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TOWARDS SH'LOM BAYIT:

A MODEL CLIENT OUTCOME STUDY
OF THE FAMILY VIOLENCE PROJECT

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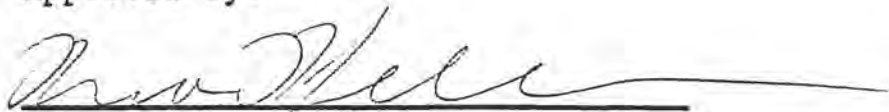

UNIVERSITY OF SOUTHERN CALIFORNIA
School of Social Work

and

WASHINGTON UNIVERISITY, ST. LOUIS
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A Thesis submitted in partial
fulfillment of the requirements
for the double degrees

MASTER OF ARTS
IN
JEWISH COMMUNAL SERVICE

and

MASTER OF SOCIAL WORK

by

Lynn Cohen and Robbyn Panitch

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ABSTRACT

This study attempts to develop a client outcome model as a method for evaluating the Family Violence Project of the Jewish Family Service in Los Angeles. Since May 1983, the Family Violence Project has been providing a network of services which provide intervention and support to any Jewish family or family member experiencing violence in the home. As of this study, over one hundred thirty cases of Jewish family violence have been seen by the staff of the Project. Prompted by domestic violence literature based in the general community, a quantitative study was undertaken in 1980 and confirmed that family violence occurs in Jewish homes almost as often as in non-Jewish homes. This research served as the impetus for creating and implementing the Family Violence Project.

As the Family Violence Project has been in effect for two years, methods for its evaluation may now be considered. In recent years program evaluation has become increasingly utilized in social service delivery programs; one of the methods being employed for evaluation is the client outcome study. In order to collect client outcome data, a questionnaire was designed. The questionnaire attempts to highlight certain issues: looking at those factors related to family violence; measuring client outcome treatment by examining the level of violence before and after contacting the Family Violence Project; determining the level of client satisfaction with the way in which services were provided; testing particular hypotheses related to family violence; and collecting contextual and demographic data in order to obtain a description of client population.

This thesis presents a current overview of family violence, the history and background of the Family Violence Project, a literature review of program evaluation, and a survey of research design with particular attention focused on the nature of the sample, namely women in abusive family situations. It concludes by addressing a series of recommendations presented to the Family Violence Project, including the creation of an ongoing client monitoring system, increased community awareness through expanding its current outreach programs, and a continuation in its development of Family Life Education programs.

Lynn Cohen

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No lions rage against the lioness:
The tiger to the tigress is not fierce:
No eagles do their fellow birds oppress:
The hawk does not the hawk with talons pierce:
All couples live in love by nature's law,
Why should not man and wife do this and more?

WILLIAM HEALE, 1609

I. INTRODUCTION

One who loves his wife as himself, and honors her more than himself...about him Scripture says: And you shall know that your tent shall be in peace.... (Sanhedrin, 76b)

Although it has always been assumed that Jewish men and women strongly believed in the value of domestic tranquility, it is becoming increasingly apparent that the reality of "Sh'lom Bayit" does not exist in every home.

A survey of the literature on family violence shows that Western society has historically viewed intra-family behavior as the right and domain of the patriarch. Little knowledge, or outside intervention, has been attempted until recently. The women's liberation movement and the rise in consciousness it precipitated has encouraged this attitude to change.

Recent studies have shown that over fifty percent of all American wives experience violence at some point in their marriages. Russell's study (1982) of forced sexual activity in marriage found eighty five percent of the sample had experienced domestic violence.

Prompted by studies into domestic violence among the general population, Giller and Goldsmith's study (1980) confirmed that family violence occurs in Jewish homes

almost as often as in non-Jewish homes. Their research served as the impetus for the launching of the Family Violence Project of Jewish Family Service in May of 1983, in cooperation with the Los Angeles Section of the National Council of Jewish Women.

The Project was established to develop a program providing intervention and support to any Jewish family or family member experiencing violence in the home. Since its inception, over one hundred thirty cases of Jewish family violence have been seen by the staff of the Family Violence Project.

Since the Project has been operating for nearly two years it is important that program evaluation be considered a part of their administrative activities. In recent years program evaluation has become increasingly utilized in social service delivery programs. Funding sources are requiring more justification of how dollars are being spent, including cost/benefit feedback. Many agencies are learning to use program evaluation to their advantage as a means by which their services can be made more effective and efficient. One of the methods being employed by agencies is the client outcome study.

This thesis is an attempt to develop a model through which such a client outcome study can be conducted for the Family Violence Project. In order to collect client outcome data, a questionnaire was designed specific to this thesis. The methodology utilized for this research study includes a survey of the literature on program evaluation and research design, with particular attention given to the nature of the sample.

This population of abused women requires an ethical framework more cautious than other research designs, since these women are potentially liable to incur physical or psychological harm if their participation in this study were to become known. The construction of the questionnaire takes into consideration process, such as the ethical issues of confidentiality, contacting the participants and control groups, as well as goals for data analysis, such as client satisfaction, treatment effectiveness and contextual variables.

Some recommendations are presented to the Family Violence Project as a result of this research. They include instituting an on-going monitoring system of the agency, increasing community awareness through expanding current outreach programs, and continuing their development and implementation of Family Life Education programming.

This type of client outcome study represents a next step in the field of domestic violence research. The research presented in this thesis is the work necessary to create a model client outcome study. Hypotheses have been set forth, a questionnaire has been designed, and the methodology for collecting the data has been outlined. It is hoped that this subject will pique a reader's interest and curiosity, and that such a reader will feel motivated to continue this research through data collection and analysis.

II. HISTORICAL OVERVIEW OF FAMILY VIOLENCE

Violence has commonly been a component of family life through the ages. Historically we read about laws allowing, or at least not discouraging, husbands to beat "their" wives, and allowing parents to beat "their" children. A legal sense of possession by the husband /father of the wife/child is evident in these historical edicts.

The first child protective services in the United States were established in the 1800's after the case of Mary Ellen, whose cause was championed by the Society for the Prevention of Cruelty to Animals, since no equivalent organization existed at the time to protect children. Child abuse was first identified by name by Tardieu in France in the 1860's; he included in his definition of abused those children who were repeatedly seen by medical professionals for broken bones and physical neglect (Giller and Goldsmith, 1980, p. 9). Presently, laws exist throughout the United States requiring anyone having knowledge or suspicion of child abuse to report this

information to public child protective services; a system of 24-hour telephone hot-lines has been implemented to encourage anonymous callers.

There are no such laws currently in existence for woman-battering. Until recently, wife-battering was viewed by local police departments, as well as the neighbors and relatives of violent families, as a private, intra-family issue. It was not to be acknowledged by "outsiders." Family violence has not been recognized as a serious problem, and there has been little understanding or interest in the issues involved in dynamic family violence. There have always been murders within families. These have a special name: "crimes of passion."

We are learning, slowly, that many of these murders can be prevented, if we, as the community and as professionals, will listen to the victims. Both the men who batter and the women who are battered are victims.

Family violence occurs in over fifty percent of all American households at least once a year, according to the first national study of violence in American families by Straus, Gelles and Steinmetz. Women have been:

raped, choked, stabbed, shot, beaten,
had their jaws and limbs broken, and
have been struck with horse whips,
pokers, bats and bicycle chains
(Straus, et al, p. 10).

There is no limit to the number of case histories available to shock and alarm the professional community

into action. What seemed to be missing until recently was the knowledge and confidence that violence could be stopped; there has been a refusal to become involved in what has been deemed to be the private, personal affairs between husband and wife.

It was about fifteen years ago that women began to notice and identify wife-beating as a common experience. This arose primarily out of the feminist movement of the 1960's and 1970's. Many academic treatises were written, often discussing the consciousness raising that was going on at that time. Susan Brownmiller, in Men, Women and Rape, discussed men and women in terms of power, sex and equality. Diana Russell, in her compilation of testimony given at the International Women's Tribunal, also raised the issue of equality between men and women around the world. Both authors discussed role inequality between men and women and the part this plays in encouraging violence toward women in the society. These books openly examined the treatment women have been historically and currently still are subjected to by individual men and by the society that tolerates this kind of behavior. Much of this knowledge about how women live was collected through talking with women about their lives. In the course of these discussions, some commonalities among the women were recognized:

1. No one talked out loud about being beaten by her husband - it was shameful, and each wife felt privately humiliated. These consciousness-raising groups were, for many women, the first time they said out loud that they were abused by husbands.

2. They were staying at home because society was demanding that they do so. There was no safe place, or refuge, for a battered woman and her children to go where she would be protected from the violence of her husband. She was forced to stay with him, primarily due to a lack of available options. This was especially true of women in the lower socio-economic class who were unable to come up with extra cash, or did not have families or friends with enough resources to be able to take them in. There was also the issue of safety. Since the police were not willing or able to protect them, they hesitated to take refuge with relatives and possibly endanger them.

3. When the police were called to the scene of a "domestic disturbance," the batterer was not generally arrested, even when it was obvious that the wife had been badly beaten. It was said that the officer needed to see the behavior himself or have witnesses to the beatings before the batterer could legally be arrested. The woman was rarely offered transportation to the hospital, nor were her rights explained to her. If the husband asked the police to leave, they were required to leave. This

increased the danger to the woman involved, since at this point the husband felt betrayed and exposed by the wife, leading to possible further beatings. She would generally not call the police again until the beatings became "intolerable" -- however she defined it -- nor would she ask anyone else to do so. She often felt it was less dangerous for her to simply endure the beatings than to call for outside help. (This information was obtained through personal conversations with Iris Preece, previous Executive Director of Shelter Against Violent Environments, Fremont, California)

What this means in terms of research is that no statistics are available for this crime; no record was kept of actual calls to police departments for domestic violence, nor were many calls made in certain communities (except in the case of "real" violence, i.e., brandishing weapons, neighbors' concerns, etc.), depending on the level of sympathetic response engendered by the battering behavior. Some of these attitudes and concurrent behavior on the part of police departments, in addition to concrete policy decisions, have begun to change of late with the addition of more female police officers who are often more sympathetic to all the parties involved. Community pressure by organized women's groups and increasing civic advocacy for battered women are also helping to educate the public and increase sympathy for the battered woman.

Similarly, sympathy for and increased understanding of the batterer himself is allowing more research and treatment modalities to become available to him, and thus offering for the first time, the possibility of changing his behavior in a constructive manner.

Presently there are many more shelters for battered women and their children than ever before, although not yet nearly enough. Every night women call hotlines needing a safe place to go, only to be told there are no available beds at a shelter within fifty miles of their home. There simply is not any place for them to go. So they stay home.

In 1869 John Stuart Mill wrote,

From the earliest twilight of human society, every woman...was found in a state of bondage to some man.... How vast is the number of men...who are little higher than brutes, and...this never prevents them from being able, through the laws of marriage, to obtain a victim.... The vilest malefactor has some wretched woman tied to him, against whom he can commit any atrocity except killing her - and even that he can do without too much danger of legal penalty. ...and how many thousands are there, in every country, who, without being in a legal sense malefactors in any other respect, because in every other quarter their aggressions meet with resistance, indulge in the utmost habitual excesses of bodily violence toward the...wife, who, alone, at least of grown persons, can neither repel or escape from their brutality,... excess of dependence inspires their mean and savage natures, not with a generous forbearance, and a

point of honour to behave well to one whose lot in life is trusted entirely to their kindness, but on the contrary with a notion that the law has delivered her to them as their thing, to be used at their pleasure, and that they are not expected to practice the consideration towards her which is required from them towards everybody else. (Davidson, in Roy, 1977, p. 2)

In contrast, Sir William Blackstone wrote,

For, as (the husband) is to answer for her misbehavior, the law thought it reasonable to intrust him with this power of chastisement, in the same moderation that a man is allowed to correct his apprentices or children....

The above quotations epitomize the continuing debate, some claiming, as John Stuart Mills did, that women should be treated as full human beings with full rights, others claiming, as Sir William Blackstone did, that she is no more than a child, irresponsible and dependent and entitled to the same rights as a child. It seems likely that those who would treat her as a child, a possession, reinforce the system that creates violence in the home and elsewhere, where role expectations are cast upon individuals, with no consideration for what the individual adult woman might want for herself. For example, one of the prime reasons given for men becoming violent in a marriage is the expectations they have of what a wife is "supposed" to be, how she is "supposed" to act, and how she is "supposed" to treat him, the man and provider. This often leads to the wife feeling responsible for the

battering. She begins to believe that through her behavior she can control the battering. She thinks, "If only I had done something different, he wouldn't hurt me." The woman begins to feel guilty for his behavior, since she feels she is unable to live up to his expectations. However, the claimed expectations will always change to fit the needs of the batterer (Alyce Le Violette, domestic violence counselor).

In recent years, family violence has become a major focus for social science researchers. Fagen, Stewart and Hansen studied the issue of "Violent Men or Violent Husbands?" (Finkelhor, 1982, p. 49-67), asking whether men who are violent at home are also violent with strangers, and vice versa. They comment that this line of research,

...will have broader implications for the study of violence by removing what has previously been a false methodological barrier resulting from the ideological separation of violent crime and spouse abuse (Finkelhor, 1982, p. 50).

This issue of whether a person who is violent in his own home, acting out violence against his wife, is actually committing a crime equal to that with which he would be legally charged were he to act in an identical manner against a stranger on the street deserves more attention. For example, if a man were to punch the short-order cook in a fast-food restaurant because he was

dissatisfied, would he not be charged with assault and battery? How is it that a man is safe to commit the same act against his wife and feels that the law has no jurisdiction over his violence, as long as it only impacts his household? (In fact, the impact is felt throughout the social network in which the family functions. It is possible that the battered woman will be unable to hold a job for any length of time due to absences after a battering and the emotional ups and downs caused by the uncertainty of a violent relationship. Children living in violent homes probably do poorly at school, both academically and socially for similar reasons.) In fact, in this day and age, the only person he can safely assault is his wife. His children are protected by law, but his wife is not.

Are men who are violent in their homes also violent outside the home? Does a man's physical surroundings, his home, give him the right to act more violently than he does outside with strangers? Are men who are violent with their wives able to control their behavior in other environments? Is violence simply an issue of impulse control? or is it an issue that society gives men permission to behave violently against women in the home?

Domestic violence appears in many forms. Intra-familial sexual violence has not been discussed, primarily because it was not explicitly identified in the

goals and objectives of the Family Violence Project. However, its existence has been noted by clinicians at the Project, and a short discussion follows.

A study confirming the effects of patriarchal attitudes is evidenced in Diana Russell's work, Rape in Marriage, which was the first study of a random sampling of women over the age of eighteen in San Francisco to investigate forced sexual activity inside of marriage. Russell's research identified five types of violence toward wives. These five types (and the percentage of the marriages claiming one or more) are:

1. Wife rape only (14%)
2. Primarily victim of wife rape (9%)
3. Wife rape and wife beating of approximately equal significance (22%)
4. Primarily victim of wife beating (5%)
5. Wife beating only (49%)

Russell's research, published in 1982, utilized well-trained and sensitized female interviewers, and a methodology which, if biased, leaned toward minimizing the rate of violence toward wives. Her research showed that fifty four percent of the one hundred seventy four marriages which claimed one of the five types of violence (N=644) experienced primarily wife beating. Eighty five percent of these marriages experienced wife beating,

possibly in combination with wife rape, with eighty eight percent of the sample experiencing wife rape, possibly in combination with wife beating.

This study potentially exposed a huge number of women as experiencing forced sexual activity within their marriage, since Russell claims it is generalizable to the greater population. Although Russell's research has not been duplicated in the Jewish community, forced sexual activity can be assumed to exist there in conjunction with domestic violence, as substantiated by Giller and Goldsmith.

Wife rape and forced sex within the context of marriage are still taboo subjects, although many states are changing their rape statutes to specifically include marital rape. Historically, Susan Brownmiller notes,

The exemption from rape prosecutions granted to husbands who force their wives into acts of sexual union by physical means is as ancient as the original definition of criminal rape, which was synonymous with that quaint phrase of Biblical origin, 'unlawful carnal knowledge.' To our Biblical forefathers...any carnal knowledge outside the marriage contract was 'unlawful.' And any carnal knowledge within the marriage contract was, by definition, 'lawful.' Thus, as the law evolved, the idea that a husband could be prosecuted for raping his wife was unthinkable, for the law was conceived to protect his interests, not those of his wife (Russell, 1982, p. 2-3).

The issue of inequality of power between men and women is of major import when examining the attitudes of a society which allows violent behavior to continue within the home while deeming it to be illegal everywhere else.

III. HISTORY AND BACKGROUND OF THE FAMILY VIOLENCE PROJECT

This chapter will review the history and background of the Family Violence Project and will include the following items for discussion: project goals and objectives, funding processes, survey analysis of a study done on domestic violence within the Los Angeles Jewish community, and an overview of myths regarding family violence and responses of the organized Jewish community.

The Family Violence Project of the Jewish Family Service is a Los Angeles based pilot program serving any and all family members who are troubled by domestic violence. The program is offered by Jewish Family Service in cooperation with the Los Angeles Section of the National Council of Jewish Women. As stated in the request for funding proposal, the overall goal of the Project is to:

...develop specialized outreach, counseling and supportive services so as to appropriately respond to Jewish families experiencing violence. The program requires skilled and trained social workers and volunteers using a variety of treatment modalities, as

well as utilizing existing resources wherever appropriate for the benefit of this client population.

Such a program can help these families develop healthier and more positive modes of interaction interpersonally, as well as within the context of the Jewish community (JFS Funding Proposal, 1983, p.1).

Full start-up of the Project began in May 1983. Since that date over one hundred thirty cases have been handled by the program. Eighty-three cases were identified in the first year alone. As an example of caseload management, within the five-month period between May and September of 1983, twenty-three family abuse cases were identified and served. Of these twenty-three cases, all were seen in individual treatment. In conjunction with individual treatment, five couples were seen in conjoint marital counseling and three families were seen in family therapy. Eight women participated in a daytime support group; two had expressed interest in participating in an evening group. Three husbands sought individual treatment. Additionally, of these twenty three women, two brought legal action against their husbands, four separated from their husbands, and two relocated to another state. Ten women self-reported that violence had been reduced in their ongoing relationships. These figures illustrate one objective, as identified within the program statement of the project: "To intervene, as early as possible, in order to reduce abuse and violence within

the Jewish family unit" (JFS Funding Proposal, 1983, p. 1).

The Family Violence Project is a network of services which includes job placement, community outreach, emergency financial assistance, counseling (group, marital, family and individual), legal assistance, advocacy, and referral. In cooperation with the National Council of Jewish Women, a working relationship has been developed with Everywoman's Shelter in Los Angeles, and a 24-hour hotline under the auspices of the Shelter has been made available to the Family Violence Project clients. In addition to becoming a member agency of the Southern California Coalition for Battered Women and the San Fernando Valley Task Force on Domestic Violence, the Project has formed working relationships with San Fernando Legal Aid, Bet Tzedek Legal Services, the Protective Services Department of the Department of Public Social Services, United Way Info Line, as well as community mental health agencies, law enforcement agencies, courts and schools. The Project has also created the Domestic Violence Outreach Network which serves as a forum for discussion among agency professionals who deal with domestic violence in a non-shelter setting. These services all join together to fulfill a second objective of the program, "to provide the special services required by this population" (JFS Funding Proposal, 1983, p. 2).

A third objective to be met by the Family Violence Project is to "increase Jewish community awareness of the prevalence of this problem and to maintain a connection between the victims of family violence and the Jewish community" (JFS Funding Proposal, 1983, p. 2). This objective is operationalized by the Project's efforts in community education, public relations activities, and in-service training offered to human service and Jewish community professionals. Presentations have been made to such community groups as Temple Sisterhoods, Pioneer Women, and Bnai Brith Women. In-service seminars have been provided to the staffs of Jewish Family Service, Jewish Big Brothers, Jewish Vocational Service, and Cedars-Sinai Medical Center, as well as professional consultation with a variety of non-Jewish agencies. Many of the Project's outreach services are handled by their large cadre of volunteers. Currently, fifteen volunteers have served nearly two hundred people in their roles as community educators and advocates.

In addition to the three above-mentioned program objectives which became functional during the first year of the Family Violence Project, subsequent objectives were set forth in its second year of existence. They are as follows:

1. Expansion of counseling services to meet the specific demands of the client, such as group counseling for abusive men, and support group counseling for abused children;
2. Expansion of the cadre of volunteers trained by Jewish Family Service and National Council of Jewish Women for continued provision of community and education;
3. Expansion of emergency after-hours and weekend service providing English and multi-lingual crisis intervention services;
4. Continuation of utilizing shelter space on an "as needed" basis, with concurrent exploration into the area of developing a "Safe Homes" network (the use of private homes in the community made available to women in need);
5. Expansion of in-service training and consultation services to other staff within the Jewish Family Service agency, as well as Jewish community and community-at-large personnel;
6. Expansion of outreach efforts into a wider geographic area; and
7. Development of a comprehensive Family Life Education Series focusing on issues of parenting, conflict-resolution, male-female role expectations, and assertiveness training (JFS Funding Proposal, 1983, p.6).

Funding for the Family Violence Project was obtained by a two-year grant issued by the Jewish Community Foundation of the Jewish Federation Council of Greater Los Angeles. The Jewish Family Service agency authored the grant proposal, and funding for this pilot project was

received in February, 1983. Formal service delivery began in May of that year due to internal agency staff changes and assignment of appropriately skilled clinicians. Essential "in kind" services have also been provided by the Los Angeles Section of The National Council of Jewish Women. A first year budget was approved for \$49,302, and a second year budget was approved for \$60,950.

The Family Violence Project of Jewish Family Service, funded by the organized Jewish community, represents a bold acknowledgement of the existence of violence in the Jewish family. A landmark study on the prevalence of domestic violence and abuse within the Los Angeles Jewish community conducted in 1980 by two graduate students at Hebrew Union College served as the impetus for the creation and implementation of the Family Violence Project.

Researchers Betsy Giller and Ellen Goldsmith confirmed the following hypotheses in their survey:

1. Violence is not absent in synagogue affiliated families;
2. Whatever violence occurs is not exposed to synagogue professionals by the families in which it occurs;
3. Rabbis have some knowledge of the problem of Jewish family violence; and
4. Jews do not believe that family violence is a problem in the Jewish community (Giller and Goldsmith, 1980, p.5).

Interviews conducted with rabbis and other Jewish human service professionals, and questionnaires distributed to two hundred nine members of congregations in metropolitan Los Angeles yielded some surprising findings. Five sisterhoods, three brotherhoods, five youth groups, members in attendance at a Shabbat service, and two classes in a Jewish day school served as the respondents. There were thirty four individuals from Orthodox, one hundred one from Conservative, and seventy four from Reform groups. The sample included one hundred thirty one females and seventy four males; ages ranged from eleven to eighty-one years.

Giller and Goldsmith reported that the responses strongly supported their four hypotheses. Violence, as used in the context of the Giller and Goldsmith study, includes spouse and child abuse; it was limited to the investigation of physical family violence because psychological abuse and cruelty were much more difficult to quantify.

One hundred eighteen people, or fifty nine percent of the respondents, reported having been struck by a family member. One hundred twelve people, or fifty six percent of the respondents, indicated that they had physically struck out against a member of their family. Twelve cases of social isolation were reported, and four cases of

forced sexual activity were described. Of the twenty two reported incidents of spouse abuse, twenty were those in which the husband abused the wife and two were cases in which the wife struck the husband. When asked if they perceived family violence as a problem in the Jewish community, thirty nine percent of the respondents said it was, and sixty one percent of the respondents said it was not. Even though many respondents reported cases of abuse, the problem was still not considered significant in the Jewish community. This was further evidenced by the community's failure to formally address the issue or finance programs designed to combat this problem.

Interviews with professionals in the field of human services further supported Giller and Goldsmith's findings. A worker at the Rape Crisis Center in Los Angeles described twenty one cases of Jewish women who reported violence over a six-month period; all twenty one women clearly identified themselves as members of synagogues or of other Jewish organizations. One worker in a hospital emergency room stated that the incidence rate of wife-battering in the Jewish community was equal to that of the general population, approximately twenty percent of all families (Giller and Goldsmith, 1980, p.129). All ten psychiatrists consulted in the study had seen Jewish women who were battered. Workers in private

practice had described a variety of cases involving Jewish family violence; one considered the incidence to be at least twenty percent of her caseload. Jewish family violence was also reported by social workers in Jewish agencies, such as Jewish Family Service, etc. Important to note, however, was the inability to make a definite statement regarding the statistical incidence of violence in the agency caseload. This was a result of agencies not maintaining separate data of cases involving violence.

Giller and Goldsmith's findings, in summary, very clearly indicated that Jews do experience violence in families across all lines; that families experiencing violence are not turning to synagogue professionals for help; and that violence is not acknowledged within the Jewish community (Giller and Goldsmith, 1980, p. 168).

In order to understand why the "myth" that violence is absent from Jewish homes and synagogues persists, we must look at the collection of fears and attitudes often present in the community and with which Jewish women have to deal. As Ellen Goldsmith notes,

Violence in Jewish families is as prevalent as in the general population ...but it is the reluctance of Jewish victims to speak out that creates the myth that it is absent from the Jewish community (Goldsmith, 1983, p.6).

The myth of the perfect Jewish family contributes to the silence of the Jewish community. Jewish families,

according to this myth, are exceptionally close-knit groups with a loving father and doting husband. When abuse occurs, Jewish women often blame themselves and see themselves as having failed a tradition of perfect Jewish harmony. Another myth that discourages Jewish women from seeking help is fear of damage to the Jewish community's reputation. As Lisa Karlin writes,

Jews have the need to deny the occurrence of wife abuse because it is considered such a great "shanda" within our culture. This is tied with our minority status within American society, and our subsequent need to prove and assert that we are "better" than others (Karlin, 1983, p.6).

These fears of challenging the Jewish traditions of family and community may be among the most debilitating factors in the attempt to reduce domestic violence within the home.

Julie Spitzer, in her work examining spousal abuse in Rabbinic and contemporary Judaism, points to two additional factors which are unique to Jewish battered women and may affect whether or not they seek help (Spitzer, 1985, p. 78). It is feared that in many of the ultra-Orthodox and Chasidic communities, the rabbis generally counsel the women who have experienced domestic violence to return to their husbands. Many women accept this advice without question. The second factor comes

into focus with abused women who are also Holocaust survivors. For these women, the violence of the abusive relationship may pale by comparison to what they have already suffered.

It is apparent this fear of coming to Jewish professionals helps to keep the awareness of spouse abuse in the community at a deceptive minimum. Giller and Goldsmith's study revealed that Jews are more likely to turn to mental health professionals, other family members, or friends in times of crisis, rather than synagogue or community professionals. Only four respondents out of the one hundred eighteen people who reported having been struck, sexually abused, or socially isolated by a family member, indicated they spoke with a rabbi about the problem (Giller and Goldsmith, 1980, p. 163).

The eight rabbis who were interviewed for this study reported a total of twenty four cases of family violence. All eight rabbis added that they saw counseling as a part of their rabbinic responsibilities.

Having looked at some of the myths and factors contributing to the denial of domestic violence within the Jewish community, the Family Violence Project can be seen as an important response to an urgent and sensitive social issue. Whether or not the program has been successful in achieving its goals and objectives remains to be seen

through a formal evaluation process. However, it is evident after nearly two years of operation that the Family Violence Project has served to raise the consciousness level of people in the Los Angeles Jewish community towards issues of domestic violence.

In an article written by Gershon Winkler for the Bnai Brith Messenger, he noted:

...coming out of the closet, as they say, has not been an exodus for the non-Jewish society alone, but for the record breaking morality-saturated Jewish community as well. Contemporary studies have invariably demonstrated that proportionally, the Jewish population is just as affected as the rest of the world by the social ailments traditionally unheard of in Jewish life -- wife beating and child abuse included (Winkler, 1983).

The Jewish Community Bulletin also recently addressed the issue of battered women. In an article (Blau, 1983, p.1), Roni Blau described the plight of one woman who sought help at the Family Violence Project, noting that "being a Jew is in itself no guarantee against such abuse." And Ha'Am, a Jewish publication of UCLA, described ways in which rabbis and other synagogue professionals, by listening more closely to what his or her congregants may say about their relationships with one another, are becoming more aware of the existence of family violence. Quoting Betsy Giller, Karlin writes:

Rabbis may need to take such leading statements from female congregants as "my husband has a terrible temper" to mean that their husbands vent their anger in a physical way (Karlin, 1983, p.6).

Summary

This chapter has attempted to describe the history, development and implementation of the Family Violence Project. The Jewish community is not immune to the pain of family violence, yet the myths denying it continue to persist. However, abused Jewish women are beginning to come forward with their stories. Preliminary statistics of the Family Violence Project are a testament to their experiences. A notable survey conducted in the Los Angeles Jewish community during 1980 revealed that domestic violence is very much a reality. On a more optimistic note the Jewish community has recently made some inroads and information is being publicized about domestic violence among Jewish families. The myths are slowly crumbling.

IV. SURVEY OF PROGRAM EVALUATION: MODELS AND DESIGNS

This chapter presents a general overview of the literature on program evaluation. For purposes of clarity and definition, the chapter will examine the following items -- types of program evaluation; types of evaluation and research design with particular emphasis on quasi-experimental design; client outcome studies; and questionnaires as a survey instrument. It is hoped that the examination of these issues will set the stage for an understanding and development of a methodology that can specifically be applied to the Family Violence Project of Jewish Family Service, as described in Chapter V.

As Steven Huberman notes in his recent article on "Evaluation As A Planning And Management Tool", evaluation research is a:

...systematic investigation which utilizes standard social research methods. It assesses program/policy/agency design, implementation and impact. Evaluations concentrate on social intervention -- programs set up to alleviate deficiencies in human and social conditions (Huberman, Winter 1983, p. 117).

Evaluation research must also be seen against the backdrop of scientific application and procedures. As Leonard Rutman writes, it is "first and foremost a process of applying scientific procedures to accumulate reliable and valid evidence on the manner and extent to which specified activities produce particular effects for outcomes" (Rutman, 1977, p. 16).

While the major focus in recent years has been on the development of programs and delivery of services, the demand that some attempt be made to determine the effectiveness of such public service and social action programs has become increasingly insistent. Therefore, according to Suchman, critics in almost all areas of social service programming have joined the cry for evaluational research (Suchman, 1979, p. 1).

Huberman gives some historical background to evaluation research, indicating that although the field began in the 1930's when efforts were made to evaluate President Franklin Roosevelt's New Deal Programs, it took off immediately following World War II. National and international expenditures for social welfare became huge, resulting in a quest for determining program effectiveness and efficiency. Huberman further notes that recent elections in the United States have been seen by some as a mandate to curtail or rearrange human services. The

electorate wants more scrutiny of current programs and the abolition of those which are ineffective and inefficient. In such a climate, evaluations may be justified as insurance against waste (Huberman, 1984, p. 118). On a more specific level there are a number of highly significant trends within the Los Angeles Jewish community regarding changes in structure of public agencies, and in the mood and expectations of the public. Many agencies are fighting for economic survival. Systematic evaluation may be undertaken for management and administrative purposes, to assess the appropriateness of program shifts, to identify ways to improve delivery of interventions, or to meet the requirements of the financial supporters who have fiscal responsibility for allocations of program dollars. It is apparent that for all these reasons:

...the key is to plan and implement an evaluation that is as objective as possible; that is, to provide a firm assessment -- an assessment where the results would be unchanged if done by another group or if replicated by the same evaluators (Rossi et. al., 1979, p. 21).

It is important to reiterate the scientific base in evaluation research. Although all evaluations are rooted in value systems because evaluation is, in essence, a determination of the value of some entity, the key difference between scientific and subjective evaluation is

whether the evaluation is public and amenable to being retested by persons other than the original evaluator. A purely subjective evaluation is the "property" of the original evaluator. Referring back to the definition set forth by Rossi, et. al., a scientific evaluation uses the tools of science and is able to be repeated by someone else, i.e., it can be verified or disconfirmed.

Types of Program Evaluation

There are a number of different types of evaluations which can be called scientific on the basis of the above definition. It is important to realize that there is no single evaluative technique or even a category of evaluations which can, by itself, give a comprehensive picture of the performance of an individual, program, or organization engaged in delivering services. Rather, a variety of evaluations are generally utilized in order to obtain a profile of the quality of services. The following table, based on a typology developed by Edward Suchman, identifies four types of evaluations, listing both the key indicators useful for each type and major techniques to collect the data: (Suchman, 1967; Rocheleau, 1975).

1. Evaluation of Effort: The evaluation of the

amount of activity devoted to accomplishing the goals of the organization.

Key Indicators: Number of clients served; numbers of hours spent with clients; number of service contacts per unit of time.

Data Collection Techniques: Monitoring of regularly collected data from intake forms or personnel reports; random moment studies.

2. Evaluation of Performance or Outcome: The evaluation of the results from the activity; the degree to which the intended goals were achieved; also, checking for any unintended effects.

Key Indicators: Changes in attitude and behaviors of clients; changes in incidents and prevalence of social problems.

Data Collection Techniques: Standardized outcome studies, goal attained evaluations, surveys of consumers, epidemiological surveys, social indicator surveys.

3. Evaluation of Adequacy of Performance: The establishment of criteria as to what constitutes adequacy of outcome which are then used to evaluate performance.

Key Indicators: Minimum standards of

activity and performance; numbers and percent of clients successfully treated.

Data Collection Techniques: Management by objectives; management by exception.

4. Evaluation of Efficiency: The evaluation of the relationship between input and output; how much effect does the program achieve for a given amount of input.

Key Indicators: Cost per client (per level of performance).

Data Collection Techniques: Cost finding, and cost effectiveness studies.

The number and extent to which these criteria and specifications are included in the different types of program evaluations depend upon the precision of the determined goals and objectives, research resources available, and amount of administrative support. However, it can be seen that even with the several types of evaluations necessary to obtain a complete profile, there is still likely to be ambiguity and room for differences of opinion. Nevertheless, it appears that the collection of valid and useful data raises the level of decision-making by injecting objective data into what otherwise would be a totally subjective process. As

Suchman notes, "Evaluation helps to control subjectivity, but cannot replace it because decisions involve a certain amount of intrinsic preferences which cannot be determined by hard data" (Suchman, 1967).

In reviewing the Suchman typology, it is evident that evaluations serve various purposes. They determine the utility of ongoing projects; determine the effects of efforts to improve them; estimate the impact of new initiatives; upgrade the quality of agency administration; and compare interventions, costs and benefits relative to other alternatives. Huberman emphasizes "an evaluation is not an attempt to second guess agency professionals. Rather, it is an attempt to reduce uncertainty, to fill in gaps in our understanding about how well an organization is operating" (Huberman, 1984, p. 118).

Types of Research and Experimental Design

After research procedures have been determined, a strategy needs to be developed for the collection and analysis of data. This process includes choosing a specific "research design" and "experimental design." As a working definition, John Heilman notes:

Research design refers to the formulation of the entire research effort, from obtaining the initial

questions to analysis of the data and report writing. Experimental design refers to formulation of the experiment: those aspects of research which enable the researcher to judge whether a particular activity -- the cause, is responsible for specified results -- the effect (Heilman, 1974, p. 31).

In designing research, one must choose the variables on which to collect and analyze the data. A traditional research design model is set forth by Greenberg and Mattison, in their study of the effectiveness of health education literature. Their research design is illustrated by a flow chart (Greenberg and Mattison, 1955, p. 298) involving the definition of a target population, the drawing of a representative sample for study, the division of the sample into experimental and control groups, the administration of the program to one group and placebo to another, and then the comparison of the results. As Heilman explains,

...experimental design concerns the decision whether to use a control group and whether to measure the dependent variable both before (pretest) and after (post-test) introducing the independent variable (also called the stimulus or the treatment). In true evaluation the researcher assesses causality by studying the statistical relationship between the independent and dependent variables...the use of control groups and pretests provide logical support for statistically based conclusions (Heilman, 1974, p. 32).

Clearly, the type of design selected by an agency depends on many elements including the purpose of the evaluation, the importance of the decisions to be influenced by the research, and the amount of resources available to carry it out. The evaluation research design must include criteria of performance on the basis of an informed social and managerial philosophy. Even if data could be collected on all possible variables, priorities would still need to be assigned to the different measures.

The fundamental rule in research design is constant awareness of these choices. The ultimate goal is to develop, through experience, a sense of judgement and style -- an aesthetic sense, perhaps -- of how to make the choices on the merits of individual cases (Heilman, 1974. p. 32).

There are instances when an agency cannot or will not undertake the controls necessary for an experimental design, or an ongoing social program that is already in place and functioning at its intended coverage and funding, or cannot be evaluated through the use of traditional experimental designs. When this appears to be the case, a quasi-experimental design may be appropriate. There are a number of such designs which have been described in the literature (Campbell and Stanley, 1966; Cook, Cook, and Mark, 1977). As Rossi points out, "randomized experiments ordinarily cannot be used since

the construction of a control group through randomization will mean depriving some individuals or households of treatment to which they would otherwise be entitled to by law or ethics. Hence, such programs can only be evaluated by quasi-experimental methods" (Rossi, 1979, p. 90). The success of incorporating a quasi-experimental method depends very heavily for their utility on a valid understanding of the causal processes underlying the phenomenon in question.

Given the various research design models, one can compare the advantages and weaknesses of experimental and quasi-experimental designs. Whereas experiments are strong on control and weak on representations, quasi-experiments can be strong on representations but weak on control. As Nachmias and Nachmias suggest, experiments have several advantages. First and foremost, they enable valid causal inferences to be made by exerting a great deal of control. Secondly, their control over the introduction of the independent variable permits the direction of causation to be determined. These advantages of experiments are the shortcomings of quasi-experiments. However, although the experiment is accepted as the "true" scientific method, it has several shortcomings. The most frequent criticism lodged at experiments, especially laboratory experiments, is that they are artificial and

removed from real life situations. A second problem concerns the sample design. In experimental design, it is difficult to represent a specified population, since most experiments include volunteers/clients and will have only an incidental sample (Nachmias, 1976, p. 47).

Client Outcome Study

Having looked at the general types of program evaluation models, as well as the broad types of research design and experimental/quasi-experimental design methodology, this chapter will now focus on a particular form of evaluation, namely, the Client Outcome Study. This type of program evaluation is included in Suchman's typology, as the "evaluation of performance or outcomes". According to Millar and Millar, et. al., client outcome monitoring is as follows:

The term client refers only to the persons who have come to the agencies for social services.

The term outcome refers to the condition of the client after services have been provided and to the extent of change in the client after they are provided.

The term monitoring refers to the regular collection and analysis of outcome information. This collection and analysis can be standardized in an agency so that outcome reports are

provided at least annually, and perhaps semi-annually, quarterly, bi-monthly, or even monthly.

Thus, client outcome monitoring means the regular collection and analysis of information on the condition and satisfaction of clients after they have received services (Millar, et. al., 1981, p. 2).

The emphasis of client outcome monitoring is less on the short term changes in clients while they are still in service, and more on their longer term improvement. Therefore, an outcome study refers to an evaluation of the outcome of treatment which uses some form of controls and also an outcome instrument that has been tested for reliability.

How to measure the outcome of treatment is a point of controversy. Luborsky (1971) argues for a single improvement rating by the therapist at the conclusion of therapy, while others suggest a need for more than one rating. Both sides can be argued against (Rocheleau, 1975, p. 63); a single rating by a therapist at the conclusion of treatment itself may be biased by an initial level of functioning and multiple ratings can be less reliable than a single score. In addition to improvement ratings, standardized measures may be used. There is a wide variety of instruments available that have been tested for reliability, such as the Long and Short Forms developed for Family Service Association of America (FSAA)

Client Follow-Up Studies (Beck and Jones, 1980). Another problem that arises when discussing outcome measures is the concern with extraneous influences, such as the downswing of the economy; these need to be taken into consideration when drawing inferences. There is no mystique about conducting outcome studies; it has strengths and weaknesses similar to other types of program evaluation mentioned earlier. Time and effort is necessary to obtain the information, to analyze it, and to use it. And, if agency managers or program administrators are unable to use the information, or do not wish to use it, the effort will clearly be wasted. Conversely, outcome studies should not be carried out in a vacuum, but should be related to other important organizational considerations such as cost and time allocations.

In a discussion of client outcome studies as a type of program evaluation, it is important to view this within a context of client involvement in evaluation research. Bush and Gordon illustrate the ways in which client participation in the process of assessment can help in understanding both the impact of the programs being evaluated and the problems which the programs were designed to alleviate. There is a common charge that client information is subjective and unverifiable. According to Bush and Gordon,

...clients turned out to be thoughtful witnesses of social service programs partly because they had a great deal of time and reason to think about the effect of those services. When asked about the benefits and problems of particular programs, clients avoided trivial complaints and satisfactions, and mainly discussed fundamental strengths and weaknesses (Bush and Gordon, 1978, p. 769).

The notion of using clients to evaluate programs is further substantiated by Stipak (1982, p. 585), who points out that client surveys can provide valuable information for monitoring and evaluating social service programs. However, the widespread use of measures of client satisfaction in a client subjective evaluation, without an appreciation of the complications of interpretation and analysis might set back rather than advance the methodology of program evaluation.

Therefore, despite recurrent doubts about client ability to gauge service impact accurately, clients can generally evaluate certain important aspects of their functioning. In many instances, they can probably do this better than anyone. These are aspects where clients have first hand experiences and may, consequently, be considered experts. To an extent, this may be seen as a result of the growing concern with public sector efficiency which has helped foster a consumer perspective -- citizens are seen not merely as passive recipients of

agency services, but rather as discriminating consumers who make the final evaluation of program effectiveness.

Questionnaires as a Survey Instrument

Having examined client outcome studies, and the issues concerned with this type of evaluation format, this chapter will conclude with a discussion on data collection instruments, namely, the questionnaire. In general, the word questionnaire "refers to a device for securing answers to questions by using a form which the respondent fills in himself" (Berdie, 1974, p. 11).

However, taken one step further,

A questionnaire is not just a list of questions or a form to be filed out. It is essentially a scientific instrument for measurement and collection of particular data. Like all such instruments, it has to be specifically designed according to particular specifications and with specific aims in mind, and the data yields are subject to error. We cannot judge a questionnaire as good or bad, as efficient or inefficient, unless we know what job it was meant to do. This means that we have to think not merely about the wording of particular questions, but first and foremost, about the design of the investigation as a whole (Abraham Oppenheim, in Berdie, 1974, p. 26).

An initial question to be dealt with is whether to use existing instruments or develop new ones. Obviously

developing adequate instruments that elicit the necessary information requires considerable time and effort. Instruments can be unclear, misleading, biased, and subject to reliability errors. Such problems can of course be mitigated by using questionnaires that are already tested. Existing questionnaires generally have had the benefit of some validity and reliability testing, such as the questionnaire developed by FSAA, with standard scores for selected population groups (Beck and Jones, 1980).

Once the questions have been written, they need to be organized into a format which will be clear and simple. The respondent can become discouraged if faced with an endless series of questions. Most questions should therefore be brief and simple, with the respondent having to give only one piece of information at a time, or able to choose from a limited set of alternatives. Since the question is the basis of questionnaire -- and for purposes of this study, we shall refer to mailed questionnaires -- considerations involved with the wording of questions, with open ended or fixed alternative questions, with leading questions, and with the sequence of questions must be carefully examined, particularly in the absence of an interviewer when the questionnaire is being answered.

Advantages of the mailed questionnaire are many. As

Nachmias and Nachmias point out (1976, p. 107), a mailed questionnaire does not require a trained team of interviewers, and it reduces biasing errors that might result from the personal characteristics of interviewers and from variables in their skills. Berdie (1974, p. 17) adds to this list of advantages, pointing out that the use of mailed questionnaires can facilitate collecting data from a large sample, ease the process of tabulating results, and elicit cooperation quickly because familiarity with questionnaire format and structure may make completion easier. However, there are certain limitations inherent in the mailed questionnaire as well (Nachmias, 1976, p. 108; Berdie, 1974, p. 21).

Opportunities to motivate the respondent, to clarify questions, or to probe do not exist. The reported response rate for returned questionnaires is much lower than for personal interviews; a typical response rate for a mailed survey is between twenty and forty percent.

Therefore, a research team involved with a mailed questionnaire is oftentimes faced with the problem of how to estimate the effect the nonrespondents may have on the findings. Other disadvantages include having to accept the answers as final with no opportunity to clarify or appraise the nonverbal behavior of respondents; uncertainty that the right person completes the

questionnaire; and the respondents having the opportunity to see all the questions before answering any one of them and therefore not being able to regard the various answers independent of each other.

Summary

This chapter has attempted to highlight the various types of program evaluation, incorporating the typology set forth by Edward Suchman. It then examined the kinds of research and experimental designs, ranging from the more traditionally rigid experimental approaches utilizing control groups, to the less randomized quasi-experimental models. Referring back to the performance or outcome evaluation by Suchman, the chapter then discussed client outcome studies, and the utilization of a mailed questionnaire as a survey instrument. The chapter which is to follow will operationalize this theoretical framework into a methodology for conducting a viable client outcome study of the Family Violence Project.

V. CONDUCTING THE STUDY

It is the intent of this chapter to outline some of the steps necessary for developing and implementing a theoretical client outcome study of the Family Violence Project. The preceding chapter highlighted the various program evaluation models and research design methodologies described in current literature. This chapter will operationalize those discussion items of the preceding chapter by applying them to the Family Violence Project and formulating a model evaluation study.

The authors wish to note that throughout their research regarding domestic violence, and more specifically, violence within the Jewish community, no evaluation literature could be located relating to client outcome studies conducted on this high-risk population. A limited number of formal evaluations have been directed at services provided by women's shelters, but there do not appear to be evaluations done on the specific types of out-patient services that the Family Violence Project provides. This apparent lack of formal evaluations or

client outcome studies has also been confirmed through telephone conversations with Dr. David Finkelhor, Assistant Director of the Family Violence Research Program at the University of New Hampshire (author of The Dark Side Families), Dr. Mildred Pagelow (member of the Southern California Coalition for Battered Women, and author of Woman Battering: Victims and Their Experiences), and Eva Baronoff, Assistant Director of the S.A.F.E. Project in Pasadena (a domestic violence outreach, counseling and advocacy program), as well as staff workers of the Family Violence Project. Dr. Pagelow suggested that no client outcome studies exist for this population due to limited funding and short-lived programs. Those dollars that are received for funding high-risk population programs are utilized strictly for service delivery with little, if any, available for non-service delivery items such as evaluations. As further explanation, Stephen Browne notes,

It is an apparent social fact that social responses to problems which are favored politically or economically are instituted first without thought to establishing a mechanism to determine whether the desired outcomes have been achieved.

He goes on to report,

...admittedly, the problem is exacerbated by the lack of agreement on methodology, sample selection, and all

the rest of the research-related arguments which arise with evaluations. Longitudinal research is expensive and difficult and there are always ethical questions surrounding random assignment of victims for treatment or no treatment (Browne, Denver Anti-Crime Council).

It is evident that clinicians involved with providing therapy to victims of domestic violence feel that the therapy is productive and positive, and increases self-esteem; they also agree that women learn skills such as assertiveness, which enable them to live without violence in their lives. The staff of the Family Violence Project believe they are providing a much-needed service to the Jewish community. However, there has been no evaluation of the Project in general, nor any scientific data collection regarding whether violence is in fact reduced through the services offered to clients. It is therefore hoped this client outcome study model might provide the tools with which to evaluate the actual effectiveness of treatment being made available to Jewish battered women in Los Angeles.

Study Design

During these times when the tenor of social service activity is strongly focused on accountability and economic survival, systematic evaluation enhances the

credibility of programs to its financial supporters, helps agencies improve service delivery, and becomes more responsive to the community. It is therefore extremely important to document the role of the Family Violence Project in helping to stem the tide of domestic violence within the Jewish community.

The authors suggest that a client outcome study be conducted by the Family Violence Project for a number of reasons. First, due to certain limitations, particularly on time and resources, this study focus is more manageable than a full-blown evaluation on all aspects of the Project. More importantly, a client outcome study looks specifically at "effectiveness" and deals with results -- client outcomes. This impact assessment model seeks to ascertain whether the program is achieving its intended results. The basic aim of the client outcome study is to estimate the net effects, or net outcomes of an intervention. Net effects or net outcomes are those results attributable to the intervention, free and clear of the effects of other elements present in the situation. Thus, the critical issues in a client outcome study is whether or not a program has produced more of an effect than would have occurred "naturally"; that is, either without the intervention or compared with alternative interventions. For instance, evaluating the

Family Violence Project, which teaches coping and assertiveness skills to their clients in order to reduce the rate of family violence within their homes, requires assessing whether or not the existence of violence or abuse is greater than would have occurred if the program had not been introduced.

As Rossi, et. al. note, the prerequisites for conducting a client outcome study are well-articulated program goals, and well-implemented interventions (Rossi, et al, 1979, p. 163). The Family Violence Project meets both these prerequisites. Its goals, as noted in Chapter III of this thesis, are well-stated, making it possible to identify measures of goal achievements; its interventions are sufficiently implemented as program objectives (again, as indicated in the JFS Funding Proposal). There is no question that its critical elements have been delivered to its appropriate target population, namely battered and abused women.

As mentioned earlier in Chapter IV, evaluation research designs range from the more powerful impact research designs, or experimental, which involve control groups and comparative statistical information on participants and non-participants before and after interventions, to quasi-experimental, or less rigorous designs. Given the nature of the high risk client

population at the Family Violence Project, ethical issues dictate that an evaluation study be conducted within the framework of a quasi-experimental design.

Experimental research requires a target population sample that is divided into experimental and control groups. The experimental group receives treatment while the control does not. However, since this target population is involved in family violence, it is socially irresponsible to withhold potentially beneficial experiences from one group -- the control group -- and administer treatment to another group -- the experimental group (American Psychological Association, 1973, p. 9). This type of client outcome study, conducted within an agency that works with people involved in abusive and violent relationships, is qualitatively different from other evaluation studies. It is evident that researchers need to be mindful of avoiding methodological techniques which pose ethical dilemmas in research involving human participants. This point of view is probably in close congruence with the Family Violence Project, since their work is grounded in strong social work values.

Contacting the Participants

As Babbie indicates, there is no way of insuring that all researchers or program evaluators will always be motivated by ethical concerns when they engage in scientific research. Nor is there any way to insure that findings will be used only for ethical purposes. It is possible, however, to point to a set of more or less agreed upon norms relating to the execution of research (Babbie, 1973, p. 347). This section will present three of the more common ethical problems that relate to contacting evaluation study participants: voluntary participation, anonymity, and confidentiality.

Survey research almost always represents an intrusion into the lives of people. The arrival of a questionnaire in the mail signals the beginning of an activity that the respondent has not requested and one that may require a significant portion of her time and energy. Moreover, the survey often requires the respondent to reveal personal information -- attitudes and personal characteristics -- that may be unknown to even family or friends. Yet survey research, by its nature, requires that the respondent reveal such information to a complete stranger.

Confidentiality is most apparent in this study because improperly administered research can be harmful to this high-risk population which is vulnerable to physical

assault. Therefore, whatever steps are available to insure the safety of the respondents must be taken. Is it ethical to send questionnaires randomly to all present and past clients of the Family Violence Project? Is it necessary to ask clients if they would feel safe (psychologically and/or physically) participating? If the client agrees to participate, is it safe to mail the questionnaire to her home? Or would she prefer it to be sent to a neighbor's address? or to her place of work? Or would she rather pick it up directly from the Project office to insure that no one sees it and informs her husband? Family Violence Project staff members consistently stressed the need to address these questions, particularly due to the large percentage of husbands who do not know that their wives contacted the agency. One way to accomplish this is to call all potential subjects and ask these questions. This is the method recommended for this study. The Family Violence Project staff, as trained social workers and clinicians sensitive to these issues, should make introductory phone calls and distribute the questionnaires according to the personal requests of the clients.

Participation in questionnaire surveys must be voluntary, but this goes against a scientific concern. If statistics are to be used legitimately in the analysis of

the data, then every member of the random sample should participate. Ethically, however, a volunteer sample appears to be the only option which can insure the safety of each respondent in the Family Violence Project study. Further, while the researcher might typically do everything possible to obtain completed questionnaires, the line between persuasion and coercion must remain clear. The authors have attempted to accomplish this through the cover letter accompanying the questionnaire, emphasizing their right to refuse participation, and clearly stating that their participation will in no way affect current or future treatment through the agency (see Appendix A, Cover Letter).

The clearest case involving the protection of the respondent's interests and well being concerns the protection of her identity. In this type of study, such ramifications go beyond the intellectual and moral issues. When working with this population, the researchers need to be extremely sensitive to the possibility that the woman may be physically harmed if the batterer were to be made aware of her participation in a study of domestic violence and spousal abuse. It is the responsibility of the researchers to maintain complete anonymity of the subjects. To this end, the questionnaires ought to be identified by the research team

with a number placed on the top left or right. These surveys would then be given to the staff of the Family Violence Project, who would be responsible for distribution to the respondents. Additionally, Family Violence Project will develop a list indicating which numbered questionnaire was mailed to which client. The questionnaire would then be mailed with return envelopes addressed directly to the research team. Those questionnaires not returned within a set period of time will be sent follow-up letters by the Family Violence Project, based on the numbered questionnaires not received by the researchers. In this way, the Family Violence Project will never see the responses, nor will the researchers ever know the identities of the respondents. No one will have in possession both the list of numbered questionnaires to whom they were sent, and the returned completed questionnaires.

Another issue involving confidentiality and anonymity is that of the social stigma attached to being a "battered woman." Although there is now the attempt to bring the widespread occurrence of domestic violence to the public's attention, social standards still exist where battered women believe they are primarily responsible for the behavior of the men who abuse them. It is not the role of research to place its participants in a stigmatized

position. It is strongly hoped that research results will educate the community regarding the causality and prevention of domestic violence and therefore remove the stigma attached to the victims. Again, ethical behavior on the part of the researchers requires that no harm of either a psychological or physical nature befall those women who are caring enough to participate in this type of evaluation study.

Questionnaire Construction

The purpose of the questionnaire (see Appendix B, Questionnaire) is to highlight the following areas for study:

1. To examine certain factors related to family violence;
2. To measure client outcome treatment by looking at the level of abuse before and after contacting the Family Violence Project;
3. To examine the level of client satisfaction with the way in which services were provided;
4. To collect contextual and demographic data in order to obtain a description of the client population;
5. To test certain hypotheses related to family violence.

The content and relevance of the questions reflect the input of the Family Violence Project staff, as well as a compilation of recommendations taken from the literature on family violence. Specifically, many of the outcome and demographic variables were identified with the help of Family Violence Project staff. Those questions dealing with the types of abusive behavior were loosely based on a scale originally used by Richard Gelles and others involved in domestic violence studies. The questionnaire also represents a synthesis of comments and suggestions made by other professionals in the field of family violence, Jewish Family Service Research Committee and Advisory Committee members, and academics familiar with survey instrument methodologies.

The questionnaire is divided into five sections; each section reflects an area of concern, as stated above regarding the purpose of the survey instrument. The sequence of questions reflects the chronological order from the time a client contacts the Family Violence Project, through referral sources, before and after experiences, client satisfaction, and history and demographic data of both the client and her spouse/partner. It is hoped the client's full course of

treatment is represented in a logical and consistent manner.

The questionnaire utilizes only closed-ended questions, where the respondents are asked to select answers from among the list provided by the researchers. It was determined that closed-ended questions provided a greater uniformity of response and therefore more easily processed. The questionnaire was designed to reflect complete and exhaustive response categories. This effort was further supported by adding a category labelled "other, please describe", where applicable. It was also planned for mutually exclusive answer categories, so that the respondent should not feel compelled to select more than one. A strong effort was made to insure that questionnaire items read clearly and unambiguously, and avoided the construction of double-barreled questions. As a rule, the word "and" was not used in a question, to avoid asking respondents for a single answer to a combination of questions. In general, the writers assumed that the respondents would read items quickly and provide quick answers. Thus, clear, short items were provided to avoid misinterpretation.

The questionnaire also attempts to avoid "biased" items and terms. The questionnaire makes no mention of women in abusive relationships (as noted earlier in the

review of family violence literature, many women do not recognize themselves to be in a violent relationship). Therefore, the questionnaire incorporates the legal definition of assault, i.e., incidents of physical fighting and unwanted touching.

Although examples of potential harm exist for a respondent in this type of study, such as loss of privacy, disclosure of confidential information, or adverse family or social consequences, Carter and Deyo note that "actual assessment of the impact of noninvasive measures has been exceedingly rare" (Carter and Deyo, 1982, p. 287). Therefore, it is incumbent upon researchers to rely on their own judgement and intuition in weighing the potential risks of noninvasive measures against the possible knowledge to be gained from their use.

Section A begins with a series of simple questions in an attempt to gather some basic agency data. These questions are concerned with the initial motivation for contacting the Family Violence Project, client's use of services, client's current status with the Family Violence Project, source of referral, whether or not help was sought prior to contacting the Family Violence Project, and if the spouse or partner knew that contact was made with the Project.

The questions read as follows:

A. IN THIS SECTION, WE'D LIKE TO ASK ABOUT HOW YOU FIRST
CAME TO THE FAMILY VIOLENCE PROJECT.

1. Why did you come to the Project? (please check all that apply)

To talk with someone _____

To find out what to do _____

To find out about the Project _____

To get help with stopping violence _____

To talk with other women with similar problems _____

Other (please describe) _____

2. Are you currently receiving help from the Project?

If yes, how long have you been coming? _____

If no, when did you begin? _____ when did you
end? _____

3. How did you hear about the Project? (please check all that apply)

Read about it _____

Former or current client of Jewish Family Service _____

Referred from another agency _____

Referred from a shelter _____

Friends/family _____

Attorney _____

Police _____

Doctor/mental health professional _____

Other (please describe) _____

4. Did your spouse/partner know you contacted the Project?

Yes _____

No _____

5. Before coming to the Project did you seek help anywhere else?

Family _____

Friends _____

Rabbi _____

Attorney _____

Physician _____

Police _____

Mental health professional____
Other Jewish agency____
Other (please describe)_____

These questions clarify the public's perceptions about this type of service delivery program, and how it is publicized in the general and Jewish community. They look at the referral network in both the public and private sectors, as well as determining whether contacting an agency affiliated with the Jewish community might have been their first or last choice. Question 4 adds statistical support to the belief that many men are not aware of their wives contacting a domestic violence agency; they may not perceive themselves in a violent home situation.

Sections B and C of the questionnaire were designed specifically to measure client outcome in treatment, by looking at the level of abuse before and after contacting the Family Violence Project. Because these questions measure family violence, it was first necessary to differentiate between the various types of abusive behavior, i.e. physical, verbal, or psychological. Literature on family violence, and staff members of the Family Violence Project confirmed the difficulty in measuring verbal and psychological abuse, so that only

attributes of physical abuse were utilized. For purposes of this annotated questionnaire, Sections B and C appear in shortened form. Please refer to Appendix B - Questionnaire for complete question format.

B. IN THIS SECTION WE'D LIKE TO ASK WHAT IT WAS LIKE
FOR YOU
BEFORE COMING TO THE FAMILY VIOLENCE PROJECT

1. During the year before you came to the Project, did you experience any of the following with your spouse/partner?

(please check all that apply)

Verbal abuse/threat
Slaps/Shoves
Kicks
Hair pulling
Punches
Burns
Forced sexual activity
Battered while pregnant
Choking
Threats to use weapon
Use of weapon
Objects thrown
Forced isolation from
family and friends
Other (please describe)

2. As a result of any of the above did you ever have:
(please check all that apply)

Bruises/Scratches
Cuts
Broken bones
Concussion
Complications with pregnancy
Other (please describe)

3. Before you came to the Project, how would you react to violence in your home? (please check all that apply)

Do nothing and wait until it's over____
Threaten to leave the home____
Leave the home____
Threaten to call the police or other authorities____
Call the police or other authorities____
Threaten to make spouse/partner leave the home____
Make spouse/partner leave the home____
Try to understand why he did it____
Blame myself____
Seek help for myself____
Fight back____
Plead or cry____
Call friend or family for help____
Other (please describe)

C. IN THE NEXT SECTION WE'D LIKE TO ASK YOU HOW THINGS ARE
NOW.

1. Since coming to the Project, have you experienced any of the following? (please check all that apply)

Verbal abuse/threat
Slaps/Shoves
Kicks
Hair pulling
Punches
Burns
Forced sexual activity
Battered while pregnant
Choking
Threats to use weapon
Use of weapon
Objects thrown
Forced isolation from
family and friends
Other (please describe)

2. As a result of any of the above since coming to the Project, have you had any of the following: (please check all that apply)

Bruises/Scratches
Cuts
Broken bones
Concussion
Complications with pregnancy
Other (please describe)

3. Since coming to the Project, how would you react to violence in your home? (please check all that apply)

Do nothing and wait until it's over____
Threaten to leave the home____
Leave the home____
Threaten to call the police or other authorities____
Call the police or other authorities____
Threaten to make spouse/partner leave the home____
Make spouse/partner leave the home____
Try to understand why he did it____
Blame myself____
Seek help for myself____
Fight back____
Plead or cry____
Call friend or family for help____
Other (please describe)

Question 1 Section B asks the client to respond to the types and frequency of violent behavior before contacting the Family Violence Project, and Question 1, Section C asks the client to respond since seeking treatment. The vertical list of abusive behaviors were categorized by degree of less physically harmful to more physically harmful. Frequency rates (horizontal headings) were suggested by the staff at the Project. Question 2 in both Sections B and C is also set up as a grid and describes the physical effects of abusive behavior frequency,

ranging from the less severe to the more severe. Question 3 in both sections refers to the client's reaction during a violent episode, and development of coping skills.

The questions in sections B and C look at a number of issues and test certain hypotheses. First, they are an attempt to look at client perceptions -- the extent to which their condition has improved since contacting the Family Violence Project for services, and the extent to which the services of the Family Violence Project have helped them achieve improvements in their functioning. Second, the hypothesis that the level of family violence is reduced as a result of seeking services at the Family Violence Project is examined. Third, both sets of questions offer an opportunity to look at the violent behavior patterns of the spouse/partner prior to the woman receiving treatment, and since receiving treatment. Fourth, the hypothesis that a man's behavior changes as a result of his wife seeking treatment for an abusive relationship can be tested. Fifth, the questions explore different kinds of coping skills a woman uses in a violent situation. As a woman has more contact and receives treatment services from the Project, she may become more self-assertive in her behavior and develop positive and beneficial coping skills.

Section D is designed to measure effectiveness of services and client satisfaction with the Family Violence Project. Question 1 correlates specifically with Questions 1-3 in Sections B and C. Question 1, Section D asks client perception of any change in the amount of violence since coming to the project, and Questions 1-3, Sections B and C ask about specific behavior before and after coming to the project. Section D reads as follows:

D. NEXT WE'D LIKE TO ASK SOME QUESTIONS ABOUT YOUR FEELINGS TOWARDS THE FAMILY VIOLENCE PROJECT

1. Would you say there is any change in the amount of violence in your home since coming to the Project?

No violence____ Less now____ Same____ More now____

2. Overall, has the Project helped you? (please check all that apply)

I feel better about myself____

I do not feel better about myself____

I understand that it's not my fault____

I do believe it is my fault____

I see more options now____

I do not see more options now____

I am able to deal with my children better____

I am not able to deal with my children better____

I am able to decide whether or not to remain with my

spouse/partner____

I was given financial assistance____

I was given job assistance or placement____

I was given legal assistance____

I was not given any useful assistance____

I do not think the Project has helped me____

3. On a scale of 1 - 6, with 1 being the least helpful and 6 the most helpful, please tell us how you feel about the services you received at the Family Violence Project: (check one)

1____

2____

3____

4____

5____

6____

Section D, question 2, examines specific service goals, such as developing coping skills, increasing self-esteem, increasing client understanding of options and alternatives, and provision of financial or legal assistance.

There is some argument whether or not client satisfaction with services should be considered an outcome (Millar and Millar, 1981, p. 28). Some agencies contend that while client satisfaction is a legitimate concern, it should be not considered an outcome. The writers' recommend that it be treated as an outcome because the purpose, after all, of a social agency is to help clients, and their satisfaction should be considered. In addition, the level of client satisfaction can affect other outcomes. A client dissatisfied with job assistance services, for example, may be forced to remain at home with her abusive partner due to lack of financial resources.

Question 3, level of client satisfaction with services, can be correlated with all the other questions relating to changes in level of violence. In other words, would a client who feels the services she received were at level 1 (least helpful) be likely to show a reduction in violence? Is client satisfaction with services correlated

with a reduction of violence in her life? It seems likely that if this was her goal in coming to the agency and it did not happen, then the level of satisfaction would be low. Client expectations and goals must be explored to determine the direction of treatment for each particular client.

Contextual Variables

Section E of the questionnaire attempts to collect demographic and contextual data from the clients. These demographic data look at the social statistics of both the abused woman and her partner, and include such items as current living situation, marital status, children in the home, history of violence, military combat experience, age, place of birth, religion, Jewish community involvement, employment status, level of education, and annual income figures. When data are collected about some portions of a client's environment or milieu and used to describe the individual, these are called contextual variables -- an examination of the participant's context. Thus, in studying the clientele of the Family Violence Project, data could be collected regarding types and frequency of violent behavior in the household, patterns of abuse, and history of abuse. These types of data

assist in monitoring the client profile. Project personnel can use this information to better understand who is being served and how, if any, the client mix is changing. This information can obviously also provide guidance on service, staffing, and staff training needs. Section E reads as follows:

E. IN THIS FINAL SECTION, WE'D LIKE TO ASK SOME QUESTIONS ABOUT YOU AND YOUR SPOUSE/PARTNER.

1. What is your current living situation?

Married and living with spouse____
Not married but living with partner____
Separated____
Divorced____
Not married and not living together____

2. a. If married, how long? _____years _____months

b. If not married but living with partner, how long?
_____years _____months

c. If other relationship, how long?
_____years _____months

3. Is this the abusive relationship you contacted the Project about?

Yes____ No____

4. Do you have any children?

Yes____ No____ Ages_____

QUESTION #5-18 REFER TO THE MAN WHO WAS ABUSIVE TOWARD YOU, REGARDLESS OF WHETHER OR NOT YOU ARE CURRENTLY LIVING WITH HIM:

5. Did you ever see or did you ever know about your spouse/partner do any of the following?

Yes___ (please check all that apply) No___

Hit or injure animals___

Hit or injure children___

Hit or injure other people___

Destroy property (for example, hitting a door or throwing furniture)___

Other (please describe)___

6. Has your spouse/partner ever been arrested?

Yes___ (please check all that apply) No___

Violence against you___

Violence against others___

Other criminal activity___

Drunk driving___

Other (please describe)___

7. To the best of your knowledge, did your spouse/partner experience any of the following as a child?

Father abused mother physically or sexually

Spouse/partner was abused physically or sexually

Siblings were abused physically or sexually

Mother had alcohol or drug-related problems

Father had alcohol or drug-related problems

8. Did your spouse/partner serve in the military?

Yes___ No___

If yes, did he see combat? Yes___ No___

(Again, for purposes of this annotated questionnaire, questions 9-18 appear in shortened form. Please refer to Appendix B - Questionnaire for complete question format.)

YOUR BACKGROUND

SPOUSE/PARTNER'S
BACKGROUND

9. AGE:
10. PLACE OF BIRTH:
11. RELIGION:
12. IF JEWISH, PLEASE CHECK ALL THAT APPLY:
13. DO YOU BELONG OR GIVE MONEY TO ANY OF THE FOLLOWING?
14. WERE PARENTS JEWISH?
15. OCCUPATION: (please write in)
16. CURRENT EMPLOYMENT STATUS:
17. WHAT IS THE HIGHEST GRADE OR LAST YEAR IN SCHOOL COMPLETED?
18. ANNUAL INCOME:

Questions 1-3 ask about current living situations, and correlate with the level of reported violence. For example, if a respondent reports a reduction of violence, and also reports that she is separated from her husband (Question 1), and that was the relationship she contacted the Project about (Question 3), then a correlation can be made between the reduction of violence and her marital separation. The violence was probably reduced due to a physical separation.

Questions 5-8, which examine the batterers' history of violence, would be likely to correlate with the level and frequency of violence experienced before coming to the agency. For example, "yes" answers to these four questions would seem to indicate the probability of a more intense level of reported violence (Section B) than "no" answers to these questions.

What are the impacts of cultural values, religious orientation and Jewish community affiliation on the level of violence in specific families? Are families experiencing husband unemployment more likely to experience violence than families where the husband is working? Is a non-working wife more likely to experience

domestic violence than a working wife? Is her annual income a factor in violence? Is domestic violence present only in families with a certain combined annual income? These are but a few of the hypotheses that can be tested, as a result of the data collected in questions 9-18.

In analyzing the demographic results of this study, the researchers must remain cognizant that this study sample consists only of clients of the Family Violence Project. This is not a study of family violence in the Jewish community, but rather is limited to those people who utilize the services of the Family Violence Project. The study is also limited by the necessary use of a volunteer sample.

A final hypothesis is that demographic and contextual variables point to the prevalence and distribution of family violence within the Jewish community. These findings will truly shake the stereotypes and myths that have existed and will show that domestic violence transcends all social, economic, cultural and religious boundaries; it is not a phenomenon confined to any one segment of the Jewish community.

VI. RECOMMENDATIONS AND CONCLUSIONS

As a result of the authors' work in compiling this model client outcome study of the Family Violence Project, some recommendations to the Project have become apparent. Some of these are administrative suggestions and some are programming ones. All are given in a spirit of good will and respect.

One of the recommendations to the Family Violence Project is to design and implement an on-going evaluation process administered by the agency itself. In his article, "Evaluation as a Planning and Management Tool," Huberman stresses the importance of this process, which he identifies as "monitoring." He states, "Monitoring provides feedback data and specifies mid-course corrections" (Huberman, 1985, p. 117).

Monitoring should be built into the initial intake process of each client of the Family Violence Project and viewed as another facet for managing the agency. Pertinent data should be collected through an intake sheet on the first visit to the agency by each client. The intake sheet will need to be revised in order to collect data in a format which can be analyzed statistically. This can be accomplished by increasing the number of items able to be checked off, and by reducing the number of

open-ended questions in the intake form. The intake form would then have the appearance of a questionnaire, and in fact would become an on-going research instrument.

The data derived through this instrument would then be fed into a computer (SPSS program, or a Management Information System program) for analysis at regular intervals. In this way, the agency could be informed at all times as to whom its clients are. The Family Violence Project would, at the stroke of a key, have the ability to create spread sheets giving the specific demographic information over the desired period of time. Primary presenting issues with which clients are arriving for services at the agency could be tracked. Over time, a data base would be created concerning clients who come to the Family Violence Project, which would provide the agency with on-going feedback regarding the real needs of its clients.

Agency effectiveness could then be evaluated through following up with clients six or twelve months after their initial contact with the agency, when the intake sheet was completed. The intake sheet would be filled out by the clients for the second time, thus presenting before and after information.

It is vitally important in this process to clarify the items by which effectiveness can be identified. These are set out for this study as the goals and objectives of the Family Violence Project in Chapter III of this thesis.

Another administrative suggestion involves increasing the active community outreach and expanding public awareness of family violence as a reality in the Jewish community. Presently there is a strong outreach program, which consists of networking with other agencies able to refer clients and exchange information. There is also a speakers' bureau, with synagogues and other organized Jewish groups as the primary recipients of this service. Both the groups being educated and the Family Violence Project benefit through this activity. Potential clients become aware of the agency as a resource, and the Project provides community education and prevention of family violence. Family Violence Project staff also serve as consultants to the Department of Public Social Services (DPSS) and Cedars-Sinai Hospital staff.

The primary groups in need of outreach seems to be the unaffiliated Jewish community. As has been the experience with many other Jewish agencies, this is the most difficult group to reach. However, it can be done through distributing flyers describing the Family Violence Project and its services. These can be placed in laundromats,

handed out at grocery stores and dispensed at any and all public meeting places, especially in Jewish neighborhoods. Free public service radio spots are available and should be investigated for publicizing the agency to the non-affiliated. This contact with the unaffiliated Jewish community is vital if the Family Violence Project is to truly serve Jewish Los Angeles. Increasing the number of speaking engagements on the part of volunteers in the Family Violence Project speaker's bureau is also a positive method of increasing name recognition.

On a programming level, the Family Violence Project is involved in some very exciting programs. A group for batterers has recently been started, thus actually intervening at the "source" of the violence. This is a difficult, but necessary, move toward helping the family learn some behavioral options to violence.

The issue of forced sexual activity deserves more attention, both in terms of community education and client outreach. If Diana Russell's research results are applicable to the Jewish family, the taboo on talking about rape in marriage must be lifted immediately in order to reach these victims.

According to Betsy Giller, LCSW, of the Family Violence Project, this is an issue that comes up frequently in individual sessions. Like Russell, Giller says the women do not recognize forced sexual activity as rape. They describe it as "giving in sexually," "going along to not rock the boat;" they describe their feelings of humiliation and "feeling dead." This subject demands further study, and should be one of the areas explored on the intake form (for internal, on-going monitoring) as well as in session.

Another phenomenon described by a worker in family violence related to the male child of a batterer who is terrified of becoming a batterer like his father. This child tends to have an extremely tight hold on his feelings, and has difficulty expressing himself, especially anger. This leads to similarities between him and his father, and he does, in fact, begin to imitate his father's behavior. No research could be located to assess this behavior, and it should be another area monitored by the agency.

The last four specific areas of recommendations for Family Violence Project clients are:

1. Parenting,
2. Assertiveness,
3. Self-esteem,
4. Support groups.

Parenting issues are of special importance to parents in violent relationships. They need to learn about child development and alternatives to violent behavior with children. Through the Family Life Education program offered by the Project, parenting groups have been established to aid in the prevention of child abuse. This is open to the entire community, not only to those clients already being seen at the agency. This Family Life Education program also offers assertiveness training, which provides prevention of future domestic violence and intervention into current domestic violence. Increased self-esteem and assertiveness are necessary skills for men and women who want to stop the battering. Support groups are important components leading toward these goals.

The Family Violence Project is strong in the above listed components. They are discussed here to provide encouragement and support.

More information is needed to identify specific treatment modalities being used and their effectiveness. Effectiveness is measured through different variables, with the primary goal being to reduce violence. Counseling modalities and client outcomes must be correlated to obtain this knowledge.

The last recommendation concerns the general body of knowledge about domestic violence. Specifically, it would be helpful to collect data on ethnic comparisons. For example, differences and similarities between Jews and non-Jews, as well as a comparison of Jewish sub-groups. This information would provide more insight into cultural and ethnic value bases. It would also be helpful in evaluating where to concentrate outreach efforts for clients and community education.

The authors applaud the work being done by the Family Violence Project. The staff is currently serving a previously secret population in the Jewish community, and increasing public awareness regarding the issues surrounding Jewish family violence. They are actively striving toward domestic tranquility -- "Sh'lom Bayit."

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APPENDIX A

(COVER LETTER on JEWISH FAMILY SERVICE letterhead)

Dear Friend,

The Family Violence Project of Jewish Family Service has authorized two graduate student researchers from Hebrew Union College to find out about the services our clients have received. Since you have recently visited the Family Violence Project, we would like to ask your participation in this study, by filling out the enclosed questionnaire.

This questionnaire is designed to be quick and simple to complete, and uses checklists for the most part. There are no right or wrong answers. To make it easier for you to reply we are including a stamped envelope that is addressed to the researchers at Hebrew Union College.

We at the Family Violence Project will not see your returned questionnaire. Your name will not be attached to this questionnaire in any way, and your responses will be held in strict confidence. Please be assured that while we are very appreciative of your participation, whether or not you respond will not affect the services you are currently receiving, nor any services you may receive in the future.

We know this will take some of your time and will involve your sharing some private thoughts and experiences. Again, thank you very much for your participation. We hope that as a result of this study we will be better able to provide useful services and assistance to our clients.

APPENDIX B

FAMILY VIOLENCE PROJECT
OF
JEWISH FAMILY SERVICE

Directions: This questionnaire is completely confidential and your name will not appear anywhere. The number on the top is to help keep track of the returned surveys. The numbers in the right margin are for computer coding.

If you would like a copy of the results of this questionnaire, please contact_____.

We hope this questionnaire will only take you a few minutes to complete. Directions for where to fill in the answers are included with each question.

Thank you.

A. IN THIS SECTION, WE'D LIKE TO ASK ABOUT HOW YOU FIRST
CAME TO THE FAMILY VIOLENCE PROJECT.

1. Why did you come to the Project? (please check all that apply)

To talk with someone___

To find out what to do___

To find out about the Project___

To get help with stopping violence___

To talk with other women with similar problems___

Other (please describe)_____

2. Are you currently receiving help from the Project?

If yes, how long have you been coming?_____

If no, when did you begin?_____when did you end?_____

3. How did you hear about the Project? (please check all that apply)

Read about it___

Former or current client of Jewish Family Service___

Referred from another agency___

Referred from a shelter___

Friends/family___

Attorney___

Police___

Doctor/mental health professional___

Other (please describe)_____

4. Did your spouse/partner know you contacted the Project?

Yes_____

No_____

A. IN THIS SECTION, WE'D LIKE TO ASK ABOUT HOW YOU FIRST
CAME TO THE FAMILY VIOLENCE PROJECT.

1. Why did you come to the Project? (please check all that apply)

To talk with someone___

To find out what to do___

To find out about the Project___

To get help with stopping violence___

To talk with other women with similar problems___

Other (please describe)_____

2. Are you currently receiving help from the Project?

If yes, how long have you been coming?_____

If no, when did you begin?_____when did you end?_____

3. How did you hear about the Project? (please check all that apply)

Read about it___

Former or current client of Jewish Family Service___

Referred from another agency___

Referred from a shelter___

Friends/family___

Attorney___

Police___

Doctor/mental health professional___

Other (please describe)_____

4. Did your spouse/partner know you contacted the Project?

Yes_____

No _____

5. Before coming to the Project did you seek help anywhere else?

Family___

Friends___

Rabbi___

Attorney___

Physician___

Police___

Mental health professional___

Other Jewish agency___

Other (please describe)_____

B. IN THIS SECTION WE'D LIKE TO ASK WHAT IT WAS LIKE FOR YOU
BEFORE COMING TO THE FAMILY VIOLENCE PROJECT

1. During the year before you came to the Project, did you experience any of the following with your spouse/partner?
(please check all that apply)

| | Daily | Once a week | 1-3 times a month | Less than once a month | Less than twice a year | None at all |
|---|-------|-------------|----------------------|---------------------------|---------------------------|-------------|
| Verbal abuse/threat | _____ | _____ | _____ | _____ | _____ | _____ |
| Slaps/Shoves | _____ | _____ | _____ | _____ | _____ | _____ |
| Kicks | _____ | _____ | _____ | _____ | _____ | _____ |
| Hair pulling | _____ | _____ | _____ | _____ | _____ | _____ |
| Punches | _____ | _____ | _____ | _____ | _____ | _____ |
| Burns | _____ | _____ | _____ | _____ | _____ | _____ |
| Forced sexual activity | _____ | _____ | _____ | _____ | _____ | _____ |
| Battered while pregnant | _____ | _____ | _____ | _____ | _____ | _____ |
| Choking | _____ | _____ | _____ | _____ | _____ | _____ |
| Threats to use weapon | _____ | _____ | _____ | _____ | _____ | _____ |
| Use of weapon | _____ | _____ | _____ | _____ | _____ | _____ |
| Objects thrown | _____ | _____ | _____ | _____ | _____ | _____ |
| Forced isolation from family and friends | _____ | _____ | _____ | _____ | _____ | _____ |
| Other (please describe) | _____ | _____ | _____ | _____ | _____ | _____ |

2. As a result of any of the above did you ever have: (please check all that apply)

| | <u>Very Frequently</u> | <u>Somewhat Frequently</u> | <u>Rarely</u> | <u>Never</u> |
|------------------------------|----------------------------|--------------------------------|---------------|--------------|
| Bruises/Scratches | _____ | _____ | _____ | _____ |
| Cuts | _____ | _____ | _____ | _____ |
| Broken bones | _____ | _____ | _____ | _____ |
| Concussion | _____ | _____ | _____ | _____ |
| Complications with pregnancy | _____ | _____ | _____ | _____ |
| Other (please describe) | _____ | | | |

3. Before you came to the Project, how would you react to violence in your home? (please check all that apply)

Do nothing and wait until it's over____
Threaten to leave the home____
Leave the home____
Threaten to call the police or other authorities____
Call the police or other authorities____
Threaten to make spouse/partner leave the home____
Make spouse/partner leave the home____
Try to understand why he did it____
Blame myself____
Seek help for myself____
Fight back____
Plead or cry____
Call friend or family for help____
Other (please describe)_____

C. IN THE NEXT SECTION WE'D LIKE TO ASK YOU HOW THINGS ARE NOW.

1. Since coming to the Project, have you experienced any of the following?
(please check all that apply)

| | Daily | Once a week | 1-3 times a month | Less than once a month | Less than twice a year | None at all |
|---|-------|-------------|----------------------|---------------------------|---------------------------|-------------|
| Verbal abuse/threat | _____ | _____ | _____ | _____ | _____ | _____ |
| Slaps/Shoves | _____ | _____ | _____ | _____ | _____ | _____ |
| Kicks | _____ | _____ | _____ | _____ | _____ | _____ |
| Hair pulling | _____ | _____ | _____ | _____ | _____ | _____ |
| Punches | _____ | _____ | _____ | _____ | _____ | _____ |
| Burns | _____ | _____ | _____ | _____ | _____ | _____ |
| Forced sexual activity | _____ | _____ | _____ | _____ | _____ | _____ |
| Battered while pregnant | _____ | _____ | _____ | _____ | _____ | _____ |
| Choking | _____ | _____ | _____ | _____ | _____ | _____ |
| Threats to use weapon | _____ | _____ | _____ | _____ | _____ | _____ |
| Use of weapon | _____ | _____ | _____ | _____ | _____ | _____ |
| Objects thrown | _____ | _____ | _____ | _____ | _____ | _____ |
| Forced isolation from family and friends | _____ | _____ | _____ | _____ | _____ | _____ |
| Other (please describe) | _____ | _____ | _____ | _____ | _____ | _____ |

2. As a result of any of the above since coming to the Project, have you had any of the following: (please check all that apply)

| | <u>Very Frequently</u> | <u>Somewhat Frequently</u> | <u>Rarely</u> | <u>Never</u> |
|------------------------------|----------------------------|--------------------------------|---------------|--------------|
| Bruises/Scratches | _____ | _____ | _____ | _____ |
| Cuts | _____ | _____ | _____ | _____ |
| Broken bones | _____ | _____ | _____ | _____ |
| Concussion | _____ | _____ | _____ | _____ |
| Complications with pregnancy | _____ | _____ | _____ | _____ |
| Other (please describe) | _____ | | | |

3. Since coming to the Project, how would you react to violence in your home? (please check all that apply)

Do nothing and wait until it's over_____

Threaten to leave the home_____

Leave the home_____

Threaten to call the police or other authorities_____

Call the police or other authorities_____

Threaten to make spouse/partner leave the home_____

Make spouse/partner leave the home_____

Try to understand why he did it_____

Blame myself_____

Seek help for myself_____

Fight back_____

Plead or cry_____

Call friend or family for help_____

Other (please describe)_____

D. NEXT WE'D LIKE TO ASK SOME QUESTIONS ABOUT
YOUR FEELINGS TOWARDS THE FAMILY VIOLENCE PROJECT

1. Would you say there is any change in the amount of violence in your home since coming to the Project?

No violence____ Less now____ Same____ More now____

2. Overall, has the Project helped you? (please check all that apply)

I feel better about myself____

I do not feel better about myself____

I understand that it's not my fault____

I do believe it is my fault____

I see more options now____

I do not see more options now____

I am able to deal with my children better____

I am not able to deal with my children better____

I am able to decide whether or not to remain with my spouse/partner____

I was given financial assistance____

I was given job assistance or placement____

I was given legal assistance____

I was not given any useful assistance____

I do not think the Project has helped me____

3. On a scale of 1 - 6, with 1 being the least helpful and 6 the most helpful, please tell us how you feel about the services you received at the Family Violence Project: (check one)

1____ 2____ 3____ 4____ 5____ 6____

E. IN THIS FINAL SECTION, WE'D LIKE TO ASK SOME QUESTIONS
ABOUT YOU AND YOUR SPOUSE/PARTNER.

1. What is your current living situation?

Married and living with spouse___

Not married but living with partner___

Separated___

Divorced___

Not married and not living together___

2. a. If married, how long? _____years _____months

b. If not married but living with partner, how long?
_____years _____months

c. If other relationship, how long? _____years _____months

3. Is this the abusive relationship you contacted the Project about?

Yes___ No___

4. Do you have any children?

Yes___ No___ Ages_____

QUESTION #5-18 REFER TO THE MAN WHO WAS ABUSIVE TOWARD YOU, REGARDLESS OF WHETHER OR NOT YOU ARE CURRENTLY LIVING WITH HIM:

5. Did you ever see or did you ever know about your spouse/partner do any of the following?

Yes___ (please check all that apply) No___

Hit or injure animals___

Hit or injure children___

Hit or injure other people___

Destroy property (for example, hitting a door or throwing furniture)___

Other (please describe)_____

6. Has your spouse/partner ever been arrested?

Yes___ (please check all that apply) No___

Violence against you___

Violence against others___

Other criminal activity___

Drunk driving___

Other (please describe)_____

7. To the best of your knowledge, did your spouse/partner experience any of the following as a child?

| | <u>Yes</u> | <u>No</u> | <u>Not Sure</u> |
|--|------------|-----------|-----------------|
| Father abused mother physically or sexually | ___ | ___ | ___ |
| Spouse/partner was abused physically or sexually | ___ | ___ | ___ |
| Siblings were abused physically or sexually | ___ | ___ | ___ |
| Mother had alcohol or drug-related problems | ___ | ___ | ___ |
| Father had alcohol or drug-related problems | ___ | ___ | ___ |

8. Did your spouse/partner serve in the military? Yes___ No___
If yes, did he see combat? Yes___ No___

YOUR BACKGROUND

SPOUSE/PARTNER'S
BACKGROUND

9. AGE:

18-24___

25-34___

35-44___

45-54___

55-64___

65 and over___

18-24___

25-34___

35-44___

45-54___

55-64___

65 and over___

10. PLACE OF BIRTH:

United States___

Europe___

Israel___

Other Mideast country___

Soviet Union___

Canada___

South America___

Other (please specify):

United States___

Europe___

Israel___

Other Mideast country___

Soviet Union___

Canada___

South America___

Other (please specify):

11. RELIGION:

Jewish___

Born Jewish___

Converted Jewish___

Other___

Jewish___

Born Jewish___

Converted Jewish___

Other___

YOUR BACKGROUND

SPOUSE/PARTNER'S
BACKGROUND

12. IF JEWISH, PLEASE CHECK ALL THAT APPLY:

Reform____
Conservative____
Orthodox____
"Just Jewish"____
Ashkenazic____
Sephardic____

Reform____
Conservative____
Orthodox____
"Just Jewish"____
Ashkenazic____
Sephardic____

13. DO YOU BELONG OR GIVE MONEY TO ANY OF THE FOLLOWING?

Synagogue____
Jewish community
center____
Jewish club or
organization____
Jewish Federation____
Other Jewish causes____

Synagogue____
Jewish community
center____
Jewish club or
organization____
Jewish Federation____
Other Jewish causes____

14. WERE PARENTS JEWISH?

Father:
Yes____
No____
Don't know____

Father:
Yes____
No____
Don't know____

Mother:
Yes____
No____
Don't know____

Mother:
Yes____
No____
Don't know____

15. OCCUPATION: (please write in)

YOUR BACKGROUND

SPOUSE/PARTNER'S
BACKGROUND

16. CURRENT EMPLOYMENT STATUS:

Employed _____
Laid-off _____
Student _____
Homemaker _____
Other _____

Employed _____
Laid-off _____
Student _____
Homemaker _____
Other _____

17. WHAT IS THE HIGHEST GRADE OR LAST YEAR IN SCHOOL COMPLETED?

Less than high school _____
High school graduate _____
Some college _____
College graduate _____
Other _____

Less than high school _____
High school graduate _____
Some college _____
College graduate _____
Other _____

18. ANNUAL INCOME:

No income _____
Under \$10,000 _____
\$10,001 - \$25,000 _____
\$25,001 - \$40,000 _____
\$40,001 - \$55,000 _____
Over \$55,001 _____

No income _____
Under \$10,000 _____
\$10,001 - \$25,000 _____
\$25,001 - \$40,000 _____
\$40,001 - \$55,000 _____
Over \$55,001 _____

Please feel free to add anything in the space below about either the Project or this questionnaire:

THANK YOU VERY MUCH