abuse, situational violence, or the initiation of violence by women and not just by men. An important role is also attributed to interpersonal contexts and associated beliefs and behaviors (Lawson et al. 2012). It is noted that CBT offers a more flexible framework for meeting treatment and intervention goals such as skill acquisition (e.g., self-regulation, conflict management), improving relationships, utilizing cognitive restructuring, attaches importance to the therapeutic covenant, and the role and significance of alcohol and substance abuse or trauma in reinforcing violent behavior (Dutton 2007; Lawson et al. 2012). When analyzing the importance of CBT goals in the treatment of violent individuals, the following areas can be identified:

a) motivation: building the therapeutic covenant and reducing resistance to proposed actions (e.g., "I wouldn't hit her if she just shut up."), increasing the strength of the therapeutic covenant and working on the language of commitment (e.g., "This relationship is important enough to me to make a change"), or beginning to formulate meaningful goals (e.g., taking control of anger, healthy self-care, and growing frustration tolerance),
b) supporting and encouraging lifestyle stability, safety, and group cohesion: working on partner/family violence and self-harm, identifying/resolving difficult life circumstances, analyzing current coping strategies, learning adaptive coping skills, substance abuse, being responsible for one's own behavior, or

developing group cohesion and support for members (e.g., “But I keep hearing that intimate partner violence is the cause of problems for you, your partner, and your children. Who else keeps hearing it?”),

c) improving relationship skills and awareness of the impact of interactions on functioning: developing adaptive beliefs and expectations about relationships, developing communication and collaborative problem-solving skills, improving parenting skills, and increasing knowledge about one’s own functioning in relationships or tolerance of differences (e.g.,”One matter that keeps coming up is that your partner should think like you do most of the time. Tell me about a time when you didn’t have to have the same opinion on everything, e.g., food, clothes or TV shows you watched”),

d) relapse prevention: psychological trauma/complex post-traumatic stress disorder, relationship, family functioning, or substance abuse that could increase the risk of violence (e.g.,”Tell me some examples of thoughts or behaviors that would allow you to recognize that you are increasing the intensity of thoughts, feelings, or experiences that increase the likelihood of violence?”), (Lawson et al. 2012).

Prison isolation – a punishment or an opportunity for change?

As mentioned above, therapeutic work with a violent person, due to psychotherapeutic ethics, becomes possible when the violent behavior ceases. Violent people who consciously, of their own free will, want to work on changing their behavior rarely come to a therapist’s office. In part this is due to misconceptions about their behaviors, belittling them, but also to personality factors or anxiety. Under the conditions of prison isolation, a violent person is, in a way, forced to stop committing acts of violence; additionally, correctional-educational or therapeutic activities based mainly on the cognitive-behavioral stream provide a basis for further work in a broader area. A violent person is equipped with tools to deal with their impulses and has a chance to understand the mechanism behind the aggression. Such a person is not, however, able to verify the acquired knowledge or skills, as well as the changes in thinking they have made, in contact with another person. It should be noted at this point that violence is a form of interpersonal contact of sorts that is pathological in nature. Thus, a change in the nature of this form of contact, the manner of communication, can only be observed through contact with another person. In other words, as long as a person committing acts of violence does not verify the effects of therapy in contact with the victim, they will be hypothetical in nature and the violent person’s attitude will only be declarative in nature. At this point a question arises about the validity of conducting therapeutic or corrective

actions only with the person committing acts of violence and whether including the partner in the therapy process would provide an opportunity to create a platform for maintaining the relationship, of course only in a situation when both parties agree to do so.

Experiencing violence coming from a loved one is one of the most hurtful things that can happen to a person. This is mainly due to the fact that the closest person becomes the abuser, and the sense of harm, injustice experienced by the victim changes their perception of the world. Walking away from the abuser is meant to change the situation the victim is in. Instead, the literature indicates that an element that is crucial to bringing about change in the life of a person experiencing violence is the process of forgiveness (Dyjakon 2016; Larson 2002; Rostowski & Rostowska 2014). According to Herman (2007), the process of change in a victim of violence occurs in three stages. The first is about making the victim feel safe as well as defining and naming the problem. The second stage is about regaining influence and control over one's own feelings, reactions coming from the body as well as the environment. It is vitally important to enable the person experiencing violence to experience grief and sadness after the clash. The final stage involves rebuilding relationships or building new ones, but by a person who has undergone change, learned to set boundaries, protect themselves in their relationships with others, and most importantly by a person who has regained control over their own life (Dyjakon 2016). The person committing acts of domestic violence begins the process of change by identifying violent behaviors in the relationship, naming and defining them. Then, the abuser analyzes the violence they may have experienced in their lifetime. At this stage, it is important for the abuser to understand the impact of past experiences on current functioning in close relationships, how they have affected thinking, perceptions, the formation of beliefs and dysfunctional habits. This kind of analysis of the history of difficult experiences supports the rebuilding of self-control, respect towards others. The final stage is the moment of atonement (Dyjakon 2014).

Therapeutic work with couple with a history of domestic violence is extremely difficult. The conditions of prison isolation, on the one hand, hinder the possibility of couples therapy, but on the other hand give the person committing acts of violence a chance to undergo the individual part of therapy, which is a condition for eventually undergoing couples therapy. It is important to keep in mind that this form of therapeutic work will only be applicable if there is a mutual desire to continue the relationship, and if the person experiencing the violence decides to undergo therapy which would form the basis for couples therapy. In other words, both the abuser and the victim need to prepare themselves for joint therapeutic work in order to find space to build a new relationship based on new and different principles. Therefore, it can be assumed that during prison isolation, not only the perpetrator of violence, but also the victim can reflect on the validity of working on the relationship further. Thus, as mentioned above, therapeutic actions directed

towards the violence offender in prison isolation should be focused on changing beliefs and habits, but also determining further directions of work, after the release from prison. When analyzing the readiness for undergoing couples therapy, it is advisable for the person experiencing violence to also undergo therapy aimed at working through difficult experiences, dealing with emotions, regaining influence and control over one's own life, and as mentioned above to go through the process of forgiveness. Therefore, it is reasonable to enable the person experiencing violence access to therapeutic action, but also to broaden the knowledge of the mechanisms occurring in the violent relationship through psychoeducation. As a result, the decision on whether to continue the relationship and undergo couples therapy in the systemic approach will be preceded by the acquisition of knowledge, techniques and tools by both parties of the dysfunctional relationship.

From individual therapy to couples therapy

The family systems approach perspective that is prevalent in family therapy introduces a new way of describing family functioning and interpreting family dysfunction. According to general systems theory, a family is a higher order system composed of individual members who interact with each other. In such a view, the analysis of the functioning of individual family members should be made taking into account their mutual relations in the family system. Elements of the family system, therefore, remain in constant interaction, which is of circular nature, rather than linear as considered in many other concepts (Namysłowska 2000). The problem that arises in a family is not cause and effect, but rather the result of overlapping aspects and processes, and interactions between family members. Circularity is related to the feedback system in these interactions. The feedback can be positive, and in this case, as changes in the family increase, morphogenesis, i.e., the breakdown of the system, can occur, whereas in a negative coupling situation, the reduction of changes is aimed at restoring a state of balance (morphostasis). Circularity allows the family system to achieve a state of homeostasis or balance through its dynamics (Tryjarska 2006; Chrząstowski 2014; Świętochowski 2014).

The concept of systemic therapy sees family dysfunction not in a single member of the family system – the one who manifests the symptom of pathology – but in the entire family system. This means that the person exhibiting the dysfunctional behavior is simultaneously demonstrating a system-wide problem. From this perspective, domestic violence should be treated as a result of dysfunctional interactions between family members. Contemporary systems thinking, which is based on the assumptions of social constructivism, indicates that there is no single view of the system being learned, and there are as many stories about a family problem or dysfunction as there are members in the system (Siewierska et al.

2008). In systemic psychotherapy, a general definition of case conceptualization is adopted as psychotherapists' understanding of how problems arise and are maintained (Reiter 2014). Therapeutic work in the area of violence should therefore focus on analyzing the origin of violent behavior and the mechanisms that sustain it. The key is that conceptualization links the problem presented by the patient (family) to an appropriate intervention plan (Sperry 2005).

Since the systemic concept sees the whole family system as the cause of the dysfunction, there are doubts about reducing the responsibility for violence to the offender and sharing it with other family members. At this point, it should be noted that, according to this theory, violence is inscribed in the system of interactions of family members, an element that characterizes its functioning and, in this context, affects all its members (Chrząstowski 2014; Izdebski et al. 2012). However, the responsibility for violent behavior that violates the well-being and dignity of others remains with the violent person. The starting point for working with a person who commits acts of violence against a loved one is to stop the violence – this is the condition for starting therapy. In the context of the considerations presented in the article, the prison isolation of a person committing acts of domestic violence represents a kind of fulfillment of the condition concerning the cessation of violence, and thus opens the possibility for further work in the family system. From a therapeutic standpoint, time in prison isolation can be the beginning for a violent person to make changes, first with individual contact and later to work with the couple with a history of violence.

A look beyond – an intergenerational approach explaining the intergenerational transmission of violence

As mentioned above, the causes of violence in a close relationship are often traced to dysfunctional relationships in the offender's family of origin. Many theoretical considerations indicate the validity of recognizing the intergenerational transmission of violence as one of the main sources of its emergence (Widera-Wysoczańska 2010; Dyjakon 2010; Beisert 2002; Dutton 2001; Miller 2000; Rode 2010, 2018). Passing down patterns of behavior in the generational family provide the foundation for patterns of behavior in close relationships. In this approach, therapeutic interventions should focus, i.a., on the analysis of the violent person's family history. A family theory that may explain how an intergenerational pattern of violence emerges is Bowen's family systems theory (Bowen 1978; Kerr, Bowen 1988). According to the author, the family is an emotional unit, it forms a network of complementary relationships, and its functioning can best be understood through the lens of transgenerational history. In every family there are relatively fixed systems of emotional references between its members, which determine the patterns of how communication takes place and how relationships are formed

(Tyszkowa 1991; Fajkowska-Stanik 2001; McGoldrick et al. 2007; Plopa 2005). Bowen (1978) proposes a view that combines a psychodynamic understanding of the family and the independent development of its members, intergenerational relationships, and the role of the past, with a systemic view that focuses on the current form of the family system and the interactions within it. Currently, family systems theory is based on several related concepts, some of which deal with emotional processes occurring in nuclear families, while others are related to emotional processes occurring intergenerationally. It should be noted here that these aspects are closely interrelated and the analysis of each element should be done taking into account the others. What these concepts have in common is the chronic anxiety that occurs in every person's life, resulting from changes, crises, and relationships. Stimulation resulting from a perceived threat activates the emotional system, which in turn interferes with cognitive processes and may lead to uncontrolled and automatic behavior (Friedman 1991; Napier, Whitaker 2006; Kuncewicz 2009). The first and fundamental concept included in family systems theory is the *differentiation of the self*. In the family system there is an interplay of opposing forces related to individualization and community. At the intrapersonal level, the individual makes a separation between the two systems – intellectual and emotional – that results in a choice as to whether they are guided by emotion or intellect in their behavior at any given time (Goldenberg, Goldenberg 2006). Consequently, a *well-differentiated self* leads to a balance between the intellectual and emotional systems, the individual is able to experience emotions, but bases behavior on an objective assessment of the situation (Kołbik 1999). As a result of this process, the individual is able to think, plan, and act in accordance with their own values, and their behavior is not dictated by automatic reactions resulting from emotional information from other people. In the context of the family system, *differentiation of the self* will be evidenced by the degree of emotional autonomy toward parents. The strong *differentiation of the self* in a conflict family will be manifested by the individual acting in accordance with the rules of the system, despite the strong emotions of anxiety prevailing in the family (Papero 1995). In this context, a violent person could be described as someone with a weak self-differentiation guided in their dysfunctional behavior by affect rather than by an objective cognitive analysis of the situation. The reason for this behavior would be found in the fusion of the self with the family of origin. Understanding the impact of past family experiences on the current functioning of the perpetrator of domestic violence seems to be the basis for building relationships anew, and therapeutic work should be based on creating new patterns of interaction between two people. Knowledge of these mechanisms and patterns provides an attitude directed at change, which can be acquired by the violent person as early as during incarceration and by the victim during individual therapy. Assuming that the next step in therapy would involve the couple, verifying awareness of these patterns could be a prelude to creating new ways of communicating together.

According to family theory, people tend to form relationships with individuals with similar levels of *self-differentiation*. This means that individuals who form such a relationship can be fused into a dyad of similar characteristics to those found in their families of origin. To reduce tension and maintain relative stability, these individuals will seek solutions in dysfunctional behaviors such as aggression, conflict, or distancing each other. Intense fusion can lead to specific patterns of symptoms in the family. In the context of domestic violence, an example of such a pattern might be overt, chronic, and unresolved marital conflict, which is characterized by cyclical periods of emotional distance and closeness, the emergence of negative feelings during conflict and positive feelings during periods of relative closeness. In such a situation, anxiety affects both partners (Kerr, Bowen 1988). This pattern in its essence is similar to the cycle of domestic violence proposed by Walker (1989), where the escalating tension, conflict, and honeymoon stages follow one another in succession creating a vicious circle effect where closeness and distance occur in each of these stages in varying degrees of intensity. In analyzing the intergenerational pattern of transmission of violence, it is important to note the process of multigenerational transmission which is an important aspect of the family systems concept. High levels of dysfunction result, from the level of diversity that is passed down through several generations. Taking into account Bowen's (1978) assumption of partner selection with similar levels of *self-differentiation* and the process of family projection resulting in less differentiation in the child who is given more attention and care by the parent, the level of transmission of self-differentiation to subsequent generations is increasingly lower. As a result of this process, these individuals are more likely to feel much stronger anxiety and create family fusions (Goldenberg, Goldenberg 2004). Fusion in the family of origin, reduction of tension through conflict and aggression, and the victim's (who most often is the mother) increased care over the child, may reinforce low levels of differentiation and transmit the pattern of symptoms to later relationships of individuals who themselves have experienced violence directly or indirectly in the generational family. In the context of therapeutic work with a couple between whom violence is occurring, it would be important to create space that would allow for the creation of a differentiated self in both the perpetrator and the person experiencing violence. Because of the assumptions pointing to a poorly differentiated self in people who form a violent relationship, change can be difficult and accompanied by severe anxiety. Therefore, a key role in the process of change would be a change directed at the self, which in the case of victims should be aimed at themselves, while in the case of the abuser, it should be directed outwards, towards other people, including the victim. If we are dealing with individual therapy in a prison setting, the starting point could be change in the violent person, while extending therapeutic interactions to a dyad seems to be the most effective tool in terms of achieving change (Dyjakon 2010).

Research over the past decades points to the importance of family rituals in shaping intergenerational transmission. While most of these relate to the transmission of alcoholism as a dysfunction, the process and essence of rituals themselves may explain the transmission of patterns of other pathological behaviors. Rituals can be defined as symbolic patterns of communication that are characteristic of a particular family system, which are repeated and have specific emotional meaning for family members. In families burdened by the problem of alcoholism, family rituals such as daily activities, how time is spent, and celebrations are subordinated and determined by the needs of the alcoholic. For families affected by violence, everyday life is also subordinate to the abuser. The transfer of rituals to the nuclear family is highly dependent on proximity and contact with the family of origin (Wolin, Bennett 1984; Viere 2001; Freedman, Combs 2000). Analyzing family rituals during couples therapy provides an opportunity to look at what patterns they follow in their lives, which ones may be useful in the future, and which ones need to be changed for the future quality of the relationship. Initially, in individual therapy of a perpetrator of violence in the conditions of prison isolation, a significant starting point could be the search for certain regularities that occur in the relationship with the victim, in their daily functioning, and then an attempt to relate the current rituals to those that occurred in the abuser's generational family.

To analyze family relationships, rituals, and communication patterns, a graphical representation of the family or genogram proved to be a helpful tool. Bowen (1978) suggested presenting a diagram of a family up to three generations back where dysfunction formation can be seen. This tool has not only become a graphic aid in capturing the essence of family relationships, but more importantly a therapeutic technique for working with patients. Genogram analysis helps to discern the emotional processes that dominate the family and provides insight into both the biological and psychosocial structure of family ties (Roberto 1992; McGoldrick et al. 2007). Indeed, it is important to analyze commitments, traditions, expectations, tragic family events, rituals, or other elements relevant from the perspective of the client's functioning (de Barbaro 1997; Swietochowski 2017). This journey with the couple into their family past becomes a vast source of information enabling them to give different meanings, interpretations of the current situation. A person who uses violence against a loved one, at the moment of becoming aware of the patterns of relations and communication in their family of origin, has the opportunity to relate them to their current position and role in the family system – and then to analyze to what extent they act autonomously as a member of the family creating their own family system, and to what extent they repeat history originating from the generational family. The analysis of fusion in the family of origin is a starting point for considering one's own differentiation and the manner of dealing with anxiety in current relationships. Analysis of therapeutic experiences indicates that

perpetrators of domestic violence are often entangled in relationships with their mothers, which could be interpreted as projection, especially when the violence against the family originates from the father (Chrząstowski 2014). Genogram analysis is the basis for many therapeutic hypotheses that can be verified with the client during therapy, and as a therapeutic tool it allows the client to gain insight into the emotional processes occurring in their family. Importantly, the journey through the client's lifeline allows for the identification of important critical and turning points that can be interpreted as the origin of dysfunctional behavior.

According to the general assumptions of family systems theories, the introduction of problem behavior into the family structure can serve its functions. These include, for example, reducing emotional tension resulting from frustration, putting family life in order, and avoiding problems. By regulating family life and maintaining the system as a whole, even when the manner in which this is achieved fits the label of pathology (alcoholic disease, violence), the family system acquires the characteristic of permanence and resists change. Any change in the functioning conditions of the family (including attempts to break up the pathological mechanism) is met with resistance from family members interested in maintaining the family's constancy (Beisert 2005). The efforts towards change must take into account the strong motivation of the members of the system to keep the family together even in a dysfunctional form, and this motivation should be redirected to the motivation to change the patterns, the way of communication to a more constructive and not breaking the general social and legal norms.

R. Izdebski and W. Szaszkiewicz (2003) proposed an interesting therapeutic program following a systemic approach for working with a family affected by violence, which features a scheme of work with the entire family system. These researchers also point out the need for developing a family contract that assumes that joint therapy means no violence can occur in the system. In the first stage, the therapist establishes contact with the couple or the entire family, and the main goal at this stage is to create intrinsic motivation in the family members and to introduce doubts about the family members' strong belief in failure. Therefore, the emergence of a strong intrinsic motivation to change is a prerequisite for the continuation of therapeutic work. In the second stage, the family problem is defined. By doing so, the fact of violence is confirmed and thus a space is created for an open honest dialog about the problem. During the third stage, the terms of family therapy are agreed upon. The purpose of this stage is for the family and the abuser to adopt an assessment of violence as harmful and unacceptable behavior, and at the same time to assume that violent behavior is not about loss of control, the abuser should gain the knowledge that these are conscious actions, that they have control over their impulses and can behave non-violently in various situations. Only after therapy participants have accepted the above assumptions is it possible to continue therapy toward deeper changes in both the family system and in the awareness of individual subsystems. Therefore, the problems are then

deepened by examining the family's past, generational patterns, personal patterns, parents' experiences, and their marital relationship. The benefits of being a victim are also discussed at this stage. The next objective is to help the family find new solutions, in other words, find and consolidate new patterns of non-violent relations. At the last stage of work with the couple, a summary is made and a decision made whether to end therapy or to continue it by pursuing new goals and tasks (Izdebski, Szaszkiewicz 2003).

An analysis of the literature on the matter indicates that it seems reasonable to initially work individually with the abuser and the victim, and, as readiness and opportunity allow, may be expanded to include couples therapy. The effectiveness of family systems therapy in the case of severe dysfunctions such as violence or addiction, or serious mental illness, depends on the clients undertaking other forms of therapy at the same time. The effectiveness of family systems therapy increases when clients pursue other specialized forms of therapy simultaneously (Street 2013).

What the different therapeutic approaches have in common when working with abusers as well as couples affected by violence is the need for a strong intrinsic motivation to make efforts towards change. Violent individuals during incarceration often lack the motivation for taking up therapy due to the loss of hope of continuing a close relationship after being released from prison. In abusers' reports, despite using negative behavioral patterns, there is a strong emotional dependence on the victim and a declaration of love and a desire to continue the relationship. These theoretical considerations give rise to the assumption that the use of violence may be the result of difficulties in building intimacy, autonomy, and communication based on understanding, but does not imply a lack of desire to maintain this relationship. The prospect of therapeutic work with a couple, after prison isolation, can be a strong motivator to work during the course of a sentence. At this point it should be noted that this form of therapeutic work is found in other countries and shows high effectiveness (Freedman, Rice 1977; Kaslow 1987; Sith et al. 2004). Acquiring skills, tools and behavioral patterns through individual therapy based on the behavioral-cognitive and systemic approaches could be a starting point for further work with the couple or family and would give the opportunity to create a new reality, in which the power and interactions that are directed against each other would be replaced by those characterized by reciprocity and respect. In other words, the power of violence between two people could change the direction, to the strength of the relationship and the contacts within it. Referring to the question raised in the article, assuming this point of view, prison isolation could be not only a punishment but also an opportunity for change for the perpetrator of domestic violence.

Conclusions

The therapy approaches presented seem to help the perpetrator of violence to both accept responsibility for their behavior, acquire skills to control their aggression, and learn to resolve problems with their partner without violence. It is important for the abuser to be aware that the partner has the right to set boundaries that no one has the right to cross. The perpetrator of domestic violence should be made aware that even if the other person wants to break off the relationship, therapy is an opportunity but also a kind of investment by the abuser to make an effort to improve the quality of their own life, as well as the new relationships they create. Opportunities for therapeutic actions in prison isolation provide a basis for the violent person to change their thinking and behavior. Involving the other person in the therapy process at some stage seems to be an opportunity to maintain the relationship, if this is the will of both parties. An alternative option is to start couples therapy after the release from prison, but already with a full background of tools and techniques for coping by the offender and a change of their direction from egocentric to be oriented on the loved one.

Given the benefits of couples therapy when there is mutual motivation to repair the relationship, the inclusion of the person experiencing violence at the appropriate stage of therapy already in prison isolation could enrich the work with new tools and perspective and provide a new solution to therapeutic work in this area. The above considerations show that behavioral-cognitive therapy techniques seem to be the most effective for the abuser in the context of interventions in the conditions of prison isolation. Nevertheless, since domestic violence affects all members of the family, introducing systemic therapy at later stages may be a solution that gives a chance to build a new relationship based on mutual respect and respect for boundaries. Combining the knowledge from both therapeutic streams can be the basis for creating new solutions, which will take into account not only the therapeutic interactions with the convicted person in prison isolation, but also with other members of the family system, opening up the prospect of joint work with couples or families in the future based on the systemic approach.

However, it is also difficult not to notice the existing limitations affecting the efficiency and effectiveness of the actions taken. The most frequently emphasized are: a) lack of research on the effectiveness and efficiency of the proposed programs of counteracting domestic violence, b) the proposed solutions are not adjusted to the complexity of the problems of persons using domestic violence, c) lack of coherence between a reliable psychological diagnosis and adjustment of adequate interventions, d) the offered interventions are entangled in incoherent institutional regulations that do not correspond to the contemporary psychological knowledge. Awareness of the indicated limitations also indicates areas for improving the effectiveness and efficiency of our actions.

References

[1] Arias E., Arce R., Vilariño M., 2013, Batterer intervention programmes: A meta-analytic review of effectiveness. *Psychosocial Intervention*, 22, 153–160.

[2] Badura-Madej W., Dobrzyńska-Mesterhazy A., 2000, *Przemoc w rodzinie – interwencja kryzysowa i psychoterapia*, Wydawnictwo Uniwersytetu Jagiellońskiego, Kraków.

[3] Barbaro B. de, 1997, *Dzieje terapeuty rodzinnego*. „Znak", nr 10,s. 28–37.

[4] Beisert M., 2002, *Mechanizmy rozwoju kazirodztwa w rodzinie*, "Dziecko Krzywdzone", 1, 69–84.

[5] Beisert M., 2005, *Patologia seksualna w systemie rodzinny. Dylematy współczesnych rodzin*, „Roczniki Socjologii Rodziny", 16, s. 33–55.

[6] Bińczycka J., 2003, *Sprawca przemocy*, [in:] *Przemoc dzieci i młodzieży*, (ed.) J. Papież, A. Płukis, Wydawnictwo Adam Marszałek, Toruń.

[7] Bowen M., 1978, *Family therapy in clinical practice*, New York: Jason Aronson.

[8] Burke B.L., Arkowitz H., Menchola M., 2003, *The efficacy of motivational interviewing: A meta-analysis of controlled clinical trials,* "Journal of Consulting and Clinical Psychology", 71, 843–861.

[9] Byrne J.M., Pattavina A., Taxman F.S., 2015, *International trends in prison upsizing and downsizing: In search of evidence of a global rehabilitation revolution*, "Victims & Offenders", 10, 420–451.

[10] Cannon C., Hamel J., Buttell F., Ferreira R.J., 2016, *A survey of domestic violence perpetrator programs in the United States and Canada: Findings and implications for policy intervention,* "Partner Abuse", 7, 3, 226–276.

[11] Chereji S., Pintea S., David D., 2012, *The relationship of anger and cognitive distortions with violence in violent offenders' population: A meta-analytic review,* "The European Journal of Psychology Applied to Legal Context", 4(1), 59–77.

[12] Chrząstowski S., 2014, *Nie tylko schemat. Praktyka systemowej terapii rodzin*, Wydawnictwo Paradygmat, Warsaw.

[13] Cunha O., Gonçalves R.A., 2013, *Intimate partner violence offenders: Generating a data-based typology of batterers and implications for treatment,* "The European Journal of Psychology Applied to Legal Context", 5, 131–139.

[14] Curven B., Palmer S., Ruddel P., 2006, *Poznawczo-behawioralna terapia krótkoterminowa*, Gdańskie Wydawnictwo Psychologiczne, Gdańsk.

[15] Dallos R., 2006, *Attachement narrative therapy. Integrating narrative, systemic and attachement therapies*, Maidenhead: Open University Press.

[16] Dobrzyńska-Mesterhazy A., 1996, *Przemoc w rodzinie: diagnoza i interwencja kryzysowa*, [in:] *Wybrane zagadnienia interwencji kryzysowej. Poradnik dla pracowników socjalnych*, (ed.) W. Badura-Madej, Wydawnictwo Interart, Warsaw, pp. 115–144.

[17] Dutton D.G., 2001, *Przemoc w rodzinie*. Wydawnictwo Bertelsmann Media, Warsaw.

[18] Dutton D.G., 2007, *The abusive personality* (2nd ed.). New York, NY: Guilford Press.

[19] Dyjakon D., 2014, *Diagnoza i psychoterapia sprawców przemocy domowej. Bezpieczeństwo i zmiana*, Wydawnictwo Difin, Warsaw.

[20] Dyjakon D., 2016, *Przemoc domowa. Czy można wybaczyć i być razem?*, Wydawnictwo Difin, Warsaw.

[21] Dymowska M., 1997, *Przemoc fizyczna wobec dziecka w rodzinie*, "Problemy Opiekuńczo-Wychowawcze", 10, 6–10.

[22] Fajkowska-Stanik M., 2001, *Transseksualizm i rodzina. Przekaz pokoleniowy wzorów relacyjnych w rodzinach transseksualnych kobiet*, Wydawnictwo Instytutu Psychologii PAN, Warsaw.

[23] Frączek A., 2002, *O naturze i formowaniu się psychologicznej regulacji agresji interpersonalnej*, [in:] *Psychologia czynności. Nowe perspektywy*, (ed.) I. Kurcz, D. Kądzielewa, pp. 45–64, Wydawnictwo Naukowe Scholar, Warsaw.

[24] Freedman B.J., Rice D.G., 1977, *Marital therapy in prison: One-partner "couple therapy",* "Psychiatry: Journal for the Study of Interpersonal Processes", 40(2), pp. 175–183.

[25] Freedman J., Combs G., 1996, *Narrative therapy: The social construction of preferred realities*, New York: Norton.

[26] Friedman E.H., 1991, *Bowen theory and therapy*, [in:] *Handbook of family therapy*, (eds.) A.S. Gurman, D.P. Kniskern, Vol. 2, pp. 134–170, Brunner/Mazel.

[27] Ganley A.L., Schechter S., 1996, *Domestic violence: A national curriculum for children's protective services*, "Family Violence Prevention Fund". San Francisco, CA.

[28] Goldenberg H., Goldenberg I., 2006, *Terapia Rodzin*, Wydawnictwo Uniwersytetu Jagiellońskiego, Kraków.

[29] Herman J.L., 2007, *Przemoc. Uraz psychiczny i powrót do równowagi*, Gdańskie Wydawnictwo Psychologiczne, Gdańsk.

[30] Izdebski R., Szaszkiewicz W., 2003, *Terapia systemowa rodziny z przemocą,* "Dziecko Krzywdzone", 2, 4, 1–9.

[31] Izdebski R., Szwajca K., de Barabro M., Szaszkiewicz W., 2012, *Przemoc w rodzinie, maltretowanie fizyczne i wykorzystywanie seksualne dzieci i młodzieży*, [in:] *Psychiatria dzieci i młodzieży*, (ed.) I. Namysłowska, (pp. 409–444), Wydawnictwo Lekarskie PZWL, Warszawa.

[32] Kaslow F.W., 1987, *Couples or family therapy for prisoners and their significant others*, "American Journal of Family Therapy", 15(4), 352–360.

[33] Kerr M.E., Bowen M., 1988, *Family evaluation,* W. W. Norton, New York.

[34] Kocur J., Rzeźniczak Ł., 2002, *Analiza psychospołecznych uwarunkowań zachowań agresywnych w rodzinach*, "Postępy Psychiatrii i Neurologii", 11 (supl. 2), 15, 45–49.

[35] Kołbik I., 1994, *Lojalność rodzinna*, [in:] *Wprowadzenie do systemowego rozumienia rodziny*, (ed.) de Barbaro B., Collegium Medicum UJ. Kraków.

[36] Kołbik J., 1999, *Wywiad rodzinny z użyciem genogramu,* [w:] *Wprowadzenie do systemowego rozumienia rodziny*, (ed.) B. de Barbaro, Wydawnictwo Uniwersytetu Jagiellońskiego, Kraków, s. 97–109.

[37] Konopka K., Frączek A., 2013, *Płeć psychologiczna a gotowość do agresji interpersonalnej u kobiet i mężczyzn,* "Polskie Forum Psychologiczne", 18, 1, 65–80.

[38] Krahe B., 2005, *Agresja*, Gdańskie Wydawnictwo Psychologiczne, Sopot.

[39] Kuncewicz D., 2009, *Destruktywne strategie rozwiazywania konfliktów z perspektywy jednostki i w parach*, [in:] *Psychospołeczne konteksty doświadczania straty*, (eds.) S. Steuden, K. Janowski, pp. 111–130, Wydawnictwo KUL, Lublin.

[40] Larson J.H., 2002, *Czy powinniśmy być razem?*, Gdańskie Wydawnictwo Psychologiczne, Gdańsk.

[41] Lawson D.M., Kellam M., Quinn J., Malnar S.G., 2012*, Integrated Cognitive–Behavioral and Psychodynamic Psychotherapy for Intimate Partner Violent Men*, "Psychotherapy", 49, 2, 190–20.

[42] Lipowska-Teutsch A., 1998, *Wychować, wyleczyć, wyzwolić*, Wydawnictwo PARPA, Warsaw.

[43] Marczak M., 2009, *Resocjalizacyjne programy penitencjarne realizowane przez Służbę Więzienną w Polsce*, Oficyna Wydawnicza Impuls, Warsaw.

[44] Martinson R., 1974, *What works? Questions and answers about prison reform,* "The Public Interest", 35, 22–54.

[45] McGoldrick M., Gerson R., Hartman S.S., 2007, *Genogramy. Rozpoznanie i interwencja*, Wydawnictwo Zysk i S-ka, Poznań.

[46] Mellibruda J., 2002, *Wybrane problemy patologii życia rodzinnego*, [in:] *Psychologia. Podręcznik akademicki. Jednostka w społeczeństwie i elementy psychologii stosowanej*, (ed.) J. Strelau, Gdańskie Wydawnictwo Psychologiczne, Gdańsk.

[47] Miller A., 2000, *Zniewolone dzieciństwo. Ukryte źródła tyranii*, Wydawnictwo Media Rodzinna, Poznań.

[48] Murphy C.M., Eckhardt C.I., 2005, *Treating the Abusive Partner: An Individualized Cognitive-Behavioral Approach*, Guilford, New York.

[49] Murphy C.M., Eckhard, Clifford J.M., 2017, *Individual versus Group Cognitive-Behavioral Therapy for Partner-Violent Men: A Preliminary Randomized Trial*, "Journal of Interpersonal Violence".

[50] Namysłowska I., 2000, *Terapia rodzin*, Wydawnictwo IPiN, Warsaw.

[51] Napier A.Y., Whitaker C.A., 2006, *Rodzinna karuzela. Terapia rodzin bez tajemnic*, Wydawnictwo Znak, Kraków.

[52] Nikodemska S., 2001, *Przemoc wobec bliskich u pacjentów lecznictwa odwykowego*, "Świat Problemów", 1(96), 29–30.

[53] Novo M., Fariña F., Seijo D., Arce R., 2012, *Assessment of a community rehabilitation program in convicted male intimate-partner violence offenders*, "International Journal of Clinical and Health Psychology", 12, 219–234.

[54] Papero D.V., 1995, *Bowen's family systems and marriage*, [in:] *Clinical handbook of couple therapy*, (eds.) N.S. Jacobson, A.S. Gurman, Guilford Press, New York.

[55] Plopa M., 2005, *Psychologia rodziny. Teoria i badania*, Oficyna Wydawnicza "Impuls", Kraków.

[56] Popiel A., Pragłowska E., 2008, *Psychoterapia poznawczo-behawioralna. Teoria i praktyka*, Wydawnictwo PARADYGMAT, Warsaw.

[57] Potter-Efron R., 2015, *Handbook of anger management and domestic violence offender treatment* (2nd ed.), New York, NY: Routledge.

[58] Price B.J., Rosenbaum A., 2009, *Batterer intervention programs: A report from the field 29*, "Violence and Victims", 24, 6, 757–770.

[59] Redondo S., Sánchez-Meca J., Garrido V., 2002, *Los programas psicológicos con delincuentes y su efectividad*, "La situación europea. Psicothema", 14(Supl.), 164–173.

[60] Reiter M.D., 2014, *Developing case conceptualization*, [in:] *Case conceptualization in family therapy*, (ed.) M.D. Reiter, pp. 1–20, Pearson Higher Education, Boston.

[61] Reiter M.D., Ray W.A., 2014, *Strategic family therapy*, [in:] *Case conceptualization in family therapy*, (ed.) M.D. Reiter, pp. 126–142, Pearson Higher Education, Boston.

[62] Roberto L.G., 1992, *Transgenerational family therapies*, Brunner/Mazel, New York.

[63] Robertson K., Murachver T., 2007, *Correlates of partner violence for incarcerated women and men*, "Journal of Interpersonal Violence", 22, 639–655.

[64] Rode D., 2010, *Psychologiczne uwarunkowania przemocy w rodzinie. Charakterystyka sprawców*, Wydawnictwo Uniwersytetu Śląskiego, Katowice.

[65] Rode D., 2018, *Psychologiczne i relacyjne wyznaczniki przemocy domowej. Charakterystyka sprawców*, Wydawnictwo Suprema Lex, Kraków.

[66] Rostowski J., Rostowska T., 2014, *Rola systemu lustrzanych neuronów w rozwoju języka i komunikacji interpersonalnej*, „Psychologia Rozwojowa", 19(2), 49–65.

[67] Rotti G., Sgarbi Ch., Sinisi A., de Fazio L., Giambalvo N., Ferrari S., Galeazzi G.M., 2017, *An update on intimate partner violence and mental health,* "Minerva Psychiatrica", 58, 4, 216–233.

[68] Siewierska A., Śliwczyńska J., Namysłowska I., 2008, *Czy możliwa jest diagnoza systemowa?*, "Psychiatria Polska", 42(1), 17–24.

[69] Sith S.M., Smith D.B., Pen C.E., Ward D.B., Tritt D., 2004, *Intimate partner physical abuse perpetration and victimization risk factors: A meta-analytic review,* „Aggression and Violent Behavior" 10(1), 65–98. DOI: http://dx.doi.org/10.1016/j.avb.2003.09.001"10.1016/j.avb.2003.09.001.

[70] Smith S., Hayes S.C., 2019, *W pułapce myśli. Jak skutecznie poradzić sobie z depresją, stresem i lękiem*, Gdańskie Wydawnictwo Psychologiczne, Sopot.

[71] Sperry L., 2005, *Case conceptualization: A strategy for incorporating individual, couple and family dynamics in the treatment process,* "The American Journal of Family Therapy", 33(5), 353–364.

[72] Stith S.M., Rosen K.H., McCollum E.E., Thomsen C.J., 2004, *Treating intimate partner violence within intact couple relationships: outcomes of multi-couple versus individual couple therapy*, „J Marital Fam Ther", 30(3), 305–318.

[73] Street E., 2013, *Terapia rodzinna i systemowa*, [in:] *Psychoterapia i poradnictwo*, (eds.) C. Feltham, I. Horton, Vol. 2, pp. 333–340, Gdańskie Wydawnictwo Psychologiczne, Gdańsk.

[74] Szpringer M., Laurman-Jarząbek E., Drapała A., 2005, *Profilaktyka uzależnień i przemocy w rodzinie*, Wydawnictwo Stachurski, Kielce.

[75] Świętochowski W., 2017, *Rodzina w ujęciu systemowym*, [in:] *Psychologia rodziny*, (eds.) I. Janiacka, H. Liberska, pp. 21–45, Wydawnictwo Naukowe PWN, Warsaw.

[76] Tryjarska B., 2006, *Rodzina w ujęciu systemowym*, [in:] *Rodzice i dzieci. Psychologiczny obraz sytuacji problemowych*, (eds.) Milewska E., Szymanowska A., Wydawnictwo CMPPP MEN, Warsaw.

[77] Tucholska S., (2002), *Charakterystyka sprawców przemocy domowej,* „Problemy Opiekuńczo-Wychowawcze", 1, 34–38.

[78] Tyszkowa, M., 1991, *Związek między rodzina i rozwojem psychicznym człowieka: poszukiwanie paradygmatu teoretycznego*, "Roczniki Socjologii Rodziny", 3, 133–153.

[79] Vaselle-Augensytein R., Erlich A., 1992, *Male batterers: evidence for psychopatology*, [in:] *Intlimate Violence: Interdisciplinary Perspectives*, (ed.) E.C. Viano, pp. 139–156, Washington, DC: Taylor&Francis.

[80] Viere G.M., 2001, *Examining family ritual*, "The Family Journal: Counseling and Therapy for Couples and Families", 9, 285–288.

[81] Walker L.E.,1989, *Psychology and violence against women*, "American Psychologist", 44(4), 695–702.

[82] Widera-Wysoczańska A., 2010, *Mechanizmy przemocy w rodzinie. Z pokolenia na pokolenie,* Wydawnictwo Difin, Warszawa.

[83] Wolin S.J., Bennett L.A., 1984, *Family rituals*, "Family Process", 23, 401–420.

[84] Zubernis, L., Snyder, M., 2016, *Case Conceptualization and Effective Interventions: Assessing and Treating Mental, Emotional, and Behavioral Disorders*, Sage Publications, Los Angeles.