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Beit Noam : a new direct  
HARTAF, Hagit

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# Beit Noam:

## A New Direction for Abusive Men

By  
Hagit Hartaf  
Re'ama Bar-On

No. 74

Jerusalem, September 2000

Human Development

Research & Planning Administration

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המחלקה לתכנון ולמחקר  
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המוסד לביטוח לאומי  
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**NATIONAL INSURANCE INSTITUTE**  
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**Division for Service Development**



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*translation from the Hebrew original, by Karen Gold - January 2002*

AM63 21.3.02

## Preface

We are pleased to present the publication, *Beit-Noam: A New Direction for Abusive Men*, which describes a groundbreaking experimental program of intervention and treatment for abusive men. This demonstration project, initiated by Ms. Ofra Kenan, chairman of the Noam non-profit organization, and Ms. Chanah Rosenberg, was launched in November 1996 with the joint funding of the National Insurance Institute and the Ministry of Labor and Social Affairs.

The contributions of Ms. Kenan and Ms. Rosenberg in developing the knowledge base and the treatment model, and their determined efforts to apply the model in accordance with professional criteria, are a source of inspiration to all those who are committed to eliminating violence of any kind. We also extend our appreciation to the professionals, the administrative personnel, and the many volunteers who assisted them so faithfully. The Department of Social Services, headed by Mr. Chaim Posner, was a crucial partner in the complex processes leading up to the approval of the program and to its implementation. A special thanks to Ms. Yael Hermel, director of the Service for the Individual and Family, and to Ms. Tzippi Nachshon, administrator in charge of domestic violence – both members of the Department staff – who had a major hand in the formulation of the program.

We thank them, too, for preparing the report on the various methods of intervention and services dealing with the problem of abusive men. This report appears as an appendix to the present publication.

The members of the steering committee and the professional committee played an active and important role in the decision-making process and in pushing the project forward. I am especially grateful to Ms. Yaffah Buchovsky, District Probation Officer of the Probation Service for Adults, and Ms. Tanya Liff, coordinator of special projects and chair of the National Insurance Institute steering committee.

Ms. Na'ama Bar-On and Dr. Miri Levine-Rozalis of Mishtanim, Inc. held overall responsibility for the evaluation of the program. The research team, which monitored all stages of the program and took on the task of producing this report, consisted of Ms. Hagit Hartaf and Ms. Na'ama Bar-On. They were assisted in conducting the evaluation and compiling the report by Ms. Hagar Alafi, Ms. Elinoar Keller, Ms. Rachel Reikin and Mr. Ehud Hochberg. I wish to thank those who conducted the study, and the entire staff, for the professional job and for the clear and thorough

report.

During the demonstration stage covered in this report, 65 men completed Beit-Noam's intensive program of intervention and treatment. The 65 spouses, children and other individuals in the inner and outer circles of these men also underwent changes that were a by-product of the experiment. The facts and figures about the successes and the difficulties indicate that, alongside our satisfaction with the gains achieved, there is also concern as to their long-term viability. We must therefore engage in ongoing "maintenance" of the gains achieved, meaning that our job is not over yet.

We wish continued success to all the men who have participated in Beit-Noam's program and to those who will do so in future, and hope that the program and this report will help further the professional and social processes necessary to end domestic violence.

Sarit Baitz-Moray, Director  
Demonstration Projects

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## Introduction

### Theoretical Background

In the 1970's, the subject of family violence in general, and spousal abuse<sup>1</sup> in particular, first began to penetrate the public consciousness (Walker, 1984). In Israel, this development found practical expression with the opening of the first shelter for battered women in Haifa in November 1977.

Spousal abuse has been defined in various ways. Straus, Gelles & Steinmetz have defined violence as "an act committed with the real or perceived intent of harming another person" (Straus, Gelles & Steinmetz, 1981). This definition encompasses two categories: (1) physically striking with the intent to cause physical harm or pain to the female partner (including forced sexual activity); (2) psychological abuse involving verbal threats, humiliation, and misuse of the immediate environment (such as throwing objects against the wall).

Estimates of the percentage of families in which there is abuse against women vary highly, ranging from 5% to 16% of couples on the basis of reported incidents (Levi and Friedman, 1992). A survey conducted recently in the U.S. found that one out of nine women who seek emergency treatment do so as a result of family violence (Alpert, Cohen & Sege, 1997). Precise information as to the scope of the phenomenon in Israel is not available. Based on conservative estimates, 10% of married women in Israel are battered, 7% of them in a recurring, systematic manner. But it must be recalled that the majority of women refrain from reporting their situation. It is therefore reasonable to assume that the existing figures do not reflect the actual prevalence of abuse (Flisser, 1995).

It is important to note that the damage caused when a husband batters his wife affects every member of the family. While the primary victim is the battered wife, the children are also victims and the batterer causes harm to himself as well. In light of the growing violence in our society, and the prevalence of spousal abuse, the development of programs whose chief objective is the cessation of violence has become an urgent necessity (Pressman & Sheps, 1994).

Psychodynamic theory, social learning theory, and numerous other approaches have all attempted to confront the question of the origins of violence in general and of domestic violence in particular, in addition to generating assorted methods of coping with the problem. Although the problem is generally addressed at the "micro" level, the feminist approach treats it at the "macro" level and points to the patriarchal structure of society as a root cause of male violence towards women (Walker, 1984).

It appears that the various theories are able to explain only certain aspects of battering, but not the phenomenon in its entirety. The literature indicates that spousal abuse is a product of diverse, multidimensional factors, and the methods employed in coping with the problem must therefore address these different aspects. From an overview of the various studies in this field, several key characteristics of the abusive man and his relations with his partner emerge. The most frequent finding cited in the literature is exposure to violence during childhood, as a witness to violence between parents or as a battered child. Numerous studies have found that

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<sup>1</sup> For purposes of this paper, spousal abuse is defined as any form of abuse committed by men against their partners.

over 75% of abusive men were themselves victims of violence or witnesses to violence in the family (Walker, 1986). Other characteristics of men who commit abuse are: stereotypical views with respect to marriage and the role of women; psychological characteristics such as low self-esteem, strong need for control, a tendency to blame others, possessiveness and pathological jealousy; and a tendency toward high alcohol consumption (Levi & Friedman, 1992), coupled with an absence of support systems and poor social skills (Walker, 1995).

The range of characteristics and risk factors that have been found led to the conclusion that men who batter cannot be viewed as a homogeneous group. Accordingly, attempts have been made to identify different categories of abusive men on the basis of various criteria such as the severity of the abuse, its generality, and the degree of psychopathology of the abuser (Walker, 1995). The differential view of abuse has led to an attempt to match the type of intervention to the characteristics of the abuser. For example, Saunders found that abusers who were classified as having a dependent personality benefited more from psychodynamic therapy in contrast to abusers with antisocial tendencies, who gained more from cognitive-behavioral therapy (Saunders, 1996). The study concluded that effective intervention necessitates a holistic approach that confronts the phenomenon on various levels and provides an appropriate response to the heterogeneity of abusers. This approach has led to a decline in the popularity of short-term psycho-educational programs for the treatment of abusers, the effectiveness of which has not been proven. Such programs deal directly with the abuser's anger in addition to the distorted perceptions that provide him with a "license" for violent behavior. Today, these programs are being expanded to include dynamic and cognitive-behavioral components, among others (Walker, 1995). The need for such expansion is explained by Pressman and Sheps who argue that, due to the application of one theory alone, most existing treatment programs do not succeed in integrating the traumatic history of the abuser with the sociocultural context in which he is presently functioning (Pressman & Sheps, 1994). They propose a treatment model based on a synthesis of various theories that are generally applied separately.

Pressman & Sheps' model is based primarily on group therapy, an approach that carries with it several advantages. From the standpoint of the theory of social learning, the group offers the men a framework of "equals" who are coping with similar problems, thereby allowing them to learn various methods of coping, as opposed to the model of one therapist who guides the behavior of the client. This difference represents an advantage, particularly when the men have difficulty with authority figures. From a psychodynamic perspective, the fact of belonging to a broad, empathetic group encourages the men to reveal themselves and helps build trust in others. In addition, the group encourages resocialization, or the relearning of traditional male codes, and enhances the ability to discuss feelings and to share them with others.

The proposed group model integrates elements of cognitive, psychodynamic and feminist theories. Cognitive-behavioral techniques have been found to be effective in strengthening self-control, when applied consistently in the treatment of abusive men (Edleson & Tolman, 1992). Through these techniques, the men learn to identify the warning signs of a violent episode and to develop strategies for self-control, with the aim of extinguishing the aggressive response. Pressman & Sheps argue that although cognitive-behavioral therapy helps men realize how they are negatively interpreting the behavior of their spouse, it does not allow the men to identify the emotional "triggers" in the woman's behavior, which are usually linked to difficult childhood memories and to feelings of worthlessness and rejection. Thus, their model also includes the use of a psychodynamic approach that emphasizes insight (Pressman & Sheps, 1994). By gaining insight, the men become more aware of how they are affected by experiences in their past, and draw a connection between violence in their childhood and their personality and present functioning as family men.

In the follow-up to this integrative treatment program, it was found that when the men remained in the program between 12 and 24 months, both they and their spouses reported that the program had succeeded in reducing aggressive behavior. In addition, the group therapy apparently helped enhance the effectiveness of couples therapy, which was conducted either concurrently or following the group therapy. The integrative model represents a breakthrough in the treatment of abusers, but there is a need for additional research and for the formulation of other integrative therapy programs in order to assess its effectiveness.

Beit-Noam is an attempt to create an integrative group-therapy framework that offers a solution for the relatively hard core of abusive men, among them men whose violence stems from a dependent or an antisocial personality.

### **Description of Beit-Noam**

Beit-Noam is an experimental program approved as a demonstration project by the National Insurance Institute (NII) and funded jointly by the NII and the Ministry of Labor and Social Affairs. It is the result of an initiative launched by the Noam non-profit organization for the prevention of domestic violence.

The goals of Beit-Noam, as set forth in the charter of the Noam non-profit organization are:

*"to provide men who are barred from the home with a therapeutic-learning framework aimed at putting an end to their violent behavior and helping them acquire patterns of behavior that will prepare them to return to their home and family – new patterns of behavior that will make it possible to reunite the family and ensure the normal development of the family's children, who experienced, or were witness to, violent behavior in the past."*

The rationale behind Beit-Noam's program of intervention is the assumption that violence is the personal problem of the violent individual, for which he bears sole responsibility, and that his behavior is not a symptom of the relationship dynamic between the couple. Abusive men are characterized by behavior that is guided by an external locus of control, that is, by a projection of their internal world onto the spouse, whom they blame for their own violence. In light of this, the men at Beit-Noam are treated as individuals with problems on the behavioral, cognitive and emotional levels. In other words, the violence results from a combination of various factors affecting the men. For this reason, the intervention offered at Beit-Noam is based on an integrative/inclusive therapeutic model.

Beit-Noam is a large residence in a quiet suburb, adapted to house 12 men living two to three in a room. The men live at Beit-Noam but go out to work in the morning and return in the evening. During the late afternoon and evening hours, various forms of therapy take place within the overall group framework. The men share responsibility for the running of the residence, jointly preparing the evening meal each day in addition to participating in daily group therapy.

As part of the treatment program, the men receive cognitive-behavioral therapy combined with a certain amount of dynamic therapy. The therapy includes working in a group of "equals" in frequent, highly intense sessions. Group therapy takes place five days a week and individual therapy once a week, in addition to the overall social framework of the residence. Beit-Noam also maintains contact with outside referral agencies and treatment frameworks involved in the men's reentry into the community, as well as running a group for former residents.



## Structure of the Evaluation

### Theoretical Basis

From the preceding description, it is clear that Beit-Noam is a multifaceted project involving a range of elements that must be considered when conducting an evaluation. The program is therapeutic in nature and entails complex, integrative treatment on several levels: individual, group and systemic. The therapeutic framework evolved and took shape during the course of the work. Alongside the therapeutic aspects, there are significant organizational factors at play: the establishment and formation of an organization, and contacts with other organizational systems such as municipal welfare offices of the Minister of Labor and Social Affairs, centers for the prevention of violence, the Probation Service, the courts, and others. Without these systems, Beit-Noam could not exist.

The nature of the project, and the questions to be explored, dictated the need to operate simultaneously on two levels: the macro and the micro. On the macro level, we are referring to an understanding of the systemic processes that further or disrupt the work of the project and the system-wide effects of the project and on the project (as drawn from the goals of the evaluation). With this in mind, and to better understand the organizational system, matters must be understood within their context. In other words, one must observe micro processes and parts of systems. It is important to see the totality of the system – its significance and its nature: what enhances it and what limits it or prevents it from achieving the goals of the project. The objectives of this evaluation, the questions being addressed, and the need to operate on both levels necessitated an eclectic method of evaluation adapted to the matter being assessed. In accordance with the issue under consideration, the evaluation was based, respectively, on experimental and quasi-experimental studies as well as on semiotic (Tucker & Dempsey, 1991), constructivist (Guba & Lincoln, 1989), and ethnographic (Goetz & LeCompte, 1984) approaches and on quantitative research methodologies.

The evaluation conducted at Beit-Noam encompasses several elements: it is both a formative assessment and a review, an assessment of process as well as of outcome. The concept consists of: (a) a reflective, formative evaluation that encourages a learning process on the part of those involved in the project and takes an active role in shaping the project; and (b) a summarizing assessment that observes each process through to its conclusion. The working concept borne in mind by the evaluation team was that of a synthesis between an evaluation of process – what happened, how and why – and an evaluation of outcome – effectiveness and end-results. According to this complex concept, the evaluation must provide a significant response to questions that arise in the course of the project and its implementation, and must actively aid in the formulation of a meaningful working process. The objectives of the evaluation were to gather, analyze, conceptualize (in conjunction with the members of the steering committee) and understand what takes place at Beit-Noam. A proper understanding of the project entails a complex, multi-dimensional approach.

The following are two of the professional foundations on which the evaluation was based, as derived from the overall evaluation concept:

- a. *Participation in organizational learning* – As stated, a key role assigned to the evaluation team was assistance in structuring the relevant organizational knowledge. The evaluation team was asked to aid in formulating the categories for data collection and in identifying therapeutic indicators. The indicators identified by the team, and the new questions that were raised, were brought before the steering committee and other professional forums. All research and learning processes were conducted in conjunction with the various professional teams working with Beit-Noam.

- b. *Stage-by-stage exploration, as expressed in the evaluation reports* – The evaluation team took it upon itself to explore various questions and topics in accordance with predefined goals and with practical needs that arose in the process of the work (see section on evaluation questions, below). These topics were explored, and the findings issued, in accordance with the needs of each stage. Examples of such topics included:
- preparations and groundwork for the establishment of Beit-Noam;
  - treatment of former Beit-Noam residents, in the residence and in the community;
  - what happens to the spouses of the men who undergo treatment at Beit-Noam.

#### Questions explored and their underlying rationale

Certain of the questions addressed in the evaluation were known in advance and were derived from the Beit-Noam treatment program and from the preliminary meetings of the steering committee. Other questions arose in the course of the actual work. These, too, were added to the body of questions being evaluated. The following questions were explored:

- *Does treatment at Beit-Noam have a positive effect on abusive men?* – The first question is, of course, whether there is a reduction in abuse as a consequence of the intervention; whether in all types of abuse (physical, verbal, other) or only in physical abuse; whether the change is a long-term one; and whether treatment at Beit-Noam has a positive effect in other areas. The goal, as expressed in the proposal to establish the residence, is to help the men “acquire patterns of behavior that will prepare them to return home” (for example, learning how to live with others, mutual accommodation, ability to verbally express thoughts and feelings).
- *What are the professional and organizational aspects of Beit-Noam’s operation? What promotes the success of the program and what hampers it?* – Establishing the residence and putting it into operation entailed various intra- and inter-organizational tasks. Likewise, it involved professional and semi-professional decisions, all of which were monitored by the evaluation team.
- *What is the therapeutic pattern that is evolving at Beit-Noam, and to what extent are the basic principles that guided its founding actually being maintained?* – An evaluation of the overall aspects of life in a joint setting and of various therapeutic frameworks. The establishment of Beit-Noam was grounded on certain assumptions with respect to violence and its treatment. The evaluation explored the work and its ramifications in light of these assumptions.
- *How much collaboration is there between Beit-Noam and outside bodies on the issue of violence?* Beit-Noam is not an “island.” It is dependent on appropriate referrals from treatment and correctional agencies in the community. It needs a place to which it can refer the men at the conclusion of their treatment, for purposes of follow-up and continued treatment, as well as a place to support the women while the men are undergoing treatment. As part of the evaluation, we asked to what extent Beit-Noam is managing to create such an environment for itself, what the obstacles are, and whether or not there is cooperation on the part of the Ministry of Labor and Social Affairs with the aim of including Beit-Noam among the available treatments for abusive men.
- *What is the long-term effectiveness of treatment?* – As the project progressed, the findings from Beit-Noam’s first two years of operation pointed to significant therapeutic effectiveness during the course of treatment and immediately thereafter. There is now a need to examine

the effectiveness of the treatment over a longer period following the end of the men's stay at Beit-Noam.

- *Is there follow-up treatment for men who have concluded their initial treatment - identification of issues and assessment of treatment* – This question is more difficult to assess since only a small portion of the follow-up treatment takes place at Beit-Noam and the greater part occurs in the community. It requires collaboration between Beit-Noam and the community, and an understanding by the professional bodies in the community of the complexity of the treatment that the men received at Beit-Noam. During the second year of Beit-Noam's operation, the problem of the men's return to the community began to emerge. In particular, the need arose for follow-up treatment for the men—treatment that would take into account the process that they had undergone at Beit-Noam. A significant effort was made, in conjunction with numerous agencies, to confront the associated problems. Without appropriate mechanisms for returning to the community, the treatment undergone by the men at Beit-Noam is worthless. The evaluation examined the treatment offered in the groups for former residents, and, concurrently, asked whether there has indeed been an improvement in the way the men are integrated into the community and whether these activities are effective. The various community-based options and the differences between them were identified, with the treatment framework as focal point (probation officers, centers for the treatment of violence, and municipal welfare offices of the Ministry of Labor and Social Affairs).
- *What are the processes by which the men who have completed treatment are integrated into the community?* – This question arises from the previous one. The first two years of Beit-Noam's operation centered on the creation of a new and unique therapeutic service. With the help of the steering committee, the professional committee, and the evaluation's findings, there is ongoing improvement and fine-tuning of the methods of intake, treatment, and release of the men into the community. Among other things, an intricate network of contacts with professionals in the community has been established. All of the above were examined as part of the evaluation.
- *Is the therapeutic knowledge gained at Beit-Noam processed and improved upon?* – Because we are speaking of an innovative, ground-breaking treatment model, we must ask to what extent – during the two and a half years of the experiment – Beit-Noam has managed to learn from its experience, to change treatment methods and components of treatment, and to adapt to these changes. We will be examining below how much of an effort has been made to learn from the knowledge developed at Beit-Noam, to disseminate it to other professional bodies, and to establish its place within the array of treatments for violence in Israel.

#### Objectives and topics of the evaluation

- a. Professionals in the therapeutic community in general and at Beit-Noam in particular:
  - initial preparations and organization;
  - applications and referrals to Beit-Noam;
  - perception of Beit-Noam among professional bodies in the field (different bodies at various periods);
  - therapy received in community by men who completed treatment and their spouses.
- b. Nature of treatment:
  - Beit-Noam's methods of operation, analysis of staff functions and role definitions;
  - what happens to men who live at Beit-Noam;
  - the treatment as a whole; group and individual therapy; and the meaning of living in a

residential treatment setting;

- activities of former residents' groups (men who have completed treatment and come for follow-up).

c. Outcomes"

- what happens to spouses of men who have completed treatment at Beit-Noam?
- estimate of how many men revert to violence (and what type of violence) over the long term;
- assessment of other effects of treatment at Beit-Noam on the men and their families.

Evaluation tools

Both open-ended and closed-ended tools (interviews, observations, questionnaires) were employed. The various tools were used to assess opinions of the program; content of activities; organizational structure; and conceptual and content-related changes following exposure to the program. Most of the tools were employed on a sample population, but the entire population participated where appropriate. The sampling or selection criteria are detailed in the sections presenting the findings.

*Observations*

The evaluation team carried out a comprehensive series of observations:

- participatory observations of steering committee;
- participatory observations of project's organizational activities (introductory and collaborative meetings with other bodies, such as centers for treatment of violence; marketing and public-relations meetings).
- observations of group activities;
  - o observations at varying intervals of groups of residents and former residents;
  - o week-long observation of inter-group ties as reflected in a series of activities
- observations of activities at Beit-Noam between therapy sessions.

*Interviews*

The evaluation team interviewed people from various groups within the program's organizational constellation:

- 15 personal in-depth interviews with members of the program's professional staff, in addition to several series of interviews exploring various questions: preparation, conceptual therapeutic framework, and in-depth questions regarding specific clients.
- 30 interviews with men: 18 interviews at various periods during the men's stay at Beit-Noam and 12 interviews several months after their return to community life.
- 29 interviews with spouses of men who had completed treatment at Beit-Noam. Interviews took place with 26 spouses, constituting 40% of all spouses of former residents of Beit-Noam who were potential interviewees (3 women were interviewed twice). The interviews were conducted at various intervals following completion of treatment (between one month and two years); the bulk of the interviews were conducted three months to one year after conclusion of treatment.

Reasons why interviews were not conducted in the other cases:

- o 12 cases were assessed by professionals as being inappropriate for interviewing, based on the men and/or the spouses themselves (6 cases) or on relations between the partners (6 additional cases).
- o In 9 cases, contact could not be made with the men and/or their spouses, in some instances because the men had broken off contact with Beit-Noam and moved from their former address.
- o In 3 cases, the men did not wish their spouse to be interviewed. These men expressed a

desire to leave behind this period in their lives or tended not to clarify the reason for the lack of interest (in at least one case, poor relations between the couple were involved).

- In one case, the spouse was not interested in being interviewed and refused to cooperate since the husband had left home following his stay at Beit-Noam and she blamed Beit-Noam for his departure.
- In one case, the man was single and there was no spouse to interview.
- 13 other men have not yet been back in the community for a period longer than six months.
- 8 in-depth interviews with professionals in the community, therapists who treat violence, and individuals in the therapeutic community who are involved in the issue of violence. Numerous other professionals were interviewed, including directors of municipal welfare offices and centers for treatment of violence that had accepted men from Beit-Noam and those that had not accepted men; therapists directly involved in violence prevention; probation officers working with men; and a judge. The interviews related to general aspects of working with Beit-Noam and to specific aspects of several clients.

#### *Questionnaires*

- 79 pre- and post-questionnaires were administered to the men in treatment. The questionnaires included informational questions, opinion questions, and questions on feelings with respect to Beit-Noam, violence, the treatment, and family.
- 10 questionnaires for the professionals integrating the men into the community. Some of the professionals were given comprehensive, structured questionnaires asking them to comment on various aspects of the treatment program at Beit-Noam in relation to the men now under their care (see also *Interviews* section, above). Other questions involved general aspects of treatment at Beit-Noam. The questionnaires in their original format appear in an appendix following the report.

#### *Data Analysis*

Analysis of findings from the various tools:

- comparative analysis of the individual cases of 15 men,<sup>2</sup> based on the full range of research tools. Analysis included a mapping of the data from interviews with professionals at Beit-Noam, interviews with professionals in the community, interview with the spouse (two, in some cases), Probation Service data, pre-questionnaire of the men, post-questionnaire of the men, interview with the men (not in all cases). The portrait that emerged made it possible to view the intervention from multiple perspectives.
- analysis of written data and of material relayed in the steering committees in which the evaluators participated.
  - analysis of data collected at Beit-Noam: profile of applicants and of referring agencies, residents at beginning and end of treatment, factors motivating applicants and referral agents. Cross-sectional studies and cross-validations were performed between the various types of data.
  - analysis of records from Beit-Noam: treatment rationale, treatment summaries.
  - analysis of data regarding resumption of violence – data received from Probation Service only.

#### Reliability

During the evaluation process, there was particular emphasis on maximum reliability of the

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<sup>2</sup> This group included: 2 men accepted for treatment in mid-1997; 4 accepted in late 1997; 5 accepted in early 1998; 3 accepted in mid-to-late 1998; and one man accepted for treatment in late 1999.

research tools employed. The interviews and questionnaires were handled in a protected setting without the couple or the treatment team being present, using evaluators known to be reliable on the basis of various observations in which they participated. The presumption of reliability is reinforced by the fact that in all 15 cases, the degree of congruence between the data generated by the evaluation tools and the data gathered by the treatment team was extremely high.

## Methods of Operation

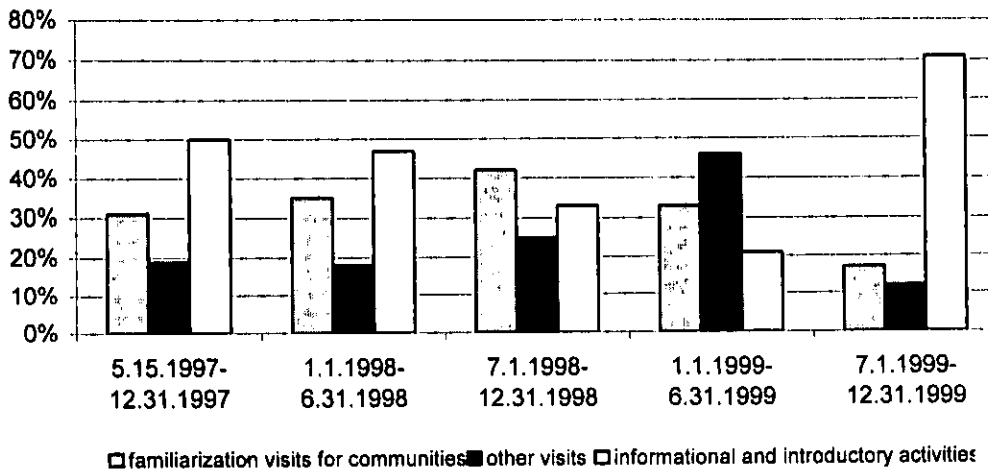
### Informational and Introductory Activities

The early activities held by the staff of Beit-Noam, when it first opened its doors, were aimed at providing information about the nature of the residence and its goals. This was accomplished through seminars and invitations to social-service workers throughout the country to visit Beit-Noam, and through visits by other interested parties and by bodies necessary for the creation of a total treatment network. Although activities of this type were conducted throughout the first two-and-a-half years of the residence's operation, the degree of attention to each area changed according to need. The activities were classified into three key areas:

1. Familiarization visits for communities – visit by staff from the departments of social services of Jaljulya, Tel Aviv and Holon; professional staff from a shelter for battered women; and others (58 in all);
2. Other visits – visit by district supervisor of Ministry of Labor and Social Affairs; the advisor to the prime minister on the status of women; Prof. Shimon Shapiro, deputy mayor of Ra'anana; judges; and others (38 in all);
3. Informational and introductory activities – meetings with social workers from various welfare services, policemen, attorneys, judges, and others (84 in all).

Representatives from the evaluation team participated in several of the visits. Based on reports submitted by Beit-Noam to the steering committee, a total of 180 functions were held for the purpose of introducing Beit-Noam and providing information about the residence. These activities are broken down into five half-year periods, as follows:

**Chart No. 1: Activities held at Beit-Noam, 1997-1999  
(by year, in %)**



As the chart indicates, numerous activities were held for the purpose of introducing Beit-Noam and providing information about the program to representatives of potential client communities and other influential parties. In the first year of activity (May to December 1997), some 50% of activities were informational and introductory in nature. One year later, this proportion decreased to 20-30%, rising again in the final half-year (July to December 1999) to 70% of

overall activities. The rise in the number of visits by community representatives was due partially to the goal set for the second half of 1999, namely, to increase familiarization and strengthen ties with the communities so as to improve outside follow-up treatment for former residents.

The proportion of introductory visits to Beit-Noam changed over time. During the first year and a half (1997-1998), the percentage of visits by the communities rose consistently (from 30% to 40%). The proportion of visits by other parties remained at a level of about 20% during this period.

During the first half of 1999, the percentage of visits by other parties rose considerably, to almost 50%. Apparently, it was only after the first year and a half of Beit-Noam's operation that people began to become aware of the new service, and media attention may have led to the increased interest in the program. An additional explanation is that the experiment was intended for a limited time frame and was originally slated to end in mid-1999 (before the authorization of an 8-month extension).

#### Beit-Noam's ties with the legal system

As a rule, Beit-Noam and the legal system make optimal use of each other's services. Since Beit-Noam's founding, the director has met with various legal bodies, criminal-court and family-court judges, and representatives of the State Attorney's Office and the Public Defender's Office. These meetings served the purpose of conveying information about Beit-Noam, its goals and its methods of operation. In the words of Beit-Noam's director: "It's hard to convince a man to leave everything behind for four months and come to Beit-Noam without the sword of the law [hanging over his head]." In practice, the legal system is helpful in the area of referrals and in maintaining the results achieved at Beit-Noam.

The legal system has come to respect Beit-Noam as an independent therapeutic entity entitled to accept or reject a man for treatment. Initially, the legal system viewed Beit-Noam as an additional body to which they could refer men. Over time, they have learned that Beit-Noam has the authority to decide what it can and cannot do (for example, it is unable to serve as a substitute for house arrest). According to Beit-Noam's director, the passage of time has brought the realization that "Beit-Noam is not willing to report on the men but is willing to treat them; likewise, that the connecting link between Beit-Noam and the legal system must be someone in an official capacity – a probation officer, the legal assistance unit or a special welfare clerk for legal procedures in certain cases."

#### **Organizational Structure of the Steering Committee and Professional Committee**

Beit-Noam works closely with the steering committee and a professional committee. The steering committee includes all parties involved with running the residence: representatives of the National Insurance Institute (director of the Department of Demonstration Projects and the project liaison), representatives of the Ministry of Labor and Social Affairs (head welfare clerk, national supervisor for treatment of domestic violence, and supervisor of the Central District), a representative of the Probation Service (district probation officer for adults), the chairman of the Noam non-profit organization, the director of Beit-Noam, the research team (representatives of "Mishtanim – Organizational Evaluation and Consultation") and representatives of the Ra'anana municipality and of the police (on an intermittent basis).

During the first two and a half years of Beit-Noam's operation, the steering committee meetings covered various topics. During the initial period before Beit-Noam opened its doors (February to May 1997), the meetings of the steering committee were marked by a lack of clarity in the way



the residence was perceived by various staff members. The meetings highlighted an uncertainty as to the method of operation and the procedures to be employed in order to ensure the successful running of Beit-Noam. This lack of clarity was also manifest in the larger community outside the residence. During the initial period, it was found that various therapists in the community were not aware of Beit-Noam or misidentified its actual objectives. This confusion began to dissipate as soon as Beit-Noam started receiving clients; in its place, practical questions started to arise regarding the running of the residence (characteristics of the men being accepted, contacts with community workers, and others).

During the first year and a half of Beit-Noam's operation, there was a transition to the stage of institutionalization. The various parties involved in supervising and operating Beit-Noam, whose representatives made up the steering committee, learned to work together and to recognize their similarities as well as their differences. Many questions and quandaries that had arisen while planning the operation of Beit-Noam were explored, discussed and resolved. The knowledge gathered during the course of these discussions was successfully applied in the running of Beit-Noam and can serve as a resource in the operation of similar organizations in future.

As a rule, the steering committee functioned in an orderly fashion, holding regular meetings every month-1½ months, with almost complete attendance. Over time, these meetings expanded to include reports on the functioning of Beit-Noam, including the number of referrals, number of men accepted, description of contacts with the different referring agencies, description of the various group activities, and so forth.

The work of the professional committee was a direct outgrowth of the meetings of the steering committee. The meetings of the latter dealt with practical subjects related to the running of the residence, including daily questions from which the operating procedures of Beit-Noam were derived. The work with the residents raised numerous dilemmas that needed to be discussed with the relevant parties. As a result, a professional committee was established that included several representatives from the steering committee. The professional committee helped the staff of Beit-Noam to clarify and resolve certain issues and questions. When necessary, other parties were invited to take part in the meetings of the professional committee, among them the directors and staff members of the assistance units and the centers for treatment of violence, and the legal advisor to the Ministry of Labor and Social Affairs.

The professional committee assisted in a number of areas, from recommending new guidelines to the steering committee (for example, the extension of the men's stay to four months) to helping conceptualize the therapeutic character of Beit-Noam and appealing to various parties able to help resolve concrete problems (i.e., the legal advisor to the Ministry of Labor and Social Affairs).

A number of sessions of the professional committee dealt with the question of how to strengthen the ties between Beit-Noam and other welfare services. The running of the residence is affected to a great degree by the existing ties between Beit-Noam staff and workers in the community. This connection begins with the referral of the men to Beit-Noam, continues through the relaying of information and updates during their stay, and ends with preparations for their integration into the community. Experience has shown that it is difficult to reintegrate the men upon their departure from Beit-Noam and that there is a lack of clarity as to the body responsible for the integration and support of the men. Several meetings of the professional committee were devoted to discussing these difficulties and finding ways to solve them.

## **Operating Procedures of Beit-Noam**

Beit-Noam enables its residents to live for four months in a home-like setting from which they go out to work and to which they return for an intensive program of activities. According to the staff, the optimal period of residence at Beit-Noam – for the majority of the men – is four months, provided that they receive follow-up treatment as part of a former residents' group and/or in the community (which will later become the primary therapeutic agent).

Beit-Noam's therapeutic framework includes group therapy five evenings a week, a daily group discussion with the educational coordinator of the residence, individual therapy once a week, and shared responsibility for the running of the residence (purchasing groceries, preparing meals, housework, laundry and the like). One day a week (Wednesday) is devoted to a thorough housecleaning by all the residents. A different man is chosen every week to be responsible for the running of the residence, including the above tasks as well as dishwashing, collecting funds for household needs, and so forth.

Living together places the men in assorted situations in which they must compromise, listen to someone else, and respond in a new and different manner than they are used to. Every evening after putting in a day at work, they return to Beit-Noam, where they must prepare a meal for themselves, clean up afterwards, and see to it that food is left for latecomers. This intensive dynamic raises new challenges each day for the men and provides real-time learning opportunities. These challenges come up numerous times in the group meetings, and disagreements that took place in the course of the day or the week are raised for discussion and clarification within the group.

### Target population

Beit-Noam accepts the hard-core population of abusive men. As a matter of policy, it accepts men whose primary problem is physical abuse of their spouse, who are not criminals and are not mentally ill, and who are part of the work force (on principle, the residence is intended for men who are working, and only in rare cases have unemployed or disabled men been accepted as residents). The residence accepts residents from all sectors of Israeli society: Jews (religious and non-religious) and Arabs.

### **Role of Beit-Noam's Professional Staff**

The professional staff at Beit-Noam includes the director of the residence (a social worker by profession), four part-time social workers, an educational coordinator, a secretary, and residential counselors. The professional staff is assisted by volunteers and individuals who have been sentenced to terms of community service. The role of the professional staff at Beit-Noam has changed in response to the needs that arose "on the ground." During the process of setting up the residence (April-May 1997), the role of the staff focused on getting the residence and the staff ready to receive the men, including the establishment of acceptance criteria and the handling of money matters and maintenance. At the stage of actual operations (beginning in mid-May), there was a shift in emphasis toward professional aspects of the staff's role, with the focus becoming professional intervention with the residents coupled with continuing formulation of procedures and regulations.

The role of the professional staff involves diverse spheres of activity:

1. Daily activities – writing and reading daily reports, answering telephones, containing the distress of the men, etc.
2. Regular weekly activities – individual and group therapy, staff meetings, training sessions, etc.
3. Ongoing activities included in the weekly schedule of all staff members – interviewing

potential residents, contacts with professional workers in the community throughout the men's treatment, contact with the courts, etc.

4. In addition to the above, the social workers display a strong sense of responsibility toward the job. Their work does not end when they go home at the end of the day; instead, they must be available for consultation with staff members on duty at Beit-Noam during the evening and sometimes even on weekends.

Beit-Noam is a new therapeutic framework that has generated new work needs unlike those encountered by social workers in other settings. The difference exists on two levels:

1. The treatment provided is all-inclusive and relates to all aspects of the men's lives.
2. The level of treatment demanded of the therapists is very high. On the basis of a number of conversations with professionals in the community, it appears that, as a result of the extremely intensive professional therapy at Beit-Noam, the residents have reached a very advanced point. Professional knowledge concerning this stage in the therapeutic process is lacking both in Israel and abroad.

The best way to describe the work of the Beit-Noam staff in relation to outside bodies and referral agencies is that they fill the role of case managers and providers of treatment in the prevention of violence. This role demands inter-organizational coordination among various bodies that are able to provide different services to Beit-Noam residents. The ability to serve as liaison between various services entails a range of skills: familiarity with the different bodies and the functions that they fulfill, knowledge of what each organization is capable of providing, ability to distinguish between them, knowledge of how to work with each of them, and so forth. The creation of ties among the various bodies necessitates great familiarity with the system—which the staff members at Beit-Noam have acquired on the job. This familiarity makes it possible to connect effectively and expediently between the needs of the men and the bodies providing the services.

In the case of Beit-Noam, the role of the staff goes beyond professional intervention in the area of domestic violence. The staff members are required to be involved in numerous matters in addition to the ongoing treatment. The role of the staff, which includes a range of professional and organizational challenges, requires them to confront dilemmas that were previously unknown in the profession.

During the evaluation period, the complexity of the staff's role was magnified by virtue of Beit-Noam's status as an experimental project subject to ongoing criticism. The staff of Beit-Noam was under constant pressure to ensure full occupancy of the residence as a measure of the project's success. Added to this was the need to serve as a constant sounding board for the residents and the sense of struggling to prove that the treatment program was effective. The staff members received weekly training sessions, but several of them noted that this was insufficient and that there is a need for professional support in conjunction with the work of the entire team, as an integral part of their working conditions.

The professional staff is assisted by outside professionals and by individuals performing community service. In general, there is a high turnover among the volunteers. Among the people who worked at the residence during the evaluation period were an international karate expert who led sessions on using the body to control violence (outside the framework of the official groups), lawyers who provided assistance with various legal questions, gardeners, marketing personnel, a video photographer, and others. It should be noted that the staff of Beit-Noam were able to recruit numerous volunteers who contributed to both the ongoing running of the residence and to the different groups that operated at Beit-Noam. On the basis of the observations, it is recommended that efforts be continued to recruit volunteers since they

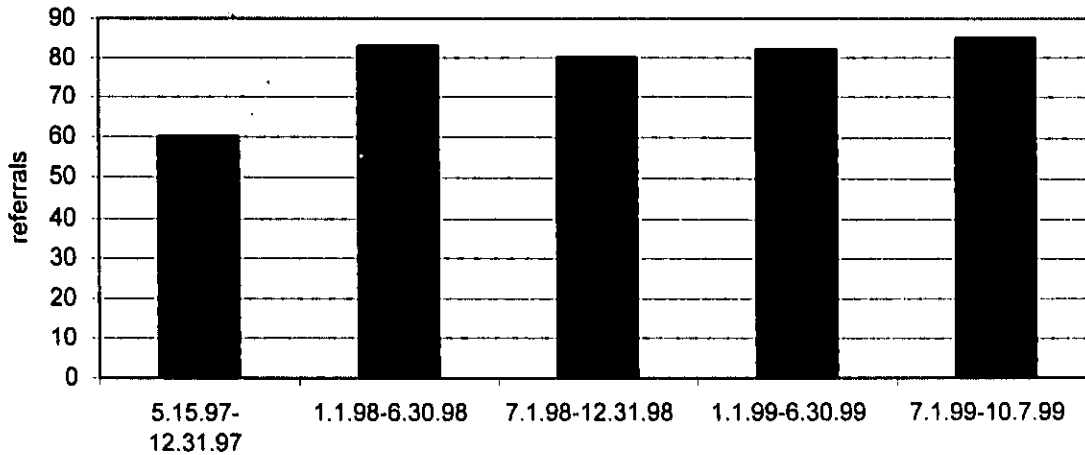
can play a role in the less formal areas that the established system cannot finance (special classes, advanced technological services, and enrichment programs during leisure time). Nevertheless, it is important to avoid a "scattershot technique" and to channel the volunteers towards the most pressing needs and to those places where the ratio of investment to return best serves the organization. In those cases involving a lengthy recruitment and/or training process without a commitment on the part of the volunteer, it is worthwhile to forego his or services at the outset.

## Mapping of Data

### Referrals, Men Accepted to Program, and Referring Agencies

Between the inauguration of the residence (mid-May 1997) and the end of 1999, Beit-Noam received 390 referrals from various bodies throughout Israel:

Chart No. 2: Number of Referrals to Beit-Noam (by period)



In the initial period of Beit-Noam's operation (May to December 1997), the number of referrals was lower (60) than during the later periods. From 1998 through 1999, Beit-Noam received roughly 80 referrals every half-year. Only 22% of all referrals ultimately led to placement in Beit-Noam.

During the two and a half years of the evaluation, 86 men began treatment.<sup>3</sup> Of these: 7 left within a week of being accepted, 7 left in the course of treatment due to unsuitability, 65 completed a treatment program of 4-5 months and 7 are still in treatment.<sup>4</sup>

An analysis of the 14 cases of early departures demonstrates that the vast majority (of the men who left early) were accepted as part of a conscious effort on the part of the steering committee to achieve full occupancy during the initial period of operation.

Since September 1997, a group of former residents has been meeting at Beit-Noam, led by an outside facilitator during the first three months and later by a staff member. In 1998-1999, the group met regularly on a weekly basis, with 15-30 men participating. Approximately 80% of men who completed treatment maintain telephone contact with Beit-Noam and come for counseling as needed.

<sup>3</sup> The section entitled "Profile of Men Accepted for Treatment" (below) provides a comprehensive picture of the characteristics of these men.

<sup>4</sup> Seven men who were accepted before December 1999 were still in residence at Beit-Noam at the end of the evaluation period.

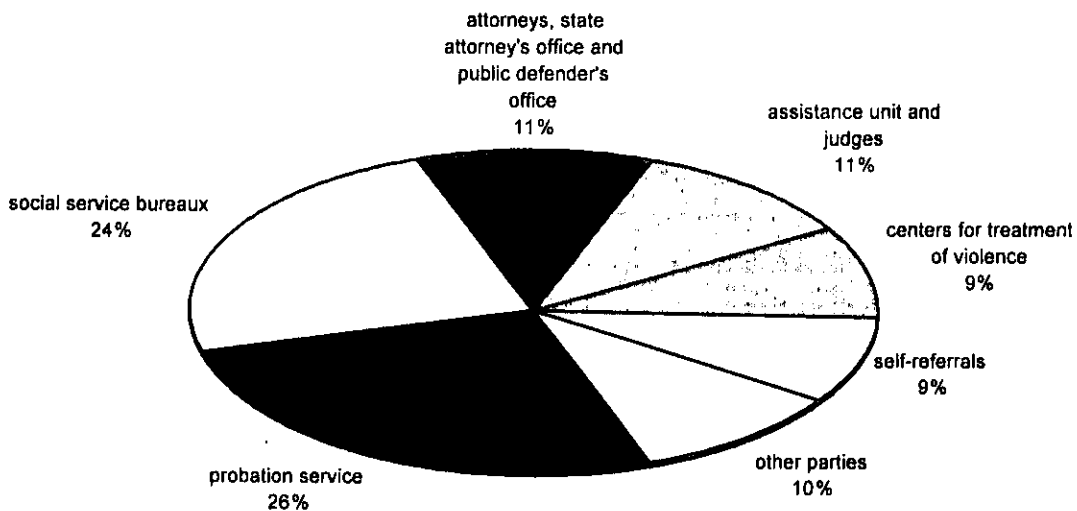
The high number of referrals to Beit-Noam has led to the accumulation of a large amount of current data on domestic violence in general and spousal abuse in particular. A proposal has been raised to establish a computerized data bank to organize and chart this information. Such a resource could provide answers to questions in specific areas and could contribute to greater in-depth knowledge about violence in Israel.

### Information on Referring Agencies

Every two to three months, the staff of Beit-Noam submitted reports to the steering committee on referrals to the residence. The reports received during the one-and-a-half-year period from March 22, 1998 to October 18, 1999 present 236 out of the total referrals made to Beit-Noam (390). Our analysis is based on these 236 referees, this group being the most representative of the total population. These referrals constitute 60% of the total and are drawn from the initial running-in period, during which the entire subject of referrals underwent numerous changes as part of the process of institutionalization.

An analysis of this data indicates that different agencies referred differing percentages of men, and that three of the agencies were the source of most of the referrals of men who were accepted into treatment. Those referrals that did not end in treatment can be broken down as follows: the men referred did not meet Beit-Noam's criteria (22% of cases); the referring agency did not continue the referral process or broke off contact (17%); or the men refused to come to Beit-Noam or did not appear as scheduled for intake (13%).

**Chart No. 3: Referrals to Beit-Noam by Various Agencies (%)**



Almost two-thirds of the referrals came from the departments of social services<sup>5</sup> (33%) and the Probation Service (26%). A total of 22% of the referrals came from court-related sources: private attorneys or staff of the state attorney's or public defender's offices (11%), and the assistance unit of the Family Court (11%). In 9% of cases, the men referred themselves. Other referring agencies referred smaller percentages of men. It appears that the departments of social services and the Probation Service view Beit-Noam as an important therapeutic alternative for the men they serve. The various components of the legal system, in particular the courts, are still not a source of many referrals.

During the demonstration period (the two and a half years ending December 1999), 84 men were accepted to Beit-Noam, 65 of whom completed treatment. The majority of the men who completed treatment at Beit-Noam (70% of the 65 men) were referred by three sources: the Probation Service (40%), the centers for treatment of violence or the departments of social services (15%), and the assistance unit of the Family Court (14%).

While the Probation Service and the social service departments referred an equal number of men, the former was the principal source in terms of the number of men actually accepted into the program. It is reasonable to assume that this is due to a combination of two factors: the deterrent factor inherent in a referral made by the Probation Service (where treatment is prescribed by the courts) helps in the successful integration of the men, who show less of a tendency to "disappear" before intake; and the nature of the selection and preparation process of the men at the Probation Service may result in more suitable referrals that do not "fail" as a result of inappropriateness.

Upon examining the total referrals from these three sources, we see that over 40% of the men referred by them were accepted to Beit-Noam. In other words, these three bodies apparently have a better understanding of the nature of Beit-Noam and its unique nature than do other services, causing them to refer more men who are suitable for treatment at Beit-Noam. An analysis of the relationship between these bodies and Beit-Noam would likely indicate possible ways of strengthening ties with other referral agencies in the community.

#### Referrals via the courts

In this area, one must distinguish between criminal and civil proceedings. In a criminal proceeding the partner of the abuser must file a complaint with the police. Following this stage, there are two options: (a) the police or the Probation Service, which is already involved at this point in some cases, elect to refer the man to Beit-Noam and request the court that he be released for testing to determine his suitability for Beit-Noam; (b) an application or referral reaches Beit-Noam as the result of a judge's request for a case review from the probation officer, or while the man is still being investigated. In effect, any referral that involves representatives of the legal system is considered part of a criminal proceeding.<sup>6</sup>

By contrast, any victim of violence can come before a Family Court and request a restraining order under the Law for the Prevention of Family Violence. This is a civil proceeding involving a Family Court judge, the assistance unit, and, in certain cases, a welfare clerk in charge of legal arrangements.

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<sup>5</sup> The departments of social services include the centers for the prevention of violence as well as the various welfare services.

<sup>6</sup> Representatives of the legal system are defined as: the state attorney's office, public defender's office, police, probation officer, attorney, criminal-court judge.

## **Profile of Men Accepted for Treatment**

It is possible to construct a profile of the men accepted for treatment at Beit-Noam based on the referral forms submitted by the referring agencies. For purposes of the present evaluation, the figures were examined for 50% of the men accepted as of November 1999. In some cases, the data are incomplete, meaning that totals for some of the figures are less than 100%.

Our analysis is based on a chronological list of the men accepted for treatment, in which every second man was considered. This was done in order to prevent bias stemming from the specific period of acceptance and residence at Beit-Noam or from other factors (such as unconscious favoring of better-known clients, etc.). In order to preserve a uniform sampling, when a man was selected for whom data was lacking, another man was chosen in his place.

The men accepted into Beit-Noam during the evaluation period averaged 38-39 years of age. The majority (95%) resided in cities, with 2% coming from non-urban settings (kibbutz, village, and the like). Some 78% of the men lived in the center of the country; the remaining 22% came from the south (12%), the north (5%), and Jerusalem and its environs (5%).

The bulk of the men (70%) held a steady job at the time of their referral to Beit-Noam, and only a minority (15%) were unemployed or working on an irregular basis (5%). Over half the men (55%) had completed 11-12 years of education. The remainder had attended school for 10 years or less (20%) or for 14-16 years (13%).

A total of 90% of the men were Jews drawn from assorted sectors: non-religious (32.5%), traditional (32.5%), and religious, including ultra-Orthodox (15%). The remaining 10% of the men were from the Arab sector.

Virtually all of the men were married at the time these figures were assembled. The average family size was 3 children. In most cases, it was reported that there had been violence in the home for many years—in some cases, throughout the marriage, and in others, during the past several years. In a minority of cases (5%), the violence had taken place only in recent months. The violence was generally directed at the wife and consisted primarily of physical and verbal abuse.

## **Characteristics of Drop-Outs/Men Who Left the Program**

During the period of the evaluation, 14 men were accepted but did not complete treatment: 7 dropped out "immediately" (within less than a week) and another 7 stayed for periods of 3-6 weeks and either left or were asked to leave.

Seven of the men who dropped out were referred by four agencies: the Probation Service, the departments of social services, the prison system, and a center for the prevention of violence. The reasons for their departure were directly connected to the men themselves: a psychotic episode, pressure from the spouse, or reports (from Beit-Noam) of undue manipulation. As stated, these men went through the entire application process, were accepted to Beit-Noam, and within less than a week dropped out and returned to the community.

Seven men did not complete the full 3-4 months of treatment at Beit-Noam: 2 of the men chose to leave, and 5 were asked to leave as the result of a staff decision. The men in these cases were referred by four agencies: departments of social services, a center for prevention of violence, the Probation Service, and the courts. The men who left decided that the setting did not suit them or were pressured by their wives to leave. According to the staff, the men left for



the following reasons: non-compliance with the rules of the residence, lack of cooperation on the part of the community or the resident, depressed emotional state and suicidal threats.

## What Beit-Noam did for the Men: Multiple Perspectives

### Changes in Behavior Patterns and Perception of Violence

*It was found that the physical abuse on the part of the men ended after treatment at Beit-Noam, and, at present, manifestations of violence are very rare and primarily verbal in nature. The professional assessment is that this effect will continue, provided that treatment is continued in the community following the course of treatment at Beit-Noam.*

The men accepted for treatment at Beit-Noam are men who have behaved violently toward their spouse, and in some cases toward their children as well. The majority of the wives interviewed (20 out of 29) reported that they had lived with spousal abuse for many years (between 5 and 24 years); in the other cases, there had been physical abuse during the past several years (1 to 5 years). For two of the women, this represented the entire period since their marriage. Most of the women (25) noted that they suffered physical and verbal abuse. Some of them noted during the interview that they had also been victims of sexual abuse (5 women) and others reported that there had been only verbal abuse or the throwing of objects (3 women).

All of the women noted that the men were now less abusive at present, and most (23) added that the men's behavior had also changed in other ways. All of the women, with one exception, reported that the men had not been physically abusive towards them since completing their stay at Beit-Noam. In only one case did the woman say that her husband had violent outbursts and that she still felt threatened. This case was referred for further treatment to be provided by Beit-Noam staff and the community. Some of the women spoke of verbal outbursts by the men and noted that, in contrast to the past, this time the men were able to identify and control their anger: "During his first outburst, not long before the Seder, he actually managed to stop himself."

Comparative analysis of all the research tools in 15 separate cases indicates that in the overwhelming majority of cases the reports of the men, the spouses, the Probation Service and/or therapists in the community, and the therapists at Beit-Noam are consistent with one another. This consistency reinforces the generalized findings of the research since it demonstrates that the findings from one tool are validated by the other tools as well, thus lending particular validity to findings other than the men's interviews and questionnaires. This allows us to see that we are dealing with a valid trend and to relate seriously to other data as well.

It appears that the vast majority of the men learned to control their violence through awareness (see breakdown below) and truthful reports. For example, in a case in which the different therapists reported a reduction in violence but also fluctuations and expressions of non-physical violence, the man reported: "I threw a cup." In 10 cases, the report states that "no violence is present." Also in terms of the risk of a resumption of physical abuse, there is consistency among the parties involved. In most cases, the different therapists report that the likelihood of a resumption of violence is low.

The men share this view, but their optimism is more unambiguous: in three interviews, the men said that they would "definitely" not return to violence, while the women or the professionals said that "chances are high that they will not return to violence." Whereas the therapists report either "no danger [of violence]" or "low danger" or "danger of verbal abuse," the men feel that "[I] will not return to violence." In a small number of cases, the therapists fear a return to verbal abuse. In two cases where the therapists reported a low risk of resumption of violence, the women—at least in the second interview – *did* believe that there was some risk of their husband reverting to

violence.

In the assessment of the therapists at Beit-Noam and in the community, one client has apparently returned to violence, but he himself denies this. In a different case, abuse has taken place but not towards the spouse. In two cases, there is concern that abuse is occurring, though not on a physical level, and in another case there have been threats that contained "some violence but less than before," in the words of the probation officer.

At the conclusion of their stay, the men felt that Beit-Noam had helped them greatly to cope with their violence, to understand themselves, and even to soften their stance towards violence. Based on questionnaires administered at both the beginning<sup>7</sup> and end of their stay, the men felt that much more attention should be devoted to teaching control of physical and verbal abuse and to helping the men to change "from inside." In an analysis of the questionnaires, these last three areas were ranked highest in importance at the end of the stay (an average of 4.9 on a scale of 1 to 5), and among the highest at the beginning of the stay (4.7 on a scale of 1 to 5). In addition, at the end of their stay, the men were less inclined to see their violence as an outgrowth of their spouse's behavior.

The questionnaires administered to the men examined their views regarding violence in general and the control of violence. Based on an analysis of the average value assigned by the men on all the quantitative questions relating to their position on violence and the reduction of violence, they are now more aware of its repercussions on their lives and of the need to reduce violence.<sup>8</sup>

A comparison of the averages on the questions relating to reduction of violence indicates a positive view of its importance and a slight improvement in the men's attitudes between the beginning and the end of their stay. At the start of their stay, the average level of importance assigned to this issue on all the closed-ended questions was 4.2 (on a scale of 1 to 5), rising to 4.4 (on the same scale) at the end of their stay. As early as the first few weeks of their treatment, the men who were accepted expressed high levels of approval on questions relating to the reduction of violence.

The therapists in the community have estimated the chances of the men's returning to violence as being low to medium. This is a subjective assessment based on the professional intuition of Beit-Noam's own staff and the professional therapists on the outside, but this is the best assessment available since it rests on the total body of knowledge of assorted professionals. At this time, it is not possible to provide another assessment, as there is no prior experience regarding the extent of resumption of violence following a therapeutic process on this scale.

Of the 9 men named by the therapists in the questionnaires, 5 were classified as having a low chance of returning to violence while the chances of the remaining 4 were classified as medium. The therapists reported behavioral and personal changes in the men: they stopped committing physical abuse, no longer denied their violence, and were willing to undergo treatment. One man who had been unemployed found work and expressed a willingness to accept treatment. In the case of another, there was an end to the verbal abuse and the need to control the family finances. The therapists noted that the man was "highly motivated to undergo treatment so as not to return to his [past] patterns of behavior, and he understands that the responsibility for controlling the violence lies with him...It appears that the physical abuse will also be controlled

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<sup>7</sup> "Beginning of stay" refers to a period 2 weeks to 1 month after the men's arrival at Beit-Noam.

<sup>8</sup> Questions 7, 8, 9 and 10 on the questionnaire administered at the beginning of the men's stay, and questions 6, 7, 8, 12 and 14 on the questionnaire at the end of their stay (see appendix).

in future." These opinions were echoed in other interviews with professionals in the community.

Nevertheless, with respect to some of the men, the therapists reported that threats and verbal abuse were still taking place. In one case, the abuse and the woman's complaints to the police resumed as soon as the restraining order was removed. Most of the therapists reported a low-to-medium level of change in the men (2-3 on a scale of 1 to 5). The therapists felt that for some of the men, the change that was achieved would be maintained, with the continuation of appropriate treatment. For others, it was unclear whether the change that was achieved would persist.

All of the interviewees were very cautious in assessing the chances of the men's reverting to violence. Their assessment was dependent upon how the men handled various "tests," such as the rebuilding of the connection with their spouse, behavior during family crises, and the like. The therapists noted that for two of the men, whose chances of returning to violence were assessed as medium, the treatment might have been insufficient. In other words, the therapy—and hence, the degree of change in the man—did not reach a profound enough level.

Along with a cessation of physical abuse and a significant reduction in verbal abuse, the women noted that there were many "ups and downs" in the process experienced by the couple upon the men's return from Beit-Noam. Some of them noted that the relationship between them was very good during the first few months, but deteriorated over time. It appears that participating in the group for former residents, and/or receiving follow-up treatment in the community, play a large role in preventing such deterioration. Women who reported that the men regularly attended the former residents' group at Beit-Noam or received treatment in the community, did not report a deterioration of this type.

### **Perception of the Violence as Internal and Personal**

*Their time at Beit-Noam helps the men to move from a pattern of externalizing the reasons for their violence to relating the violence to themselves and their behavior.*

Following their stay at Beit-Noam, the men demonstrated less externalization of their violence and greater acceptance of responsibility for their behavior, as indicated by their responses on the questionnaire in both the closed- and open-ended questions. This finding supports a generalized finding to be presented below, namely, that the men's perception is now more realistic. They are more aware of their problem and of the practical options for dealing with it. At both the beginning and the end of their stay, the men were asked why they had come to Beit-Noam. Their responses were analyzed in relation to two factors: one, their perception of the reason why they came to Beit-Noam (internal vs. external attribution); and two, the level on which they related to violence (personal vs. general/societal).

At the start of their stay, the men were divided between those who attributed their coming to Beit-Noam to a personal-internal factor (39%) and those who attributed it to an external factor (31%). By contrast, at the end of their stay, more men (42%) attributed their coming to Beit-Noam to a personal-internal factor. Early on in their stay, only 29% of the men cited their violent behavior as the reason for their entry into treatment, as opposed to roughly half the men (48%) at the end of their stay. In fact, at the end of their stay, more men pointed to violence as the reason for their coming to Beit-Noam, and more men presented violence as their own personal problem and not as a problem at the general-theoretical level or a decision external to them.

At the end of their stay, the men were asked which things they felt they had been able to change about themselves as a result of their stay in Beit-Noam. The men's responses, which

appear below, indicate that their awareness of themselves and their behavior increased to a large extent.

**Table No. 1: Aspects of themselves that the men were able to change, based on their feelings at end of treatment**

Area of change	Description of change as noted in open-ended question	Respondents	Percent
Changes in men's awareness of self and behavior	Development of self-esteem	4	44%
	Development of self-awareness	6	
	Development of self-control	11	
	Feeling better about self	6	
	Understanding self better	6	
	Change in manner of speech	3	
	Desire to live differently	2	
Refraining from future violence	Acquisition of concepts/tools for coping with violence	11	18%
	Not being violent	5	
Changes in men's methods of coping	Ability to be assertive & self-confident	5	14%
	Ability to cope with stressful situations	6	
	Ability to make decisions	1	
Changes in interpersonal communication	Communication with others & ability to listen	9	13%
	Ability to express oneself	2	
Changes in attitude & ties to family and others	Consideration of others & ability to give to others	6	11%
	Improved behavior with family	4	
<b>TOTAL</b>		<b>87</b>	<b>100%</b>

A high proportion of the men's responses (44%) related to changes that involved developing their awareness of themselves and their behavior, including development of self-control and self-awareness, and changes and improvement in their feelings about themselves and in their way of speaking. Almost 20% of the responses related to the men's refraining from violent behavior in future. Eleven responses related in some way to concepts learned at Beit-Noam that involve methods of coping with violent feelings (using "I" statements, taking time-outs, self-talk, thinking positively, not stuffing feelings) and 5 other responses included references by the men to ending the violence ("not being violent," "not raising a fist").

Additional evidence of an increase in awareness and a change in the perception of violence emerges from an interview conducted with a sentencing judge, who described a case in which she had recommended sending a man for treatment at Beit-Noam. When he appeared before her at the end of treatment "he had a new understanding of domestic violence." According to her, this was a serious case of family violence, and she noted that the man had undergone a major change. She welcomed the founding of Beit-Noam and made the observation that the advantage of such a residence is that by removing the man from the home to a setting other

than prison, the goal of rehabilitation is also served. These views are echoed by various professionals in the community, who are involved in integrating the men upon their return from Beit-Noam.

The changes that took place in the men were examined in the questionnaires administered at both the beginning and end of treatment. The men were asked to specify new skills that they had not had beforehand and had acquired during their stay at Beit-Noam.

**Table No. 2: New skills that the men felt they had acquired  
(by percent)**

Area of learning	Start stay	of	End of stay
Developing self-control and ability to cope under stress	39%		18%
Developing self-awareness: awareness of violence, taking care of self, knowing self, taking responsibility	16%		26%
Learning new concepts: taking time-out, cycle of violence, types of violence, using "I" language, self-talk, emotional burning point	14%		20%
Communication with others, listening, using different language	17%		14%
Behavioral change: being more patient & attentive, less irritable	10%		10%
Behavior with the children	2%		10%
Effect of the men's violence on those around them	2%		2%

Early in their stay, the men noted that they had learned methods of self-control and of coping in stressful situations that they had not known beforehand. Almost 40% of the new skills cited involved self-control. On the other hand, the men did not view behavioral change as a new area that had previously been unknown to them. It is possible that the change in self-control carries more weight in their eyes than behavioral change.

By contrast, at the end of their stay, the men emphasized that at Beit-Noam they had learned skills that developed their self-awareness with respect to their own violence, coupled with the realization that they wished to take care of themselves, get to know themselves, and take responsibility for their actions (26% of all responses given by the men). A total of 20% of the responses related to the learning of new concepts with respect to violence.

### **Behavioral Changes**

#### Finding No. 1

*The men's spouses and the professionals in the community reported that the men's behavior became calmer and more restrained. The spouses reported these changes more often than did the professionals.*

A total of 17 women noted behavioral changes: the men are managing to better control their rages, they are calmer, they behave differently, are handling the children differently ("he's more even-tempered now," "he has fewer outbursts than before").

Ten women noted that the men appreciate and respect them more, that their reactions are more restrained, and that they help more around the home ("he pays more attention to me now, sees that I'm having a hard time," "he helps a lot with housework, washes dishes, helps with cleaning and cooking"). This is despite the fact that the men attributed less importance on both questionnaires to inculcating good work habits and to teaching housework skills (cleaning, cooking and the like). The average response ratings for these two statements were the lowest in any area, both at the end of the stay (2.9-3.4 on a scale of 1 to 5) and early on in the stay (3.1-3.4 on a scale of 1 to 5).

The men were asked, at the beginning and end of the stay, to indicate their overall feeling about



their stay at Beit-Noam, on a continuum from 1 (sad, as expressed by an icon of a sad face) to 5 (happy, as expressed by an icon of a smiling face). The closer to 5 the average overall feeling, the happier the men felt about their stay in Beit-Noam. At the end of their stay, the men reported a better overall feeling (average of 4.2) than at the beginning of their stay (3.9). It appears that their stay at Beit-Noam helped the men to feel more at peace, to feel better about themselves. This feeling may even contribute to the calm behavior reported by various parties.

### Finding No. 2

*The women reported that the men speak in a calmer fashion and that communication with them has improved.*

The majority of the women (19) stated that the men know how to listen better, to carry on a conversation with their wife and children, to speak quietly, and to share things with their wife ("he knows how to talk about his problems and not get upset," "he is accepting, he talks more, he doesn't raise his voice").

On the questionnaire at the end of their stay, the men indicated to a large extent that they would not be at all abusive towards their spouse or their children and would participate in raising the children. The men agreed quite strongly with the statement that they would succeed in solving arguments through discussion.

More men at the end of their stay than at the beginning noted that they had learned different ways of communicating with their children. Some 10% of all responses at the end of the stay referred to the men having learned different ways of behaving with their children ("listening to the children," "seeing to the children's needs"), as compared with only 2% of all responses at the beginning of the stay.

Alongside the improvement in the men's behavior, the women also noted areas in which continued treatment was needed. Two of the areas indicated by many of the women were: (1) the men's perception and opinions of women, and their ways of communicating with them; (2) handling the role of father, and relations with the children. A few of the women made the following individual comments: that her husband had not received enough support, that he had not opened up enough, that treatment did not focus on his specific problem, that there was a tendency to encourage the man to leave his wife, and that the woman's side of the story had not been heard.

These comments by the women reinforce the fact that there is a gap between the women's expectations from the treatment program as compared to those of Beit-Noam. For some of the women, it is not enough that the physical-verbal abuse stopped, whereas for Beit-Noam this is an achievement in itself and represents a first step toward further treatment. In several cases, the wife described situations in which the men shifted from physical violence to some other form of abuse, such as manipulation, emotional abuse, or abuse via the children. This begs the question: To what degree is Beit-Noam succeeding in teaching the men alternative ways to communicate with their spouse and children?

### Finding No. 3

*There is evidence that treatment at Beit-Noam also affected the men's behavior in other spheres of life in which their violence played a role.*

Various men reported that their stay at Beit-Noam caused them to behave differently not only at home, with their wife and children, but also while driving. Two of the men interviewed mentioned that they now drive in a calmer fashion: "Beit-Noam taught me about life in general, not just this business with my wife. It also had an affect on the way I drive. I don't get upset anymore about

every little thing." In the group for former residents, one of the men compared his feelings to a driver on the road: "I feel like a driver who manages to hit the brakes before an accident happens. Already twice, it happened at home that voices started to be raised over something and all of a sudden everything calmed down. I don't know what I did exactly, but things didn't get heated up; instead, they calmed down. I didn't even need to take a time-out."

### **Changes in the Perception of Beit-Noam's Role**

*The men come to Beit-Noam expecting to receive concrete tools for coping with violence, and leave with the understanding that the tools they must acquire are in their own level of self-awareness and overall learning.*

At both the beginning and end of their stay, the men were asked to write down what they considered to be the goals of Beit-Noam. Their answers were analyzed using a content-analysis method that identified 12 goals. A comparison between the goals noted by the men at the beginning and at the end of their stay indicates similarities and differences between the two periods.

**Table No. 3: Goals of Beit-Noam as perceived by the men  
(by percent)**

Goals	Start of stay	End of stay
Self-control of emotions in stressful situations, in rages	23%	19%
Breaking the cycle of violence	14%	20%
Acquiring ways of coping and acting, acquiring a set of tools	17%	11%
Rehabilitation and self-transformation: improving, helping, coming out a different person, changing behavior, taking responsibility, acquiring confidence, faith in oneself and one's abilities	14%	17.5%
Self-awareness: analysis of the situation, knowing one's "self"	8%	17%
Learning: overall learning, values, expressing oneself, thinking	9.5%	11%
Learning about relations with others: learning how to behave with the family, learning about being a couple, learning how to relate to others	9.5%	3.5%
Removing the man from the house for purpose of learning	2%	1%
Providing a warm home, offering a place to live	3%	-

The outstanding difference between the two periods is that at the end of their stay, the men placed more emphasis on increasing their self-awareness (17% of the open-ended responses, compared to 8% at the beginning of their stay), as opposed to the emphasis at the start of the stay on acquiring tools for coping (17% compared to 11% at the end of the stay). This difference highlights the fact that the men at the end of the stay draw a connection, to a large extent, between ending the violence and acquiring self-awareness regarding the causes of their violence, as opposed to the men at the beginning of the stay, who draw a connection between ending the violence and ways of coping with stressful situations.

At both intervals, three different goals were emphasized:

1. Bringing about self-awareness (23% at the start and 19% at the end).
2. Breaking the cycle of violence (14% at the start and 20% at the end).
3. Rehabilitating oneself (14% at the start and 17.5% at the end).

Of these three goals, the men placed more emphasis at the end of their stay on the need to break the cycle of violence as well as on rehabilitation and self-transformation, as opposed to the start of their stay, when greater emphasis was placed on self-control. In other words, at the end of their stay the men have a more comprehensive understanding of the problem of violence and do not limit themselves to merely gaining self-control. They make a connection between ending the violence and changing oneself, as a further aspect of increasing their self-awareness.

### **Changes within the Family**

In all of the interviews (26), the women were asked if they maintained contact with the men during their stay at Beit-Noam. It appears from their responses that the contacts that took place between the men and their spouses during the former's stay at Beit-Noam were far from uniform. We can draw a clear distinction between women whose contacts with the men during their stay at Beit-Noam were close and positive, and those for whom these contacts were stressful. Almost half the women reported a good to adequate relationship during the period of

the men's stay at Beit-Noam, while the others describe a less positive relationship.

Eleven of the women maintained contact with the men during their stay at Beit-Noam, and these relationships ranged from good to adequate. The good contacts were described as positive and close ("This was our honeymoon period"), a situation in which the men behaved well and the women felt secure ("This was the first time that I didn't feel subject to terror"). The less-positive contacts were characterized primarily by ups and downs in the couple's relationship.

Five women described an adequate relationship in which a dialogue took place between them but without much closeness. Seven women reported less positive contacts with the men, characterized by a sense of fear on the part of the women and by cases in which the men "continued to harass the woman while seeking to maintain contact." Three women did not report that they maintained contact with the men.

It emerges from the interviews that the men's stay at Beit-Noam was regarded by the woman as a trial period of sorts. The men who tried to prove to the woman that they had changed during their stay at Beit-Noam were those who had undergone a major change in behavior, in addition to ceasing their violent behavior. One of the women explains: "First, I wanted to give it time, to see if he's serious and isn't missing the point about what you have to do there. And then I decided that I'll give him a chance anyway." It appears that the stay in Beit-Noam represents a sort of "re-entry ticket" from the standpoint of the woman and children. For the men, this is a stage in which they learn that they can behave with their family in a different way than before.

There appears to be a correlation between the contacts between man and wife during the man's stay at Beit-Noam and his return to a shared life with his family. When the quality of the contacts is better, and the frequency of visits greater, there is a stronger likelihood that the man will rejoin his family than in cases where the contacts are less positive. It should be noted in this context that in the view of the treatment team, the man's return to his family does not necessarily indicate a greater degree of change or improvement than if the man does not return to his family. The staff at Beit-Noam emphasize that in certain cases, the fact that the man does not return demonstrates that he has managed to create a clearer separation between his own "self" and that of his wife.

It was found that approximately half the men in the sampling remained married and half got divorced following their stay at Beit-Noam. In the vast majority of cases of the men who remained married (11 out of 15), there appears to be an improvement in the relationship. In a number of the cases where divorce took place, the improvement was maintained by virtue of a severing of ties, a situation that is in itself positive for this population, which is described as having a high degree of dependency and a tendency toward harassment following separation.

In addition to the improved relationships with the women, there was a very noticeable—and sometimes much greater – improvement in relations with the children. It appears that this relationship is highly important in finding the way back to normal family life. The more that a normal verbal and physical relationship develops between the man and his children, the more pathways there will be for channeling the violence into appropriate lines of response such as conversation.

In six cases, the couples reported that they had divorced and managed to maintain a good relationship, or at least a separation free of problems ("I have no contact with her, I let her go"). In the overwhelming majority of these cases, there was an improvement in the relationship with the children ("it's calmer," "things are better with the children"). In five cases, the couples reported that they remained married and that the state of their relationship was better than

before ("more patient, calm"); there was also an improvement in the relationship with the children and/or the biological family. In two cases, the couples reported that they remained married but that the relationship was not good ("strains"). In two cases, couples reported that they had divorced and that the relationship remained problematic ("loaded") or was in the process of improving.

## **Professional Component and Nature of Intervention**

### **The Treatment Rationale and its Development**

Beit-Noam relates to the violent man as an individual who has a problem in the behavioral, cognitive and emotional spheres. That is to say, the violence is seen as the result of a combination of factors affecting him. Thus the program offered at Beit-Noam is based on an integrative-inclusive treatment model. Beit-Noam's approach is different from the models for the treatment of spousal abuse that are employed in other settings. The others are out-patient models, based on individual, couples and/or group therapy, generally for a week at a time.

In accordance with Beit-Noam's treatment rationale, the men receive therapy on several levels during their stay: at the group level, the men address a range of topics; at the individual level, they access the layers of their personal-internal selves; and on the interpersonal level, as residents, the group experience is intended to guide them toward egalitarian live, reciprocity and the acquisition of the necessary tools for problem-solving in daily life. The men learn to take responsibility for their life and behavior. The observations conducted by the evaluators support these claims.

Activities for residents of Beit-Noam include group therapy every evening (5 days a week), individual therapy once a week, and shared tasks related to the running of the residence (meal preparation, housecleaning, laundry and the like). Communal living places the men in various situations in which they are obliged to compromise, to listen to others, and to react in a new and different way than they are accustomed to. They come home from work every evening to Beit-Noam, where they must prepare a meal for themselves, clean up afterwards, and see to it that food is also left for latecomers. This intense dynamic raises new challenges each day for the men and provides opportunities for real-time learning about themselves.

The rationale on which Beit-Noam is based emphasizes three aspects of treatment: (1) the residential setting; (2) the integrative therapeutic model; (3) the client as the focus of treatment. The residential setting enables the men to experience functioning in a shared household, division of labor, and relationships as part of daily life at Beit-Noam. This setting makes it possible to limit the depressive stage experienced by the men and enables the treatment team to see the men in a fuller context. The staff at Beit-Noam consider it important to include both male and female therapists in the work with the men. Likewise, they attach importance to having a woman serve in the post of director, as a female role model who is also an authority figure.

The integrative therapeutic model includes individual and group therapy using behavioral-cognitive approaches and dynamic processes while integrating educational, learning and social aspects. This model allows for the adaptation of treatment to the individual needs and pace of the client. Beit-Noam stresses that the treatment is aimed at the abuser himself and not at others connected with him. The message reiterated to him is that his situation is the result of his behavior and is his responsibility, and that changing his behavior is likely to improve his situation.

When the men were asked what they considered to be the positive things about Beit-Noam, they mentioned two areas that characterize the residence: that of learning and living together. The men stressed these two areas to the same degree at both the beginning and end of treatment. During both periods, 58% of the men's responses related to the group and individual learning that was part of their stay at Beit-Noam, and 42% of the responses related to life at the residence, including the dedication and professionalism of the staff, the pleasant atmosphere, and the fact of living together.

In the area of learning, during both periods the men emphasized the group discussions and the enrichment that they received from the professional staff. The intensity and range of the activities were emphasized in particular at the end of the stay (19% of the open-ended responses) as opposed to only 7% early on in the stay.

With respect to living in a residential setting, at both periods the men noted that the staff was highly professional, and treated them with devotion, love, and attention. Nevertheless, the men placed greater emphasis on living together and on the friendships at Beit-Noam at the end of their stay (26% of the responses) than they did early on in their stay (10%). It appears that the aspect of living together became more important to the men the longer they stayed at Beit-Noam. Living together may have been noted less at the beginning of the stay due to the difficulty for newcomers of integrating into an existing group. As treatment progressed, and especially at the end of their stay, the men felt more comfortable in the group and recognized the advantages of living together.

Past and present residents of Beit-Noam shared a favorable perception of the residence and had difficulty pointing to the "less positive" aspects of the residence. Some 48% of the men early in their stay, and 38% at the end of their stay, did not respond to this question, or indicated that they could not think of anything that was less positive at Beit-Noam. The less positive aspects that were cited related to living together (such as crowding, job rotation, meals, sleeping arrangements, noise) and to aspects of running the residence (such as the fixed time schedule, participation in costs, the star system, restrictions on leaving the grounds).

Regarding the professional development of the Beit-Noam staff, the evaluation team found that the staff underwent a process of significant professional development and learning in the area of domestic violence. Various treatment agencies in the community now recognize them as experts in the field and turn to them for consultation. It should be noted that throughout the evaluation period, Beit-Noam was operated by a fixed nucleus of professional and lay staff that remained in place despite difficult working conditions: part-time job slots, unconventional work hours, the high level of stress involved in the work, and uncertainty throughout as to the future of the residence. The professional development of the staff was made possible despite the overall uncertainty of the work. As a demonstration project, Beit-Noam was promised an experimental period of two years (an extension was later granted at the last minute). With regard to the future, the continued functioning of the residence is contingent on submitting a bid to the Ministry of Labor and Social Affairs for which an additional source of funding must be found. The staff of Beit-Noam will participate in this tender, whose results will determine the fate of the residence, on an equal footing with other candidates.

### **Therapy Groups at Beit-Noam**

Treatment at Beit-Noam includes group therapy every evening, individual therapy, and other support or counseling needed by the men during their stay at Beit-Noam. What sets Beit-Noam apart from a therapeutic standpoint is the frequency and variety of the group therapy sessions (a different topic every evening or a different focus on a weekly topic). Attendance at group therapy is mandatory and is one of the conditions for remaining at Beit-Noam.

Observations of various group therapy sessions indicate that there are several overall guidelines that remain constant in all the groups. The men know the starting time of the group and are responsible for arriving on time and setting up the chairs in a circle for the session. In all of the groups, it is understood that every group member must be allowed to express himself without being cut off or interrupted, and that "you" statements (as in, "you're bothering me") are

to be avoided in favor of "I" statements ("I would like you to stop bothering me"). Whenever possible, the facilitator reflects back to the group members the feelings generated by the sessions.

Although the groups differ from one another in the extent to which they emphasize the sharing of personal feelings and experiences (for example, an open group stresses emotional-dynamic aspects and places major emphasis on revealing oneself, as opposed to a self-control group, which is conducted according to a cognitive-behavioral model), all group discussions are geared toward raising actual situations experienced by the men (in the past or present) that relate to the topic being addressed by the group. Thus, for example, a group member who presents an incident in which he experienced a loss of self-control offers the facilitator the chance to analyze along with him the feelings he experienced in this situation and to understand why he reacted violently and how he could relate to the situation in a different way that would lead to a different response. Incidents that take place at Beit-Noam itself (among the men themselves, between the men and the staff, and even between the men and their spouses) are documented by the professional staff throughout the day, and some of these serve as a basis for group discussions (as well as individual sessions).

During the evaluation period, a variety of therapy groups were established. Of these, five groups were selected in any given time period, each of them operating one night a week. The topics of the groups in the therapeutic-educational program were chosen with an eye to answering the unique and different needs of Beit-Noam residents. Thus, in every period, a range of groups took place that were able to meet the different needs of the residents and together create a unified whole. The specific nature of the group was obviously determined in accordance with the personal inclinations and skills of the professional and lay staff. The following groups operated at Beit-Noam during and after the evaluation period:

1. Group on parenting and children who witness violence – goal is to bring about a change in the parenting behavior of the abuser and make him aware of the effects of violence on his children.
2. Open group – goal is to learn from problems and experiences that arise from the very fact of living together as a simulation of family life and the workplace.
3. Self-control group – goal is to achieve behavioral change by changing patterns of thinking and realizing that there are several alternative ways of understanding and acting in every situation.
4. Self-awareness and art group – goal is to use non-verbal means to expand self-awareness and develop internal attribution and acceptance of personal responsibility through non-threatening experiences.
5. Workshop in positive touch (shiatsu) – goal is to develop touch as a non-verbal means of connecting, with maximum sensitivity to the needs of others and awareness of the positive effects of touch, which is a type of dialogue between two people.
6. Skills group – goal is to develop skills related to the weekly topic.
7. Survival group – goal is to develop self-control by means of martial-arts techniques, respect for others, and behavior based on accepted norms.<sup>9</sup>

After approximately two years of conducting the groups in this format, the professional staff at Beit-Noam reached the conclusion that the learning was too diffuse and that the men were coming out of treatment without having adequately internalized the things they had learned in the groups. Staff discussions, and familiarization with a structured, school-type curriculum

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<sup>9</sup> The group was led by Dr. Dennis Hanover and Ms. Daniella G. After a series of experimental sessions, it was decided not to continue the group.



based on learning by topic, led to the implementation of a new working model. This model, which is presently in use, involves the selection of 16 weekly topics considered by the staff to be important to work on with the residents. All the groups are led by Beit-Noam's own professional staff.

Five different groups take place over the course of the week, as in the past, but discussion is focused on the weekly topic. For example, a week in which the selected weekly topic is "responsibility" would look like this:

- Sunday: self-control group: emphasis on didactic learning, thinking, and discussion of concept of responsibility.
- Monday: self-awareness group: emphasis on the emotional aspect using projection techniques; what do I feel about "responsibility"?
- Tuesday: skills group: practicing skills related to the topic of "responsibility"; for example, in what way am I responsible for the fact that I am not seeing my children today?
- Wednesday: group on parenting and children who witness violence: psychodrama-based approach, with emphasis on parental responsibility toward one's children.
- Thursday: open group: review of entire week to verify whether subject was internalized, and exploration of the men's interpersonal relationships and their connection to "responsibility."

Documentation of the process that takes place in the groups has been requested by the Ministry of Labor and Social Affairs.

The above model was first implemented in Beit-Noam during the last four months of the evaluation period (October 1999-January 2000). At present, the staff is involved in formulating conclusions and improving the model in anticipation of the second stage. Questions still exist with respect to this model: To what extent does the weekly topic fit the "place" where the men are at a given moment (in particular, new men who join the group), and how much leeway should the group leader have with the weekly topic? These questions and others will be clarified in future. Due to the brief period of time under the new model before the evaluation was concluded, this model cannot yet be evaluated in depth.

The importance of group therapy was noted by the men in their questionnaires, as shown in an analysis of group activities at Beit-Noam. At both the beginning and end of their stay, the men felt that the frameworks that were most useful at Beit-Noam were those that included meetings with the professional staff. The frameworks cited most often on the questionnaires were personal conversations with staff members as well as sessions of the open group and the self-control group (these three frameworks received the highest average scores among the various frameworks at Beit-Noam). The frameworks ranked as being less useful were those involving contact with non-professionals. The men saw less benefit in personal conversations with other residents and with former abusers, and in meetings and/or telephone conversations with their family. It should be noted that the usefulness of the therapeutic frameworks as a whole was ranked at above the medium level. All of them received an average score of over 3.5 (on a scale of 1 to 5).

All of the outside therapists (that is, those not on staff at Beit-Noam) who were interviewed or filled out questionnaires claimed that the men who underwent treatment at Beit-Noam all received significant and wide-ranging benefits. For most of the residents, this was a period spent in a supportive, stable and inclusive setting that fostered the growth of trust and the ability to accept help. Different therapists cited different benefits received by the men. The therapists noted that the men acquired the ability to take responsibility for their behavior, self-awareness (in varying degrees for each resident), reinforcement, support, and a sense of belonging and acceptance. In some cases, they learned behavioral theories and tools relating to violence, they

were given the opportunity to express their strengths, and they developed greater self-awareness on psychological issues.

Since September 1997, a group of former residents of Beit-Noam has been meeting. This group was originally led by an outside facilitator and later by one of Beit-Noam's staff members. In 1998-1999, the former residents' group met regularly on a weekly basis, with 15-30 men participating. The target population for this group is all men who have completed treatment at any point. In the majority of treatment summaries analyzed, it is recommended that the group be continued. In practice, group attendance is sporadic, with different men attending different sessions. Due to the growth in the number of participants, a second group leader has been added. Observations of this group indicated that the sessions provide an opportunity to broach questions that arise from the very fact of returning (or not returning) home, along with the chance to make decisions and take responsibility for them, to formulate a life's plan, and primarily, to help one another in times of crisis.

### **Treatment Assessment of Various Parties**

In 13 out of the 15 cases on which a comparative analysis was performed, staff members at Beit-Noam and outside therapists reported that the stay at Beit-Noam had been very helpful to the client ("he felt confident and wanted," "learned how to be empathetic," "underwent a profound change," "learned to communicate differently within the family," "without Beit-Noam, he would have escalated to physical violence"). In two cases, the therapists were doubtful as to the extent that the men were helped by Beit-Noam. In one of these cases, the staff reported that today they would have rejected the man as being unsuitable for treatment at Beit-Noam, and in another, they indicated doubts concerning the degree of internalization achieved.

The clients themselves were satisfied, and were very pleased with the quality of the treatment (even if they initially saw it as too intense). They noted positive things that happened to them, especially with regard to learning, gaining insight into themselves, etc. (for a more detailed description, see the sections entitled "Perception of the Violence As Internal And Personal" and "Behavioral Changes" in the chapter: "What Beit-Noam Did for the Men: Multiple Perspectives").

The spouses of the clients also expressed satisfaction ("he received a lot of love"). A minority reported that they had no idea what went on at the residence. Most of the women were satisfied with what happened to the men at the residence. One woman was pleased that her husband had a framework: "I was less afraid when he was there. I felt relieved that he had a place to be."

## **Beit-Noam's Ties to the Community**

### **Stage 1: Introducing Beit-Noam to the Community**

Beit-Noam's relations with the community initially centered on various attempts to "sell" the residence to the community and on the difficulties of introducing a new service to the existing array of treatments in the field. At this stage, the community was unaware of Beit-Noam's potential and of its uniqueness and advantages in comparison with the existing services. The purpose of this "marketing pitch" was to make the therapists in the community more aware of these qualities, thereby enabling more men to be accepted for treatment at Beit-Noam.

In light of the small number of referrals after six months of operation, the attitude of professionals toward Beit-Noam was explored. As a result, it emerged that despite the intensive marketing activities of the Beit-Noam staff, the service that it offered was still thought of as a theoretical possibility that had not yet progressed to the stage of implementation. Workers in the field were aware of the therapeutic framework of Beit-Noam, but did not fully grasp the nature of the setting and the process that it was striving to achieve. Moreover, it was unclear to them what the follow-up treatment would be. On the whole, Beit-Noam at this stage remained a theoretical prospect that had not yet entered the awareness of workers in the field.

Beit-Noam's staff stepped up its informational activities among potential sources of referrals in the therapeutic community, as well as putting out "feelers" among the courts, the assistance unit attached to the Family Court, and the police. As indicated by Chart No. 1 (in the section "Informational and Introductory Activities" in the chapter entitled "Methods of Operation"), 50% of the activities during the first half-year of operation (May to December 1997) were devoted to publicizing the program and introducing various agencies and individuals to Beit-Noam, including tours of the residence and lectures in various settings.

### **Stage 2: Strengthening Ties with the Community**

Today, Beit-Noam enjoys extensive ties with the community, based on teamwork and the formulation of procedures for collaboration. In 1999, five separate meetings took place between representatives of the steering committee and representatives of welfare services from various towns and cities, during which ties between Beit-Noam and fieldworkers in the community were discussed. Of course, numerous other meetings took place between Beit-Noam's professional staff and these parties before, after and during this period.

One of the more noticeable difficulties arose with the men's return to the community following treatment. The men experienced problems with the sharp transition from constant, intensive therapy to therapy that was less concentrated, and they had trouble switching to a new social worker. The community workers found it hard to "step into the shoes" of Beit-Noam's staff and to continue treatment from the point where they had left off. The social workers in the community saw the level of treatment achieved at Beit-Noam as extremely high and the needs of the returning clients as very complex.

The meetings between representatives of Beit-Noam, representatives of the Ministry of Labor and Social Affairs, and various community workers led to guidelines for collaboration and joint working procedures. For example, today the party making the referral to Beit-Noam continues to function as case manager throughout the treatment process and, in effect, continues to serve as a liaison between Beit-Noam, the community and other bodies. The establishment of this procedure offered a solution to the many questions that arose with respect to keeping track of the men throughout their stay at Beit-Noam and, especially, upon their return to their

community. At present, the men accepted to Beit-Noam are each assigned to a community-based worker who maintains contact with Beit-Noam staff throughout the treatment process and arranges follow-up treatment in the community.

The close ties between Beit-Noam and the Probation Service were already evident from the outset, and have become stronger with time. As we can see from the section entitled "Information on Referring Agencies" in the chapter "Mapping of Data," the highest percentage of referrals (26%) came from the Probation Service, with some 40% of the men accepted to Beit-Noam being referred by this body. It appears that the probation officers were relatively quick to recognize Beit-Noam's potential and made better use of the program than did other bodies. In addition, the director of the Probation Service encouraged her workers to refer suitable men for treatment at Beit-Noam thereby reinforcing the integration of this service as another treatment option available to her workers. As stated, the fact that the Probation Service has the legal authority to mandate treatment constitutes a strong motivating force among abusive men (a referral by a probation officer carries greater deterrent power than a referral by a community social worker).

The strengthening of ties between Beit-Noam and the community is evident in the relationship with the welfare authorities, the centers for treatment of violence, and the police, but is less so with regard to the judicial system. The primary connection today between Beit-Noam and the judicial system is through the assistance unit attached to the Family Court. This unit makes recommendations to the judges regarding men appearing before them who seem suitable for treatment at Beit-Noam. Analysis of the referrals to Beit-Noam indicates that a high percentage came from the assistance unit and many of these referrals led to placements. It appears that the judges themselves are less inclined to recommend Beit-Noam as an alternative to punishment.

According to the staff at Beit-Noam, men who come for treatment by order of the courts are more successful in their treatment than those who come without legal intervention. The former are more highly motivated, and the fact that they are required to reappear before the courts has a favorable effect on their attitude toward the entire treatment process. Indeed, it is very important that more men be referred via the courts, but in practice the judges are still not sufficiently aware of the alternative of Beit-Noam despite the efforts made to inform them. In an interview with a sentencing judge, she stated that there was a need to increase judges' awareness of Beit-Noam's existence. It is her recommendation that the judges be taken on a tour of Beit-Noam and informed of the research findings. Visits of this type have taken place, but only with those judges who agreed to come or who invited Beit-Noam's staff to meet with them.

The therapists who were interviewed or responded to questionnaires expressed appreciation for the work of Beit-Noam. None of them expressed criticism or raised serious objections or reservations with regard to the residence. All of the therapists feel that the men receive serious therapeutic help at Beit-Noam that would not be possible in the settings where they themselves work. Comments that were made related to disagreements concerning treatment methods and the degree of involvement and familiarity with the spouse in the course of the men's treatment.

The majority of the therapists maintain contact with Beit-Noam in one or more of the following ways: reading reports sent to them by Beit-Noam (7 out of 10); relatively close telephone contact with Beit-Noam staff (5 out of 10); and sending reports to Beit-Noam (4 out of 10). Other forms of communication, such as sporadic telephone contact, and meetings at Beit-Noam or elsewhere, were noted by only a few of the therapists.

At a meeting of the professional committee (November 23, 1998) to discuss ties between Beit-Noam and professionals in the field, the importance of maintaining ongoing, formalized

contact between Beit-Noam staff and fieldworkers was repeatedly stressed. Professionals in the field noted the fact that there is insufficient communication and information-sharing among all the treatment bodies in the field. The increase in the number of such bodies has led to a situation in which the men are ultimately not receiving the proper treatment. In many cases, the staff of Beit-Noam functions as case manager in order to overcome this labyrinth.

From the questionnaires and interviews, it is evident that the therapists are interested in receiving relevant, current information with respect to violence in general and specific cases under treatment at Beit-Noam in particular. Examples cited included: "information about clinical experience in a range of treatments for men," "a therapeutic setting for men in need of long-term intensive therapy," "ongoing information about the client," "formulation of a joint treatment plan." Similarly, the therapists would like to receive updated information and a treatment summary on the men during their stay at Beit-Noam, and to hold a review session and determine goals and objectives in conjunction with the staff of Beit-Noam. The therapists expressed the need for closer teamwork between the Beit-Noam staff and fieldworkers in the community with respect to men who are completing treatment. The official in charge of domestic violence at the Ministry of Labor and Social Affairs studied these findings and convened a professional committee whose members discussed ways to consolidate and disseminate the knowledge gained at Beit-Noam.

Most of the women noted that they have no contact with Beit-Noam, and a minority (6) noted that they have some contact, initiated by either themselves, Beit-Noam, or another intermediary. Most of the contact is in the form of telephone conversations and, on rare occasions, visits by the women to Beit-Noam. One woman who came to Beit-Noam indicated that she was startled to see that it was a private home as opposed to an institution, noting that the residence had a genuine feeling of home about it. Over time, there was an improvement in the ties between the spouses and Beit-Noam, and the "newer" interviewees reported greater familiarity with the residence (see below). It is important to note that the issue of maintaining intensive, ongoing contact with the spouses does not fall within Beit-Noam's responsibility or its authority; nevertheless, such contact is sorely lacking as far as the wives are concerned.

The interviews with the women also indicate that ties between Beit-Noam and the spouses are improving and growing stronger with time. In interviews with spouses in 1999, it was found that there was a gap between the women's expectations and the objectives and capabilities of Beit-Noam. The longer that Beit-Noam is in operation, the greater the women's familiarity with what takes place there. Spouses who were interviewed towards the end of the evaluation period (in early 2000) were much more knowledgeable about Beit-Noam and the types of activities there, and were better able to describe what goes on at the residence.

The spouses' knowledge about Beit-Noam is mostly general. Most were aware that the men learn how to handle their violence and control it; some went so far as to specify that this learning is accomplished through group therapy and individual sessions. Spouses who were interviewed recently emphasized more than past interviewees the aspect of living together and its importance to the learning process. One of the women stated that "a lot of the work [at Beit-Noam] is done through the personal dynamic between the people, that they have to run a house, cook, do laundry. This is part of the responsibility." Another explained that "the men are in a group there, and they see their problems while working together and sleeping together. When they rub each other the wrong way, there's nowhere to hide. This brings out a lot more than a once-a-week therapy session." Nevertheless, their primary source of information is the man himself, or his friends from Beit-Noam with whom he maintains contact. Some of the women indicated that they would like to know more about Beit-Noam's activities from the staff instead of being dependent solely on what the men tell them. One of the women noted that she would be happy to participate in a meeting of spouses of residents in order to learn about

Beit-Noam and how it operates.

### **Stage 3: Defining needs for follow-up treatment in the community**

Based on the questionnaires filled out by the men, the vast majority intend to continue in some form of therapeutic framework. The preferred frameworks are group meetings at Beit-Noam (94%), maintaining contact with a social worker in the community (77%), and/or couples or family therapy (65%). Two thirds of the men noted that they would like to serve as "big brothers" to other abusive men, and two of them indicated this on another occasion as well. The least attractive setting for follow-up treatment, in the men's eyes, was a center for the treatment of violence. Only 32% of the men noted that they would turn to such centers for follow-up treatment. These findings are only partly consistent with Beit-Noam's treatment summaries, which generally include an explicit recommendation for continued treatment at Beit-Noam coupled with community-based treatment. The nature of this treatment, and its recommended focus, differ from client to client and range from support to maintaining the (non-violent) status quo to couples therapy, etc.

In a comparative analysis of the responses of 15 men, using various research tools, it was found that the bulk of the men maintained contact with Beit-Noam after completing treatment and were still in contact with the residence at the close of the evaluation period. In three cases, there is no contact whatsoever. The others telephone from time to time, or are called by the Beit-Noam staff. They report on what is happening with them, receive help with specific issues, or call to receive support. Seven of the men have taken part in the former residents' group, and two of them became night counselors at the residence and continued to assist new men who come for treatment.

The overwhelming majority of the men wished to receive follow-up treatment in the community, mostly in the area of couples therapy; in some cases, they wanted contact with a therapist or social worker in the community. Many in fact came for treatment. The reports indicate that five former residents participated in individual therapy; seven in couples therapy, with one in the process of mediation and at least one more receiving individual therapy as well; one in group therapy; and one in therapy focusing on the relationship with his family and children. Another man was in treatment on an irregular basis. In only one case was it reported that the man did not go for treatment and had no desire to do so. It is important to note that at least four of the men who began therapy terminated it, in most cases shortly after starting, primarily due to difficulties with the couples therapy.

The data gathered from the therapists in the community indicates that some of the men who leave Beit-Noam are not ready for community-based treatment. They expect a form of therapy that is more intensive, like the type offered at Beit-Noam, and find it hard to adjust to new therapists or a new treatment setting within the welfare system. This difficulty with follow-up treatment is liable to lead to regression in the men's behavior.

The interviewees noted that when the men leave Beit-Noam, they are "full" of their therapeutic experience at the residence, and therapists in the community find it hard to "step into the shoes of the therapists from Beit-Noam" and to try to attain such a high level of treatment. The therapists felt that the men were confused between their old and new therapists. It appears that there is a need to focus more attention on the men's transition to the community and to a therapeutic framework different from that which they had at Beit-Noam. One of the therapists suggested that the Beit-Noam staff be the ones to carry out follow-up treatment for a certain period of time after the men leave the residence.

An additional difficulty is the lack of clarity surrounding the men's affiliation once they leave Beit-Noam. During their stay at Beit-Noam, the men feel a clear sense of belonging to Beit-Noam. Upon reentering the community, they find it difficult to decide whether they still belong to Beit-Noam or whether they now belong to the community-based agencies that are treating them. This state of ambiguity is reinforced on both sides when the men continue to participate in the weekly group at Beit-Noam for former residents.

The findings of the evaluation indicate that a follow-up treatment framework is vital for the men after they leave Beit-Noam in order to maintain and reinforce the gains they have made there. In the interviews with the spouses, we encountered two cases where there was deterioration in the behavior of men who returned home without the involvement of a supportive framework. Both these cases were referred to Beit-Noam, where the men received immediate support and the situation of the couple improved. In the same vein, it was decided by the steering committee that follow-up treatment in the community should be emphasized, primarily for men who have completed treatment at Beit-Noam. Despite this, there are still problems with follow-up treatment in cases where the men have a poor relationship with the authorities, are not cooperative, or were not known to the authorities beforehand, leaving it unclear whose therapeutic jurisdiction they fall under.

The spouses feel that there is a problem inherent in the fact that the men learn and change while the women do not necessarily undergo a similar learning process. All of the women interviewed, with the exception of two, received professional-therapeutic help at some point. Nine women participated in weekly group meetings (under the auspices of the NA'AMAT women's organization, a center for prevention of violence, or the department of social services). Thirteen women received individual therapy from a social worker associated with one of the welfare services (municipal welfare departments, centers, WIZO women's organization). Five women received individual therapy from a private psychologist or other therapist. Nine women were, or are presently, in couples therapy. Two women were in a shelter for battered women and one woman was in psychodrama therapy in the past. One woman recounts that she and her husband participated in various therapeutic frameworks: parenting school, couples therapy, therapy with a private psychologist, and currently, couples therapy in the community. Despite the fact that most of the women are in therapy concurrently with the men, whether in group or individual frameworks, a gap is created between the men and the women. Just as we must concern ourselves with regular follow-up treatment for the men, the women must also be provided with regular, ongoing support therapy.

## Summary and Recommendations

Beit-Noam is a demonstration project addressing a highly important aspect of welfare services: domestic violence. Spousal abuse is a problem that affects 7% of Israeli women, according to the existing literature (Flisser, 1995). Since local work in this field was late in developing (Walker, 1984), there is not yet sufficient professional knowledge regarding the treatment of domestic violence. The bulk of the information gathered thus far relates to the treatment of women who have suffered abuse. Beit-Noam is a unique and groundbreaking experimental project that treats the abusers themselves using an intensive program of therapy designed and developed in real time. With this in mind, it was decided to examine the project from two standpoints:

(1) degree of success to date as a project – what aspects have been successful, where do problems exist, and what improvements can be made;

(2) degree of success as an experiment – to what extent is the organization actually fulfilling its potential as an experimental project in the areas of learning, self-improvement and dissemination of knowledge.

The achievement aspect: Using the terms of reference of Straus, Gelles & Steinmetz (1981), the first category of violence (physical abuse) has been almost totally eliminated, and there has been a sizeable – though less extensive – improvement in the second category (psychological abuse). This finding is highly significant. Beit-Noam has succeeded in establishing a unique therapeutic structure that includes living together with other abusers and intensive, multi-disciplinary group and individual therapy. The process as a whole enables the men to learn about themselves and, at the same, to learn and practice new behaviors and new ways of relating to their surroundings.

The experimental aspect: Beit-Noam can be termed an organization in the midst of a learning process. Based on past experience, Beit-Noam's willingness to learn stands out favorably in comparison to that of other organizations operating experimental projects. The director of the residence and the president of the Noam non-profit organization have made effective use of the feedback they received from the professional committee, the steering committee, and the evaluation team. Recommendations were promptly implemented to visible effect in all areas: marketing and introduction to the community, number of applicants, suitability of applicants, improved communication with the therapeutic community, and improved communication with spouses.

A number of studies prove that psycho-educational programs are ineffective in treating abusive men. Saunders demonstrated that the most effective programs combine psychodynamic therapy with cognitive-behavioral therapy, each of these therapeutic approaches being appropriate to different characteristics of abusive men (dependency as opposed to anti-social tendencies) and the two together leading to integration of the abuser's traumatic history and the sociocultural context in which he functions (Saunders, 1996; see also, Pressman & Sheps, 1994). Beit-Noam utilized this theoretical and scientific knowledge, and in the process, took it a step further. The therapeutic structure at the residence is based on a combination of psychodynamics-based individual therapy and the use of groups, some of which relate to the behavioral-cognitive sphere and some of which are psychodynamic in nature. But above all, the entire therapeutic program is cohesive, intensive and incisive. Based on observations and on the reports of the men, this structure is ideal for understanding, applying and internalizing the various therapeutic components: identification of warning signs of a violent incident,



development of strategies for self-control, and especially, development of insight. These reports are consistent with the claims of the professional literature on the subject (Edelson & Tolman, 1992; Pressman & Sheps, 1994). The therapeutic group, a central element in the model of Pressman & Sheps, was perceived by the clients as being the key to their own therapeutic process.

The therapeutic structure formulated at Beit-Noam has proven itself in that it has led to an almost total cessation of physical abuse, a higher level of self-awareness among the men, calmer behavior, and improved patterns of communication between the men and their spouses and also, to a large extent, their children, who are harmed directly and indirectly by domestic violence (Pressman & Sheps, 1994). In the case of men who completed treatment at Beit-Noam, the aforementioned holds true even in cases of divorce, a dangerous crisis for men who batter. But it must be recalled that maintaining, and improving upon, the changes that have been achieved is contingent upon follow-up treatment in the community.

Among Beit-Noam's achievements, one can also point to the fact that the men's perception of reality became more accurate following their stay at Beit-Noam: they were less inclined to see external factors as the cause of their problem and were able to see their own role in the cycle of violence. The men became more aware of their ability to accept treatment and of the behaviors that they must implement, thus enabling them to confront the problem of violence in a better way.

The verbal abuse, unlike the physical abuse, did not cease entirely and there is still a chance that some of the men will revert to violence in the absence of suitable follow-up treatment in the community. At present, there is a problem in providing appropriate follow-up care to the men returning to the community. It was further found that there is a high degree of congruence (with small differences) in the reports of the various parties, including the men themselves, on the state of the men following treatment at Beit-Noam. This congruence strengthens the validity of the other findings presented in this report. It appears that Beit-Noam has succeeded in obtaining these results by virtue of its ability to construct a therapeutic program based on prior theoretical and professional knowledge and its ability to learn along the way from real-time experience, and by virtue of the joint efforts of the steering committee and the staff of the residence.

Future evaluations, when and if they are conducted several years from now, should address the following questions:

- a. To what degree has the decline in abuse been maintained?
- b. Has treatment at Beit-Noam managed to address the problems associated with domestic violence: increased risk of violent behavior on the part of the children (Walker, 1986), and the impact on other personality problems of abusive men, such as dependency, possessiveness and pathological jealousy (Levy & Friedman, 1992), and if so, to what degree has it succeeded? Has there been a change in these problems? Were they treated concurrently? In light of the cessation of violence, has there been a change in the way these problems are expressed, and to what degree?

### **Recommendations**

The recommendations relate to all conclusions derived over the two and a half years of the evaluation process. Despite the awareness of budgetary constraints and other limitations that may stand in the way of implementing these recommendations, it was decided to present them in full:

- Expansion of parallel services – In light of the high number of applications as opposed to the capacity of the residence, it is necessary, in our view, to expand and strengthen services of the same type as Beit-Noam.
- Follow-up treatment – The findings of the present evaluation, evaluations of the professional parties, and evaluations of the clients and their families demonstrate with certainty that it is vital for the men to receive follow-up treatment upon leaving Beit-Noam. It is important to offer the men a number of group and individual treatment alternatives. The alternatives suggested below are based on an analysis of the evaluation's findings, proposals raised by the steering committees, and theoretical material:
  - Continuation of former residents' groups to serve as many men as possible. In light of the fact that the number of former residents is growing, it is important to allocate funding for additional groups;
  - Establishment of "halfway houses," apartments that will serve as an intermediate stage between Beit-Noam and a full return to the community. These apartments would be aimed primarily at those men for whom a return to the community would be particularly difficult, whether because of a marital separation, a restraining order barring them from their former city of residence, or a specific problem. This setting must provide treatment that is less intensive than that offered at Beit-Noam but more intensive than that available in the community.
  - Expansion of treatment provided to the men returning to the community (see description in following section).
- Strengthening of ties between Beit-Noam and outside parties with respect to specific clients – As stated, during the past year there was a huge improvement in information-sharing. The women are better acquainted with the residence and are more willing to accept the men; a case manager is now assigned to each client, making it possible to better integrate the men into the community; and overall awareness of integration into the community has grown. Nevertheless, there is still much room for improvement.
- Strengthening of ties with the spouses – It is important to examine the treatment offered to the women during the men's stay at Beit-Noam, the degree of inclusion and preparation of the spouses, the understanding on the part of the community therapists of the therapeutic "place" reached by the men, and especially, the issue of couples therapy – specifically the fact that everyone reports that they want it but few attend regularly. It is important to improve the preparation of the women with respect to the process that the men undergo at Beit-Noam, as follows:
  - familiarity (not necessarily physical) with the residence and its goals;
  - joint consideration of processes they should undergo during the men's treatment;
  - preparation for expected results of treatment.
- Dissemination of unique knowledge – A great deal of knowledge has been developed at Beit-Noam on the subject of intervention and treatment for abusive men. This knowledge is particularly appropriate for institutions involved in the overall treatment of violence, but its implications are relevant to anyone involved with violence: those who integrate the men into the community, therapists engaged in individual or group therapy with abusive men, and parties treating the spouses of Beit-Noam residents or spouses of other abusive men. The official in charge of the treatment of domestic violence at the Ministry of Labor and Social Affairs is presently exploring the subject. Proposals are being considered to document the knowledge gained and disseminate it at seminars and meetings with the directors of the centers for treatment of violence. It is important that this be acted upon, and that an effort be made to introduce this knowledge to the academic world as well.
- Additional tools for the men – It is recommended that the teaching of practical tools for

leisure time be included in one of the therapeutic frameworks. It appears that the men arrive at the residence with few social skills, and there is a need to provide them with the tools to make good use of their time and to express their abilities and their worries in individual ways. This is not meant as an alternative to therapy but rather as an auxiliary tool for solving a concrete problem.

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# Appendix

**Intervention and Treatment for Abusive Men –**  
**Ministry of Labor and Social Affairs**

The State of Israel has improved its handling of the problem of domestic violence, but there is still a need to expand and intensify the treatment offered and the forms of intervention.

- a. In 1991, the Law for the Prevention of Domestic Violence was enacted, thereby making it possible to offer remedies to victims of domestic violence by issuing an order of protection against the batterer (among other options). Amendments to the law now provide for mandatory treatment of batterers. According to figures provided by the courts, in 1999, 2,769 restraining orders were issued out of 4,485 requests submitted; in 2000, 2,950 out of 4,989; and in 2001 (through the end of October), 2,501 out of 4,159. Moreover, several hundred additional protection orders were issued by the Magistrate's Court (in 1999, 777; in 2000, 820; and in 2001, 554).
  
- b. In Israel today, there are 36 regional centers for the prevention and treatment of domestic violence. A further 10 centers are in the process of being established. The centers offer intervention and treatment on several levels: individual (for the victim, the batterer, and indirect victims); group (for battered women, abusive men, and children who have been exposed to violence); couples/family; and community/preventive (raising of awareness and involvement in the community and the schools, seminars, distribution of informational material). In 2000, a total of 5,000 families were treated at the centers; in some 30% of these cases, the abusive men were worked with directly. Clients are referred to the centers by the municipal welfare offices, the police, the Health Ministry, hospital emergency rooms, the sick funds, the Probation Service, etc.
  
- c. Since May 1997, a hostel for abusive men financed by the Ministry of Labor and Social Affairs has been operating in Raanana (based on Ministry rates). The operation of the hostel was initially undertaken as a demonstration project jointly funded by the National Insurance Institute (Department of Demonstration Projects) and the Ministry of Labor and Social Affairs. For over a year now, the hostel has been financed by the Ministry. It is operated by the Noam non-profit organization, which receives additional funding for operating costs from the Sacta-Rashi Foundation. The hostel offers intensive treatment for a period of up to 4 months for a hard-core population of abusive men who have generally been removed from the home by court order. Some 12 to 14 men live at the hostel at one time, with a total of roughly 40 residents annually. Following completion of residential

treatment, there is follow-up treatment in the community (at the centers for treatment of domestic violence and/or the local social service departments). An additional hostel for abusive men is in the planning stages. The Ministry of Labor and Social Affairs is also slated to participate in funding a hostel for abusive men to be operated by the Prisoner Rehabilitation Authority. This hostel is intended for prisoners serving terms for domestic violence who have already commenced treatment in prison—a process that must be completed at a hostel in order to provide the men with intensive treatment before they return to the community. Prisoners will be selected for referral to the hostel by joint regional domestic-violence committees of the Israel Prison Service and the Ministry of Labor and Social Affairs. The operation of these programs is contingent upon additional funding.

- d. A total of 265 social service departments provide assistance to families in distress, including families suffering from domestic violence. At those departments that house a center for the prevention and treatment of violence, most of the treatment of abusive men is carried out either exclusively at the center or in conjunction with it. At those departments and local authorities<sup>1</sup> where there is no center of this type, individual or group therapy is offered via the department under the supervision of the regional center for the prevention and treatment of violence.
- e. At present, there are 59 Parent-Child Contact Centers operating around the country, financed by the Ministry of Labor and Social Affairs (at Ministry rates). These centers make it possible to hold regular, supervised visits between parents and children in a protected setting. In 2000, the Contact Centers served some 1,300 families (in the 49 centers operating at the time). Most of the supervised visits at the Centers (generally by court order) take place between fathers and their children, in cases where fathers are accused or suspected of violence or sexual abuse toward their children or their partner; in difficult divorce cases that frequently involve physical or verbal abuse; and/or in cases where a woman and her children are living in a shelter for battered women or an interim apartment, and the only place where the father can have contact with his children is within such a setting. In order to improve this service so that there will be a protected professional framework in every local authority to oversee visiting arrangements and the fostering and rebuilding of the parent-child connection, there is a need for an additional 10



contact centers around the country, contingent upon budgetary allocations.

- f. At 10 local authorities, as part of an experimental project operated by a social worker from the center for the treatment of domestic violence, special social workers were recruited to serve at the local police station. The social workers are called to the police station as soon as a complaint is filed (in most cases by women). They interview the woman and the man at the police station and try to convince them to enter treatment. Having the man enter treatment immediately is an additional way of halting the violence. In 2000, social workers held 1,080 meetings at police stations as part of the project (sessions in real time and sessions following the filing of a complaint), 31% of them (336 meetings) with men. Plans call for expanding the project to 10 additional local authorities and police stations, contingent upon budgetary allocations.
- g. Following the filing of a complaint with the police concerning spousal abuse, the batterer is summoned to the police station and placed under arrest for 48 hours, if necessary, during which time he is brought before a judge. In most cases, the court works with the welfare officers at the local authority and/or the Probation Service for Adults (after the man's conviction), receiving a social report of the batterer's situation and an assessment of the danger posed by him in order to obtain a fuller picture of the family dynamics. In 2000, welfare officers in charge of legal procedures at the local authorities conducted 2,132 social reports under the Law for the Prevention of Domestic Violence.
- h. The Ministry of Labor and Social Affairs finances the operation of a national hotline for domestic violence and children at risk. In 2001, the line handled roughly 4,500 calls, 30% of them from men:  
The hotline refers the caller to protection, evaluation and/or treatment settings, based on the impression of the caller's state as reflected in his or her presentation of the problem. The service is provided 14 hours a day in the following languages: Hebrew, Arabic, Russian and Amharic.
- i. The Ministry of Labor and Social Affairs is involved in operating training programs for professionals in various fields (social workers, school guidance counselors, police personnel, healthcare professionals) and in disseminating information: flyers, pamphlets

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<sup>1</sup> The Israeli delegation for local governing bodies.

for professionals and the public, and updated booklets on services related to domestic violence, including current information on treatment settings for men (presently awaiting publication).

- j. Assessment of danger - The Ministry of Labor and Social Affairs financed a validity study of a specific danger-assessment model in order to examine the validity of this tool from a scientific and research standpoint. The study was conducted by the Minerva Center at Haifa University and is intended to assist professionals in various fields (social workers, welfare officers, physicians, nurses, educational personnel) in identifying and assessing the level of danger in cases of domestic violence. In addition, the Ministry operates joint regional committees in conjunction with the Health Ministry (mental health section) that evaluate cases brought before them by the public in order to assess the potential danger. The committees meet regularly on a weekly basis at the offices of the Ministry of Labor and Social Affairs. The cases assessed, generally batterers/abusive men and/or men accused or suspected of violence or abuse, appear before the committee, which is headed by a psychiatrist and a supervisor from the Service for the Welfare of the Individual and Family. Following the interview, which generally includes a meeting with the spouse and representatives of agencies in the community, an evaluation is made and a treatment program or appropriate assistance is offered.
- To date, some 50 families have appeared before the 4 regional committees (in 2001). These professional evaluations have also proven very helpful to the courts in their decision-making.

- k. Interministerial regional committees are run jointly by the Ministry of Labor and Social Affairs and the Israel Prison Service, for the treatment of prisoners convicted of acts of domestic abuse. The committees discuss the cases and outline a treatment program for the men in prison and for their families in the community. The committees also discuss the issues of vacations and early release of prisoners, and present their recommendations (according to law) to the release committees of the Israel Prison Service. At present, there are approximately 1,400 men convicted of domestic violence and another 500 who were sentenced for other crimes but are known to be abusive towards their partner.

- l. "Relationships Without Violence" is a program aimed at preventing abusive relationships among adolescents. It operates through the schools and is presently being conducted with eleventh graders. The program consists of 10 sessions dealing with relationships, love,

and dating in adolescence as well as ways to prevent violence by learning how to identify warning signs and by altering opinions and preconceptions.

### Conclusions

In order to reduce and eliminate domestic violence in general, and abuse by men against their partners in particular, we must look at the system as a whole. It is important to treat each of the components and to extend treatment to the victims, generally women and children; to the abusers, generally men; and to the indirect victims, usually children.

It is necessary to develop additional solutions and programs for men who are barred from their homes in order to bring them into treatment and ensure a change in the abusive behavior. As part of an inclusive, systemic, family-oriented perspective, we must develop forms of intervention and programs for men whose partners are living in shelters for battered women, and compel them to accept treatment, since many women still return to their husbands after leaving the shelter.

Treating one component alone will not necessarily lead to a strengthening of the entire system, which must break the cycle of violence. Supporting and empowering the battered woman alone, without offering an appropriate treatment framework for the batterer and the children as well (even if the immediate solution is the break-up of the family unit), will not lead to long-term improvement and rehabilitation. It is therefore crucial to concurrently build appropriate services and programs for all family members, at varied levels of intervention, that will suit the unique needs of the different parties.

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## Questionnaires Administered to the Residents of Beit-Noam

### Residents' Questionnaire – Beginning of Stay

Name: \_\_\_\_\_

Date of arrival at Beit-Noam: \_\_\_\_\_

Date questionnaire administered: \_\_\_\_\_

1. Why did you come to Beit-Noam? \_\_\_\_\_

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2. What, in your opinion, are the goals of Beit-Noam? List the 2 most important goals:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
3. What are your expectations from Beit-Noam?
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
4. What are the positive things about Beit-Noam?
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
5. What are the less positive things about Beit-Noam?
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
6. What are the things that you didn't know before that you are learning now? \_\_\_\_\_

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7. To what degree do you think Beit-Noam should work on each of the following things?

	A great deal	Not at all
a. Learning to control physical abuse		
b. Learning to control verbal abuse		
c. Teaching work habits		
d. Learning _____ to _____ (cleaning, cooking, etc.)	do	housework
e. Learning to live with others		
f. Learning to control behavior		
g. Learning to listen to others		
h. Helping to change from the inside		
8. How much do you agree with the following statements (on a scale of 1 to 5):

	A great deal	Not at all
a. Living at Beit-Noam helps me to cope with violence		
b. I feel that living at Beit-Noam helps me to understand myself		
c. I believe that violence is something you're born with and it cannot be changed		
d. I acted violently because my wife "asked for it"		
9. How much is each of these elements helping you during your stay at Beit-Noam (on a scale of 1 to 5)?

	A great deal	Not at all
a. Personal conversations with staff members		
b. Personal conversations with other residents		
c. Personal conversations with former abusers		
d. Telephone conversations and/or meetings with family		
e. Meetings as part of an open group		
f. Meetings about relationships-possessiveness-love		
g. Meetings about sexuality		
h. Meetings about self-control		
i. Meetings about parenting		
j. Going to work		
10. I am feeling (circle the icon that best describes the way you feel now):

## Residents' Questionnaire – End of Stay

Same as pre-questionnaire, with the following changes (in numbering and/or content):

6. To what degree do you think Beit-Noam should work on each of the following things?
- |  |              |            |
|--|--------------|------------|
|  | A great deal | Not at all |
| a. Learning to control physical abuse                    |              |            |
| b. Learning to control verbal abuse                      |              |            |
| c. Teaching work habits                                  |              |            |
| d. Learning to do housework<br>(cleaning, cooking, etc.) |              |            |
| e. Learning to live with others                          |              |            |
| f. Learning to control behavior                          |              |            |
| g. Learning to listen to others                          |              |            |
| h. Helping to change from the inside                     |              |            |
7. How much do you agree with the following statements (on a scale of 1 to 5):
- |   |              |            |
|---|--------------|------------|
|   | A great deal | Not at all |
| a. Living at Beit-Noam helps me to cope with violence                             |              |            |
| b. I feel that living at Beit-Noam helps me to understand myself                  |              |            |
| c. I believe that violence is something you're born with and it cannot be changed |              |            |
| d. I acted violently because my wife "asked for it"                               |              |            |
8. How much did each of these elements help you during your stay at Beit-Noam (on a scale of 1 to 5)?
- |  |              |            |
|--|--------------|------------|
|  | A great deal | Not at all |
| a. Personal conversations with staff members           |              |            |
| b. Personal conversations with other residents         |              |            |
| c. Personal conversations with former abusers          |              |            |
| d. Telephone conversations and/or meetings with family |              |            |
| e. Meetings as part of an open group                   |              |            |
| f. Meetings about relationships-possessiveness-love    |              |            |
| g. Meetings about sexuality                            |              |            |
| h. Meetings about self-control                         |              |            |
| i. Meetings about parenting                            |              |            |
| j. Going to work                                       |              |            |
9. What things do you feel that you were able to change about yourself as a result of your stay at Beit-Noam? \_\_\_\_\_
10. Which things have you not yet been able to change about yourself as a result of your stay at Beit-Noam? \_\_\_\_\_
11. The following is a list of possibilities for follow-up treatment. Which of these do you think you will make use of after you leave Beit-Noam? (check off each possibility that applies)
- I will continue to attend group meetings at Beit-Noam
  - I will keep in touch with a community social worker
  - I will keep in touch with the center for treatment of violence
  - I will serve as a big brother to other abusive men
  - I will participate in couples or family therapy
  - Other possibilities: \_\_\_\_\_
12. When you return home, how much do you think each of the following will take place (on a scale of 1 to 5)?
- |  |              |            |
|--|--------------|------------|
|  | A great deal | Not at all |
|--|--------------|------------|

- a. I will take part in raising the children
- b. I will act violently towards my wife
- c. I will help with the housework
- d. I will be able to resolve arguments by talking
- e. I will act violently towards my children

13. What are the things that you didn't know before and have now learned? \_\_\_\_\_

14. I am feeling (circle the icon that best describes the way you feel now): \_\_\_\_\_

## Demonstration Projects<sup>1</sup>

- p. 1 - "Recreation for mothers of large families", by Elchanan Blumenthal, 1974.
- p. 2 - "Evaluation of nutritional guidance for large families", by Sara Bavly and Gila Michaeli, 1975.
- p. 3 - "Aged for aged - visits to homebound and bedridden, in Gonen quarter, Jerusalem, 1969". 1976.
- p. 4 - "Pilot project for the improvement of the school meal service in Lod and Ramle during the school year 1974-1975", by Agi Meinhard and Naomi Paynton, 1976.
- p. 5 - "Education towards a more economic life style", by Naomi Paynton 1976.
- p. 6 - "Experimental project for determining the work capabilities of the aged", by Rachel Weinstein, 1976.
- p. 7 - "Experimental project – comprehensive school meal service in Kfar Sabba", by Naomi Paynton and Agi Meinhard, 1977.
- p. 8 - "Community work project in the Sprinzak quarter of Kiryat Shmona", by Naomi Paynton, 1978.
- p. 9 - "Free legal aid relating to National Insurance (universal service without means test) - an experimental project, following survey, 1978", by Reuben Steiner and Yossef Zilber, 1979.
- p. 10 - "Attitudes toward mental health issues (survey findings in two depressed sectors of Jerusalem)", by Naomi Paynton, 1980.
- p. 11 - "Comprehensive services for the aged in Tiberias", by Brenda Morginstin and Ronit Lieberman, 1981.
- p. 12 - "Befriending - a Jerusalem mutual help project for youth", by Naomi Paynton, 1981.
- p. 13 - "Functionally disabled aged in Bnei Brak - the need for additional services and their cost", by Dr. Joseph Silberstein, 1981.
- p. 14 - "Befriending - a Jerusalem mutual help project for youth - summary report", by Naomi Paynton, 1982.
- p. 15 - "Experimental projects providing assistance to widows", by Brenda Morginstin and Ronit Lieberman, 1983.
- p. 16 - "General Disability Law - benefits for disabled children aged 3 - 14", by Brenda Morginstin, 1983.
- p. 17 - "The heating of elderly people's homes in the Nahlaot neighborhood of Jerusalem", by Yaacov Zadka and Miriam Shmelzer, 1984.
- p. 18 - "Industrial workshop for the elderly, Kiryat Gat", by Brenda Morginstin, 1984.
- p. 19 - "Personal care and home assistance: needs and service provision by family and community", by Brenda Morginstin, 1984.
- p. 20 - "Measuring functional disability – attendance allowance", by Brenda Morginstin and Perla Werner, 1985.
- p. 21 - "Psychogeriatric centers in Jerusalem", by Sarit Baich, Brenda Morginstin and Miriam Carmeli, 1985.
- p. 22 - "Shelter for battered women, Ashdod - research follow-up", by Naomi Paynton and Yehudit Sali, 1985.
- p. 23 - "Counselling for families caring for handicapped elderly in their homes", by Brenda Morginstin, Perla Werner and Miriam Carmeli, 1985.
- p. 24 - "Training volunteer pensioners for community work", by Brenda Morginstin and Perla Werner, 1985.
- p. 25 - "Workshop for widows in the framework of the Rehabilitation Department", by Brenda Morginstin and Miriam Carmeli, 1986.
- p. 26 - "Shelter for battered women, Ashdod - summary of follow-up year 1983/4", by Naomi

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<sup>1</sup> Publications from 1996 onwards are available and may be ordered free of charge from the Publications Department, Research and Planning Administration, National Insurance Institute, 13 Weizman Avenue, Jerusalem, Israel. All publications are in Hebrew, but include abstracts in English.

Paynton and Yehudit Sali, 1986.

- No. 27 - "Informal training for baby minders in the home - evaluative research", by Yehudit Sali and Naomi Paynton, 1988.
- No. 28 - "Program for prevention of premature births in Beit-Shemesh", by Edith Dar, 1988.
- No. 29 - "An improved network of community services for elderly who received permits to enter a nursing home", by Miriam Carmeli and Brenda Morginstin, 1989.
- No. 30 - "Special project for rehabilitation from violence in the family", by Dina Segal, Naomi Paynton and Debby Ovadia, 1989.
- No. 31 - "Befriending prisoners' children", by Debby Ovadia, 1989.
- No. 32 - "Shibolet - service patrol for handicapped elderly", by Perla Werner and Brenda Morgenstin, 1989.
- No. 33 - "The experimental operation of the Long-Term Care Insurance Law, part A", by Brenda Morgenstin, Sarit Baich-Moray and Tamar Haron, 1989.
- No. 34 - "Pensioner project in the Kiryat Sharet high school of Holon", by Hadassah Haas, 1989.
- No. 35 - "Befriending prisoners' children, second year", by Debby Ovadia, 1990.
- No. 36 - "Psychologic service in Mishan old-age homes", by Sarit Baich-Moray, 1990.
- No. 37 - "Loans for medical accessories", by Shaul Nimrodi, 1990.
- No. 38 - "Program for prevention of premature births in Beit-Shemesh - second year", by Edith Dar and Anat Shemesh, 1990.
- No. 39 - "Absorption and training of Israeli production workers in the Polgat factory in Kiryat Gat", by Julie Cwikel, 1990.
- No. 40 - "The experimental operation of the Long-Term Care Insurance Law, part B", by Sarit Baich-Moray, 1990.
- No. 41 - "Self-help groups after completion of workshops for rehabilitation from violence in the family", by Chasya Klibanski, 1990.
- No. 42 - "Home centers for the elderly in Tiberias", by Yaacov Zadka, 1991.
- No. 43 - "Emergency line for battered women", by Debby Ovadia, 1991.
- No. 44 - "Guidance in sex education for parents and staff in school for motorically-impaired children in Afula", by Tamar Haron and Debby Ovadia, 1991.
- No. 45 - "Program for prevention of premature births in Beit-Shemesh - third year", by Edith Dar and Anat Shemesh, 1992 (out of print).
- No. 46 - "Self-help groups for graduates of treatment groups for rehabilitation from violence in the family", by Shlomit Levy and Dr. Ariella Friedman, 1992 (out of print).
- No. 47 - "Workshops for women after childbirth in Or Akiva", by Tamar Zemach and Miriam Schiff, 1992 (out of print).
- No. 48 - "Semel: a community-based program for the prevention of drug use in the regional council Maale Yosef", by Haviva Bar and Jaber Asaqla, 1992.
- No. 49 - "Family centered day care for the elderly: a new model of day care in the community", by Hana Primak, 1992.
- No. 50 - "Jobs for the unemployed in the Israeli defence forces in place of army reservists", by Dalia Gordon, 1993 (out of print).
- No. 51 - "Shared challenge for children from large families and immigrant teachers", by Debby Ovadia, 1993 (out of print).
- No. 52 - "An evaluation of the 'environmental safety - the human factor' program", by Dr. Carol Razel and Einat Benbenisti-Sharon, 1994.
- No. 53 - "Professional skills training for women soldiers serving in the special treatment recruitment unit", by Dr. Yakov Ezrachi and Mr. Ilan Roziner, 1994.
- No. 54 - "Demonstration projects for employment for the homebound: 'Bracha program' in Kiryat Tivon and 'mobile workshop' in Haifa", by Hank Havassy and Bilha Jislin, 1994.
- No. 55 - "Guidance in sex education for motorically-impaired children in Afula, Israel: second year", by Debby Ovadia, 1994.
- No. 56 - "Emergency treatment center for children and their parents in Kiryat-Ata", by Haviva Bar, 1995.



- No. 57 - "Tevel - occupational activities for the homebound", by Hank Havassy and Bilha Jislin, Elah Institute, 1996
- No. 58 - "Occupational follow-up program for released prisoners", by Debby Ovadia-Yosef, 1996.
- No. 59 - "Prevention and treatment of falls of the elderly in Beer-Sheva", by Dr. Julie Cwikel, 1996.
- No. 60 - "Municipal services for the homeless in Tel Aviv: an evaluation study", by Shimon Spiro and Daphna Frumer, 1996.
- No. 61 - "Training ex-addicts as drug addiction counselors", by Abraham Carmeli, Naama Harari and Talia Barell, 1996.
- No. 62 - "Group treatment for victims of sexual abuse and for their families", by Debbie Yosef, 1997.
- No. 63 - "Occupational follow-up program for released women prisoners", by Debbie Yosef, 1997.
- No. 64 - "Municipal services for the homeless in Tel Aviv: an evaluation study, stage II", by Shimon E. Spiro and Daphna Frumer, 1998.
- No. 65 - "A memory club for elderly persons suffering from moderate cognitive deterioration and memory problems", by Perla Werner, 1999.
- No. 66 - "Leadership development in the moshavim (cooperative settlements) of the local council in the Beit Shean valley", by Dr. Yakov Ezrachi, 1999.
- No. 67 - "Reaching detached adolescents", by Abraham Carmeli, Na'ama Shamir and Lili Itzhaki, 1999.
- No. 68 - "Sex education for deaf adolescents", by Dr. Emanuel Chigier, 1999.
- No. 69 - "The child and youth aid center – Ashdod", by Gideon Teltch and Dina Keidar, 1999.
- No. 70 - "The world of the special child: evaluation study of a training workshop", by Dr. Abraham Carmeli, Na'ama Shamir and Lili Yitzhaki, 2000.
- No. 71 - "Gil HaZafon project: Pensioners' involvement in producing and broadcasting community broadcasts", by Dr. Hillel Nossek, 2000.
- No. 72 - "Group for children of rehabilitating drug addicts", by Na'ama Bar-On, Dr. Miri Levine-Rozalis and Rafi Yodelevitz, 2000.
- No. 73 - "Volunteer training program for the community advocacy association", by Haya Amzalag-Bahr and Hagit Hacoheh Wolf, 2000.
- No. 74 - **"Beit Noam: a new direction for abusive men", by Hagit Hartaf and Na'ama Bar-On, 2000.**
- No. 75 - "The library program for children and youth", by Dr. Helena Syna Desivilya, Nabil Ha'atab and Nitza Raskin, 2001.
- No. 76 - "Shelter apartments for women at risk of violence and for their children", by Haya Amzalag-Bahr and Hagit Hacoheh Wolf, 2001.
- No. 77 - "Mothers for mothers", by Dr. Abraham Carmeli, Rina Pozner, Sigal Rubicek and Sara Bluemfeld, 2001.

